External allied health practitioner: supervision report

This report on the credentialed external allied health professional should be completed every six months for submission to the Allied Health Profession-specific Director (if not the clinical supervisor) and MNHHS AH Credentialing Committee.

# 1. Applicant details

|  |  |
| --- | --- |
| **Surname:**       | **First name:**       |
| **Assessment period:** Date from:       Date to:       |
| **Credentialed practice (as per application):**      |

# 2. Assessment against duties/responsibilities of credentialed practice

Tick appropriate boxes in columns provided.

| Skills, knowledge and abilities | Requires substantial assistance | Requires further development | Consistent with level of position | Performance better than expected | Performance exceptional | N/A not observed |
| --- | --- | --- | --- | --- | --- | --- |
| ***Clinical*** |
| Knowledge base: **Demonstrates adequate knowledge of basic and clinical sciences.** |  |  |  |  |  |  |
| Clinical skills: **Elicits and records accurate, complete history and clinical examination findings.** |  |  |  |  |  |  |
| Clinical judgment / decision-making skills: **Organises, synthesises and acts on information and applies knowledge base.** |  |  |  |  |  |  |
| Procedural skills: **Performs procedures competently.** |  |  |  |  |  |  |
| ***Communication*** |
| Patient and family: **Interacts effectively and sensitively with patients and families/caregivers.** |  |  |  |  |  |  |
| Medical records / clinical documentation: **Provides clear, comprehensive and accurate records.** |  |  |  |  |  |  |
| ***Personal and Professional*** |
| Professional responsibility: **Demonstrates punctuality, reliability, honesty, and self-care.** |  |  |  |  |  |  |
| Teaching: **Participates in teaching other health care professionals, patients and/or care.** |  |  |  |  |  |  |
| Time management skills: **Organises and prioritises tasks to be undertaken.** |  |  |  |  |  |  |
| Teamwork and colleagues: **Works and communicates effectively within a team.** |  |  |  |  |  |  |

### 2.1 General comments regarding practice

|  |
| --- |
|  |

### 2.2 Did you assess any areas as requiring ‘substantial assistance’ and/or ‘further development’?

[ ]  No (go to Section 3: Certification)

[ ]  Yes (comment on each below and complete performance action plan, Section 2.3)

|  |
| --- |
| **Give specific examples:**  |

### 2.3 Complete the following performance action plan with the applicant (if applicable)

|  |  |  |
| --- | --- | --- |
| Issue | Actions/ Tasks including time frames | Review date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 3. Certification

We declare that the information given in this report is true and correct in every particular.

|  |  |
| --- | --- |
| **Applicant’s signature:** |  **Date:** |
| **Clinical Supervisor’s Name:** |  |
| **Clinical Supervisor’s Position:** |  |
| **Clinical Supervisor’s signature:** |  **Date:** |