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

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### 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)

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| **Give specific examples:** |

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

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| --- | --- | --- |
| Issue | Actions/ Tasks including time frames | Review date |
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# 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:** |