



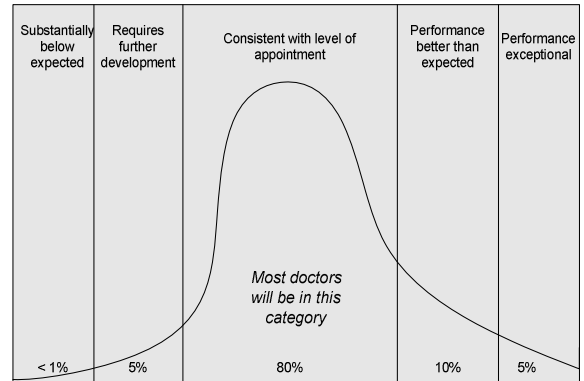
Supervisors Report

RP3 – Aug 2009
Registration No:

- Provisional general scope
- Special purpose scope

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- A supervision report is to be completed and forwarded (through medical staffing office if employed in a hospital) to the Council office every three months, or as requested by the Medical Council.
- Both the supervisor and the doctor being supervised need to sign the report.
- **Please provide a copy of this report to the Chief Medical Officer (CMO) or Practice Manager. They need to be aware of doctors who are not performing consistently at their current level of appointment.**



Name:

Employer/Training Host:

Doctor is working in the following area of medicine:

..... Appointment ends on: / /

Report covers work/training done from: / / to: / /

Has the doctor made any changes to their position, supervisor, or area of medicine during this period of supervision? yes no Do they intend to in the near future? yes no

	1 Substantially below expected	2 Requires further development	3 Consistent with level of appointment	4 Performance better than expected	5 Performance exceptional	N/A Not observed
Clinical Knowledge and Skills						
Clinical knowledge (eg. knowledge of common symptoms, drug doses and side effects, drug interactions, etc)						
Professional knowledge (knowledge of hospital procedures, policy, medico legal aspects)						
Clinical clerking (adequacy of detail in written records, legibility, accurate drug charting)						
History taking (ability to take history and perform physical examination, powers of observation)						
Relevant procedural skills (eg. venesection, arterial blood gases, peak flows, etc)						
Clinical Judgement						
Diagnostic skills (Identifies and prioritises patient problems)						
Patient management (Synthesises data, makes appropriate management decisions, responds appropriately to call outs and provides emergency care as required)						
Time management (Plans and organises work, sets goals and meets them, prioritises calls, seeks advice on priorities if needed)						
Recognising limits (accurate assessment of own skills, refers and consults with others as required, takes responsibility for actions, notifies staff if expecting to be absent from duty)						
Patient Communication						
Communication skills (communicates effectively in English, clarity, logic of expression, quality of case presentation etc)						
Ability to communicate with patients and families (listening skills, respect, avoidance of jargon, coping with antagonism)						

