# CLINICAL SUPERVISOR’S REPORT

To be completed at the end of the placement by the Clinical Supervisor and reviewed by the Registrar’s named Educational Supervisor. Where development needs are flagged, a copy of this report and the attendant action plan must be sent to the Training Programme Director within one month.

| Name |  | GMC No. |  |
| --- | --- | --- | --- |
| Training period | From: |  | To: |
| Trust: |  | Educational Supervisor |  |
| Training Year |  |  |  |

| **WpBA** | **NUMBER** | **MODALITIES/SYSTEMS****Please List** | **COMMENT****Quality/Result** |
| --- | --- | --- | --- |
| **IPX** |  |  |  |
| **DOPS** |  |  |  |

| **MSSR** **MODALITY** | **SUMMARY** | **EXCEPTION/CONCERN** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **FEEDBACK FROM TRAINERS:****Direct supervision, informal discussions, email (verbatim comments are helpful). Please describe the nature of the feedback as well as the contents.** |
| --- |
|  |
| **KEY PERFORMANCE INDICATORS** | **AT OR ABOVE EXPECTED LEVEL Y/N** | **LEVEL OF SUPERVISION REQUIRED** |
| **PLAIN FILMS** |  |  |
| **ULTRASOUND** |  |  |
| **CT** |  |  |
| **INTERVENTION** |  |  |
| **MRI** |  |  |

| **SPECIALTY SPECIFIC PROGRESS: Relevant for Core Specialty Attachments and Subspecialty Training** | **COMMENT** |
| --- | --- |
|  |  |

**PERSONAL QUALITIES**

Satisfactory Attendance YES/NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NotAssessed | FurtherDevelopmentRequired | FurtherDevelopmentRecommended | AtExpectedLevel | Good | Excellent |

Time Management [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Attitude, Behaviour [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Communication with [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Patients

Communication with [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Colleagues

Team-working [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

Interest [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

See appendix for development criteria.

|  |
| --- |
| Commentary: Please explain your scoring, especially if there are adverse marks. This could include any notable incidents involving the Registrar during the attachment. |
|  |

Trainee Clinical Supervisor

| Signature: | Signature: |
| --- | --- |
| Name: | Name: |
| Date: | Date: |

Appendix: Development Criteria

**Time Management and Personal Organisation**

Development criteria:

 Repeatedly late

 Persistently inflexible

 Persistently fails to cope with own work despite counselling, support and extra help

 Decisions frequently questionable

 Unable to delegate appropriately

**Attitude, behaviour**

Development criteria:

 Arrogant; supercilious

 Does not listen or consider the views and opinions of others

 Unprofessional

 Persistent refusal to engage in experiential workplace learning

 Persistent refusal to engage in other learning opportunities

**Communication with patients and carers**

Development criteria:

 Fails to explain appropriately

 Lacks empathy

 Can be impolite and discourteous

 Can be insensitive (eg communicating unexpected or serious findings)

**Communication with colleagues**

Development criteria:

 Demonstrates lack of respect for colleagues

 Does not listen to others’ views

 Works in isolation

 Makes gratuitously derogatory remarks about patients or colleagues

**Interest**

Development criteria:

 Lack of interest in the subject

 Unwillingness to contribute to the service needs of the department

 Unwillingness to contribute to on the job teaching of colleagues

 Unhelpful to other