# 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** |  |  |  |

| **Reporting Numbers** |  |  |
| --- | --- | --- |
| **Plain Film** | **CXR:**  **Independent: Y / N** | **Trauma:**  **Independent Y / N:** |
| **CT** |  |  |

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

R-ITI Modules:

Total number completed during attachment:

Core R-ITI modules for stage of training completed: Y / N

See <http://madeinheene.hee.nhs.uk/radiology/ARCPs> for guidance

| **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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not  Assessed | Further  Development  Required | Further  Development  Recommended | At  Expected  Level | 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