Summative Supervisor’s report Form

Guiding Principles
This form is to provide information about the performance of candidates at summative report meetings. The information on this form contributes to decisions on registration and is a mechanism for providing candidates in the WBA Program with feedback each term for their professional development and to guide learning.

This form will be submitted to the WBA Program Director and will be accessible to the Director of Clinical Training, the Medical Education Officer and the Director of Medical Services. At their discretion, information from this form may be passed on to other relevant people such as future term supervisors where there is considered a significant risk to patient safety.

This form must be discussed with the candidate undertaking the WBA program and should include a review of their Self-Assessment Form.

Supervisors are referred to the National Principles of Assessment and Guidelines for Supervisors for assistance in completing this form.

Instructions
Clinical Supervisors
1. Must observe the candidate in the workplace prior to assessing.
2. Are encouraged to include observations from multiple sources in developing this assessment e.g. other medical practitioners, nurses, allied health, patients.
3. Are to tick appropriate boxes in the columns provided.
4. Are required to make additional comments where there are ticks in the shaded area and complete the Improving Performance Action Plan (IPAP) overleaf, so as to commence the remediation process.
5. Return completed form to the Director of Clinical training who will review each form and action as required.

Candidate Name: __________________________________________________
Position: _________________________________________________
Unit: ____________________________________________________
Hospital: _________________________________________________
Date: ____________________________________
Report number: Report 1 [□] Report 2 [□]
Orientation completed: Yes [□] No [□]
Assessment process discussed: Yes [□] No [□]
Specific learning objectives negotiated: Yes [□] No [□]

Please indicate which of the following method/s have been used to inform the completion of this assessment:

- Close personal observation [□]
- General impressions: [□]
- Observations made by other team members: [□]
- Other e.g. Mini-CEX, DOPS [□]

Please indicate other staff from whom you have sought feedback with regards to the candidate’s performance:
- Consultants/s [□] Registrars/s [□] Nursing staff [□] Others, specify ___________________

Workplace Based Assessment
Please list the number of Workplace Based Assessments used to inform your assessment of this candidate

- Mini-CEX
- DOPS
- CBD
**CLINICAL MANAGEMENT**
1. Safe patient care
2. Patient assessment
3. Emergencies
4. Patient management
5. Skills and procedures

**COMMUNICATION**
6. Patient interaction
7. Managing information
8. Working in teams

**PROFESSIONALISM**
9. Doctor & society
10. Professional behaviour
11. Teaching and learning

Other Learning Objectives as agreed between the candidate and their Supervisor
12. 
13. 
14. 

Please comment on the following in relation to the candidate’s performance:

1. **Strengths**

2. **Areas for improvement:**
3. Overall performance:

<table>
<thead>
<tr>
<th>Formative ✗</th>
<th>Summative ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly below the level expected</td>
<td>Clearly below the level expected</td>
</tr>
<tr>
<td>Borderline</td>
<td>Borderline</td>
</tr>
<tr>
<td>Expected level</td>
<td>Expected level</td>
</tr>
<tr>
<td>Clearly above expected level</td>
<td>Clearly above expected level</td>
</tr>
</tbody>
</table>

4. Please outline any additional responsibilities which the candidate has undertaken in this term. For example, attendance at education committee meetings, State-based meetings.

Supervisor

Name: ____________________________  Position: ____________________________

Signature: ________________________  Date: ____________________________

Candidate

I (the candidate) confirm that I have had the chance to discuss the above report with my assessor and know I may respond in writing within seven (7) days to the Director of Clinical Training should I disagree with any points made in this report.

Signature: ________________________  Date: ____________________________

Reference:
CPMEC Australian Curriculum Framework
## Improving Performance Action Plan (IPAP)
This section is used to address identified issues and must be completed if there are any Borderline or Unsatisfactory ratings in the assessment form.

<table>
<thead>
<tr>
<th>ACF Domain</th>
<th>Issues related to specific domain</th>
<th>Actions/tasks (Evidence required)</th>
<th>Timeframe</th>
<th>Review date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Safe patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Patient assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Patient management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Skills and procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Patient interaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Managing information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Working in teams</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Doctor &amp; society</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Professional behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>