

# Evaluation Form for the First 10-30 Days of Supervision

Name of Examination Candidate: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date: \_\_\_\_\_

The Board of Assessors of the College of Physiotherapists of Manitoba has developed the following form to assist in performance evaluation of Examination Candidates from the tenth to 30<sup>th</sup> day of supervised practice. The purpose of this evaluation is to assist the supervisor in determining the level of supervision required by the Examination Candidate.

Please add comments to help clarify answers. If there are areas that seem weak, please indicate what goals have been set to help the Examination Candidate become stronger in those areas. This appraisal should address the practice of the Examination Candidate with respect to:

**Safety Issues:** *Have you observed any concerns with regard to patient safety, PT safety, safety in the workplace etc.?*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Comments:

**Practice Issues:** *Are there any concerns with areas of practice i.e. weakness in measuring, assessing, goal planning, modality use, neuro, ortho etc.*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Comments:

If so, identify these areas and the goals that have been set to work on these practice areas:

**Communications:** *Have you any concern with the Examination Candidate's ability to communicate, either with patients, staff or other team members, and either in written, verbal or other form?*

\_\_\_ Yes

\_\_\_ No

*Has there been a breach of Confidentiality?*

Comments:

\_\_\_ Yes

\_\_\_ No

**Documentation:** *Are the charts and/or reports completed promptly and according to standards, legible etc.?*

\_\_\_ Yes

\_\_\_ No

Comments:

**Delegation:** *Does the Examination Candidate demonstrate appropriate delegation of tasks if the environment is such that delegation can occur?*

\_\_\_ Yes

\_\_\_ No

\_\_\_ N/A

Comments

**Jurisprudence:** *Have you reviewed the information found under the Legislation and the Standards, Policies etc. on the CPM website with the Examination Candidate?*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

*Do you feel that the Examination Candidate is aware of the Act, Regulations Standards of Practice and Policies and Procedures that have been set by the CPM?*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Comments:

*Does the Examination Candidate uphold the Standards of Practice, and the Code of Ethics of CPM?*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Comments:

**Supervision:** *Are you available onsite the majority of the time, able to observe, identify and assist in any weak areas and to supervise the Examination Candidate as needed?*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Comments:

Signed \_\_\_\_\_ Registration number: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor

**\*This 10-30 Day Evaluation Form must be kept on file.**

Adapted from the Nova Scotia College of Physiotherapists with thanks (February 2016).