

EVALUATION FORM FOR THE FIRST 10 TO 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 30th 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

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