

## Supervision Tools and Report Template for Registration Monitoring

|   |
|---|
| Subject Physician:  |
| Supervisor:   |
| Supervision Begins:   |
| Registration Assessment Type (include specialty):   |
| <b>OBJECTIVES DURING SUPERVISION</b>  |
| To assess whether they're practising safely and meet the expected clinical standard of care and displays the expected knowledge, judgment and skill of a physician practising in Ontario.   |
| <b>SUPERVISION COMPONENTS:</b>  |
| <ul style="list-style-type: none"> <li>• Supervising the practice and conducting regular reviews;</li> <li>• Directly observing patient care;</li> <li>• At each meeting, review at least charts every two weeks for the first month and then 10 charts monthly thereafter, randomly selected by the Supervisor;</li> <li>• Provide practice improvement/recommendations;</li> <li>• Follow-up on prior recommendations;</li> <li>• Being available for support and guidance; and,</li> <li>• Reporting to the College every months.</li> </ul>   |
| <b>REPORTING REQUIREMENTS:</b>  |
| <ul style="list-style-type: none"> <li>• Submit timely, written reports <b>and</b> completed template directly through the Schedule of Requirements section located in the Member Portal. Click the 'CPSO Review' tile, then on the Case Number, and then on the 'Schedule of Requirements' tab along the left-hand menu.</li> <li>• Please ensure that your written report is on your letterhead and that it is <b><u>signed and dated</u></b>.</li> <li>• Please ensure that the completed report template and chart review tracking table are enclosed with your report.</li> <li>• Reports should reflect:             <ul style="list-style-type: none"> <li>○ your observations, evaluations and discussions with the physician;</li> <li>○ any concerns or identified issues raised with the physician;</li> <li>○ any improvements or changes observed as a result of your advice/guidance;</li> <li>○ confirmation the physician is practising safely and meeting the standard of care for a physician practising in Ontario.</li> </ul> </li> </ul> |
| <b>IMMEDIATE REPORTS:</b>   |
| <ul style="list-style-type: none"> <li>• Any sessions with supervisor are missed, without valid explanation and immediate rescheduling;</li> <li>• Not in compliance with her/his program requirements;</li> <li>• Conduct or practice may expose patients to risk of harm or injury;</li> <li>• Practising outside of his/her restricted scope <b>AND/OR</b> outside of his/her practice location; or,</li> <li>• The professional relationship has been terminated or otherwise unable or unwilling to fulfill terms of Undertaking</li> </ul>  |

**\* Please ensure you submit the pages that follow with every report submitted to the Registration Monitoring.**



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|   |                                       |
|---|---------------------------------------|
| <b>Name of Supervised Physician:</b>                          |                                       |
| <b>Specify Location of Chart Review:</b>                      |                                       |
| <input type="checkbox"/> Office:                              |                                       |
| <input type="checkbox"/> Hospital:                            |                                       |
| <input type="checkbox"/> Elsewhere:                           |                                       |
| <b>Date Range of Reports Reviewed (e.g. Jan to Jun 2021):</b> |                                       |
| <b>Total Number of Charts Reviewed:</b>                       | <b>Scheduled Date of Next Review:</b> |

### OBSERVATIONS

Approx. how many hours of direct observation occurred in the last      month review period? \_\_\_\_\_

| <ul style="list-style-type: none"> <li>You <u>must</u> provide your feedback for the competency areas below. If you selected <b>“below average”</b> <b>“not applicable (N/A), unknown or answered “no”</b>, please provide further detail in the <b>“NARRATIVE”</b> section or a separate written submission.</li> </ul> |               |         |               |              |
|--|---------------|---------|---------------|--------------|
|  | Above Average | Average | Below Average | N/A /Unknown |
| <b>MEDICAL EXPERT</b>  |               |         |               |              |
| Demonstrates Basic Clinical Knowledge  |               |         |               |              |
| History and Physical Examination   |               |         |               |              |
| Orders Test Appropriately  |               |         |               |              |
| Medical Record Keeping   |               |         |               |              |
| Clinical Judgment and Decision Making  |               |         |               |              |
| Technical skills required in the specialty   |               |         |               |              |
| <b>COMMUNICATOR</b>  |               |         |               |              |
| Interprofessional relationships  |               |         |               |              |
| Communication with patients and families   |               |         |               |              |
| Written communication  |               |         |               |              |
| <b>COLLABORATOR</b>  |               |         |               |              |
| Appropriate referrals  |               |         |               |              |
| Delegates effectively  |               |         |               |              |
| Interacts/consults effectively with health professionals by recognizing the roles and expertise  |               |         |               |              |
| <b>LEADER</b>  |               |         |               |              |
| Understands and uses information technology  |               |         |               |              |
| Uses health care resources cost-effectively  |               |         |               |              |
| Organization of work and time management   |               |         |               |              |
| <b>HEALTH ADVOCATE</b>   |               |         |               |              |
| Advocates for the patient and community  |               |         |               |              |

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|  | Above Average | Average | Below Average | Unknown |
|--|---------------|---------|---------------|---------|
| <b>SCHOLAR</b>   |               |         |               |         |
| Motivation to acquire knowledge, critically appraise medical literature                    |               |         |               |         |
| Completion of CPD activities   |               |         |               |         |
| <b>PROFESSIONAL</b>  |               |         |               |         |
| Recognition of own limitations, seeking advice when needed                                 |               |         |               |         |
| Practising with honesty and integrity  |               |         |               |         |
| Demonstrates responsibility and self-discipline  |               |         |               |         |
| Understands boundary issues/ethical limits   |               |         |               |         |
| <b>OVERALL OBSERVATIONS</b>  |               |         |               |         |
|  | Yes           | No      |               |         |
| Practising safely  |               |         |               |         |
| Meeting the expected clinical standard of care   |               |         |               |         |
| Displaying the expected knowledge, judgment and skill of a physician practising in Ontario |               |         |               |         |
| Practising within their scope in accordance with the undertaking                           |               |         |               |         |
| Limiting their practice to the location specified in the undertaking                       |               |         |               |         |

### RECOMMENDATIONS

Recommendations for Improvement (you may include these in a written report):

Were Previous Recommendations Followed? **Yes** ☐ **No** ☐ If not, please explain which recommendations were not followed in a written report.

Areas that Improved Since Last Review (you may include these in a written report):



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### **NARRATIVE**

Please provide a written summary of your observations to date. You may also submit the narrative portion as a separate sheet with this report.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

# Supervision Tools and Report Template for Registration Monitoring

## Chart Review Tracking Table

Date of Supervisor's Review: \_\_\_\_\_

Supervised Physician: \_\_\_\_\_

Supervisor: \_\_\_\_\_

|    | <i>Patient<br/>Initials</i> | <i>Sex</i> | <i>Birthdate<br/>DD/MM/YY</i> | <i>Reason for Visit</i> | <i>Date of Visit<br/>DD/MM/YY</i> | <i>Concerns (Y or N)?<br/>Attach comment<br/>sheet for each "Y"</i> |
|----|-----------------------------|------------|-------------------------------|-------------------------|-----------------------------------|---|
| 1  |                             |            |                               |                         |                                   |   |
| 2  |                             |            |                               |                         |                                   |   |
| 3  |                             |            |                               |                         |                                   |   |
| 4  |                             |            |                               |                         |                                   |   |
| 5  |                             |            |                               |                         |                                   |   |
| 6  |                             |            |                               |                         |                                   |   |
| 7  |                             |            |                               |                         |                                   |   |
| 8  |                             |            |                               |                         |                                   |   |
| 9  |                             |            |                               |                         |                                   |   |
| 10 |                             |            |                               |                         |                                   |   |
| 11 |                             |            |                               |                         |                                   |   |
| 12 |                             |            |                               |                         |                                   |   |
| 13 |                             |            |                               |                         |                                   |   |
| 14 |                             |            |                               |                         |                                   |   |
| 15 |                             |            |                               |                         |                                   |   |

- Please use more than one page if more than 15 charts are reviewed