

## CLINICAL SUPERVISOR ASSESSMENT

Trainee Name : \_\_\_\_\_ Year of Training:

Term Dates:      **From**                                      **To**  
                            *DD/MM/YY*                                      *DD/MM/YY*

Assessor Name: \_\_\_\_\_

Department/Site : \_\_\_\_\_ Unit: \_\_\_\_\_

Please rate the trainee's performance for each topic area by placing a rating of 1 – 3 in the box next to each topic area. **Ratings should take into account the trainee's level of training. You are not asked to complete all items. Only complete those items that you are confident you have observed in the training term.**

### Rating Scale

1. Unsatisfactory
2. Satisfactory
3. Exceeds expected standard
- N/A Not applicable at this assessment

**1. What is the trainee doing particularly well?**

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**2. What should the trainee work on in the next rotation?**

.....

**3. Any other comments about progress of the trainee?**

.....

• *Clinical Supervisor Signature*                                      *Date :*

• *Trainee comment on this assessment:*

.....  
.....  
.....

• *Trainee Signature:*                                      *Date:*

<b>Medical Expert</b>	
<b>Oncology knowledge</b> Demonstrates knowledge of important oncology science and clinical oncology principles	
<b>Clinical assessment</b> Performs complete new patient, follow-up and inpatient assessments; competently identifies acute and late radiation toxicity; recommends appropriate investigations	
<b>Clinical judgment and decision making</b> Demonstrates a systematic approach to clinical problem solving and setting management priorities; can discuss the general principles of treatment; can discuss management options, then make timely and appropriate decisions; aware of the side effects of proposed therapies	
<b>Procedural skills</b> Undertakes or participates in procedures competently in a variety of settings and clinical situations	
<b>Patient management</b> Manages patients competently in a variety of settings and clinical situations	
<b>RT techniques and RT planning</b> Regularly attends planning sessions; takes initiative in developing and critically reviewing treatment plans; demonstrates understanding of important planning issues	
<b>Overall Rating</b>	
<b>Communicator</b>	
<b>Demonstrates effective communication with patients and significant others</b> Establishes rapport; encourages participation in decision-making; provides clear instructions to patient/family; provides clear information and checks understanding	
<b>Demonstrates effective communication with other health professionals and hospital staff</b> Presents patient problems clearly and concisely; maintains effective written communication	
<b>Overall Rating</b>	
<b>Collaborator</b>	
<b>Multi-disciplinary clinical teams</b> Establishes and maintains interpersonal and co-operative relationships with various other health care providers	

<b>Research and/or education groups</b> Participates in research and/or educational group activities
<b>Overall Rating</b>
<b>Manager</b>
<b>Resources</b> Demonstrates ability to manage resources and shows understanding of wider resource issues
<b>People</b> Demonstrates ability to act in leadership roles
<b>Technologies</b> Shows awareness of new technologies and attempts to integrate their use appropriately
<b>Overall Rating</b>
<b>Scholar</b>
<b>Teaching others</b> Shows interest and aptitude in education of others
<b>Lifelong learning</b> Shows a resourceful attitude towards continuing education to enhance quality of patient care; develops and acts on personal learning goals; accepts and acts on constructive feedback
<b>Evidence-based practice</b> Takes evidence based approach to patient management; demonstrates ability to critically appraise published literature; integrates emerging evidence into clinical practice integrates emerging evidence into clinical practice
<b>Research activity:</b> Understands scientific methodology; participates in research and audit activities
<b>Overall Rating</b>
<b>Professional</b>
<b>Empathic and ethical behavior</b> Demonstrates compassion in management of patients, demonstrates respect for patient confidentiality, privacy and autonomy
<b>Professional behavior</b> Displays professional attitudes and integrity; demonstrates initiative, reliability, and availability
<b>Organizational skills</b> Demonstrates ability to plan, coordinate and complete administrative tasks in a timely manner; assumes appropriate responsibility for day to day activities

<p><b>Quality assurance and risk management</b>          Demonstrates ability to initiate and evaluate Quality Assurance programs;          demonstrates importance of patient safety</p>	
<p><b>Responsibility and self-assessment</b>          Accepts responsibility for own actions; accepts the limits of own competence,          and functions within own capabilities; seeks advice and assistance when          appropriate</p>	
<p><b>Overall Rating</b></p>	

## Case-Based Discussion (CBD) Rating Form

**Trainee name:** \_\_\_\_\_

**Year of Training:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Brief summary of case:**

New case       Follow-up case       Inpatient

**Complexity:**

Low       Moderate       High

**Focus:**     Data       Diagnosis       Therapy       Counseling

Questions	Unsatisfactory			Satisfactory			Exceeds expected standard		
	1	2	3	4	5	6	7	8	9
<b>Clinical Assessment</b>									
<b>Investigation and Referrals</b>									
<b>Treatment</b>									
<b>Follow-up and Future Planning</b>									
<b>Professionalism</b>									
<b>Clinical Judgment</b>									
<b>Leadership/Managerial skills</b>									
<b>Overall Performance</b>									

**Suggestions of development:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Clinical Supervisor Signature**

**Date :**

**Direct Observation of Simulation Treatment Process - Preparation**

**Trainee name:** \_\_\_\_\_ **Rotation:** \_\_\_\_\_

**Assessor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Type of Procedure:** \_\_\_\_\_

Please check the option that most closely reflects the resident’s performance.

- 1. Unsatisfactory
- 2. Satisfactory
- 3. Exceeds expected standard
- N/A Not applicable at this assessment

Questions	Satisfactory			Unsatisfactory			Exceeds expected standard		
	1	2	3	4	5	6	7	8	9
1. Conducts pre-procedure review of diagnostic studies									
2. Positions and immobilizes patient									
3. Uses contrast or places markers									
4. Identifies area to be simulated									
5. Identifies normal and target tissues									
6. Completes field design									
7. Develops assessment treatment plan									
8. participate in isodose optimization for approved volume .									
9. Approval of radiotherapy plan									
10. Review of port film									
11. Delivering HDR treatment									
12. Removal of LDR radioactive sources									
13. Removal of tandem and ovoid/ring									

**Please explain any unsatisfactory ratings.**

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**Clinical Supervisor Signature**

**Date :**



## Mini-CEX ASSESSMENT FORM

- TRAINEE: \_\_\_\_\_ YEAR OF TRAINING: \_\_\_\_\_
- ASSESSOR: \_\_\_\_\_
- PATIENT PROBLEM/DX: \_\_\_\_\_
- PATIENT AGE ; \_\_\_\_\_ PATIENT GENDER: \_\_\_\_\_
- PROBLEM COMPLEXITY       Low               Moderate       High
- PATIENT LOCATION               Ward               Clinic               Planning

	Unsatisfactory			Satisfactory			Above expected		
	1	2	3	4	5	6	7	8	9
<b>1. MEDICAL INTERVIEWING SKILLS</b>									
<b>2. PHYSICAL EXAMINATION SKILLS</b>									
<b>3. PROFESSIONALISM/HUMANISTIC QUALITIES</b>									
<b>4. COUNSELING SKILLS</b>									
<b>5. CLINICAL JUDGMENT</b>									
<b>6. ORGANIZATION/EFFICIENCY</b>									
<b>OVERALL CLINICAL COMPETENCE</b>									

- Time observing \_\_\_\_\_ minutes
- This case adequately tested the trainee's abilities:      Yes       No
- COMMENTS ON TRAINEE'S PERFORMANCE

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**Trainee's Signature**

**Assessor's Signature Date**

## 360 DEGREE EVALUATION FORM

Dr. \_\_\_\_\_

Date \_\_\_\_\_

Please describe the nature of your interaction and duration of contact with the resident for this rotation:

medical student       resident       doctor

EVALUATION: Based on your observations of performance . Indicate NA if you cannot comment on specific skill set.

COMMENTS, REMARKS, EXPLANATIONS:

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.....

.....

Evaluator.

Date

1-Based on your interaction with the resident can you rate the in the following categories.	Below Expectations 1	Expected 2	Exceeded Expectations 3	Unable to assess
2- Demonstrated integrity and honesty				
3- Act in the best interest of patients				
4- Demonstrate sensitivity and respect towards the patient (i.e.age, disability or ethnicity)				
5- Reliability and responsibility				
6- Ethical in behavior				
7- Communicate effectively with				
8- Professional in appearance				
9- Works effectively as team member				
11- Works cooperatively with fellow residents				
12- Responsive and compliant with administrative requirements: forms, policies and procedures				
13- Teaching performance				
14- Knows the limits of his/her abilities				
15- Makes patient care and well-being a priority				
16- Respectful and considerate of patients				
17- Takes extra responsibilities when the need arises				
18- Courteous and considerate of all ancillary staff				
19- Follows through on tasks he/she				
20- Takes responsibility for actions; does not blame others				
Average point score on graded categories only. (please add total points / total items	Raw score.		Percent score.	



