



Initial Clinical Performance Tool

Name of Examination Candidate: _____

Name of Supervisor: _____

Place of Employment: _____

Employment Start Date: _____ Evaluation Completed on: _____

The Board of Assessors of the College of Physiotherapists of Manitoba has developed the following tool to assist in performance evaluation of Examination Candidates. The purpose of this evaluation is to assist the supervisor in determining the level of supervision required for the Examination Candidate. This form should be completed after a minimum of 10 days in supervised clinical practice and submitted to the College once completed.

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, assessment or treatment techniques 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?

Yes

No

Comments:

Documentation: *Are there any issues with charts and/or reports not being completed promptly and according to College standards and guidelines?*

Yes

No

Comments:

Delegation: *Are there any issues with the Examination Candidate demonstrating appropriate delegation of tasks if the environment is such that delegation can occur?*

Yes

No

N/A

Comments:

If you answered "Yes" to any question above, the Examination Candidate should remain under direct supervision until this is resolved.

If you answered "No" to all the above, please provide comments on why you feel the Examination Candidate is ready for more indirect supervision and how this will impact the Supervision Plan.

Additional Information:

Jurisprudence: *Have you reviewed the information found under the For Physiotherapists tab on the website, Practice Directions/Policies?*

Yes

No

Do you feel that the Examination Candidate is aware of the Act, Regulations, Standards of Practice, Policies, Guidelines and Code of Ethics 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:

If no, what process have you set up to allow an Examination Candidate to communicate with you and to allow for ongoing evaluation to ensure supervisee is delivering competent, quality and ethical physiotherapy standards.

Signed _____
Supervisor

Registration number: _____ Date: _____