Supervised Practice Plan

The Supervised Practice Plan must be completed and signed by the supervisee practicing within the terms and conditions associated with Supervised Practice and their supervisor.

PRACTICE LOCATION: _____

(Practice name and location, street address and telephone number)

Exam Candidate Name: _____ Supervisor Name: _____

DIRECT SUPERVISION

Direct observation is a key element of supervision and it critical to ensure patient safety. It assists supervisors in making an initial determination of competence and **is the only way to monitor performance of technical skills.** This occurs when the supervisor is physically present while the supervisee is performing care.
AT MINIMUM, this is required to complete an initial assessment of competence, when performing a new activity for the first time, when the supervisee is learning a new skill or technique or issues have been identified.

PLEASE outline how direct supervision will be provided. The supervisee should continue to be directly supervised until the supervisor has deemed they are competent to gradually transition to more indirect supervision using the Initial Clinical Performance Tool provided (this form should be submitted only if requested).

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INDIRECT SUPERVISION

Please detail the tools the supervisor plans to use to continue to monitor and evaluate the supervisee's clinical practice once transitioned to more indirect supervision. This should include activities outside of direct patient care which allows the supervisor to assess the supervisee's practice adequately – e.g. chart audit, patient case reviews, assessment/treatment technique practice, etc. *Please also detail how supervision will be provided if the supervisor is not available physically during the supervisee's hours of clinical practice.

ADDITIONAL INFORMATION

Is supervision impacted by the patient care setting or location (remote communities, rural facilities, mobile practice)?
Yes ☐ No ☐

If you answered yes above, please clarify how supervision will be managed recognizing this is not independent practice. This could be remote supervision (virtual supervision), supervision by other physiotherapists available in the community, etc.

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If alternate physiotherapists are acting as secondary supervisors for the supervisee, please list the names of the additional supervisors. These supervisors will need to report directly to the primary supervisor for the supervisee as outlined on the Supervision Agreement submitted to the College.
There are different challenges for an Examination Candidate working weekends and casual positions that have been identified to the College by Examination Candidates. Has the Examination Candidate been hired into a weekend or casual position or are required to work weekends at your facility? If yes, please indicate who will supervise the Examination Candidate on weekends and what ongoing supervision is in place if the primary supervisor is not on site.

The final decision regarding the Supervision Plan rests with the Board of Assessors and is made on a case by case basis considering what is in the patients' best interest and what is reasonable considering the service delivery environment/model.

_____

Exam Candidate's Signature

_____

Supervisor's Signature

_____

Date

_____

Date