# Clinical Supervisor Report

To be completed electronically by nominated consultant supervisors for each placement (minimum 2 per placement).

For trainees in the same post for one year, CSRs still need to be completed after the first 6 months.

**It is now MANDATORY to comment on trainee skills and clinical progress, with feedback to help the trainee formulate their next Personal Development Plan.**

**Please tick the relevant box then qualify your choice underneath by free text comments (both positive and negative), with evidence to support your comments as much as possible.** All serious adverse comments MUST be supported by evidence. Failure to do this is highly likely to lead to an outcome 5.

In signing the report the trainee does not have to be in agreement with the comments made.

The trainee’s signature is an acknowledgement to the fact that the comments made in the report have been discussed.

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| Trainee name |  |
| Year of training |  |
| CS name |  |
| Subspecialty |  |
| Dates of post |  |

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| **Clinical Experience and Skills** |
| Do you have any concerns about this trainee’s level of knowledge compared to other doctors at this level?  Consider the trainee’s level of knowledge in Basic Science and Clinical Knowledge, motivation to learn.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| Do you have any concerns about the trainee’s overall clinical competence compared with other doctors at this level?  Consider the trainee’s performance in history taking, examination, investigation, diagnosis and clinical management.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| Do you have any concerns about this trainee’s practical and surgical competence compared to other doctors at the same level of training?  To answer, please consider technical ability, manual dexterity and practical planning.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| Do you have any concerns about this trainee’s ability to organise and prioritise clinical problems and personal work?  Include time keeping and prioritisation of clinical work.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| Do you have any concerns about the trainee’s awareness and insight into knowing when it is necessary to seek help/advice?   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| **Personal Skills** |
| ***Communication skills***  Do you have any concerns about the trainee’s ability to demonstrate communication skills with colleagues and patients, which promote teamwork and patient care? Consider verbal clarity, note keeping, dictation, intelligibility, ability to build rapport, listen, persuade and/or negotiate.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| ***Decisiveness/Accountability***  Do you have any concerns about the trainee’s ability to act decisively and take responsibility?   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| ***Interpersonal Skills***  Do you have any concerns about this trainee’s ability to demonstrate interpersonal skills which promote good teamwork and which contribute to patient care?  Consider the trainee’s ability to see patients as people, empathise, work co-operatively with others.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| ***Flexibility***  Do you have any concerns about the trainee’s ability to demonstrate flexibility in day-to-day work?  Consider ability to change and adapt, respond appropriately to rapidly changing circumstances.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| ***Resilience***  Do you have any concerns about the trainee’s ability to demonstrate resilience in day-to-day work?  Consider ability to operate under pressure, cope with stress or setbacks, self awareness.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| Do you have any concern about the trainee’s ability to demonstrate thoroughness in the approach to work?  Is the trainee well prepared with good self discipline and commitment?   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| **Probity** |
| Do you have any concerns about the trainee’s probity in the approach to patient care and in dealing with colleagues?  Displays honesty, integrity, awareness of ethical dilemmas.   |  |  | | --- | --- | |  | Performed well above average | |  | I have no concerns | |  | Could develop further (give example below) | | |  | I have some concerns, which relate to: |   Please qualify your statement: |
| **General Summary** |
| **Free Text Comments**  Please comment on areas of good practice or where achievement is particularly high.  Please suggest priorities for the trainee’s future development. |

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| In your opinion, has the trainee reached a general level of competence and professional maturity in the subspecialty area covered in this placement to act as a general ophthalmologist not specialising in this area?  Please remember a trainee may only have one placement for the area of subspecialty training covered in this placement and so must reach a standard expected for CCT. Otherwise further training in this area may be deemed necessary.  Delete Yes/No as appropriate.  Yes  No  Subspecialty area:  If not which areas still need to be addressed or developed further? |
| **The final decision on whether to grant an outcome 1 and allow this trainee to progress to the next stage rests with the ARCP panel.**  However, as someone who has observed and worked closely with this trainee in recent months, the  panel would value you opinion.  Do you believe this trainee has reached a level of professional maturity to pass on to the next stage of training?  Delete Yes/No as appropriate.  Yes  No If not, please explain why |
| **To be completed for Trainees Applying for Final ARCP**  Delete Yes/No as appropriate.  **The final decision on whether to grant an outcome 6 and allow this trainee to move forward for CCT rests with the ARCP panel.**  However, as someone who has observed and worked closely with this trainee in recent months, the  panel would value you opinion.  Do you believe this trainee has reached a level of professional maturity to be considered for outcome 6 and CCT?  Yes  No  Are there any outstanding issues not mentioned above that the ARCP panel should consider before rewarding an outcome 6 and this trainee going forward for CCT or CESR?  Yes  No  Please qualify your opinion. |

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| Trainee’s comments |
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**Signed:**

Trainee: ………………………………..…..……….………… Date: …………

Supervisor: ………..……….……..… Name: ………………… Date: …………

*Thank you for taking the time to complete this report.*