

 Form 18 D OCP Supervisory Report	HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY REPORT BY SUPERVISOR FOLLOWING COMPLETION OF PERIOD OF SUPERVISED PRACTICE
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APPLICANT			
Registration Number			
Title (Mr, Mrs, etc.), Initials and Surname			
Date of Erasure (For office use only)			
Date of Restoration (For office use only)			
Postal Address			
Telephone		Cell Number	
E-Mail Address			

SUMMARY OF APPLICANT'S ACTIVITIES AND EMPLOYMENT SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE					
Name of Institution	Activities performed	From		To	
		Month	Year	Month	Year

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Registration number	
Registered with the HPCSA since	
Current employment	
Telephone	
Cell Number	
E-Mail Address	
Fax Number	

SUPERVISORY REPORT

AREA OF COMPETENCE: RELATIONSHIPS & TEAMWORK	Independent Practice Demonstrated?	
	YES	NO
<i>The supervisee demonstrated the ability to:</i>		
Initiate and maintain collegial relationships with co-workers		
Initiate and maintain collaborative relationships with relevant members of the team		
Contribute as an active participant in the team (where relevant)		
Share opinions on ward rounds and/or other relevant meetings		
Keep relevant role-players informed of critical issues		
Commitment to collegial inclusive learning and development		
Give and receive constructive feedback		
Utilize constructive feedback		
Understand the role of other professionals and role-players		

AREA OF COMPETENCE: PROFESSIONAL BEHAVIOUR	Independent Practice Demonstrated?	
	YES	NO
<i>The supervisee:</i>		
Are personal work habits in keeping with accepted standards?		
Utilises language and communication relevant to the context.		
Demonstrates awareness of diversity.		
Is mostly punctual and organised.		
Meets deadlines and ensures that appointments are kept.		
Manages work stress and pressure constructively.		
Utilises good time management thus ensuring productivity.		
Is structured and organised in approach.		
Demonstrates accountability.		
Knows personal limitations.		
Seeks support and advice from colleagues.		

AREA OF COMPETENCE: PROCESS OF INTERVENTION	Independent Practice Demonstrated?	
	YES	NO
<i>Assessment:</i>		
Appropriate selection of assessment and screening procedures		
Comprehensive assessment of relevant components		

Analysis and interpretation of assessment findings		
Identification of assets and needs		
<i>Planning:</i>		
Identification of goals and possible outcomes		
Ability to set aims and objectives		
Consideration of evidence-based practice where relevant		
Incorporation of contextual and diversity issues into planning		
Selection of appropriate modalities and techniques		
<i>Intervention:</i>		
Client-centred practice		
Effective execution of Intervention		
Responsive to emerging needs, dynamics		
Monitors precautions; ensures safety & ethics		
Evaluating action and outcome:		
Monitors progress continuously		
Re-assessment as needed		
Reasoning applied with regard to effectiveness of interventions		
Modification of intervention as required		
Terminates / refers appropriately		
<i>Clinical Reasoning:</i>		
Reflection on action taken		
Theory is used as a foundation for reasoning		

AREA OF COMPETENCE: MANAGEMENT AND ADMINISTRATION	Independent Practice Demonstrated?	
	YES	NO
Aware of management functions and would be able to contribute		
Able to plan ahead: e.g. programming, scheduling, budgeting, developing		
Completes relevant reports timeously, accurately and with attention to relevant detail		
Writes accurate and relevant reports		
Keeps accurate statistics		
Keep accurate and relevant records		
Ensures handover		

SUMMARY AND CONCLUSIONS	<i>Independent Practice Advised?</i>	
	YES	NO
<i>Relationships & Teamwork</i>		
<i>Process of intervention</i>		
<i>Professional behaviour</i>		
<i>Management and administration</i>		

It is hereby confirmed that the applicant had completed work under my supervision for a period equivalent to at least six months (1000 hours) from
20.....
 to20.....

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Signature	
Date	

SUPERVISEE	
Title, Initials and Surname	
Signature	
Date	

2012-12-24
SR / DJK