

**MEDICAL AND DENTAL PROFESSIONS BOARD**

**SUPERVISION REPORT**

**DETAILS OF THE SUPERVISED PRACTITIONER**

NAME	
POSTAL ADDRESS	
CONTACT DETAILS	H: W: CELL NO: E-MAIL:
REGISTRATION NO	
QUALIFICATION	
NAME OF FACILITY/ INSTITUTION	

**PERIOD OF SUPERVISION COVERED BY THIS REPORT**

DATE FROM:	DATE TO:	TOTAL PERIOD SUPERVISED

**DETAILS OF SUPERVISING PRACTITIONER**

NAME	
POSTAL ADDRESS	
CONTACT DETAILS	H: W: CELL NO: E-MAIL:
REGISTRATION NO	
QUALIFICATION	

NAME OF FACILITY/ INSTITUTION	
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**NAME AND CONTACT DETAILS OF THE HEAD OF THE INSTITUTION (where relevant)**

NAME:	
POSTAL ADDRESS	
TELEPHONE NO	H: W: CELL NO: E-MAIL:

CRITERIA	N/A Not observed	Below the level expected	Borderline	At the expected level	Above the expected level
<b>X Tick the appropriate box under each category</b>					
<b>CLINICAL MANAGEMENT</b>					
Case history taking					
Conducts and documents appropriate diagnostic procedures					
Clearly and appropriately defines clinical problems					
Effectively coordinates patient care and develops an appropriate care management plan					
Appropriately interprets investigations and implements management plan					
Recognizes and manages emergencies that occur in patient management					
Demonstrates procedural skills relevant and appropriate					
Demonstrates preventative skills relevant and appropriate					
Appropriately refers patients and recommends follow-ups when necessary					
<b>CRITERIA</b>	<b>N/A Not observed</b>	<b>Below the level expected</b>	<b>Borderline</b>	<b>At the expected level</b>	<b>Above the expected level</b>
<b>X Tick the appropriate box under each category</b>					
<b>COMMUNICATION</b>					
Communicates effectively with patients and their families					

Communicates effectively with other members of the healthcare team and colleagues					
Clearly documents all patient care					
<b>PROFESSIONALISM</b>					
Shows sensitivity to the patients culture, ethnicity and religious beliefs. Shows compassion for to the patients					
Punctuality, effective time management is demonstrated and ability to prioritize work					
Limitations in is/her practice are recognized and when necessary request assistance					
Own health appropriately managed					
Adheres to the ethics associated with profession, demonstrates the understanding of the HPCSA requirements					
<b>SAFE PRACTICE</b>					
Knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely demonstrated					
Knowledge of infection control principles demonstrated					
Recognizes and correctly reports adverse incidents					
Refers appropriately when necessary					

**Has formal mentorship programme been provided, if so, please describe (*debrief on performance of professional acts*)**

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**COMMENTS ON OVERALL PERFORMANCE BY SUPERVISED PRACTITIONER**

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**SIGNATURE (Supervised Practitioner)**

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**DATE**

**COMMENTS ON OVERALL PERFORMANCE BY SUPERVISING PRACTITIONER**

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\_\_\_\_\_  
**SIGNATURE (Supervisor)**

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**DATE:**

\_\_\_\_\_  
**SIGNATURE OF CEO/HEAD OF INSTITUTION  
OR OFFICIAL DEPUTY / DIRECTOR**

\_\_\_\_\_  
**DATE:**

\_\_\_\_\_  
**OFFICIAL STAMP OF INSTITUTION**