

Template – Supervised practice report

September 2018

Paramedic

The supervised practice report is a tool to provide progress updates to the Paramedicine Board of Australia (Board) both at intervals agreed in the supervised practice plan and supervision guidelines and as a final summative report.

It is essential that you read the ***Professional capabilities for registered paramedics (interim)*** with this document. When completing this document, the standards and criteria that specify how the standard is demonstrated are to be considered.

The standards and framework are available on the Board's website.

Supervised practice report template

Supervised practice reports, completed by the supervisor in consultation with the supervisee, are to be submitted to the Australian Health Practitioner Regulation Agency (AHPRA) for the Board's consideration at a frequency as set out in the approved Supervised practice plan.



Supervised practice report

Profession: **Paramedicine**

SECTION A: Purpose and reason of report

1. What is this report's purpose?

- Transition from direct to indirect (present) supervision.
- Transition from indirect (present) to indirect (accessible) supervision.
- Transition from indirect (accessible) to remote supervision.
- Scheduled report.
- Final report.

2. What is the reason for supervised practice?

- General registration with conditions for supervised practice for the purposes of grandparenting.
- General registration with conditions for re-entry to practice.
- Condition or undertaking requiring supervision for a health, performance or conduct matter.
- Other – *Please list below*

SECTION B: Supervised practice report details

3. What are the supervised practice report details?

Date of report:

Name of supervisee:

Signature of supervisee:

Commencement date of supervised practice:

Name of approved supervised practice location:

Name of approved organisation (if applicable)

Name of principal supervisor

Signature of principal supervisor

Name of secondary supervisor 1 (if applicable)

Signature of secondary supervisor 1

Name of secondary supervisor 2 (if applicable)

Signature of secondary supervisor 2

4. What is the supervision level at completion?

- Level 1 (direct)
- Level 2 (indirect – present)
- Level 3 (indirect – accessible)
- Level 4 (remote)

5. What are the hours of supervision?

	Hours since last report	Cumulative in total
Total hours of supervised practice required	Enter the total hours since the last report.	Enter the total cumulative hours.
Total hours of supervised practice undertaken	Enter the hours since last report.	Enter the total cumulative hours.
Hours of direct patient/client contact (e.g. assessment and/or treatment of individuals)	Enter the hours since the last report.	Enter the total cumulative hours.
Hours of non-patient contact (outside of patient/client related activity)	Enter the hours since the last report.	Enter the total cumulative hours.
Hours taken as personal leave or annual leave	Enter the hours since the last report.	Enter the total cumulative hours.
Hours of direct supervision	Enter the hours since the last report.	Enter the total cumulative hours.

Hours of indirect (present) supervision	Enter the hours since the last report.	Enter the total cumulative hours.
Hours of indirect (accessible) supervision	Enter the hours since the last report.	Enter the total cumulative hours.
Hours of remote supervision	Enter the hours since the last report.	Enter the total cumulative hours.

SECTION C: Assessment summaries

Supervisee self-assessment summary

This self-assessment assess the supervisee's competency development against the *Professional capabilities for registered paramedics (interim)*.

Mark with a cross on the scale of 1 to 5, where 1 is 'capability is not met' and 5 is 'competency met'.

	Addressed	Summative assessment				
Domain 1: Professional and ethical conduct.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 2: Professional communication and collaboration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 3: Evidence based practice and professional learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 4: Safety, risk management and quality assurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 5: Paramedic practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Supervisor assessment summary

List details of the supervisee's competence against the *Professional capabilities for registered paramedics (interim)*. This assessment is to be completed by the principal supervisor. If further comment is required please elaborate within report.

Mark with a cross on the scale of 1 to 5 where 1 is capability is not met and 5 is completely met.

	Addressed	Summative assessment				
Domain 1: Professional and ethical conduct.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 2: Professional communication and collaboration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 3: Evidence-based practice and professional learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 4: Safety, risk management and quality assurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Domain 5: Paramedic practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION D: Supervision report

In the table below, list the learning objectives in the supervised practice plan and assess whether it has been met, not yet met but may be achievable, or not met and not achievable.

Where it has not been met but achievable, please explain why it has not been met and when it might be achievable. Where it has not been met and is not achievable, please explain why it is not achievable.

Learning objectives

Learning objectives listed in supervised practice plan	Assessment (evaluation)
	1. Met 2. Not yet met but may be achievable 3. Not met and not achievable
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.
Enter a learning objective listed in the supervised practice plan.	Enter your assessment of this objective.

Have issues or problems been noted? Have they been resolved?

Issue or problem noted	Measures taken and outcome
Enter the issue or problem noted.	Enter the measures taken to resolve the issue or problem, and the outcome.
Enter the issue or problem noted.	Enter the measures taken to resolve the issue or problem, and the outcome.
Enter the issue or problem noted.	Enter the measures taken to resolve the issue or problem, and the outcome.
Enter the issue or problem noted.	Enter the measures taken to resolve the issue or problem, and the outcome.
Enter the issue or problem noted.	Enter the measures taken to resolve the issue or problem, and the outcome.

SECTION E: Final assessment (for final reports only)

Domain 1: Professional and ethical conduct

A registered paramedic should:

1. practise in an ethical and professional manner, consistent with relevant legislation and regulatory requirements
2. provide each patient/service user with an appropriate level of dignity and care
3. assume responsibility, and accept accountability, for professional decisions, and
4. advocate on behalf of the patient/service user, when appropriate within the context of the practitioner's practice as a paramedic.

Summative assessment

Competent Not competent

Supervisor's comments:

Signature of supervisor:

Date signed:

Domain 2: Professional communication and collaboration

A registered paramedic should:

1. communicate clearly, sensitively and effectively with patient/service user and their family or carers, and
2. collaborate with other health practitioners.

Summative assessment

Competent Not competent

Supervisor's comments:

Signature of supervisor:

Date signed:

Domain 3: Evidence-based practice and professional learning

A registered paramedic:

1. makes informed and reasonable decisions
2. uses clinical reasoning and problem-solving skills to determine clinical judgments and appropriate actions
3. draws on appropriate knowledge and skills in order to make professional judgments, and
4. identifies ongoing professional learning and development needs and opportunities.

Summative assessment

Competent Not competent

Supervisor's comments:

Signature of supervisor:

Date signed:

Domain 4: Safety, risk management and quality assurance

A registered paramedic should:

1. protect and enhance patient/service user safety
2. maintain safety of self and others in the work environment
3. operate effectively within a mobile environment
4. maintain records appropriately
5. monitor and review the ongoing effectiveness of their practice and modifies it accordingly
6. audit, reflect on and review practice, and
7. participate in the mentoring, teaching and development of others.

Summative assessment

Competent Not competent

Supervisor's comments:

Signature of supervisor:

Date signed:

Domain 5: Paramedic practice

A registered paramedic should:

1. use patient information management systems appropriately
2. assess and monitor the patient/service user's capacity to receive care
3. understand the key concepts of the bodies of knowledge which are specifically relevant to paramedicine practice
4. conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely
5. demonstrate the requisite knowledge and skills to participate in mass casualty or major incident situations, and
6. formulate specific and appropriate patient/service user care and treatment actions.

Summative assessment

Competent Not competent

Supervisor's comments:

Signature of supervisor:

Date signed:

SECTION F: Summary statements

Principal supervisor's summary statement/Overall statement (for final reports only)

I declare that the supervisee named in this document **has / has not** completed the number of supervised practice hours required and **has / has not** demonstrated competence against each standard as set out in the report.

Principal supervisor's name:

Principal supervisor's signature:

Supervisee's response (for final reports only):

6. Has this final report and its contents been discussed with me by my principal supervisor?

Yes No

Supervisor's summary comments

I declare that I **have / have not** completed the number of supervised practice hours required and **have / have not** demonstrated competence against each standard as set out in the report.

Supervisee's name:

Supervisee's signature:

SECTION G: Declaration

Principal supervisor's declaration

I declare that the information contained in the attached supervised practice report about the work of the supervisee is true and correct.

Name of principal supervisor:

Signature of principal supervisor:

Date signed:

Name of supervisee:

Signature of supervisee:

Date signed:

Who do I send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed below.

AHPRA

GPO Box 9958

In your capital city (*refer below*)

- Sydney NSW 2001
- Canberra ACT 2601
- Melbourne VIC 3001
- Brisbane QLD 4001
- Adelaide SA 5001
- Perth WA 6001
- Hobart TAS 7001
- Darwin NT 0801

You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge a web enquiry at www.ahpra.gov.au.