

## CLINICAL SUPERVISOR FEEDBACK FORM

### *Draft Proposal for Enhanced Clinical Radiology Training Program*

**Form is intended to be distributed and collated by the Training e-Portfolio. Instructions will be amended to suit.**

Trainee: \_\_\_\_\_ Assessor: \_\_\_\_\_

Training Site: \_\_\_\_\_

#### RETURN FORM TO:

Director of Training:	Email:
<b>Please return the completed form by:</b>	

#### INSTRUCTIONS

*Please rate the trainee's performance by placing a rating of 1-4 in the boxes provided.*

*Interpretation of Rating Scale*

1. Falls far short of expected standard for level of training
2. Falls short of expected standard for level of training
3. Meets expected standard for level of training
4. Exceeds standard for level of training

*If you are unable to answer any item, please leave blank as it is understood that some items will not be relevant to your interaction with the trainee.*

*Please be honest. Your responses will only be known to the clinical supervisor. The trainee will receive feedback from multiple assessors collated onto a summary form, with individual responses de-identified.*

*Please include any explanations or specific examples in the comment box at the bottom of the form.*

*Please return your completed form to the clinical supervisor by the due date indicated above.*

<b>MEDICAL EXPERT</b>						
	Demonstrates up-to-date medical knowledge consistent with phase of training					
	Completes succinct and accurate reports without delay					
	Demonstrates accurate problem-solving skills by critically assessing information, identifying major issues, making timely decisions and acting on them					
	Demonstrates relevant clinical judgment by considering alternatives in making both diagnostic and therapeutic decisions consistent with phase of training					
	Demonstrates ability to perform procedures consistent with phase of training					
<b>COMMUNICATOR</b>						
	Effectively communicates with other health professionals					
	Effectively communicates with patients and their carers/relatives					

PROFESSIONAL						
	Demonstrates honesty, integrity and reliability					
	Accepts responsibility for own actions and recognises limitations of own knowledge					
	Seeks advice and assistance when appropriate					
	Demonstrates effective time management, is punctual					
COLLABORATOR						
	Works well in a team, sharing responsibility effectively whilst valuing and respecting contributions of all members					
	Approachable and available when needed					
HEALTH ADVOCATE						
	Prioritises the interests of patients					
	Demonstrates integrity and compassion in management of patients during diagnostic and therapeutic procedures					
	Demonstrates cultural competency and respect for diversity					
SCHOLAR						
	Contributes to the education of others					
	Effectively manages their own learning and applies this to their clinical decision making					
	Demonstrates knowledge and application of scientific methodology and participates in research activities					

*Please add any specific comments or examples to support any of your responses*

**Name of Clinical Supervisor** \_\_\_\_\_

**Signature of Clinical Supervisor** \_\_\_\_\_

**Date** \_\_\_\_\_