

# CLINICAL SUPERVISOR REPORT

*This template is to be completed by the supervisor and submitted to the RCDSO.*

*Note: A separate form has been developed for Immediate Reports.*

TO:

[Royal College of Dental Surgeons of Ontario]

FROM:

[Clinical Supervisor]

DATE:

**RE: SUPERVISOR REPORT**

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## BACKGROUND INFORMATION

Dr.

referred to as "the supervisee", is under clinical supervision as specified by:

Emergency Class Registration Requirements

OR the undertaking dated \_\_\_\_\_ ;

OR the order dated \_\_\_\_\_ ;

OR the decision and reasons of the  
Inquiries, Complaints and Reports Committee dated \_\_\_\_\_ ;

OR the decision and reasons of the Discipline Committee dated \_\_\_\_\_ .

## CURRENT LEVEL OF SUPERVISION:

Level	Please check	DESCRIPTION	Report and Meeting Frequency	MARKERS FOR PROGRESSION TO THE NEXT LEVEL OF SUPERVISION
<b>4 – Direct supervision</b>	<input type="checkbox"/>	Supervisor must be in attendance with the patient, observing and working with the supervisee, while the supervisee is practicing.	Every 2 weeks	<p>The supervisor has observed (and conducted chart reviews) for at least 15 patient visits over a two-week period; and</p> <p>Both the supervisor and supervisee are confident that the supervisee is ready to practice under level 3 - indirect supervision (present).</p>
<b>3 – Indirect supervision (Present)</b>	<input type="checkbox"/>	Does not require the supervisor to observe the treatment, but the supervisor must be present at the workplace and immediately available to the supervisee at the time of care (if requested by the supervisee) to observe and discuss clinical management.	Monthly	<p>The supervisor has conducted at least 15 chart reviews in one month. and</p> <p>Both supervisor and supervisee are confident that the supervisee does not require real-time input from the supervisor and that the supervisee is ready to practice under level 2 – indirect supervision (accessible)</p>
<b>2 – Indirect supervision (Accessible)</b>	<input type="checkbox"/>	<p>The supervisor must be accessible to provide input on clinical care but is not necessarily present at the workplace at all times.</p> <p>Supervisor observes care in-person at least monthly to monitor quality of care.</p> <p>Two categories of accessible indirect supervision:            A) "On call" and available, by phone or other electronic means            B) Available at a scheduled, pre-arranged time to discuss the management of a patient or observe a procedure</p>	Monthly	<p>The supervisor has conducted at least 15 chart reviews in one month; and</p> <p>Both the supervisor and the supervisee are confident that the supervisee can practice independently without regular input from the supervisor and that the supervisee is ready to practice under level 1 - remote supervision.</p>
<b>1 – Remote supervision</b>	<input type="checkbox"/>	The supervisor can be reached at scheduled times to discuss clinical activities, but is not expected to visit the premises, directly observe care, or participate in day-to-day clinical management.	Every 3 months	The supervisor has conducted at least 15 chart reviews in three months; and Both are confident that the supervisee can practice independently without a supervisor; and the supervisee has completed the minimum time required by the College

## BASIC REQUIREMENTS:

Supervisor should detail the clinical supervision to date by completing the fields:

REQUIREMENT	REPORT FROM DENTIST
Number of [days / weeks / months] supervisee has practiced dentistry since last report (or initiation of the arrangement):	
Number of charts reviewed since last report (or initiation of the arrangement):	
Date chart review was completed:	
Meeting date(s) between yourself and supervisee (virtual/in person):	
Date of next chart review scheduled:	
Date of next meeting scheduled:	
<p>The supervisory level and specific requirements are being followed (please check):</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>If no, please explain and submit an Immediate Report (link to this report):</p>	

## CHART REVIEW:

Complete a [chart review](#) table for **each chart reviewed/patient observed** and submit the tables with the report.

## REPORT DETAILS:

Include information about

- The supervisee's compliance with the supervision level and details of how supervision is being completed
- Specific details about the performance of the supervisee
- Any concerns identified by the supervisor and how they were addressed or are to be addressed by the supervisee
- Practice recommendations – specific details about new recommendations and information about implementation of previous recommendation(s)
- Education provided and/or recommended

## RECOMMENDATIONS

Complete the [recommendations](#) chart and submit it with your report.

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### CONSIDERATION FOR PROGRESSION:

Please review the "Current Level of Supervision" table on page 2 and consider the column titled "Markers of Progression". Based on your assessment of the supervisee and whether they have met the requirements of the level of supervision, indicate whether you recommend a change to the next supervisory level or not.

- Based on my observation and in consultation with the supervisee, I am recommending that the Level of Supervision be reduced to the next supervisory level.

**RATIONALE** [using "Markers of Progression" for Levels of Supervision]

- Based on my observation and in consultation with the supervisee, I am recommending that the Level of Supervision remain unchanged.

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### ACKNOWLEDGEMENT:

- All details in report were discussed with supervisee: YES  NO
- The current supervision level and reporting will continue until a change (if any) is confirmed by the College in writing