

# AFRM Clinical Supervisor Accreditation Form

## Personal Information

### \*1. Full name of Supervisor

### \*2. Work Address

Address 1

Address 2

Address 3

Address 4

Suburb

City/State

Post Code

Country

### \*3. Email Address

### 4. Telephone

Home:

Work:

Mobile:

Fax:

Pager:

## Orientation and Induction

### \*5. Do you attempt to assist your Trainee to assess and identify their personal learning needs?

Yes

No

### \*6. Upon commencement of each rotation do you work with your Trainee to formulate a Learning Needs Analysis (LNA) reflecting their individual and shared learning goals and do you ensure that the learning objectives, resources, agreed outcomes, evaluation criteria and timeframes are described?

Yes

No

Other (please specify)

## AFRM Clinical Supervisor Accreditation Form

**\*7. Do you ensure that the Trainee is properly inducted and introduced to all Ward,Unit and Allied Health staff at the commencement of the rotation?**

Yes

No

### Teaching and Learning

**\*8. Are you an accredited AFRM Clinical Supervisor?**

Yes

No

**\*9. Do you set aside regular and devoted meeting/teaching times with your Trainee?**

Yes

No

**\*10. Do you make a conscious effort to demonstrate appropriate knowledge, skills and personal behaviours and to articulate the importance and value of these domains?**

Yes

No

**\*11. Do you encourage your Trainee to demonstrate leadership in case conferences, family conferences and bedside/ward rounds?**

Yes

No

**\*12. Do you regularly supervise your Trainee's skill development in physical examination techniques, interpersonal communication, team management, teaching others and research development?**

Yes

No

**\*13. Do you attempt to maximise the exposure of your Trainee to you in as many clinical and non-clinical settings as possible?**

**(examples - interacting with patients,families,colleagues,staff and friends)**

Yes

No

## AFRM Clinical Supervisor Accreditation Form

**\*14. Do you reflect on the positive attributes and qualities of your Trainee and how they are a positive role model to those around them and do you try to encourage and assist the development of their personality and professional style?**

Yes

No

**\*15. Do you ensure that your Trainee is able to complete at least 2 In-Training Long Case Assessments (ITLCAs) per training term as per the guidelines set out in the Guide for Clinical Supervisors?**

Yes

No

### Monitoring and Evaluating Trainee Performance

**\*16. Do you refer to the Learning Needs Analysis (LNA) regularly during learning sessions and together with your Trainee review the objectives and strategies depending on the progress of the term and the Trainee?**

Yes

No

**\*17. Do you provide informal feedback to the Trainee on a day-to-day basis?**

Yes

No

**\*18. Do you regularly encourage the Trainee to seek peer feedback and to self-evaluate?**

Yes

No

**\*19. Do you conduct formative interviews with the Trainee at 2 and 4 months and complete the Supervisor's Report upon the completion of the Trainee's term?**

Yes

No

**\*20. Upon the conclusion of the rotation do you get together with your Trainee to consider the extent to which the objectives have been achieved and to reflect on the quality of the duration of the learning experience?**

Yes

No

## AFRM Clinical Supervisor Accreditation Form

**\*21. Do you complete the Supervisor's Report in a comprehensive and timely manner?**

Yes

No

**\*22. Do you attempt to identify your mutual perception of any problems which may arise in the course of the training term early on and discuss with your Trainee your mutual perception?**

Yes

No

Other (please specify)

**\*23. Are you aware of the importance of communicating any matters of concerns arising about a Trainee's performance in training or service roles to the Faculty Education Committee (FEC) or it's Sub-Committees and in the past have you always communicated such matters as they have arised?**

Yes

No

Other (please specify)

## Supervision Skills

**\*24. Do you endeavour to the best of your ability to make yourself approachable and accessible to your Trainee?**

Yes

No

**\*25. Do you regularly reflect on both your Trainee's and your own preferred intellectual and learning styles and are you aware that these directly influence your interaction with Trainees?**

Yes

No

**\*26. Are you prepared to share with your Trainee your thoughts and feelings about your own career and how you cope with the demands of a professional life?**

Yes

No

## AFRM Clinical Supervisor Accreditation Form

**\*27. Do you have an awareness of the needs of different cultural and linguistic groupings and are you able to work within and across these groupings?**

Yes

No

**\*28. Do you strive to be a positive role model for the Trainee and recognise that the example you set may have a significant impact on the Trainee?**

Yes

No

**\*29. Are you aware of your own best qualities and do you endeavour to articulate and demonstrate these attributes?**

Yes

No

**\*30. What are your best qualities and attributes?**

**\*31. Are you aware of your own strengths and weaknesses as a Clinical Supervisor?**

Yes

No

**\*32. What are your strengths as a Clinical Supervisor?**

**\*33. What are your weaknesses as a Clinical Supervisor?**

**\*34. What areas or supervisory skills could you improve on?**

## AFRM Clinical Supervisor Accreditation Form

**\*35. How could you improve these areas/skills?**

**\*36. What are your future goals as a Supervisor?**

### Declaration of Compliance

**\*37. I am familiar with and fulfill my role and responsibilities as a Clinical Supervisor as outlined in the AFRM Manual for Clinical Supervisors.**

Yes

**\*38. At the commencement of each rotation I work / will work with my Trainee to formulate a Learning Needs Analysis (LNA).**

Yes

**\*39. I set aside / will set aside regular and devoted meeting/training times with my Trainee.**

Yes

**\*40. I work / will work closely with my Trainee to identify and address any training or workload problems.**

Yes

**\*41. I complete / will complete the Supervisor's Report in a timely and comprehensive manner.**

Yes

**\*42. I communicate / will communicate with the Faculty Education Committee or its Sub-Committees regarding any matters of concern arising about Trainee's performance in training or service roles.**

Yes

**\*43. I complete / will complete the Training Faculty Accreditation Questionnaire as required for ongoing Accreditation of my Rehabilitation facility/unit.**

Yes

Not Applicable

# AFRM Clinical Supervisor Accreditation Form

## Supervisor Training

I am aware of the importance of ongoing Supervisor training and I have attended the following educational programs/activities for Clinical Supervisors in the past 3 years:

### \*44. Details of programs/activities attended

Date -	<input type="text"/>
Duration (hrs) -	<input type="text"/>
Activity Name -	<input type="text"/>
Topics covered -	<input type="text"/>
Supervisory skills learned/improved -	<input type="text"/>

### 45. Details of programs/activities attended

Date -	<input type="text"/>
Duration (hrs) -	<input type="text"/>
Activity Name -	<input type="text"/>
Topics covered -	<input type="text"/>
Supervisory skills learned/improved -	<input type="text"/>

### 46. Details of programs/activities attended

Date -	<input type="text"/>
Duration (hrs) -	<input type="text"/>
Activity Name -	<input type="text"/>
Topics covered -	<input type="text"/>
Supervisory skills learned/improved -	<input type="text"/>

## Statement by the Supervisor

**\*47. I certify that the details supplied above on this form are accurate and correct. I understand that the AFRM Education Committee or its representatives may contact organising bodies of the learning programs which I claim to have attended in order to confirm my attendance.**

Please enter your full name to sign electronically	<input type="text"/>
Date	<input type="text"/>

## Thank You

You have now completed the Supervisor Accreditation Form.

# AFRM Clinical Supervisor Accreditation Form

**48. If you have any questions or concerns please enter them in below:**