



Supervised Practice Report

To be completed in accordance with the requirements of the Board's Policy and Procedure: Supervision for registrants returning to practice

Section 1: Supervised registrant details

Name: _____

Address: _____

Registration no.: _____ Date of birth: _____

Current practice location: _____

Current supervision level (circle one):	1	Direct supervision	Number of hours worked on current level	_____
	2	Contemporaneous supervision	Date of last supervision report:	_____
	3	Broad supervision		

Section 2: Safe and competent practice

The supervisor must indicate if they have observed that the registrant is **safe and competent** at the current level of supervision in the following categories by placing a ✓ in the relevant box.

The dot points are provided from the Occupational Therapists Board of Queensland *Guidelines for Professional Conduct and Practice* (2008), the Australian Association of Occupational Therapists *Australian Competency Standards for Entry-Level Occupational Therapists* (1994), and the University of Queensland *SPEF-Revised Edition Package* (1998) as guidance, and there may be circumstances where all points listed may not be relevant in the service context.

Category 1 — Professional conduct

	Competent	Not competent	Not applicable
• Operated within individual and professional strengths and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated respect for the individuality and worth of each client considering cultural, religious, spiritual and social values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respected confidentiality and privacy of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Established and maintained appropriate professional boundaries with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Practiced in an ethical and professional manner (refer to the Occupational Therapists Board of Queensland Guidelines for Professional Conduct and Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assumed responsibility for ensuring professional competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Responded to supervision and feedback about performance and modified behaviour accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated insight and self-reflection about personal performance and areas requiring improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category 2 — Effective Communication

2.1 Verbal and non-verbal communication

	Competent	Not competent	Not applicable
• Adapted verbal and non verbal communication to the needs of the client, family and other staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communicated with the patient in a manner and environment that ensured confidentiality, privacy and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Established a rapport with the patient that contributed to the maintenance of a positive therapeutic relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All communication promoted a shared understanding of the client's needs and goals and the therapist's intervention aims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discussed and agreed the goals, nature, purpose and expected outcomes of the occupational therapy intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employed appropriate strategies to address communication difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated effective English language ability i.e. speaks clearly, is readily understood by others and understands written and spoken English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Informed consent was obtained prior to undertaking any assessment or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Collaborative, respectful relationships with clients and other health professional were maintained at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.1 Written communication

• Record keeping was clear, concise, accurate and objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation was maintained appropriately, according to the accepted procedures and standards of the workplace and any relevant legal requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Documentation was completed within the expected time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category 3 — Information Gathering: Assessment and interpretation of occupations, roles, performance and function

3.1 Assessment selection and information gathering techniques

• Relevant information is gained from records and others involved in the client's management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Structured observations and interviews were used to obtain and verify this information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Standardised and non-standardised assessments selected were appropriate to the client's needs, age, gender, occupation and functional performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 Assessment administration

• Conducted assessments in a safe, accurate and appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assessment of the client's environment, e.g. home, school, work, was conducted in accordance to facility policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Competent	Not competent	Not applicable
3.3 Analysis of assessment data			
• Assessment data was accurately interpreted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Goals, values and expectations of the client were accurately identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated well developed clinical reasoning abilities in formulating an intervention plan based on assessment results and identified client goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated ability to determine intervention priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Determined professional limitations (client difficulties outside therapist's level of competence) and referred on to other professional for further assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Category 4 — Service provision: Implementation of occupational therapy interventions			
4.1 Demonstrated ability to articulate the role of occupational therapy to those within the service area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Developed an occupational therapy intervention plan			
• Clearly articulated an intervention plan based on the assessment findings and in collaboration with the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Occupational therapy intervention plan was guided by principals of occupational therapy frames of reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Set realistic short and long term goals with the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Selected appropriate and effective interventions to address the established goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Determined a plan of evaluation that used facility or service relevant outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Implemented occupational therapy interventions			
• Intervention environment was arranged to meet the performance and occupational needs of the client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Required resources were obtained and organised prior to the implementation of any intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interventions were conducted in a safe and effective manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Unexpected or adverse events were managed effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other service providers were consulted to support the intervention when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Evaluated occupational therapy intervention(s)			
• Effectiveness of interventions was monitored at regular intervals via client feedback and standardised and non-standardised assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accurate observations and inferences were made following each intervention and treatment strategies were adjusted accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Any changes to intervention strategies were discussed with the client and/or caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective planning for service completion was considered and conducted including communication with external service providers as necessary and appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Demonstrated the ability to effectively manage the allocated caseload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Further comments

Section 4: Submission by nominated supervisor

The registrant has been assessed as **safe and competent** in the scope of clinical practice requirements for their current level of supervision and:

I **recommend** the registrant progress to next level of supervision.

I **recommend** they remain on their current level of supervision.

- The registrant:
- has practiced under Level 3 supervision for a minimum of 100 working days;
 - I am satisfied that the registrant is competent to safely practise without supervision; and
 - I **recommend** that the Board consider the removal of supervision requirements.

The registrant is **not competent** in all minimum scope of clinical practice requirements.

Specific concerns include:

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I recommend

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Nominated Supervisor

Name: _____

Date: _____

Registrant

Name: _____

Date: _____

OFFICE USE ONLY
Board Decision:
Signature: _____
Date: _____