

## Clinical Supervisors Report when in non-primary care placements

To be completed before the end of each non primary care placement

Please provide **constructive feedback** on the trainee’s performance and suggestions for improvement **based on your own observations** as the Clinical Supervisor as well as observations from colleagues during the post.

**Your assessment of this Trainee’s performance in this role is comparing them to the expected level for a GP trainee at this stage in their training**

**The Clinical Supervisor is expected to have personally completed at least one of the mandatory Workplace Based Assessments before completion of the CSR.**

Date: .....

Doctor's Name: ..... Doctor's GMC number: .....

Assessor's name: ..... Assessor's GMC number: .....

Assessor's position: ..... Assessor’s email: .....

I confirm that this report is based on my own observations including at least one Mandatory assessment (CbD and/or Mini-CEX) carried out by myself, in addition to using the results of other workplace-based assessments and feedback from my colleagues. Yes

**\*\* On the ePortfolio link to Word descriptors/CSR documents on WPBA website\*\***

**1. Professionalism** (includes being respectful, diligent and self-directed in their approach to patients and others and to their own learning needs, developing resilience, making appropriate ethical decisions)  
*Capabilities: Maintaining Performance Learning and Teaching, Ethics, Fitness to practice*

Areas of strength

Areas to develop in these capabilities			
<i>Significantly Below Expectations</i> <input type="checkbox"/>	<i>Below Expectations</i> <input type="checkbox"/>	<i>Meeting Expectations</i> <input type="checkbox"/>	<i>Above Expectations</i> <input type="checkbox"/>

**2. Communication and Consulting Skills** (includes communication with patients, establishing patient rapport, managing challenging consultations, third-party consulting, the use of interpreters)  
*Capability: Communication and consultation skills*

Areas of strength

Areas to develop in this capability				
<table border="1"> <tr> <td><i>Significantly Below Expectations</i> <input type="checkbox"/></td> <td><i>Below Expectations</i> <input type="checkbox"/></td> <td><i>Meeting Expectations</i> <input type="checkbox"/></td> <td><i>Above Expectations</i> <input type="checkbox"/></td> </tr> </table>	<i>Significantly Below Expectations</i> <input type="checkbox"/>	<i>Below Expectations</i> <input type="checkbox"/>	<i>Meeting Expectations</i> <input type="checkbox"/>	<i>Above Expectations</i> <input type="checkbox"/>
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**3. Working with colleagues and in teams** (includes working effectively with others, sharing information with colleagues, leadership, management and team-working skills)

*Capabilities: Working with colleagues and in teams, Organisation, Management and Leadership*

Areas of strength

Areas to develop in these capabilities				
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**4. Clinical assessment** (includes patient history, Clinical Examination and Procedural Skills (CEPS), choosing investigations, and making an appropriate diagnosis or decision. Please also comment on clinical skills that have been observed)

*Capabilities: Data Gathering, CEPS, Making a diagnosis / decisions*

Areas of strength

Areas to develop in these capabilities				
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**5. Management of Patients** (includes recognition and appropriate management of medical conditions encountered in the role, prescribing safely, and taking account of co-morbidity, poly-pharmacy. Managing uncertainty & risk)

*Capabilities: Clinical management, Medical complexity*

Areas of strength

Areas to develop in these capabilities

<i>Significantly Below Expectations</i> <input type="checkbox"/>	<i>Below Expectations</i> <input type="checkbox"/>	<i>Meeting Expectations</i> <input type="checkbox"/>	<i>Above Expectations</i> <input type="checkbox"/>
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**6. Clinical record keeping** (includes showing an appropriate use of administration systems, effective and appropriate record-keeping and use of IT for the benefit of patient care)

*Capabilities: Organisation, Management and Leadership*

Areas of strength

Areas to develop in this capability

<i>Significantly Below Expectations</i> <input type="checkbox"/>	<i>Below Expectations</i> <input type="checkbox"/>	<i>Meeting Expectations</i> <input type="checkbox"/>	<i>Above Expectations</i> <input type="checkbox"/>
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**7. Context of care** (includes seeking to understand and support patients through an appreciation of the interplay between their disease and their lives and considering local pathways, formularies and resources)

*Capabilities: Holistic care, Community orientation*

Areas of strength

Areas to develop in these capabilities			
<i>Significantly Below Expectations</i> <input type="checkbox"/>	<i>Below Expectations</i> <input type="checkbox"/>	<i>Meeting Expectations</i> <input type="checkbox"/>	<i>Above Expectations</i> <input type="checkbox"/>

**In this post, compared to the expected level for a GP trainee at this stage of training, this trainee currently (please tick one of the following):**

Level	Supervision definition	Tick one line
<b>1*</b>	<p>Cannot be left without direct supervision</p> <p>Limited to observing care; and / or</p> <p>Seeing patients alone but not allowed to let patients leave the building or complete an episode of care before review by the supervisor.</p>	
<b>2*</b>	<p>Requires more supervision than expected in their clinical role</p> <p>Requires direct supervision by named supervisor:</p> <p>The trainee may provide clinical care, but the supervisor, (in their absence delegated supervisor), is physically within the building and is immediately available if required to provide direct supervision on specific cases and non -immediate review of all cases.</p>	
<b>3</b>	<p>Requires expected levels of supervision in their clinical role</p> <p>Requires indirect supervision by the named supervisor:</p> <p>The trainee may provide clinical care when the supervisor is at a distance and is available by telephone to provide advice or can attend jointly if required to provide direct supervision.</p> <p>The trainee does not need to have every case reviewed but a regular review of random or selected cases takes place at routine intervals.</p>	

**\*If levels 1 or 2.** Please clarify if the issues or concerns relate to professional values or behaviours; or to communication skills, patient safety, clinical competence, organisational or timing issues; to personal issues; or other issues / concerns.

If you have entered any details in this box, please ensure you have contacted their local GP Associate Dean/Training Programme Director and if appropriate, their Educational Supervisor

Does the trainee need to have any particular supervision in their next post? Y/N

(if Y please give specific detail below)

**Trainee assessment grade word descriptors for CSR**



When in a hospital setting trainees are rated in comparison to other trainees at the same stage of training or comparable specialist trainees. (Please note this is different to rating GP trainees when in primary care who are rated compared to the expected standard required at the end of training).

<p align="center"><b>Trainee performance descriptor</b> Professionalism</p>			
<p align="center">Includes being respectful, diligent and self-directed in their approach to patients and others and to their own learning needs, developing resilience, making appropriate ethical decisions <i>Capabilities: Maintaining Performance Learning and Teaching (MPLT), Ethics, Fitness to practice (FTP)</i></p>			
<p><b>Significantly Below Expectations</b></p>	<p><b>Below Expectations</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Above Expectations</b></p>
<p><u>MPLT</u> Is not aware of the limitations of their knowledge or skills and practices outside their ability, level of experience or confidence without seeking necessary support.</p> <p><u>MPLT</u> Does not identify, address or attend to own learning needs. Does not participate in the education of others.</p>	<p>Is often inconsistent in their awareness of their own knowledge and skills and/or does not always seek help appropriately.</p> <p>Struggles to identify and /or consistently address own learning needs in a timely way. Peripherally involved in the education of others.</p>	<p>Demonstrates the same level of knowledge and skills as other trainees at this stage of training.</p> <p>Keeps up to date with immediate clinical learning needs. Contributes to the education of others.</p>	<p>Demonstrates a level of knowledge above other trainees at this stage of training.</p> <p>Shows a commitment to professional development through reflection on performance and identification of personal immediate and long term learning needs. Actively seeks out training experiences and opportunities and regularly uses opportunities to</p>

<p><u>MPLT</u> Unaware and unresponsive to the need to respond to local or national governance changes or new guidelines</p> <p><u>Ethics</u> Approach to other people's beliefs, dignity, preferences and rights adversely affects patient care and / or team work.</p> <p><u>Ethics</u> Fails to show willingness to reflect on own attitudes or behaviours and does not demonstrate an ethical dimension in their work.</p> <p><u>FTP</u> Does not appropriately balance personal and professional demands resulting e.g. in failure to achieve deadlines, or observe contractual obligations. This may include unplanned absences from professional commitments.</p>	<p>Demonstrates a limited response to local or national governance or new guidelines</p> <p>May make comments that are inappropriate or seem to be discriminatory but this does not appear to affect the team or patients.</p> <p>Demonstration of an ethical dimension to their work is inconsistent. Limited willingness or demonstration of reflection on own attitudes and behaviours.</p> <p>Needs support to manage the balance between personal, physical or mental illness demands and patient or team work especially when under pressure. Attendance at meetings and achievement of</p>	<p>Changes behaviour in response to the organisation's clinical governance activities but may have limited involvement</p> <p>Understands the need to treat everyone with respect for their differences, beliefs, dignity preferences, and rights and does not discriminate.</p> <p>Demonstrates an understanding of ethical principles and reflects on own attitudes and behaviours.</p> <p>Aware that personal physical or mental illness, or habits may interfere with the competent delivery of patient care even when under pressure. Manages to attend meetings and deadlines consistently.</p>	<p>teach others.</p> <p>Personally participates in quality improvement activities or audits and suggests appropriate responses</p> <p>Demonstrates equality, fairness and respect in their day to day practice. Values and appreciates different cultures and personal attributes in patients and colleagues.</p> <p>Gives due consideration and reflects on and discusses moral dilemmas encountered in the course of their work.</p> <p>Addresses personal health issues or habits that impact on their performance as a doctor even when under significant pressure.</p>
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<p><i>FTP</i> Involved in more than one complaint and either fails to respond appropriately or to learn from the experience. Is resistant to feedback that is perceived as critical.</p>	<p>deadlines is largely achieved.</p> <p>Provides a limited response to complaints though able to improve this with help.</p>	<p>Responds to complaints or performance issue appropriately.</p>	<p>Reflects and learns from complaints to improve patient care.</p>
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<p align="center"><b>Trainee performance descriptor</b> Communication and consulting skills</p>			
<p align="center">Includes communication with patients, establishing patient rapport, managing challenging consultations, third-party consulting, the use of interpreters</p> <p align="center"><i>Capability: Communication and consultation skills</i></p>			
<p><b>Significantly Below Expectations</b></p>	<p><b>Below Expectations</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Above Expectations</b></p>
<p>Does not establish rapport with patients.</p>	<p>Rapport is only intermittently established.</p> <p>Consultations take longer than</p>	<p>Rapport is established with almost all patients.</p> <p>Consults in an organised and</p>	<p>Achieves excellent rapport with patients.</p> <p>Responds to the preferences of</p>



<p>Consultations are disorganised/long &amp; lack structure.</p> <p>Explanations are confusing or unclear and / or medically inaccurate.</p> <p>Consultations may be chaotic or very formulaic</p> <p>Does not treat patients with adequate attention, sensitivity or respect for their contribution.</p>	<p>peers and may lack focus.</p> <p>Explanations are inappropriately doctor-centred but generally medically correct.</p> <p>Consultations are commonly rigid or formulaic.</p> <p>Treats patients with some sensitivity and respect but the trainee regularly does not sufficiently facilitate or respond to the patients' contribution.</p>	<p>structured way.</p> <p>Provides explanations that are medically correct but may be doctor-centred.</p> <p>Consultations are sometimes rigid or formulaic.</p> <p>Shows sensitivity and tries to involve the patient.</p>	<p>the patient achieving an effective consultation.</p> <p>Offers patient centred explanations.</p> <p>Language and consultation are fluent, adapted to the needs and characteristics of the patient.</p> <p>Shows sensitivity, actively shares ideas and may empower the patient.</p>
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<p><b>Trainee performance descriptor</b> Working with colleagues and in teams</p>			
<p>Includes working effectively with others, sharing information with colleagues, leadership, management and team-working skills <i>Capabilities: Working with colleagues and in team, Organisation Management and Leadership (OML)</i></p>			
<b>Significantly Below Expectations</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Above Expectations</b>

<p><u>Working with colleagues</u> Routinely works in isolation giving little support to team members.</p>	<p>May sometimes work on own without appropriate involvement of the team.</p>	<p>Works effectively in a team rather than in isolation.</p>	<p>Is an effective team member, working flexibly with the various teams and supporting others.</p>
<p><u>Working with Colleagues</u> Doesn't appreciate the value of the team. Inappropriately leaves their work for others to pick up</p>	<p>Respects other team members and their contribution but has yet to grasp the advantages of harnessing the potential within the team. Completes work identified as their own adequately.</p>	<p>Respects and understands other team members, their roles and contributions.</p>	<p>Enables collaborative working.</p>
<p><u>Working with Colleagues</u> Communication with others in the team is incomplete or late (or haphazard) impacting on patients and colleagues.</p>	<p>May fail to communicate constructively or in a timely fashion with others in the team though generally this does not affect patient care.</p>	<p>Responds to communications from other team members in a timely and constructive manner.</p>	<p>Communicates proactively with the team members so that patient care is enhanced.</p>
<p><u>OML</u> Lack of Organisation of self and others, time-management and hand over skills has clear negative effects and / or create problems for colleagues or patients. e.g. regularly or consistently being late for shifts, not advising of lateness or sickness, failing to complete tasks required or failing to respond to emails.</p>	<p>Organisation of self and others, time-management and hand over skills may be limited and impact on colleagues and patients.</p>	<p>Organisation of self and others, time-management and hand over skills are sufficient that patients and colleagues are not unreasonably inconvenienced or come to any harm.</p>	<p>Is consistently well organised with due consideration for colleagues as well as patients. Demonstrates effective:</p> <ul style="list-style-type: none"> <li>● Time-management</li> <li>● Hand-over skills</li> <li>● Prioritisation</li> <li>● Delegation.</li> </ul>

**Trainee performance descriptor**

Clinical assessment

Includes patient history, Clinical Examination and Procedural Skills (CEPS), choosing investigations, and making an appropriate diagnosis or decision. Please also comment on clinical skills that have been observed

*Capabilities: Data Gathering (DG), CEPS, Making a diagnosis / decisions (Diagnosis)*

<b>Significantly Below Expectations</b>	<b>Below Expectations</b>	<b>Meets Expectations</b>	<b>Above Expectations</b>
<p><u>DG</u> Has an approach to information gathering which is disorganised, chaotic, inflexible or inefficient.</p> <p><u>DG/CEPS</u> Examination and/ or investigation is not planned with a clear relevance to the history or situation.</p> <p><u>CEPS</u> Fails to identify or examine for significant physical or psychological signs and examination technique is technically incompetent.</p> <p><u>CEPS</u> Fails to obtain informed consent for examinations or procedures.</p> <p><u>Diagnosis</u> Struggles to provide an appropriate differential diagnosis. Fails to consider serious possibilities and fails to</p>	<p>Accumulates a mixture of relevant and irrelevant information from the patient.</p> <p>Examines and/ or investigates patient but with inconsistent relevance to the patient’s problem.</p> <p>Misses some abnormal signs or fails to recognise the significance of signs they identify. Examination technique is some of the time technically proficient.</p> <p>May fail to explain the need or process of the examination.</p> <p>Generates a limited differential diagnosis or one that is poorly focused</p>	<p>Accumulates information from the patient that is mainly relevant to their problem.</p> <p>Chooses examinations and investigations broadly appropriate for the patient’s problem.</p> <p>Identifies common abnormal signs and recognises their significance. Examination technique may not be fluent but is technically proficient.</p> <p>Performs procedures /examinations with the patient’s consent.</p> <p>Generates and tests out an adequate differential diagnosis.</p>	<p>Systematically gathers information, using questions appropriately targeted to the problem.</p> <p>Chooses examinations and investigations targeted to the patient’s problem.</p> <p>Has a flexible &amp; organised approach to examination and interprets physical signs accurately.</p> <p>Fluently incorporates consent for examination, assessment of mental capacity and other medico-legal issues into consultations.</p> <p>Generates a differential diagnosis clearly and flexibly, integrating</p>

review in the light of new information  Diagnosis is indecisive, illogical, incorrect or inappropriately independent in decision making	around the problem (but covers serious possibilities).  At times may not ask for help when should or asks too often. May struggle to work independently	Asks for help appropriately but may not progress to making independent decisions.	available information.  Owns their own decisions whilst being aware of their limitations
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<p align="center"><b>Trainee performance descriptor</b> Management of Patients</p>			
<p align="center">Includes recognition and appropriate management of medical conditions encountered in the role, prescribing safely, and taking account of co-morbidity, poly-pharmacy. Managing uncertainty &amp; risk <i>Capabilities: Clinical management, (Clinical Mx), Medical complexity</i></p>			
Significantly Below Expectations	Below Expectations	Meets Expectations	Above Expectations
<p><u>Clinical Mx</u> Struggles to think of management options.</p> <p><u>Clinical Mx</u> Prescribing decisions are commonly not safe; or not based on guidelines. Side effects and interactions are commonly neglected</p> <p><u>Clinical Mx</u> Ignores or are unaware of appropriate referral pathways.</p>	<p>Uses appropriate but limited management options.</p> <p>Makes suggestions for prescribing but without considering interactions or side effects. May make some prescribing errors.</p> <p>Referral pathways are followed inconsistently.</p>	<p>Uses appropriate management options but may not include all options.</p> <p>Makes safe prescribing decisions, routinely checking on drug interactions and side effects.</p> <p>Refers safely, acting within the limits of their competence.</p>	<p>Varies a good range of management options responsively.</p> <p>Prescribes safely including applying local and national guidelines and uses drug and non-drug therapies appropriately.</p> <p>Refers safely and appropriately considering all available resources.</p>

<p><u>Clinical Mx</u> Fails to identify or respond to emergencies safely or may fail to work collaboratively in this setting</p> <p><u>Clinical Mx</u> Does not safety net appropriately</p> <p><u>Medical Complexity</u> Unable to contribute in complex or uncertain situations. Finds it difficult to suggest a way forward in unfamiliar circumstances.</p> <p><u>Medical Complexity</u> Does not consider the impact of the patient's lifestyle on their health or the problem.</p> <p><u>Medical Complexity</u> Does not prioritise management options based on patient risk, and or inappropriately burdens the patient with uncertainty.</p>	<p>Tentatively or hesitantly identifies or responds to medical emergencies and may struggle to engage the rest of the team.</p> <p>Uses safety netting intermittently.</p> <p>Manages problems in isolation and does not take into account the impact or effect of other conditions.</p> <p>Limited consideration on the impact of patient's lifestyle on their health or the problem.</p> <p>Management options are restricted due to poor prioritisation of patient risk.</p>	<p>Recognises medical emergencies and responds to them safely but may struggle to coordinate with other services.</p> <p>Safety nets appropriately.</p> <p>Manages acute and chronic health problems with some consideration of the implications of co-morbidity.</p> <p>Considers the impact of patient's lifestyle on their health.</p> <p>Makes adequate attempts to prioritise management options based on their assessment of patient risk.</p>	<p>Responds rapidly and skilfully to emergencies with appropriate follow up. Ensures care is coordinated with other services.</p> <p>Excellent use of safety netting</p> <p>Simultaneously manages the patient's health problems, both acute and chronic.</p> <p>Integrates patient's lifestyle into suggested approaches.</p> <p>Communicates risk effectively to patients and involves them appropriately in its management.</p>
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**Trainee performance descriptor**

Clinical record-keeping

Includes showing an appropriate use of administration systems, effective and appropriate record-keeping and use of IT for the benefit of patient care

*Capability: Organisation Management and Leadership (OML)*

**Significantly Below Expectations**

**Below Expectations**

**Meets Expectations**

**Above Expectations**

OML Records may miss important information for safe patient care or be long and/or poorly organised making retrieval of key information hard. Recording may contain inaccuracies or is not contemporaneous.

Records do not consistently meet the normal standards for the organisation.

Routinely records each patient contact, in a timely manner following the record-keeping standards of their organisation.

Produces records that are timely, succinct, comprehensive, appropriately coded and in line with good practice.

**Trainee performance descriptor**

Context of care

includes seeking to understand and support patients through an appreciation of the interplay between their disease and their lives and considering local pathways, formularies and resources.

*Capabilities: Holistic care (HC), Community orientation (CO)*

**Significantly Below Expectations**

**Below Expectations**

**Meets Expectations**

**Above Expectations**

<p><u>HC</u> Does not adequately recognise the impact of the problem on the patient nor enquire into the physical, psychological and social aspects of the patient's problem.</p>	<p>Recognises the impact of the problem on the patient and enquires into physical, psychological and social aspects of the patient's problem.</p>	<p>Recognises the impact of the problem on the patient, their family and/or carers and demonstrates understanding of the patient in relation to their socio-economic and cultural background. The doctor uses this understanding to inform discussion and to generate practical suggestions for the management of the patient.</p>	<p>Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient and accesses information about the patient's psycho-social history in a fluent and non-judgemental manner that puts the patient at ease.</p>
<p><u>CO</u> Limited understanding of the importance of the local population and available services locally.</p>	<p>Understands the important characteristics of the local population, with some understanding of the services available locally.</p>	<p>Understands how the characteristics of the local population shapes the provision of care in the setting in which the doctor is working.</p>	<p>Takes an active part in helping to develop services in their workplace or locality that are relevant to the local population.</p>