

Remote Supervision Orientation Checklist



Dates of orientation period:	
Hospital:	
Trainee:	RANZCP ID:
Stage:	Rotation:

Principal Supervisor:
Supplementary Supervisor:
Other supervisors who may contribute (completing WBAs, etc.):

The following activities must be completed during the in-person orientation period with the trainee, at the start of a rotation in training posts designated as suitable for remote supervision. Upon completion, this Orientation Checklist must be submitted to the Director of Training.

Infrastructure and facilities:	Completed
<i>Information and Communications Technology</i>	
Functional computer, tablet and/ or other device (and back-up option)	<input type="checkbox"/>
Hardware is installed in locations where the trainee needs to be observed, or can be easily moved as needed (e.g. laptop)	<input type="checkbox"/>
Mobile desk/ trolley/ stand available to position the computer or device appropriately	<input type="checkbox"/>
Video conferencing software available on selected devices and tested	<input type="checkbox"/>
Trainee is able to use health service IT systems, i.e. digital health record, referral system etc.	<input type="checkbox"/>
Trainee has been provided access to computer, intranet, digital systems and platforms, etc., i.e. login and password have been provided and tested	<input type="checkbox"/>

<i>Facilities</i>	
Availability of a private room for feedback discussions	<input type="checkbox"/>
Wider local services or resources: <ul style="list-style-type: none"> • Aged care • Other health care facilities, services and health professionals • Cultural liaison 	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or trainee:</i> 	

Discuss with trainee:	Completed
<i>Accommodation and Relocation</i>	
Suitability of accommodation (if relevant)	<input type="checkbox"/>
Any issues in relation to relocation (if relevant)	<input type="checkbox"/>
Orientation to the community, including facilities (health, education, sport), services, and social groups and upcoming events (if relevant)	<input type="checkbox"/>
Coordination of cultural mentoring, including but not limited to introduction to local Elders and /or Aboriginal and Torres Strait Islander advisory groups and as preferred by the trainee, provision of a cultural mentor.	<input type="checkbox"/>
For trainees who identify as an Aboriginal or Torres Strait Islander, any considerations required to ensure they can meet the cultural obligations they have to their community.	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or trainee:</i> 	

<i>Rotation</i>

Site orientation has been completed, inc. knowledge of policy and protocols, any human resources and/ or occupational health and safety requirements, etc.	<input type="checkbox"/>
Expectations in relation to management of clinical work	<input type="checkbox"/>
Training Plan developed, including rostering of attendance at the Formal Education Course	<input type="checkbox"/>
Trainee's clinical strengths and areas in which they may require more support	<input type="checkbox"/>
Access to education resources	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or trainee:</i>	

<i>Supervision and Support</i>	
Supervision Plan developed, including weekly rosters, days/ dates of in-person visits by supervisors	<input type="checkbox"/>
Preferred methods of communication for different purposes and in specific circumstances (i.e. ad hoc, checking in, clinical questions, organising meetings, immediate help, etc.)	<input type="checkbox"/>
Expected contact for various clinical scenarios (e.g. in advance, end of consultation, at end of day, at next meeting)	<input type="checkbox"/>
Individual supervision sessions, including format, expected trainee preparation, etc.	<input type="checkbox"/>
Adequate time has been spent working together and in discussions to learn about each other's communication style, become attuned to non-verbal cues, etc.	<input type="checkbox"/>
Confidence with emergency and escalation pathways	<input type="checkbox"/>
Mechanisms for peer support and support from a cultural mentor have been discussed, and facilitated if requested by the trainee	<input type="checkbox"/>
Review risk management matrix, and add to or amend if required	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or trainee:</i>	

Site team:	Completed
Trainee has been introduced to all members of the site team	<input type="checkbox"/>
Each team member is aware of their role and responsibility in relation to the trainee emergency and escalation pathways	<input type="checkbox"/>
Each team member is aware of their role and responsibility in relation to trainee learning and support	<input type="checkbox"/>
Review risk management matrix, and amend if required	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or members of onsite team:</i>	

All elements of the orientation were completed and any concerns I had were discussed during the orientation period and I feel confident about the upcoming rotation. I understand when and how I can contact my supervisor(s) and other team members, if I need assistance with patients or clinical tasks, and support.

Trainee Signature _____ Date: _____

All elements of the orientation were completed and any concerns I had were discussed during the orientation period and I feel confident that the trainee will make contact with me and/ or the appropriate team member as needed during the rotation. The trainee is suitable to continue in this training posts and be supervised remotely.

Principal Supervisor Signature _____ Date: _____