

Remote Supervision

Remote Supervision and Support Review Checklist



Dates of Review:	
Hospital:	
Trainee:	RANZCP ID:
Stage:	Rotation:

Principal Supervisor:
Director of Training or DoT delegate:

The following activities must be reviewed during the Supervision and Support Review in a meeting with the trainee, Principal Supervisor and Director of Training, or delegate. Upon completion, this document must be submitted to the Branch Training Committee.

DoT or delegate to discuss with Supervisor(s) and Trainee:	Completed
<i>Information and Communications Technology</i>	
Equipment provided is functional and fit for purpose	<input type="checkbox"/>
Internet is reliable and the bandwidth and latency are suitable for video conferencing	<input type="checkbox"/>
Agreed communication methods are working well (email, text, mobile calls)	<input type="checkbox"/>
<i>Notes in relation to any follow up required by supervisor or trainee:</i>	

<i>Rotation</i>	
Policy and protocols are adhered to and effective, and/ or concerns discussed	<input type="checkbox"/>

Expectations in relation to management of clinical work are appropriate or have been amended	<input type="checkbox"/>
Progress with the developed training plan is as agreed, and trainee can attend the Formal Education Course at relevant time	<input type="checkbox"/>
Trainee has access to the required education resources	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor, trainee or site team:</i>	

<i>Supervision and Support</i>	
Supervision Plan is being implemented as developed or amendments have been made to address issues	<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.) are suitable or have been changed	<input type="checkbox"/>
Agreed contact for various clinical scenarios (e.g., in advance, end of consultation, at end of day, at next meeting) is occurring or has been adjusted	<input type="checkbox"/>
Individual supervision sessions, including format, expected trainee preparation etc. are occurring as planned/ intended.	<input type="checkbox"/>
Supervisors and trainee are confident with emergency and escalation pathways (they have been tested and are appropriate or continue to be suitable)	
Mechanisms for peer support or cultural mentor are available to trainee, if needed, or will be facilitated upon request	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or trainee:</i>	

Site team:	Completed
Each team member is fulfilling their role and responsibility in relation to the trainee emergency and escalation pathways	<input type="checkbox"/>

Each team member is assisting in relation to trainee learning and support, as agreed	<input type="checkbox"/>
<i>Notes in relation to any follow-up required by supervisor or members of onsite team:</i>	

Risk management matrix review:	Completed
Identified risks on the matrix are accurate and additional concerns have been added, if needed	<input type="checkbox"/>
Mitigation strategies continue to be suitable	<input type="checkbox"/>
Risk ratings have been checked and updated, as 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 Supervision and Support Review Checklist were completed and any concerns I had were discussed. I feel confident about continuing with this rotation.

Trainee Signature _____ Date: _____

All elements of the Supervision and Support Review Checklist were completed and any concerns the trainee or Supervisor(s) had were discussed. I feel confident that the trainee will continue to make contact with me and/ or the appropriate team member as needed, during the rotation. The trainee is suitable to continue in this training post and be supervised remotely.

DoT (or DoT delegate) Signature _____ Date: _____