

Example of a Supervised practice plan

Supervisee

Last name of supervisee:	
First (given) name of supervisee:	
Registration number (if applicable):	

Supervisor (s)

Name of Supervisor 1:	
Registration number:	
Job Title	
Description of supervisor's role in organisation that is employing or training registrant	

Add more if applicable

Purpose of supervision (tick one)

- X Returning to practice after an absence of greater than three years
- □ Condition on registration or undertaking requiring supervision
- Significant change to scope of practice
- □ Hold a type of limited registration where supervision is a requirement of registration.

Section 1 – Supervision arrangements

Position:	Podiatrist	
Employer:		
Location(s) where supervised practice is proposed:		
Anticipated supervision commencement date:	1/12/2015	
Anticipated supervision completion date:1	1/12/2016	

Nominate proposed commencement level of supervision and expected progressions:

(Refer to the 'Levels of supervision' described in the Board's Guidelines for supervision of podiatrists.)

It is proposed that subject to satisfactory progress, that supervision will be at Level 1 for one-month full time equivalent (FTE) (160hrs); Level 2 for one-month FTE (160 hrs); Level 3 for three months FTE (480 hrs); and thereafter Level 4. Details are provided below.

Describe how supervision is to be provided:

Method: e.g. Face to face (formal and informal); observation and written communication

Schedule: e.g. frequency of the different types of supervision and length of time devoted to each

Type: e.g. case review; reflection on intervention approaches and techniques used; professional development needs identification and performance feedback/ review

Levels	Proposed reporting frequency
Level 1: The supervisor takes direct and principal responsibility for individual patients	
Supervision	Written Report to the Podiatry Board 1st
Formal supervision outside of clinical client/patient supervision will be provided weekly for 30-60 minutes to discuss	month
concerns and progress.	(Date Estimate
Case review will be completed during these sessions	1/1/2016)
The supervisee will be required to attend staff meetings (bi-monthly) to help develop skills in knowledge of OHS in the practice, consider infection control protocols, develop a number of case studies to present to the other staff that shows	

¹ This should correlate to the specified period of supervision in a condition on registration; or an undertaking; or the period of limited registration if applicable

recent research / literature review of areas considered lacking in the supervisee knowledge base.	
Clinical File Audit (As per clinic protocol) completed monthly to ensure appropriate clinical documentation, Medicare compliance and shared care correspondence is maintained.	
Level 2: The supervisor and supervisee share responsibility for individual patients	
Supervision	
Formal supervision outside of clinical client/patient supervision will be provided weekly for 60 minutes to discuss any concerns regarding progress in any skill sets or techniques.	Written Report to the Podiatry Board 2nd
Supervision goals will be reviewed at the initiation of Level 2 to ensure both supervisee and supervisor understand the learning goals and progress made.	month- (Date Estimate 1/2/2016)
Clinical File Audit (as per clinic protocol) completed monthly to ensure appropriate clinical documentation, Medicare compliance and shared care correspondence is maintained.	
Level 3: The supervisee takes primary responsibility for their practice, including individual patients	
Supervision	Written report to the
Supervision will take place fortnightly face to face for 60 minutes. Supervision will involve reflective practice (case studies) and review of current literature in areas of weakness identified by "self reflection" and by the supervisor.	Podiatry Board 5th Month
Supervision goals will be reviewed at the initiation of Level 3	(Estimated Date 1/5/2016)
The supervisee will continue to attend staff meetings (bi-monthly) OHS, infection control, case studies, recent research/literature are all standing agenda items.	110/2010)
Clinical File Audit (As per clinic protocol) completed monthly to ensure appropriate clinical documentation, Medicare compliance and shared care correspondence is maintained.	
Level 4: The Supervisee takes full responsibility for their practice, including individual patients with only general oversight by the supervisor	
Supervision	Written Benert to the
Supervision will take place fortnightly face to face for 30 minutes. Supervision will involve reflective practice (case studies) and review of current literature.	Written Report to the Board at 7 months and at renewal (Date
Supervision goals will be reviewed at the intration of Level 4	Estimate 1/7/2016
The supervisee will be required to attend staff meetings (bi-monthly) - OHS, infection control, case studies, recent research/literature are all standing agenda items.	and renewal 30/11/2016)
Clinical File Audit (As per clinic protocol) completed monthly to ensure appropriate clinical documentation, Medicare compliance and shared care correspondence is maintained.	

Section 2 – Capabilities and issues specific to supervisee

Strengths of supervisee	Weaknesses of supervisee
Sports Injury – assessment, treatment, education	Paediatrics knowledge
General foot care – care of client's/patient's feet including nails, corns and callus	Nail surgery skill set - partial/total nail avulsion
Biomechanics and orthotic prescription	'Diabetes foot assessments, risk stratification and education'

Issues to be addressed during supervision (e.g. related to supervision requirements, identified weaknesses, areas for development)

To be completed by the supervisee.

Issue	Measures to address issue	Review date
	Perform full paediatric assessments and consultation for a client/patient at Podiatry Clinic under the supervision of the supervisor	1/1/2016
Paediatrics	Attend relevant Paediatric CPD event / special interest group to further develop my knowledge. These groups are held every 8 weeks in Melbourne or via teleconference, videoconference or webinar	1/4/2016

Issue	Measures to address issue	Review date
	Read and discuss the following articles on Paediatric assessment to further develop my knowledge: 1. Reliability of common lower extremity musculoskeletal screening tests www.sciencedirect.com/science/article/pii/S1466853X04000227 2. Hip Range of Motion in Children: What Is the Norm? http://journals.lww.com/pedorthopaedics/Abstract/2012/06000/Hip_Range_of_Motion_in_ChildrenWhat_Is_the.14.aspx 3. Methods for Assessing Leg Length Discrepancy http://rd.springer.com/article/10.1007/s11999-008-0524-9 4. The foot posture index, ankle lunge test, Beighton scale and the lower limb assessment score in healthy children: a reliability study http://www.biomedcentral.com/content/pdf/1757-1146-5-1.pdf 5. Normal limits of knee angle in white childrengenu varum and genu valgum http://europepmc.org/abstract/med/8459023 6. Normal Development of the Tibiofemoral Angle in Children: A Clinical Study of 590 Normal Subjects From 3 to 17 Years	1/4/2016
	of Age http://journals.lww.com/pedorthopaedics/Abstract/2001/03000/Normal_Development_of_the_Tibiofemoral_Angle_in.27.asp_x	
Diabetes Foot Assessment	Perform a full diabetes foot assessment and consultation for 5 clients/patients at Podiatry Clinic under the supervision of the supervisor. Discuss with the supervisor the outcome of the assessment and complete the required documentation/correspondence with the client's/patient's care team. Complete the International Diabetes Federation free online course on diabetes for health professionals including the assessment to test knowledge	1/1/2016

Issue	Measures to address issue	Review date
	Read the following articles to refresh and further develop my knowledge: 1. Non-invasive vascular assessment in the foot with diabetes: sensitivity and specificity of the antile brachial index, toe brachial index and continuous wave Doppler for detecting peripheral arterial disease. http://www.ncbi.nlm.nih.gov/pubmed/26281971 2. National Evidence Based Guidelines- Prevention, Identification, and Management of Foot Complications in Diabetes. www.nhmrc.gov.au/_files_nhmrc/publications/attachments/diabetes_foot_full_guideline_23062011.pdf 3. Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. http://www.ncbi.nlm.nih.gov/pubmed/26340966 4. How do Australian podiatrists manage patients with diabetes? The Australian diabetic foot management survey. http://www.ncbi.nlm.nih.gov/pubmed/25908944	1/1/2016
	Perform Nail Surgery for a client/patient at Podiatry Clinic under the supervision of the supervisor	1/4/2016
Nail Surgery	 Prior to completing the nail surgery, review: Recommended practice points for calculating maximum safe dosage, safe injection techniques and patient risk factors for local anaesthetics. Resources will include 'Australian Medicines Handbook' and the current edition of the 'Australian Injectable drugs handbook'. The aseptic technique section of the 'Australian Guidelines for the Prevention and Control of Infection in Health Care (2010)' Segmental phenolization for the treatment of ingrown toenails: technique report, follow up of 146 patients, and review of the literature http://www.ncbi.nlm.nih.gov/pubmed/24011310 Interventions for ingrowing toenails Cochrane Review http://www.ncbi.nlm.nih.gov/pubmed/22513901 	1/2/2016

Section 3 – Supervision goals and plan

Please *complete relevant section/s* as informed by the *relevant competency standard* in the *Podiatry Competency Standards for Australia and New Zealand*, published on the Board's <u>website</u>.

Supervision goals	Supervision plan
(individual learning objectives)	(planned activities)
Specific supervision requirement	
Competency standard 1 - Practise Podiatry in a Professional Manner	
- To ensure that my methods of practice are to standard	The supervisee will be supervised in clinic to ensure that they act in a professional manner Discussion on best practice will take place with the supervisor The supervisee will be required to attend staff meetings (bi-monthly) - OHS, infection control, case studies, recent research/literature are all standing agenda items. Clinical File Audit (As per clinic protocol) completed monthly to ensure appropriate clinical documentation, Medicare compliance and shared care correspondence is maintained.
Competency standard 2 - Continue to Acquire and Review Knowledge	e for Ongoing Clinical & Professional
Practice Improvement	
- To expand knowledge in the area of Paediatrics	- Supervision will involve reflective practice (case studies) and review of current literature
- To ensure that I am up to date with methods of best practice across all areas of Podiatry	 The supervisee will be required to attend staff meetings (bi-monthly) - OHS, infection control, case studies, recent research/literature are all standing agenda items. The supervisee will undertake research and further reading in areas where they wish to expand their knowledge The supervisee will continue to see a range of clients/patients at Podiatry Clinic to ensure ongoing clinic improvement

Supervision goals (individual learning objectives)	Supervision plan (planned activities)	
Competency standard 3 - Communicate & Interrelate Effectively in Dive	erse Contexts	
To communicate and interact with a range of clients/patients from different demographics, to ensure I interrelate and care for them effectively	The supervisee will develop their skills as required to provide assessment and treatment for common podiatry presentations at the Podiatry Clinic	
Competency Standard 4 - Conduct Patient/client Interview and Physica	I Examination	
To ensure that my client/patient assessment/interview/examination techniques are up to standard	 The supervises will see a range of clients/patients under supervision to ensure they are capable of conducting interviews, assessment and examinations for all of their presenting podiatric complaints. Documentation and correspondence will be completed in discussion with the supervisor 	
Competency Standard 5 – Analyse, Interpret & Diagnose		
To ensure that my ability to interpret, diagnose and analyse are up to standard	The supervisee will be observed assessing; forming differential diagnoses and providing clinical care. A management plan will be discussed with the supervisor prior to implementation. Documentation and correspondence will be completed in discussion with the supervisor	

Competency Standard 6 - Develop a Patient/Client-focused Manager	ment Plan
To ensure my ability to form an appropriate Management plan is up to standard	 At the beginning of supervision all management plans will discussed with the supervisor prior to implementation As time progresses management plans will be discussed with the supervisor in the form of case studies
Competency Standard 7 - Implement & Evaluate Management Plan	
To ensure my management plans are implemented correctly and that management plans are reviewed at appropriate standard	At the beginning of supervision all management plans will be discussed with the supervisor prior to implementation. As time progresses management plans will be discussed with the supervisor in the form of case studies.
Competency Standard 8 - Provide Education and Contribute to an Ef	ffective Health Care System
To ensure contribution to the Podiatry community in a positive way	The supervisee will aim to attend state or National conference to engage with fellow podiatrists and aim to present a paper to the sports special interest groups on treatment and prevention of foot and ankle injuries (considered a specialist area of supervisee) in football.
Additional requirements/documents ²	
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² For example, a logbook of care provided

Section 4 – Declaration

I have completed this supervised practice plan in consultation with the supervisee and in my professional opinion consider the goals and planned activities to be appropriate to the identified needs.

Signature of supervisor:	Date:
Name of supervisor:	
I have read, understand and agree to all the g	goals and planned activities included in this supervised practice plan.
Signature of supervisee:	Date:
Name of supervisee:	