

MONITORING REPORT

PROVISIONAL REGISTRANT NAME: DR. _____

PRACTICE SUPERVISOR NAME: DR. _____

OBJECTIVES DURING SUPERVISION

To assess whether Dr. _____'s practising safely and meets the expected clinical standard of care and displays the expected knowledge, judgement and skill of a physician practising in Manitoba.

SUPERVISION COMPONENTS:

- Supervising Dr. _____'s practice and conducting regular reviews
- Directly observing patient care – at the discretion of the practice supervisor
- At each meeting, review a minimum of 5 charts every month for the first 3 months and thereafter as recommended by CPSM
- Conduct chart stimulated recall
- Provide practice improvement recommendations
- Follow up on prior recommendations
- Available for support and guidance
- Reporting to CPSM:
 - Every month for the first 3 months if satisfactory. If not satisfactory, additional reports to the time of the audit.
 - A chart audit will be arranged by CPSM after 6 months in practice. If audit is satisfactory, **additional report at 9 months**. If re-audit necessary, reports to be submitted monthly to the time of the next audit. Next audit to be scheduled after 4 months.
 - Before 12 months, CPSM will initiate a 360 review. If satisfactory, reports will be due at 18 and 24 months.

REPORTING REQUIREMENTS

- Submit timely reports to CPSM. The reports can be e-mailed to awiebe@cpsm.mb.ca
- The report must be signed and dated by you and the physician you are supervising.
- Ensure that the Chart Review Tracking Table is enclosed with your report
- Reports shall reflect:
 - Observations, evaluations and discussions with the physician
 - Any concerns or identified issues raised with the physician
 - Any improvements or changes observed as a result of your advice/guidance
 - Whether the standard of care for a physician practising in Manitoba is met

IMMEDIATE REPORTS

- Any sessions that are missed without a valid explanation and immediate rescheduling
- Conduct or practice may expose patients to risk of harm or injury
- The professional relationship has been terminated or otherwise unable or unwilling to fulfill terms of the undertaking

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CHART REVIEW TRACKING TABLE

PRACTICE SUPERVISOR: Dr. _____

SUPERVISED PHYSICIAN: Dr. _____

MONITORING REPORT DUE _____

LOCATION:

OFFICE HOSPITAL OTHER - SPECIFY: _____

	PATIENT INITIALS	GENDER	DOB	REASON FOR VISIT	PATIENT'S LAST VISIT DATE	CONCERNS (ATTACH COMMENT SHEET FOR YES)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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	MEETS STANDARD	IMPROVEMENT RECOMMENDED
MEDICAL RECORD KEEPING		
CHRONIC DISEASE MANAGEMENT		
ACUTE DISEASE MANAGEMENT		
IN-HOSPITAL CARE – IF APPLICABLE		

CHART STIMULATED RECALL

	SATISFACTORY	NEEDS IMPROVEMENT	COMMENTS
CLINICAL ASSESSMENT			
INVESTIGATION/REFERRALS			
TREATMENT			
HEALTH PROMOTION/PREVENTION			
CONTEXT OF CARE (PATIENT AND SYSTEM)			

MONITORING REPORT

OVERALL ASSESSMENT

MEETS STANDARDS OF CARE:

YES

NO

COMMENTS:

PRACTICE IMPROVEMENT RECOMMENDATIONS:

Signature

Dr. _____
Practice Supervisor Name

Date

Signature

Dr. _____
Provisional Registrant Name

Date