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# **Handbook for Supervisor**

## **Using SMC's Assessment Form**

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As an SMC supervisor, you will receive emails from SMC from time to time requesting you to make an assessment of your conditionally registered supervisee. A link is given in the email to access the online assessment <<https://prs.moh.gov.sg/prs/internet/common/internet.action?hpe=SMC>>. Please note that the assessment is best performed on a PC to be able to see the explanations for each rating as you mouse over each area to assess.

You may need to check with your colleagues from time to time to find out how the supervisee is performing if you do not have regular contact with him or her. This will also help you to make a fair and considered assessment.

## How to complete the supervisory assessment report?

When assessing your supervisee doctor, you should be timely and make specific comments especially when the performance is less than satisfactory. A report that performance was not satisfactory and submitted on time will enable SMC to take timely measures e.g. through a letter of advice to the doctor and to the HOD of the unit where the doctor is currently working.

You will assess the following essential areas of clinical performance for the assessment:

- Ethical behaviour in the clinical setting
- History taking
- Physical examination
- Procedural skills
- Overall patient care
- Medical knowledge
- Interpersonal & communication skills
- Professionalism

When you use mouse over each area, you will see the explanatory notes to assist you to assess the doctor as shown below:

|  |  |   |
|--|--|---|
| 1.1 Any complaint against him/her from patients &/or colleagues?   | -  | - |
| 1.2 Any medical errors or adverse outcomes due to him/her?   | -  | - |
| 1.3 Any disciplinary action faced by him/her?  | -  | - |
| <b>If you have ticked "Yes" to any of the above, please state &amp;/or attach supporting documentations on the details of the incident(s), the outcome of the investigations by the institution and the employer's remedial or monitoring plans for the doctor (where applicable) in view of the incident.</b> |  |   |
| 2. ETHICAL BEHA  | Doctor demonstrates a high standard of ethical behaviour within the clinical setting. Examples of deficiencies in ethical behaviour that may relate to patient care include lack of professional integrity, breach of patient confidentiality & professional misconduct. |   |
| 3. HISTORY TAKIN   |  |   |
| 4. PHYSICAL EXA  |  |   |
| 5. PROCEDURAL SKILLS   | -  | - |
| 6. OVERALL PATIENT CARE  | -  | - |
| 7. MEDICAL KNOWLEDGE   | -  | - |
| 8. INTERPERSONAL & COMMUNICATION SKILLS  | -  | - |
| 9. PROFESSIONALISM   | -  | - |
| 10. OPTIONAL: ANY OTHER ASSESSMENTS/CONSIDERATIONS/COMMENTS(For postings such as Diagnostic Radiology and Pathology)   |  | - |
| 11. OVERALL CLINICAL COMPETENCE ON THIS POSTING/ ATTACHMENT  | -  | - |

The details of the explanatory notes for each area of assessment is shown in the Annex.

### Intent of the Assessment

The intent of the SMC assessment is patient safety. In the case of residents, it is not to assess progress in specialist or family medicine training. The assessment of the training progress of such doctors come under the residency training and assessment system.

## **Levels of Supervision**

The assessment will state that the supervisee doctor is under Level 1 (L1) or Level 2 (L2) or Level 3 (L3) supervision. Most supervisees should progress to L2 supervision. If a supervisee is on L1 supervision, the supervisor must take note and decide whether he requires to continue L1 supervision. If he/she is under L1 supervision for a long period, it implies that there is no progress in the clinical competency.

However, in some cases, the supervisor did not initiate the HR department to upgrade the supervisee to the next level of supervision. It is the responsibility of the supervisor and employer to ensure that supervisee doctors are at the correct level of supervision. A supervisee at L1 cannot apply for full registration.

## **Performance which is not satisfactory**

The SMC Assessment Report is important for the SMC to assess whether a doctor can continue to progress and achieve full registration. For doctors who do not perform satisfactorily when assessed by different supervisors (and often this is supported by feedback from peers or even patients), they will receive a letter or letters of advice. This may be followed by a process of review, cancellation of registration and removal from the register.

There may be a few doctors who are generally clinically competent but they are lacking in a particular area of skill. For example, these could be in the area of interpersonal skills and communications, or clinical procedures. Such doctors will still receive a letter of advice from SMC. Such letter of advice is for their own good so that such areas will be subject to a structured performance improvement plan. Most of these doctors will eventually progress to full registration. However, there may be a very small minority of doctors whose performance remains unsatisfactory in many areas. For such doctors, cancellation or removal of registration may be inevitable for patient safety.

## **Training of supervisors**

SMC has initiated a process to facilitate the training of supervisors by cluster/ institution's trainers. With effect from 1 January 2021, only trained supervisors are allowed to supervise C-reg and T-reg doctors. The training is to assist supervisors to make fair and accurate assessments of the supervisees. As a supervisor, you will be required to attend the training which will be conducted by your cluster/ institution.

## Explanatory notes for each area of assessment

| Area of assessment   | Unsatisfactory   | Borderline   | Satisfactory  |
|--|--|--|---|
| <b>Ethical behaviour in the clinical setting</b><br>[Doctor demonstrates a high standard of ethical behaviour within the clinical setting. Examples of deficiencies in ethical behaviour that may relate to patient care include lack of professional integrity, breach of patient confidentiality & professional misconduct.] |  |  |   |
| <b>Ethical behaviour in an administrative setting</b><br>[Doctor demonstrates a high standard of ethical behaviour. Examples of deficiencies in ethical behaviour may relate to administration and health policies, including lack of professional integrity, breach of confidentiality & professional misconduct.]            |  |  |   |
| <b>History taking</b>  | <b>Unsatisfactory</b><br>Incomplete, illogical, superficial, cursory, non-directed, unreliable, inept, careless.   | <b>Borderline</b><br>Sometimes able to independently take complete & accurate history.   | <b>Satisfactory</b><br>Able to make complete, logical & accurate review of data consistently.   |
| <b>Physical examination</b>  | <b>Unsatisfactory</b><br>Poor examination technique, unable to elicit signs, unreliable physical examination record that cannot be depended on for diagnosis.                | <b>Borderline</b><br>Examination technique is not consistently dependable, may overlook non-critical physical signs.   | <b>Satisfactory</b><br>Knows what to examine for, consistently accurate exam technique & dependable elicitation of signs that ties in with the history & diagnosis                            |
| <b>Procedural skills</b>   | <b>Unsatisfactory</b><br>Poor clinical & procedural skills & disregards patient's comfort.   | <b>Borderline</b><br>Clinical & procedural skills of borderline standard, may sometimes fail to complete the required procedures and overlook patient's comfort  | <b>Satisfactory</b><br>Competent procedural skills, minimizes patients' discomfort majority of the time. Independent and dependable.  |
| <b>Overall patient care</b>  | <b>Unsatisfactory</b><br>Generally unable to make diagnostic & therapeutic decisions based on available evidence & patient preferences, lacks sound judgment, in most cases. | <b>Borderline</b><br>Able to generally make adequate diagnostic and therapeutic decisions in simple, routine and straightforward cases but generally unable to cope with cases of any greater complexity. However, the doctor has made no serious or dangerous errors and is usually able to exercise judgment to consult supervisors when in doubt. | <b>Satisfactory</b><br>Able to make accurate diagnostic & therapeutic decisions based on available evidence and patient preferences, and demonstrates sound judgment in practically all cases |

| Area of assessment  | Unsatisfactory  | Borderline  | Satisfactory  |
|---|---|---|---|
| <b>Medical knowledge</b>  | <b>Unsatisfactory</b><br>Limited knowledge of basic & clinical sciences; minimal interest in learning; does not understand complex relationships, mechanisms of disease   | <b>Borderline</b><br>Knowledge of basic & clinical sciences is adequate; no strong interest in learning; understanding of complex relationships, mechanisms of disease is at basic level.   | <b>Satisfactory</b><br>Average to superior knowledge of basic & clinical sciences; shows interest in learning & demonstrates good understanding of complex relationships, mechanisms of disease.  |
| <b>Interpersonal &amp; communication skills</b>                 | <b>Unsatisfactory</b><br>Does not establish adequate, effective, humanistic & therapeutic relationships with patients and families; conveys poor, ineffective listening, verbal & nonverbal skills; does not provide education or counselling to patients, families, or colleagues. Unable to work as a team. | <b>Borderline</b><br>Humanistic & therapeutic relationships with patients & families adequate for work; average listening skills; sometimes provides counselling to patients, families or colleagues; not seen as effective team player with little initiative. | <b>Satisfactory</b><br>Establishes good humanistic & therapeutic relationships with patients & families; Good listening, verbal & nonverbal skills; Good counselling skills, a team player.   |
| <b>Professionalism</b>  | <b>Unsatisfactory</b><br>Lacks or has suspect respect, compassion, integrity, honesty; disregards need for self-assessment, fails to acknowledge errors, does not consider needs of patients, families or colleagues; does not display or displays marginally responsible behaviour                           | <b>Borderline</b><br>Respect, compassion, integrity, honesty acceptable; not naturally capable of self-assessment all the time, does show responsible behaviour at times  | <b>Satisfactory</b><br>Demonstrates respect, compassion, integrity, honesty; Seen as role model with consistent responsible behaviour; regular commitment to self-assessment; acknowledges errors, considers needs of patients, families & colleagues |
| <b>Overall clinical competence on this posting / attachment</b> | <b>Unsatisfactory</b><br>Unable to meet most requirements of the duties of the position   | <b>Borderline</b><br>Performance is borderline & is able to meet basic requirements in the duties of the position with some deficiencies  | <b>Satisfactory</b><br>Performance meets requirements & satisfactory in many principal duties of the position   |
| <b>Ability to provide holistic patient care</b>                 | <b>Unsatisfactory</b><br>Lacks knowledge of the patient resources available in the community, unable to understand the context of the local healthcare system, unable to provide holistic patient care because of lack of awareness of available patient resources  | <b>Borderline</b><br>Basic knowledge of the local healthcare system, aware of some of the available patient resources in the community, able to integrate healthcare resources to provide holistic patient care in certain routine cases                        | <b>Satisfactory</b><br>Good knowledge of the local healthcare system, able to integrate patient care resources to provide holistic patient care most of the time. Familiar with relevant healthcare policies  |

| <b>Area of assessment</b>                                   | <b>Unsatisfactory</b>   | <b>Borderline</b>   | <b>Satisfactory</b>  |
|---|---|---|--|
| <b>Overall clinical competence on this training program</b> | <b>Unsatisfactory</b><br>Unable to meet most requirements of the duties of the position | <b>Borderline</b><br>Performance is borderline; is able to meet requirements in some of the duties of the position with some deficiencies | <b>Satisfactory</b><br>Performance meets normal requirements & satisfactory in most principal duties of the position   |
| <b>Skills in writing of policy papers</b>                   | <b>Unsatisfactory</b><br>Poorly written and unable to convey salient views and points.  | <b>Borderline</b><br>Able to present ideas in papers most times.  | <b>Satisfactory</b><br>Competent & able to present ideas in papers well.   |
| <b>Quality of research and publications</b>                 | <b>Unsatisfactory</b><br>No research activities.  | <b>Borderline</b><br>Participating or assisting in research. No evidence of presentation/posters in conferences and publications.         | <b>Satisfactory</b><br>Track record of publishing in peer review journals as one of the main authors, has put up posters / is a speaker in international conferences, demonstrates leadership in research, attestation by peers as a good researcher |