

## FORM SF3 SUPERVISOR ASSESSMENT REPORT FOR REGISTERED RADIATION THERAPISTS

<b>Name of Supervisee:</b>	<b>Registration No.:</b>
<b>Institution and Department:</b>	
<b>Type of Registration:</b>	<input type="checkbox"/> <b>Conditional (Full)</b> <input type="checkbox"/> <b>Conditional (Restricted)</b> <input type="checkbox"/> <b>Temporary (Training/Teaching/Research/Service)*</b>
<b>Supervision Level</b>	<input type="checkbox"/> <b>Level One (L1) supervision</b> <input type="checkbox"/> <b>Level Two (L2) supervision</b> <input type="checkbox"/> <b>Level Three (L3) supervision</b>
<b>Stage of Assessment:</b>	<b>End of _____ month</b> <b>Period of Supervision:</b> _____ (DD/MM/YY) to _____ (DD/MM/YY)

*\*Delete as appropriate*

### **INSTRUCTIONS:**

1. This report is to be completed and submitted to the AHPC Secretariat *under confidential cover* in a sealed envelope by the end of the Supervised Practice Period to:

Allied Health Professions Council  
Attn: AHPC Secretariat  
81 Kim Keat Road  
NKF Centre, #10-00  
Singapore 328836

2. **Sections 1 through 16** of this report must be completed by the supervisor(s) identified in the initial application. If the report is completed by the secondary supervisor, the primary supervisor will be required to countersign.

3. The supervisor's duty is to provide an accurate and objective assessment of the supervised radiographer based on performance criteria listed in this assessment form. The supervisor will rate the performance of the supervisee according to the grade of **Developing**, **Competent** and **Exceeding**. An explanatory note has been provided for each grade. The reasons for the selection made should be stated in the space provided (including the reasons if **Not Observed** is indicated). If there is insufficient space, please attach details in a separate sheet of paper.
4. **Section 17** of this report must be acknowledged by the Head of Department or the relevant authority.

#### **End of Supervised Practice Period Reporting**

5. This Supervisor Assessment Report must be submitted together with Form SF4 (End of Supervised Practice Evaluation Report) for
  - i. Registered radiographers who have completed their full supervised practice period,
  - OR**
  - ii. Radiographers who are leaving their organization during their supervised practice period.
6. For further clarification, please email the Council's secretariat at [admin@ahpc.gov.sg](mailto:admin@ahpc.gov.sg).

## 1. RADIATION THERAPY KNOWLEDGE

Radiation therapy knowledge refers to the ability to demonstrate specialist skills and theoretical knowledge in safe and accurate delivery of radiation treatment with astute reasoning and professional judgment in improving the standards of care for patient receiving radiation treatment, necessary for effective practice.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates insufficient knowledge of radiation therapy theory and treatment techniques.</p> <p>Does not take the initiative to acquire new knowledge for self-development</p>	<p>Demonstrates adequate knowledge of radiation therapy theory, treatment techniques and radiotherapy equipment.</p> <p>Demonstrates initiative to acquire new knowledge for self-development</p>	<p>Demonstrates good knowledge of radiation therapy theory, treatment techniques and radiotherapy equipment. Contributes towards sharing key knowledge with peers</p> <p>Demonstrates initiative to acquire new knowledge for self-development and translates new knowledge to practice.</p>	
Developing	Competent	Exceeding	Not Observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

## 2. CLINICAL DOCUMENTATION

Clinical documentation involves the ability to review clinical history, document relevant observations, parameters and action required, pertaining to patient's radiation therapy.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates limited understanding in reviewing clinical history.</p> <p>Demonstrates limited ability to document observations accurately.</p> <p>Demonstrates difficulty understanding the rationale of radiotherapy management.</p> <p>Occasionally missed out crucial information related to the case.</p>	<p>Able to review clinical history and document observations accurately most of the time.</p> <p>Demonstrates acceptable understanding of the rationale of radiotherapy management and is able to evaluate the request / referral appropriately.</p> <p>Able to identify most information relevant to the case.</p>	<p>Understands and reviews clinical history accurately and independently and makes recommendations when appropriate.</p> <p>Demonstrates good understanding of the rationale of radiotherapy management and is able to evaluate request / referrals for complex cases appropriately.</p> <p>Able to identify all information relevant to the case.</p>	
Developing	Competent	Exceeding	Not Observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

### 3. ASSESSMENT OF PATIENT

This involves the ability to conduct the appropriate and accurate assessment of patient to prepare patient adequately for safe and accurate delivery of radiation treatment

Developing	Competent	Exceeding	Not Observed
<p>Shows difficulty or deficiency in performing patient assessment, as described:</p> <ul style="list-style-type: none"> <li>• Applying appropriate departmental protocol based on diagnosis and treatment site</li> <li>• Performing the correct procedure accurately.</li> <li>• Documenting patient radiation therapy parameters accurately.</li> </ul> <p>Inability to assess patients' pre-treatment needs and required preparation.</p>	<p>Performs assessment of the patients effectively as described:</p> <ul style="list-style-type: none"> <li>• Applying appropriate departmental protocol for treatment with minimal supervision</li> <li>• Performing the correct procedure accurately</li> <li>• Documenting patients' radiation therapy parameters accurately</li> </ul> <p>Makes accurate assessment of patients' pre-treatment needs and required preparation with minimal supervision.</p>	<p>Performs assessment of the patients efficiently and is able to evaluate its effectiveness as described:</p> <ul style="list-style-type: none"> <li>• Applying appropriate departmental protocol</li> <li>• Performing the correct procedure accurately.</li> <li>• Documenting patients' radiation therapy parameters accurately</li> </ul> <p>Makes accurate assessment of patients' pre-treatment needs and required preparation independently.</p>	
<p><b>Developing</b></p> <p><input type="checkbox"/></p>	<p><b>Competent</b></p> <p><input type="checkbox"/></p>	<p><b>Exceeding</b></p> <p><input type="checkbox"/></p>	<p><b>Not Observed</b></p> <p><input type="checkbox"/></p>
<p>States reason(s) for the selection:</p>			

#### 4. RADIATION THERAPY PLANNING ASSESSMENT

Radiation therapy planning examines the ability to analyze, make decisions and customize a radiation therapy plan based on patients' diagnosis, treatment site and surrounding organs at risk in generating an optimal plan for patient treatment.

Developing	Competent	Exceeding	Not Observed
<p>Shows difficulty or deficiency in the following:</p> <ul style="list-style-type: none"> <li>Analyzing and applying knowledge of tumour eradicating dose for patients' radiation therapy</li> <li>Optimizing the radiation dose to target and minimizing the dose to normal surrounding tissues and organs at risk.</li> <li>Identifying and contouring of organs at risk or dose limiting structures on planning data sets</li> <li>Adhering to international guidelines on dose constraints</li> <li>Evaluating and discussing on beam parameters and tolerance dose for the disease site with radiation oncologists</li> </ul> <p>Produces sub-optimal radiation therapy plan lacking in clinical quality to yield therapeutic gains.</p>	<p>Demonstrates logical clinical reasoning approach to the following:</p> <ul style="list-style-type: none"> <li>Analyzing and applying knowledge of tumour eradicating dose for patients' radiation therapy</li> <li>Optimizing the radiation dose to target and minimizing the dose to normal surrounding tissues and organs at risk.</li> <li>Identifying and contouring of organs or dose limiting structures on planning data sets</li> <li>Adhering to international guidelines and protocols on dose constraints</li> <li>Able to evaluate and discuss with the radiation oncologist on treatment goals.</li> </ul> <p>Produces an optimal radiation therapy plan of good clinical quality to yield therapeutic gains.</p>	<p>Demonstrates logical and evidence-based approach to the following:</p> <ul style="list-style-type: none"> <li>Analyzing and applying knowledge of tumour eradicating dose for patients' radiation therapy</li> <li>Optimizing the radiation dose to target and minimizing the dose to normal surrounding tissues and organs at risk.</li> <li>Adhering to international guidelines and protocols and is able to highlight and engage the radiation oncologist in discussion of treatment goals and limitations</li> <li>Able to recommend or suggest the optimal treatment planning modalities and beam arrangement for the treatment site</li> </ul> <p>Produces an optimal radiation therapy plan with good clinical quality to yield therapeutic gains based on international guidelines and research evidence.</p>	
<b>Developing</b>	<b>Competent</b>	<b>Exceeding</b>	<b>Not Observed</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

## 5. RADIATION SAFETY PRACTICE

Radiation safety practice involves using radiation exposure for optimal radiation therapy treatment and ensuring good radiation protection for patients/clients and people in the vicinity, including oneself (ALARA principle).

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates inappropriate use of radiation protection accessories, inconsistency in collimating to region of interest and shows limited knowledge of optimal exposure factors, shielding and distance for verification images.</p> <p>Inconsistent articulation of dose tolerances for organs at risk.</p> <p>Takes inadequate precautions to limit doses to organs at risks and surrounding normal tissues.</p> <p>Inconsistent regard of patient/client's safety and take precautions.</p>	<p>Able to use radiation protection accessories and shows acceptable ability to collimate to region of interest for verification images. Is aware of optimal exposure factors, shielding and distance with occasional guidance needed.</p> <p>Able to identify and articulate dose tolerances for organs at risk.</p> <p>Able to identify and take precautions to limit doses to organs at risks and surrounding normal tissues.</p> <p>Able to regard patient/client's safety and takes precautions.</p>	<p>Able to use radiation protection accessories and shows good ability to collimate to region of interest. Demonstrates confidence in the use of optimal exposure factors, shielding and distance for verification images.</p> <p>Able to identify and articulate dose tolerances for organs at risk consistently.</p> <p>Able to identify and take precautions to limit doses to organs at risks and surrounding normal tissues consistently.</p> <p>Able to regard patient/client's safety and takes precautions consistently.</p>	
Developing	Competent	Exceeding	Not Observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

**6. IMPLEMENTATION OF RADIATION THERAPY**

Radiation therapy implementation examines the ability to implement the customized radiation treatment plan to achieve the prescribed delivery of treatment.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates limited safe handling skills of patients and radiation therapy equipment.</p> <p>Demonstrates inconsistency in the audit and translation of treatment plan in radiation therapy delivery.</p> <p>Requires frequent close supervision by qualified radiation therapists.</p>	<p>Demonstrates effective and safe handling skills of patients and radiation therapy equipment.</p> <p>Demonstrates ability to audit and translate treatment plan to radiation therapy delivery.</p> <p>Demonstrates the ability to perform plan verification and imaging to ensure accurate radiation therapy delivery.</p>	<p>Demonstrates effective and safe handling skills of patients and radiation therapy equipment.</p> <p>Demonstrates ability to audit and translate treatment plan to radiation therapy delivery.</p> <p>Demonstrates the ability to perform plan verification and imaging to ensure accurate radiation therapy delivery.</p> <p>Demonstrates ability to analyze and adapt to changes in patients' physical condition, treatment needs and goals.</p>	
<p><b>Developing</b></p> <p><input type="checkbox"/></p>	<p><b>Competent</b></p> <p><input type="checkbox"/></p>	<p><b>Exceeding</b></p> <p><input type="checkbox"/></p>	<p><b>Not Observed</b></p> <p><input type="checkbox"/></p>

States reason(s) for the selection:

## 7. EVALUATING EFFECTS OF TREATMENT

This skill examines the ability to monitor and measure effects of radiation therapy.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates difficulty in selecting, monitoring and measuring appropriate variables to indicate effects and responses to radiation therapy.</p> <p>Demonstrates inconsistency in modifying radiation therapy plan or treatment parameters to improve treatment precision.</p>	<p>Demonstrates basic knowledge in selecting, monitoring and measuring appropriate variables to indicate effects and responses to radiation therapy.</p> <p>Demonstrates ability to evaluate accuracy of radiation therapy with respect to patients' response to treatment or changes in tumour size and anatomy.</p> <p>Demonstrates ability to modify radiation therapy plan or treatment parameters to improve treatment precision.</p>	<p>Demonstrates good knowledge in selecting, monitoring and measuring appropriate variables to indicate effects and responses to radiation therapy.</p> <p>Demonstrates ability to evaluate accuracy of radiation therapy with respect to patients' response to treatment or changes in tumour size and anatomy.</p> <p>Demonstrates ability to evaluate and recommend specific modification of radiation therapy plan or treatment parameters to improve treatment precision.</p>	
Developing	Competent	Exceeding	Not Observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:



## 8. ETHICAL BEHAVIOUR

Ethical behaviour includes maintaining patient's interest at the forefront of practice, respect for patients' privacy and confidentiality, and professional integrity.

Developing	Competent	Exceeding	Not Observed
<p>Does not take into account patients' welfare, safety and interest in providing clinical services.</p> <p>Does not show respect for patients' privacy and confidentiality.</p> <p>Does not obtain informed consent from patients.</p> <p>Makes false/misleading claims, or is not truthful in delivering services or information to patients.</p>	<p>Takes into account patients' welfare, safety and interest in providing clinical services all of the time.</p> <p>Shows respect for patients' privacy and confidentiality all of the time.</p> <p>Obtains informed consent from patients or acts in the best interest of the patients.</p> <p>Is truthful and factual about services/therapy administered /information provided to patients all of the time</p>	<p>N.A.</p>	

Developing	Competent	Exceeding	Not Observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

### 9. PROFESSIONAL BEHAVIOUR

Professional behaviour refers to general behaviour expected of a healthcare professional, and includes acting within one's limits of competence, making appropriate referrals, and accurate record keeping.

Developing	Competent	Exceeding	Not Observed
<p>Is unaware of or disregards boundaries and standards expected of the local professional community.</p> <p>Has poor/limited awareness of own level of professional knowledge and skill.</p> <p>Does not refer to other healthcare professionals or senior professionals even where needed.</p> <p>Does not seek assistance from fellow professionals or seniors where needed.</p> <p>Does not maintain accurate or complete patients' record.</p> <p>Is unable to manage pressure or work stress.</p>	<p>Practices within the boundaries and standards expected of the local professional community.</p> <p>Is aware of the limits of own level of professional knowledge and skill.</p> <p>Makes appropriate referrals to other healthcare professionals or senior professionals where needed.</p> <p>Seeks assistance from fellow professionals or seniors where appropriate.</p> <p>Keeps accurate and complete patients' records.</p> <p>Is able to manage pressure or work stress</p>	<p>N.A.</p>	
<p><b>Developing</b></p>	<p><b>Competent</b></p>	<p><b>Exceeding</b></p>	<p><b>Not Observed</b></p>
<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>States reason(s) for the selection:</p>			

### 10. PROFESSIONAL RELATIONSHIPS

Professional relationships examine the interpersonal skills and the ability to develop effective professional relationships within the team and with other professionals, students, support staff, and volunteers.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates limited ability to build and maintain a good working relationship within the team and with other professionals.</p> <p>Demonstrates inappropriate behavior in representing the profession to other healthcare professionals.</p>	<p>Builds and maintains a good working relationship within the team and with other professionals.</p> <p>Represents the profession appropriately to other healthcare professionals</p> <p>Shows empathy and concern towards other members of the team.</p>	<p>Builds and maintains a good working relationship within the team and with other professionals. Initiates opportunities to further develop these relationships.</p> <p>Represents the profession appropriately to other healthcare professionals</p> <p>Advises peers, junior therapists and other healthcare team members in own professional area of expertise.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

### 11. COMMUNICATION SKILLS & CULTURAL COMPETENCE

This skill examines the ability to communicate effectively with people as well as adaptability to the local culture.

Developing	Competent	Exceeding	Not Observed
<p>Demonstrates difficulty in communicating with patients/clients and other healthcare givers</p> <p>Demonstrates limited rapport with patient/clients and other healthcare givers.</p>	<p>Demonstrates effective communication and maintains good rapport with patients/clients and other healthcare givers.</p>	<p>Demonstrates effective communication and consistently maintains good rapport with patients/clients and other healthcare givers.</p>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

### 12. OVERALL CLINICAL COMPETENCE OVER THIS PERIOD

Developing	Competent	Exceeding	Not Observed
Inadequate to meet requirements for safe and autonomous practice at entry-level.	Demonstrates performance that is acceptable for meeting requirements for safe and autonomous practice at entry-level.	Demonstrates performance that fully meets requirement and occasionally exceeding in some principal duties for safe and autonomous practice at entry-level.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

States reason(s) for the selection:

### 13. RECOMMENDATION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> To progress to next level | <input type="checkbox"/> To extend supervision at current level<br>• Extension: ____ month | <input type="checkbox"/> Others (please specify): |
|--|--|---|

Please provide reason(s):

### 14. FOLLOW-UP ACTIONS TO IMPROVE PERFORMANCE

**15. SIGNATURE OF PRIMARY SUPERVISOR**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

**16. SIGNATURE OF SECONDARY SUPERVISOR (If applicable)**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

**17. ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT OR RELEVANT AUTHORITY**

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

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