

**30 DAY REPORT FORM** from \_\_\_\_\_ (PT Resident's Name) Print name

*This form is to assist you, the Physiotherapy Resident in reviewing your experience at the end of the first month. Please add comments to help clarify answers. If there are areas where your sponsor has been assisting you please indicate what goals have been set to help you become stronger in those areas. \*Please be advised that all responses are confidential and the information contained here is seen only by the Registrar. This form nor your comments are shared with your Sponsor.*

This appraisal should address your practice experience with regard to:

**Safety:** Do you have any concerns with the level of mentoring you are receiving?  YES  NO

Are there concerns regarding patient safety, staff safety, or workplace safety at this site?  YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

**Practice:** Assuming you had identified goals at the start of the practice, are there any areas of practice where you feel you would like more mentoring or assistance?  YES  NO

If so have these been identified to your Sponsor and is there a plan in place to help you improve in those areas?  YES  NO

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Communication:** Have you any concerns with the availability of your sponsor, or with their communication with you or with patients, staff, or other team members?  YES  NO

Is charting legible and easily understood?  YES  NO ... Is your writing legible to others?  YES  NO

Has there been any breach of Confidentiality?  YES  NO

Are you able to access and review your billings?  YES  NO  N/A

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Documentation:** Does your case load allow enough time for one to one with your patient?  YES  NO

Do you have enough time for your charts and/or reports to be completed promptly, and according to NSCP Standards, legible, etc.?  YES  NO

Comments: \_\_\_\_\_

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**Delegation:** Are you comfortable with delegation of tasks if the environment is such that delegation can occur?  YES  NO

Do you have the opportunity to delegate to support staff?  YES  NO

Comments: \_\_\_\_\_

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**Jurisprudence:** Have you reviewed the Act and Regulations?  YES  NO

Are you aware of the NSCP Practice Standards, Guidelines, Advisories and FAQ (found on the NSCP Website)?  YES  NO

Comments: \_\_\_\_\_

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Are you aware of the policies and procedures at your worksite (Including billing and booking, infection control, privacy breeches, adverse events etc.) and are they easily available for reference?  YES  NO

Comments: \_\_\_\_\_

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**Supervision:** Did you receive adequate guidance and supervision from your sponsor?  YES  NO

Were they available and approachable for questions and clarification when needed?  YES  NO

Would you recommend this sponsor to another Physiotherapy Resident?  YES  NO

Comment: \_\_\_\_\_

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Signed \_\_\_\_\_ (Lic.#) \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Physiotherapy Resident

My Sponsor's Name is: \_\_\_\_\_