



ASSESSMENT REPORT
for a veterinarian holding a licence with a supervision condition
(To Be Completed Every 3 Months)

Supervisee Name: _____ Supervisor Name: _____

Practice Name: _____

For more information about supervision for Restricted licence holders please visit the College's [website](#).

Practice Type (check all that apply): Food Animal Equine Companion Animal

Knowledge (Basic and Clinical)	
	Excellent: Displays medical knowledge beyond entry level expectations.
	Very Good: Comprehensive knowledge base, recognizes most issues.
	Satisfactory: Displays adequate knowledge, recognizes limitations and tries to correct them.
	Unsatisfactory: Lacks basic factual knowledge.
Comments:	

History Taking / Interviewing Skills	
	Excellent: Comprehensive, accurate problem identification and characterization, excellent interview skills.
	Very Good: Thorough logical and complete. Elicits subtle historical points.
	Satisfactory: Usually complete, recognizes limitations and tries to correct them.
	Unsatisfactory: Sketchy or incomplete, lacks focus, lack of skill in conducting interview.
Comments:	

Physical Examination	
	Excellent: Very thorough, well organized, all important findings detected, finds subtle or difficult signs.
	Very Good: Complete, detects some subtle findings, is sensitive to patient.
	Satisfactory: Carefully done, most findings detected, recognizes limitations and tries to correct them
	Unsatisfactory: Incomplete, misses obvious findings, major technical deficiencies, lacks focus.
Comments:	

Clinical Judgment	
	Excellent: Excellent assimilation of facts, breadth of reasoning. Exceeds expectations.
	Very Good: Able to integrate complex issues and solve some uncommon problems.
	Satisfactory: Able to solve common problems, recognizes limitations and tries to correct them
	Unsatisfactory: Difficulty generating differential diagnoses, diagnostic and therapeutic plans incomplete and/or not logically derived from data
Comments:	

Technical and Procedural Skills	
	Excellent: Displays technical expertise beyond entry level expectations.
	Very Good: Completes most procedures without difficulty, good understanding of risks and benefits.
	Satisfactory: Completes procedures well, has a reasonable understanding of procedures.
	Unsatisfactory: Difficulty using proper techniques, inadequate knowledge of procedures.
Comments:	

Continuity of Care	
	Excellent: Exceptionally reliable in meeting responsibilities including patient care, excellent participation in all clinical educational activities.
	Very Good: Reliable, completes tasks without prompting, comprehensive follow-up, always up to date.
	Satisfactory: Requires minimal supervision, occasionally needs reminders related to patient care.
	Unsatisfactory: Expected tasks not completed, fails to follow patients carefully
Comments:	

Oral Presentation Skills	
	Excellent: Succinct, precise, relevant issues clearly delineated, conveys understanding of complex issues
	Very Good: Concise, organized, accurate facts presented in a logical manner.
	Satisfactory: Reasonably clear, generally conveys essential information, organization could be improved.
	Unsatisfactory: Disorganized, incomplete, lots of errors.
Comments:	

Written Records and Notes	
	Excellent: Outstanding conscientious and accurate record keeping, well organized, intelligently written.
	Very Good: Complete, logical, very clear, easy to follow. Includes all important information.
	Satisfactory: Reasonably clear, generally conveys essential information, organized could be improved.
	Unsatisfactory: Disorganized, incomplete, lots of errors.
Comments:	

Interpersonal Skills (Client / Practice Team)	
	Excellent: Warm, empathic, compassionate, wins confidence and cooperation of owners, handles difficult situations well, highly integrated into team structure.
	Very Good: Communicates appropriate information to owners in clear comprehensive way, demonstrates understanding of needs and concerns.
	Satisfactory: Conveys interest and concern, attentive to owners, functions satisfactorily in team structure.
	Unsatisfactory: Tactless, insensitive, lack of empathy and compassion, difficulty establishing rapport, poorly integrated into team.
Comments:	

Self-directed Learning / Initiative / Motivation	
	Excellent: Solicits and accepts constructive criticism, consistent effort at self-improvement, shares knowledge with others.
	Very Good: Keenly interested in learning, responds well to feedback, seeks help when needed.
	Satisfactory: Assumes some responsibility for own learning, makes effort to change, aware of inadequacies
	Unsatisfactory: Does not assume responsibility for own learning, refuses to consider or make changes, unaware of inadequacies.
Comments:	

Professional and Ethical Behaviour	
	Excellent: Extremely professional, conscientious, honest, amiable, respectful of clients and team members, always punctual and reliable.
	Very Good: Carries self in a professional manner, is honest and respectful, punctual and reliable.
	Satisfactory: Understands the importance of professional and ethical behaviour and works to achieve a high standard thereof, is usually punctual and reliable.
	Unsatisfactory: Unprofessional attitudes or demeanor, dishonest, lack of respect for clients or team members, often late, unreliable.
Comments:	

Modifying the supervision level

A primary supervisor can modify the supervision level provided if they determine that the Restricted licence holder can safely and competently carry out their clinical responsibilities and:

- the Restricted licence holder has completed the mandatory 480 hours of practise under direct supervision; or
- the Restricted licence holder has demonstrated that they have successfully completed sections of the CPE. Supervision can be modified for the supervisee in the areas of the CPE that they have successfully completed.

Has the supervisee completed 480 hours under direct supervision Yes No

Has the supervisee successfully completed sections of the CPE Yes No

Is the supervision level being changed? Yes No

If yes, indicate which areas of practice you are changing the supervision level for and the new level of supervision for each area.

Anesthesia: _____ Radiographic Positioning: _____

Equine Practice: _____ Small Animal Medicine: _____

Food Animal Practice: _____ Surgery: _____

Necropsy: _____

Provide reasons for the changes:

Supervisor Signature: _____ Date: _____

I have read and understand my assessment.

Supervisee Signature: _____ Date: _____

Supervisor: Please complete assessment. Review assessment with supervisee. Once both signatures have been placed on the form, please forward completed assessment to licensure@cvo.org