



To be completed electronically and forwarded to the Council

New Graduate Supervision Report
Anaesthetic Technician

Practitioner under supervision to complete:

Name: _____ Registration number: 33-0

Report covers work for the period: _____ to _____

Dates of supervision meetings: _____

I would like the Council to consider the following comments: _____

The supervisor has discussed this report with me.

Date: _____ Signature: _____

Supervisor to complete:

Name of supervisor: _____ Registration number: _____

Workplace: _____ Phone: _____

Brief overview of areas where supervisee has practised: _____

Comments: _____

I have discussed this with [name] _____

Date: _____ Signature: _____

Areas below will expand as you type

Practice exemplars: Brief discussion where AT has provided care			
	Case description	Relevant issues	What improvements can be made?
Case 1			
Case 2			

Critical incident reporting: It is a requirement that the Medical Sciences Council is advised if the anaesthetic technician is involved in any critical incidents			
Incident and practitioner Involvement	Relevant information	Assessment of supervisor of practice	Actions to be undertaken re improvement if required
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Additional Information

	Discussion	Actions to be taken
Adaptation to practice		
Goals		
Education plan		
Issues of concern (if applicable)		
Cultural safety		
Goals for next meeting		