Nova Scotia
Occupational Therapy
Regulator

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SUPERVISION PLAN TEMPLATE

Instructions:
A Supervision Plan explains how and when supervision will take place and sets clear expectations and procedures for supervised practice. A Supervision Plan is required for Level 2 Supervision and for alternative supervisory arrangements (such as remote supervision or multiple supervisors).

This template includes all information which NSOTR typically requires in a Supervision Plan. However, NSOTR may request additional information before approving the supervisory arrangement as necessary.

While this Supervision Plan Template provides a guide on the structure of the supervision, it is also important to **communicate clear expectations to all parties on how supervision will occur** during the period that this Supervision Plan is in place.

Completion of this form does not authorize an individual to engage in supervised practice or imply that they are registered or licensed with NSOTR.

Note on Level 2 Supervision:
Mandatory Supervised Practice requires a more robust supervision arrangement than for Level 1 Supervision. This may include additional supports to the supervised registrant and active supervision and monitoring of practice components, depending on individual circumstances. ***Please contact the Registrar for guidance when completing Level 2 Supervision Plans:*** registrar@nsotr.ca**.**

Name of the Supervised Registrant:

_____

Supervision Level:
- ☐ **Level 1** – Sponsored Practice
- ☐ **Level 2 –** Mandatory Supervised Practice

Name of Employer(s):

_____

Name of the Proposed Primary Supervisor: **Licence #:**

_____ _____

Name of any Proposed Secondary Supervisor(s): **Licence #:**

_____ _____

_____ _____

Reason(s) why multiple supervisors are required (if relevant):

Work and Supervision Schedule:

Instructions:

Provide information on:

- when and where the supervised registrant will be working
- who will be the responsible supervisor (in the case of multiple supervisors)
- how the registrant will be supervised

You may use the template supervision schedule below. If necessary, attach multiple copies of this page. An example completed schedule is below.

If the work or supervision schedule of the supervised registrant will change from week to week, provide:

- a complete schedule for at least the first two weeks
- a description of how the employer, supervisor, and supervised registrant will ensure appropriate supervision

If the supervised registrant will be treating clients in their homes, schools, or workplaces, indicate this:

- *"Client Homes in X Area", "Multiple Schools in X Area", "Working From Home treating clients in X Area virtually"*

Supervision Type Definitions:

On-site: *A supervisor will be physically present at the same location as the supervised registrant during **all** the hours they are practicing.*

Remote/Virtual: *A supervisor will be working and available via phone, video, or e-mail during the hours the supervised registrant is practicing but will not be physically present at the same location.*

Example Completed Schedule:

Day:	Hours:	Work Location(s):	Responsible Supervisor:	Supervisor's Location:	Supervision Type:
Monday Wednesday Friday	*9am-5pm*	*Client Home Visits in Annapolis Valley*	*Stacy Fakename, OT*	*Client Home Visits/Valley Regional Hospital*	*In-person for first two weeks, then remote*
Tuesday	*9am-12pm*	*Valley Regional Hospital*	*Joe Sample, OT*	*Digby General Hospital*	*Remote*
Tuesday	*12pm-5pm*	*Valley Regional Hospital*	*Joe Sample, OT*	*Valley Regional Hospital*	*On-Site*
Thursday	*9am-5pm*	*Valley Regional Hospital, treating clients in the Annapolis Valley virtually*	*Testy McTesterson, OT*	*Valley Regional Hospital*	*On-Site*

Work and Supervision Schedule:

Name of Supervised Registrant: _____ Full-time Equivalency (FTE): _____

Day:	Hours:	Work Location(s):	Responsible Supervisor:	Supervisor's Location:	Supervision Type:

Practice Areas and Work Responsibilities:

List the practice area(s) in which the supervised registrant will offer OT services:

_____

Will the supervised registrant use any higher-risk practice approaches?[1]

☐ No ☐ Yes (details)**:** _____

Describe the supervised registrant's work responsibilities and role:

Supervision Activities:

How and when will the supervised registrant receive feedback or guidance on their performance?

How will the supervisor confirm that the supervised registrant is practicing safely and competently?
(e.g. observations (remote and/or in-person), evaluation of charting, caseload management, etc.):

[1] Higher-risk practice approaches include, but are not limited to: psychotherapy, swallowing, manual & power wheelchair assessments, cost of future care assessments, driving assessments, electrical modalities, and adult decision-making/capacity assessments.

What resources and supports will be provided to the supervised registrant?

Remote Supervision:

Complete this section if the registrant will be supervised remotely at any time.

Will any in-person observations of practice occur?

□ No □ Yes (describe when & where)**:**

Scheduled Daily Point of Contact:

*NSOTR requires that on **every** day during which a supervised registrant will only be supervised remotely, they must have a regular, scheduled point of contact with their supervisor.*

Scheduled Time:	
Means of Contact: (e.g. telephone, videoconference)	
Topics for Discussion: (e.g. caseload, daily schedule, practice questions, etc.)	

Communication in Urgent Situations

Who will the supervised registrant contact if they require urgent clinical support?

Name		Reg #:	
Phone #:			
E-mail:			
Name		Reg #:	
Phone #:			
E-mail:			

Declaration:

In addition to the declarations contained on the NSOTR *Supervision Application Form*, I confirm that:

- I agree with and will abide by the details of the Supervision Plan described above.
- I will report any changes to the details or information in this Supervision Plan or to on the *Supervision Application Form* to NSOTR immediately, and if possible before those changes occur.

Signatures:

_____	_____	_____	_____
Supervised Registrant	**Primary Supervisor**	**Secondary Supervisor**	**Secondary Supervisor**
_____	_____	_____	_____
Date	**Date**	**Date**	**Date**