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Hospital  
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**PRIVATE and CONFIDENTIAL**



## NATIONAL PGY1/2 – MID TERM APPRAISAL REVIEW FORM

### Guiding Principles

This form is to provide information about the performance of Junior Doctors at the Mid Term Appraisal Meeting of the term. The information on this form is a mechanism for providing Junior Doctors with feedback for their professional development and to guide learning for the remainder of the Term.

The Mid term Form is for feedback purposes only. This form will be submitted to the Director of Clinical Training and will be accessible by the Medical Education Officer and Director of Medical Services.

This form must be discussed with the Junior Doctor and should include a review of their Self Assessment Form.

Supervisors are referred to the National Guidelines for Supervisors for assistance in completing this form.

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### Instructions:

Clinical Supervisors:

1. Must observe the Junior Doctor in the workplace prior to assessing.
  2. Are encouraged to include observations from multiple sources in developing this assessment e.g. other medical practitioners, nurses, allied health practitioners, patients.
  3. Should have a copy of the ACF to hand
  4. Are to tick appropriate boxes in the columns provided.
  5. Are required to make additional comments where there are ticks in the shaded area and complete the Improving Performance Action Plan (IPAP) overleaf, so as to commence the remediation process.
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Name: \_\_\_\_\_

Position:  PGY1 (Intern)  PGY2  PGY3 or greater  AMC Candidate

Unit: \_\_\_\_\_

Hospital: \_\_\_\_\_

Term Dates (dd/mm/yy): \_\_\_\_\_

Term Number: Term 1  Term 2  Term 3  Term 4  Term 5

Facility Orientation completed:  Yes  No

Start of Term Orientation completed:  Yes  No

Assessment Process discussed at Orientation:  Yes  No

Specific Learning Objectives negotiated at Orientation:  Yes  No

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Please indicate which of the following method/s have been used to inform the completion of this assessment:

Close personal observation:

General Impressions:

Observations made by other team members:

Other e.g. Mini CEX, DOPs

Please indicate other staff from whom you have sought feedback with regards to the Junior Doctor's Performance:

Consultant/s  Registrar/s  Nursing Staff/s  Allied Health  Others, specify \_\_\_\_\_

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## Workplace Based Assessment

Please list the type and number of workplace based assessments used to inform your assessment of this junior doctor (e.g. mini CEX)

	Clearly Below Expected Level	Borderline	Expected Level	Clearly Above Expected Level
<b>CLINICAL MANAGEMENT</b>				
1. Safe Patient Care				
2. Patient Assessment				
3. Emergencies				
4. Patient Management				
5. Skills and Procedures				
<b>COMMUNICATION</b>				
6. Patient interaction				
7. Managing information				
8. Working in Teams				
<b>PROFESSIONALISM</b>				
9. Doctor i& Society				
10. Professional Behaviour				
11. Teaching and Learning				
Other Learning Objectives, as agreed between Junior Doctor and their supervisor				
12. _____				
13. _____				
14. _____				

Please comment on the following:

1. Strengths:

2. Areas for improvement:

3. Overall Performance:

<b>Mid Term</b>	
Clearly Above Expected Level	<input type="checkbox"/>
Expected Level	<input type="checkbox"/>
Borderline	<input type="checkbox"/>
Clearly Below Expected Level	<input type="checkbox"/>

**Improving Performance Action Plan (IPAP)**

This section is used to address identified issues and provide a plan for the Junior Doctor. (Must be completed for Borderline or unsatisfactory Rating)

ACF Domain	Issues related to specific domain	Actions/tasks	Evidence Required	Review Date/Timeframe
<b>CLINICAL MANAGEMENT</b>				
1. Safe Patient Care				
2. Patient Assessment				
3. Emergencies				
4. Patient Management				
5. Skills and Procedures				
<b>COMMUNICATION</b>				
6. Patient interaction				
7. Managing information				
8. Working in Teams				
<b>PROFESSIONALISM</b>				
9. Doctor in Society				
10. Professional Behaviour				

**Supervisor**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Junior Doctor**

*I (the junior doctor) confirm that I have had the chance to discuss the above report with my assessor and know I may respond in writing to the Director of Clinical Training, within seven days should I disagree with any points raised in this report.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References:**

1. *PMCQ RMO Assessment Form, 2007*
2. *PMCWA Junior Doctor End of Term Assessment Form*
3. *NSW Prevocational Progress Review Form (IMET)*