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Hospital
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PRIVATE and CONFIDENTIAL



NATIONAL PGY1/2 – END OF TERM ASSESSMENT REVIEW FORM

Guiding Principles

This form is to provide information about the performance of Junior Doctors at the end of each term. The information on this form contributes to decisions on registration (for PGY 1) and is a mechanism for providing trainees with feedback each term for their professional development and to guide their learning.

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. At their discretion, information from this form may be passed on to other relevant people such as future Term Supervisors where there is considered a significant risk to patient safety.

For PGY1's the end of term Assessment will be used to determine satisfactory completion of the term.

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.

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. Are to tick appropriate boxes in the columns provided.
4. 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.
5. Return completed form by [Date] to [contact person, department, etc]

The DCT must review each form and action according to institutional policy.

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

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 _____

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

Please comment on the following:

1. Strengths:

2. Areas for improvement:

3. Overall Performance:

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

4. Please outline any additional responsibilities which the JMO has undertaken in this term, for example attendance at Education Committee Meetings, State Based Meetings or JMO Forum Meetings:

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
CLINICAL MANAGEMENT				
1. Safe Patient Care				
2. Patient Assessment				
3. Emergencies				
4. Patient Management				
5. Skills and Procedures				
COMMUNICATION				
6. Patient interaction				
7. Managing information				
8. Working in Teams				
PROFESSIONALISM				
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: _____

Director of Clinical Training

Name: _____

Signature: _____

Date: _____

Actions: *(as per institutional policy)*

Please forward to [contact person, department]

References:

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