

Resident Medical Officer Performance Assessment Form, Royal Hobart Hospital

This form provides information about the performance of RMOs at mid and end of each term. This information can be used to contribute to decisions on registration and continued employment with RHH and to provide feedback for the RMO's professional development and to guide learning. This form is to be given to the Medical Education Advisor and will be accessible by the Executive 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 a risk to patient safety. **Supervisors, please discuss with the RMO.**

RMO Name Unit PGY (insert year)

This form is being completed for Mid Term End Term **2017 Term (Please circle) 1 2 3 4**

| Please tick ✓ appropriate category below | Below expected level | Borderline | Expected level | Above expected level | Not observed |
|--|----------------------|------------|----------------|----------------------|--------------|
| Clinical Management | | | | | |
| Demonstrates and applies knowledge of clinical sciences | | | | | |
| Obtains and presents history accurately | | | | | |
| Performs clinical examinations/procedures | | | | | |
| Acknowledges own limitations & seeks assistance as appropriate | | | | | |
| Manages common problems and conditions | | | | | |
| Recognises & assesses acutely ill patients and acts appropriately | | | | | |
| Communication | | | | | |
| Demonstrates good communication with patients and family | | | | | |
| Demonstrates appropriate written communication skills | | | | | |
| Communicates appropriately with other medical staff and works effectively within the health team | | | | | |
| Professionalism | | | | | |
| Demonstrates professional responsibility | | | | | |
| Demonstrates good time management | | | | | |
| Demonstrates commitment to continuous learning & development | | | | | |
| Other learning objectives, agreed between JMO and supervisor | | | | | |
| | | | | | |
| | | | | | |
| Overall Performance | | | | | |
| How would you rate overall performance so far this term? | | | | | |

Please complete the reverse side of this form

Please comment on the following:

1. Strengths

2. Areas for improvement

3. Attendance and participation in Unit Teaching Activities

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Improving Performance Action Plan (IPAP) to address identified issues:

| ACF Domain | Issues related to specific domain | Actions/tasks | Review Date |
|----------------------------|-----------------------------------|---------------|-------------|
| Clinical Management | | | |
| Communication | | | |
| Professionalism | | | |

Please note: the IPAP must be completed if any categories are 'below expected level' or 'borderline'

Please indicate methods used, or staff consulted, to inform completion of this form:

Consultant/s Registrar/s Nursing Staff Allied Health
 Close Observation General Impressions

Supervisor Signature Date

Supervisor name (Please print)

JMO Signature Date

JMO Name (Please print)

I confirm that I have discussed this appraisal with my assessor and know I may respond to in writing to the Director of Clinical Training within seven days should I disagree with any points raised.

Director of Clinical Training - Medical Education Advisor/Consultant

Signature Date.....

Name (Please print)

**Please return completed form to: PMCT Education Support Officer
RMO Quarters, Level 5, H Block, Room 595**

This form has been adapted from the Australian Curriculum Framework for Junior Doctors National Assessment Form and the NSW
Prevocational Progress Form www.cpmecc.org.au

