

Prevocational Training Term Assessment Form

Prevocational doctor details		
Name:		
Registration:	<input type="checkbox"/> Provisional	<input type="checkbox"/> Limited
	<input type="checkbox"/> General	
<input type="checkbox"/> Mid-term	<input type="checkbox"/> End-of-term	<input type="checkbox"/> Interim

Term details
Term Name:
Term: _____ of _____
PGY Level:

Assessment Completion Date	
THS Site (please tick one)	<input type="checkbox"/> Royal Hobart Hospital <input type="checkbox"/> Launceston General Hospital <input type="checkbox"/> North West Regional Hospital <input type="checkbox"/> Mersey Community Hospital

Sources of information used to complete this form			
Consultation with/feedback from:	<input type="checkbox"/> Nursing staff	<input type="checkbox"/> Registrars	<input type="checkbox"/> Allied health professionals
	<input type="checkbox"/> Other specialists	<input type="checkbox"/> Other (please specify) _____	
<input type="checkbox"/> PGY1/ PGY2 record of additional learning/professional development (demonstrating progress against outcome statements)			

Assessments of EPAs completed during the term to date (only if appropriate)	Number	Case complexity	Entrustability rating
<input type="checkbox"/> EPA 1 Clinical assessment			
<input type="checkbox"/> EPA 2 Recognition and care of the acutely unwell patient			
<input type="checkbox"/> EPA 3 Prescribing			
<input type="checkbox"/> EPA 4 Team communication - documentation, handover and referrals			

About this form

The purpose of this form is to provide feedback to the prevocational doctor on their performance to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1 (the point of general registration) or PGY2.

The form is to be completed by the term supervisor and by the prevocational doctor (for self-assessment) at the mid- point in any term longer than five weeks and at the end of the term. Other clinical supervisors, including registrars may conduct or contribute to the mid-term and end-of-term assessments with final sign off of the end-of term assessment completed by the term supervisor.

This form **has not been designed** for recruitment purposes and should not be used for such purposes.

Achievement of outcomes can be assessed by direct observation or by providing evidence of learning. Where an outcome has not been observed, evidence should be reviewed to support the assessment and feedback for the Domain. In filling out the assessment, take account of the evidence provided and the context in which the assessment is being made. Evidence may include but not limited to, attending a relevant educational course, workshop or conference, or completion of online training.

[If any outcomes were NOT observed, identify: a) which outcome and. b) if additional evidence was provided (e.g. attending a course)]

1 Rarely met	2 Inconsistently met	3 Consistently met	4 Often exceeded	5 Consistently exceeded

*** Please return the completed form to your local PMCT Office ***

Domain 1: Clinical practice | The prevocational doctor as practitioner

1.1 Patient safety: Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	1	2	3	4	5
1.2 Communication: Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent.	1	2	3	4	5
1.3 Communication - Aboriginal and Torres Strait Islander patients: Demonstrate effective culturally safe interpersonal skills, empathic communication, and respect, within an ethical framework, inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care.	1	2	3	4	5
1.4 Patient assessment: Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical exam, and generate a valid differential diagnosis and/or summary of the patients’ health and other relevant issues.	1	2	3	4	5
1.5 Investigations: Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness.	1	2	3	4	5
1.6 Procedures: Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor.	1	2	3	4	5
1.7 Patient management: Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.	1	2	3	4	5
1.8 Prescribing: Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.	1	2	3	4	5
1.9 Emergency care: Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.	1	2	3	4	5
1.10 Utilising and adapting to dynamic systems: Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.	1	2	3	4	5

Domain 1 overall rating

1 [] Rarely met	2 [] Inconsistently met	3 [] Consistently met	4 [] Often exceeded	5 [] Consistently exceeded
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Domain 1 Comments:

Domain 2: Professionalism and leadership | The prevocational doctor as a professional and leader

2.1 Professionalism: Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.	1	2	3	4	5
2.2 Self-management: Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.	1	2	3	4	5
2.3 Self-education: Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision and feedback.	1	2	3	4	5
2.4 Clinical responsibility: Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.	1	2	3	4	5
2.5 Teamwork: Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.	1	2	3	4	5
2.6 Safe workplace culture: Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.	1	2	3	4	5
2.7 Culturally safe practice for Aboriginal and Torres Strait Islander patients: Critically evaluate cultural and clinical competencies to improve culturally safe practice and create culturally safe environments for Indigenous communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.	1	2	3	4	5
2.8 Time management: Effectively manage time & workload demands, be punctual, & show ability to prioritise workload to manage patient outcomes & health service functions.	1	2	3	4	5

Domain 2 overall rating

1 [] Rarely met	2 [] Inconsistently met	3 [] Consistently met	4 [] Often exceeded	5 [] Consistently exceeded
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Domain 2 Comments:

Domain 3: Health and society | The prevocational doctor as a health advocate

3.1 Population health: Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients.	1	2	3	4	5
3.2 Whole of person care: Apply whole of person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural & spiritual needs & their geographical location. Acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours & access to health services or resources.	1	2	3	4	5
3.3 Cultural safety for all communities: Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours & power differentials in delivering safe, accessible & responsive healthcare free of racism & discrimination.	1	2	3	4	5
3.4 Understanding biases: Demonstrate knowledge of the systemic & clinician biases in the health system that impact on the service delivery for Aboriginal & Torres Strait Islander peoples. This includes understanding current evidence on systemic racism as a determinant of health & how racism maintains health inequity.	1	2	3	4	5
3.5 Understanding impacts of colonisation and racism: Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma & racism on the health & wellbeing of Aboriginal & Torres Strait Islander peoples.	1	2	3	4	5
3.6 Integrated healthcare: Partner with the patient in their healthcare journey, recognising the importance of interaction with & connection to the broader healthcare system. Where relevant, this should include communicating with caregivers & other health professionals.	1	2	3	4	5

Domain 3 overall rating

1 [] Rarely met	2 [] Inconsistently met	3 [] Consistently met	4 [] Often exceeded	5 [] Consistently exceeded
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Domain 3 Comments:

Domain 4: Science and scholarship | The prevocational doctor as scientist and scholar

4.1 Knowledge: Consolidate, expand & apply knowledge of the aetiology, pathology, clinical features, natural history & prognosis of common & important presentations in a variety of stages of life & settings.	1	2	3	4	5
4.2 Evidence-informed practice: Access, critically appraise & apply evidence from the medical and scientific literature to clinical & professional practice.	1	2	3	4	5
4.3 Quality assurance: Participate in quality assurance & quality improvement activities such as peer review of performance, clinical audit, risk management & incident reporting & reflective practice.	1	2	3	4	5
4.4 Advancing Aboriginal and Torres Strait Islander Health: Demonstrate a knowledge of evidence informed medicine & models of care that support & advance Aboriginal & Torres Strait Islander health.	1	2	3	4	5

Domain 4 overall rating

1 [] Rarely met	2 [] Inconsistently met	3 [] Consistently met	4 [] Often exceeded	5 [] Consistently exceeded
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Domain 4 Comments:

Global rating (required only for the end-of-term assessment)

Assign a global rating of progress towards completion of PGY1 or PGY2. Consider the prevocational doctor's ability to practise safely, work with increasing levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills during the term.

Overall performance/Global rating	
<input type="checkbox"/> Satisfactory	The prevocational doctor has met or exceeded performance expectations for the level of training during the term.
<input type="checkbox"/> Conditional pass	Further information, assessment and/or remediation will be required before deciding that the prevocational doctor has met performance expectations for the level of training during the term.
<input type="checkbox"/> Unsatisfactory	The prevocational doctor has not met performance expectations for the level of training during the term.
<i>If a rating of 1 or 2 in any of the domains, an Improvement Performance Action Plan (IPAP) is mandatory.</i>	
Overall Strengths	
Overall Areas for improvement	

Signatures

Term Supervisor	
Name	Position:
Signature	Date
Junior Doctor: I (the junior doctor) confirm that I have discussed the above report with my Term Supervisor or delegate and know that if I disagree with any points I may respond in writing to the Director of Clinical Training with 14 days.	
Name	Date
Signature	
Director of Clinical Training	
Name	Date
Signature	
Feedback	

*** Please return the completed form to your local PMCT Office ***