

# Resident Medical Officer Performance Assessment Form, THS-NW

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 ..... PGY (insert year) .....

Term Name ..... Term number .....

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

Please tick ✓ appropriate category below	Below expected level	Borderline	Expected level	Above expected level	Not observed
<b>Clinical Management</b>					
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					
<b>Communication</b>					
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					
<b>Professionalism</b>					
Demonstrates professional responsibility					
Demonstrates good time management					
Demonstrates commitment to continuous learning & development					
<b>Other learning objectives, agreed between JMO and supervisor</b>					
<b>Overall Performance</b>					
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: Cate Rejman – PMCT JMO Program Manager  
Level 1, Rural Clinical School, NWRH – [cate.rejman@utas.edu.au](mailto:cate.rejman@utas.edu.au)

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](http://www.cpmecc.org.au)

