

**PRIVATE & CONFIDENTIAL**

## **END OF TERM ASSESSMENT REVIEW FORM**

**Mandatory for Intern & Supervisor to complete at 10 week point of each 10 week rotation**

This form has been developed using the Junior Doctors Assessment Guideline sample and in line with the Australian Curriculum Framework (ACF) for Junior Doctors and CPMEC.

**Guiding Principles**

This form is to provide information about the performance of Junior Doctors at the end of each term/rotation.

**GP Rotation – please note that the GP Rotation extends over 2 x 10 week terms ie. 20 weeks in total. Please ensure that this form is completed at the 10 week point of each rotation term ie. 10 weeks & 20 weeks.**

The information on this form contributes to decisions on registration (PGY1) and is a mechanism for providing trainees with feedback each term/rotation for their professional development and to guide their learning. This form should be used **in conjunction with the Feedback Sessions Form and optionally the Self Assessment Form.**

This form will be submitted to the Director of Clinical Training and will be accessible by Medical Education Officer, Director of Medical Services & Manager Regional Junior Medical Programs. At their discretion, information from this form may be passed on to other relevant people such as future Term/Rotation 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. Supervisors are referred to the National Guidelines for Supervisors and the M2M Supervision Policy & Guidelines 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 eg. 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) if there are any "Borderline" or "Unsatisfactory" ratings, so as to commence the remediation process.
5. Return the completed form within the first week following End of Term Assessment meeting, to:-  
M2M Intern Program, C/- Yarrowonga Health, 33 Piper Street, Yarrowonga, 3730

<b>Name:</b>	<b>Position:</b> <input type="checkbox"/> PGY1 (Intern) <input type="checkbox"/> PGY2
<b>Health Service: (please circle)</b>  Alpine Health Cobram District Health Yarrowonga Health Northeast Health Wangaratta Albury Wodonga Health	<b>Applicable Term/Rotation for this Assessment:</b> (please circle)  GP Rotation Medical Surgical Emergency
<b>Term/Rotation Dates:</b>	<b>Term/Rotation Number:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<b>Current Stage of Term:</b> <input type="checkbox"/> Mid Term <input type="checkbox"/> End of Term	
<b>Facility Orientation completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Start of Term Orientation completed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Specific Learning Objectives negotiated at Orientation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form Revised 17.12.12

**MANDATORY**

**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 eg. 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 (eg. Mini CEX):

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

**Please comment on the following:**

**MANDATORY**

<b>1. Strengths:</b>	
<b>2. Areas for Improvement:</b>	
<b>3. Overall Performance:</b>	
<b>Mid Term</b>	<b>End of Term</b>
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"/>
<b>4. Please outline any additional responsibilities which the Junior Doctor has undertaken in this term, for example attendance at Education Meetings, State Based Meetings or JMO Forum Meetings:</b>	

**MANDATORY**

**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.*

Name: .....  
Signature: ..... Date: .....

**Director of Clinical Training**

Name: .....  
Signature: ..... Date: .....

**Actions:** (as per M2M Intern Program Policy)

References:

1. PMCQ RMO Assessment Form, 2007
2. PMCWA Junior Doctor End of Term Assessment Form
3. NSW Prevocational Progress Review Form (IMET)
4. Junior Medical Officer Assessment Guideline – SA IMET