

OPTIONAL

PRIVATE & CONFIDENTIAL

SELF ASSESSMENT REVIEW FORM – INTERN

(Optional for Intern to complete at 5 week & 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 for use by the Junior Doctor prior to the Mid Term Appraisal and End of Term Assessment Meetings. The Junior Doctor has the option to complete this form independently and take it with them to the meeting with the Supervisor so that it can be discussed.

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 5 & 10 week point of each rotation term ie. 5 weeks & 10 weeks, 15 weeks & 20 weeks.

Instructions:

- 1. Junior Doctors are to reflect on their performance and to tick appropriate boxes in the columns provided.
- 2. The information on this form is a mechanism for promoting discussion between trainees and supervisors and it is the intern's choice as to whether they send it to Medical Administration.

Name:	Position: □ PGY1 (Intern) □ PGY2			
Health Service: (please circle)	Applicable Term/Rotation for this Assessment: (please circle)			
Alpine Health	GP Rotation			
Cobram District Health	Medical			
Yarrawonga Health	Surgical			
Northeast Health Wangaratta	Emergency			
Albury Wodonga Health				
Term/Rotation Dates:	Term/Rotation Number:			
	□ 1 □ 2 □ 3 □ 4 □ 5			
Current Stage of Term: Mid Term End of Term				
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	on: □ Yes □ No			

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

Form Revised 17.12.12



















Please consider your performance whilst on this term in relation to each area and indicate by a tick your self assessment.

	Clearly Below Expected Level	Borderline	Expected Level	Clearly Above Expected Level
CLINICAL MANAGEMENT	Level		1	Levei
Safe Patient Care				
2. Patient Assessments				
3. Emergencies				
4. Patient Management				
5. Skills & Procedures				
COMMUNICATION				ı
Patient Interaction Managing Information				
Working in Teams				
PROFESSIONALISM			<u> </u>	
Doctor & Society				
10. Professional Behaviour				
11. Teaching & Learning				
Other Learning Objectives, as agreed between	en Junior Docto	or and their Sup	ervisor	
12				
13				
14				
Places comment on the following in relation	to your perform	manaa:		
Please comment on the following in relation to your performance: 1. Strengths:				
i. Strettiguis.				
2. Areas for Improvement:				
2. Areas for improvement.				
3. Overall Performance:				
Mid Term	Fnd c	of Term		
			4 0 0 0	
Clearly Above Expected Level		ly Above Expecte		
Expected Level	·	cted Level		
Borderline	Borde	erline		
Clearly Below Expected Level	Clearl	ly Below Expected	d Level	















