

HMO - Junior Doctor Assessment Form

IMPORTANT: PLEASE MAKE SURE YOU MAKE A COPY OF THIS COMPLETED FORM BEFORE SUBMISSION

<i>Office Use Only:</i>	
Date received: _____	Signed DCT/MEO: _____
Date entered: _____	Filed MWU (end of term): _____

SECTION 1: JUNIOR DOCTOR TO COMPLETE

Name and Staff ID of the Junior Doctor	Name: _____	ID: _____
Date of Assessment	_____	
Type of Assessment	End of Term: <input type="radio"/>	
Year of Training	PGY2 <input type="radio"/> PGY3 <input type="radio"/> Other <input type="radio"/> Please specify: _____	
Rotation (i.e. medicine, surgery, ED etc)	_____	
Rotation Number	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>	
Rotation Dates	From: __/__/____ To: __/__/____	
Site	_____	
Name of supervisor	_____	
Position of supervisor	_____	
Start of rotation unit specific orientation done	Yes <input type="radio"/>	No <input type="radio"/>
Assessment process discussed at beginning of rotation	Yes <input type="radio"/>	No <input type="radio"/>
Specific learning objectives of the rotation discussed	Yes <input type="radio"/>	No <input type="radio"/>

How to return the completed form:

Please scan, fax or personally deliver completed assessment form as per instructions below.

Monash Doctors Education

C/-McCulloch House, Level 1
 Monash Medical Centre
 246 Clayton Rd, CLAYTON Vic 3168
 Phone: 9594 4809
 Fax: 9594 2042
 Email: Mededucation@monashhealth.org

PLEASE MAKE A PHOTOCOPY FOR YOUR OWN RECORDS

For all enquiries on this assessment tool, please contact Monash Doctors Education

Phone: (03) 9594 4809

Email: Mededucation@monashhealth.org

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SECTION 2: TO BE COMPLETED BY JUNIOR DOCTOR AND SUPERVISOR

		1	2	3	4	N/A
		Below expected	Borderline	Expected level	Clearly above	
Clinical Management						
Patient Safety						
<ul style="list-style-type: none"> Recognises change/deterioration in a patient's condition and responds appropriately. 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Prescribes common therapeutics safely including consideration of the appropriate use and dosage of the therapeutic agent and any potential adverse effects or drug interactions. 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Complies with infection control requirement in patient care. 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Recognises and correctly reports adverse incidents. 	Trainee					
	Supervisor					
Emergencies						
<ul style="list-style-type: none"> Recognises and manages emergencies that occur in patient management. 	Trainee					
	Supervisor					
Patient Management						
<ul style="list-style-type: none"> Orders appropriate investigations and acts on results 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Develops appropriate management plan 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Effectively coordinates patient care, including referral and follow-up 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Plans and organises discharge and follow-up appropriately 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Manages risk factors and applies preventive health measures appropriately 	Trainee					
	Supervisor					
Procedural Skills						
<ul style="list-style-type: none"> Competently performs procedural skills relevant to rotation 	Trainee					
	Supervisor					

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		1	2	3	4	N/A
		Below expected	Borderline	Expected level	Clearly above	
Communication						
Patient Interaction <ul style="list-style-type: none"> Interacts effectively and sensitively with patients and families / care givers and uses interpreters effectively where required 	Trainee					
	Supervisor					
Managing information <ul style="list-style-type: none"> Clearly documents all patient care in the patient's medical record 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Organises, synthesises and acts appropriately on information 	Trainee					
	Supervisor					
Working in Teams <ul style="list-style-type: none"> Communicates effectively with other team members Works with and contributes effectively within a team Communicates effectively (clearly and concisely) with professional colleagues including general practitioners; for handover, referral and transfer of patients 	Trainee					
	Supervisor					
Professionalism						
Professional Behavior						
<ul style="list-style-type: none"> Recognises limits of own skills & knowledge, actively seeks feedback & assistance to continuously improve 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Demonstrates reliability and honesty 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Organises and prioritises tasks in an effective manner 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Demonstrates respect for all colleagues and follows reasonable directions of more senior colleagues Shows respect and compassion for patients and sensitivity to their culture, ethnicity and spiritual issues 	Trainee					
	Supervisor					
<ul style="list-style-type: none"> Manages own health appropriately 	Trainee					
	Supervisor					
Teaching and learning						
<ul style="list-style-type: none"> Demonstrates adequate knowledge of basic and clinical sciences and commitment to continuous learning and development Accepts responsibility to teach (where appropriate) other healthcare professionals, patients and/or care providers Demonstrates understanding of Australian healthcare system 	Trainee					
	Supervisor					
Doctor and society						
<ul style="list-style-type: none"> Recognizes how cultural, socio economic, spiritual factors influence health and healthcare Complies with legal and ethical requirements of a provider of healthcare Identifies resource constraints on healthcare and uses resources appropriately and efficiently 	Trainee					
	Supervisor					

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SECTION 3: COMPLETED BY SUPERVISOR WITH THE JUNIOR DOCTOR

Junior Doctor Name:
Staff ID:

Overall Performance:

- Clearly Above Expected Level
 Borderline
 Expected Level
 Below Expected Level

Provide comments on strengths and any feedback on further improving performance:

STRENGTHS	AREAS FOR IMPROVEMENT
<i>Clinical management</i>	
<i>Communication</i>	
<i>Professionalism</i>	

PERFORMANCE IMPROVEMENT PLAN (PIP)

(This section must be completed if performance is "borderline" or "below expected level")

Issue identified	Actions/Tasks to address Issue (including time frame)	Review date and Person responsible

Junior Doctor to complete:

I have completed my Monash Health required training (all courses available on Monash Health Learning):

Fire Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	Patient identification and Procedure Matching	Yes <input type="checkbox"/> No <input type="checkbox"/>
iBelong	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clinical Handover	Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient Centred Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Transfusion Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hand Hygiene	Yes <input type="checkbox"/> No <input type="checkbox"/>	BLS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aseptic Technique	Yes <input type="checkbox"/> No <input type="checkbox"/>	Preventing Falls and Harm from Falls	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication Safety	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Please indicate which of the following method/s have been used to inform the completion of this assessment:

- Close personal observation
- Observations made by other team members
- General impression
- Other e.g. Mini CEX, DOPs
Specify _____

Please indicate other staff from whom you have sought feedback with regards to the Junior Doctor's Performance:

- Consultant/s
- Nursing Staff/s
- Registrar/s
- Allied Health
- Others, specify _____

JUNIOR DOCTOR

I, Dr _____ confirm that I have had a chance to discuss this assessment with my supervisor.

Signature: _____ Date: _____

JUNIOR DOCTOR TO SIGN:

SUPERVISOR

I, Dr _____ confirm that this assessment has been discussed with the trainee.

Tick one

- The performance is satisfactory
- A Performance Improvement Plan is in place and will be reviewed at the end of the term.

Signature: _____ Date: _____

SUPERVISOR TO SIGN:

Nomination for Senior Medical Staff Association Award (End of term only)

The Monash Health Senior Medical Staff Association has instituted Excellence Awards for Junior Medical Staff. The aim is to encourage and reward outstanding performance in Junior Medical Staff. If you think the Junior Doctor being assessed deserves the award for outstanding Clinical Performance, please complete the nomination form below. Would like to Nominate Dr _____ for his/her outstanding Clinical Performance during his rotation to the _____ unit.

Dr _____ deserves this award because:

1. _____
2. _____
3. _____

This nomination has been seconded by:

Name of the Nurse Unit Manager/Member of Nursing Staff: _____

Name of the Registrar: _____

Name of any other person seconding the nomination: _____