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



NOTE: This assessment is to be at the end of PGY1 Level for the Workplace-Based Assessment Program

Office Use Only:	insert PDF stamp acknowledging review

SECTION 1: JUNIOR DOCTOR TO COMPLETE

Name (please print clearly) and Staff ID of the Junior	Name:	ID:		
Doctor				
Date of Assessment		-		
Type of Assessment	Assessment 1 O Asse	essment 2 O		
	Assessment 3 O			
Year of Training	PGY2 O PGY3 O Ot	her O Please specify:		
Rotation (i.e. medicine, surgery, ED etc)				
Rotation Number	1 0 2 0 3 0	4 O 5 O		
Site				
Name of supervisor (please print)				
Position of supervisor				
Start of rotation unit specific orientation done	Yes O	No O		
Assessment process discussed at beginning of rotation	Yes O	No O		
Specific learning objectives of the rotation discussed	Yes O	No O		
Submit using the below method				
ONLINE SUBMISSIONS ONLY: via portal on Monash Doctors website monashdoctors.org/assessment				
For all enquiries on the administration of this tool please contact:				
Mrs Pina Tyrrell				
C/- Monash Doctors Education Unit- 2 nd Floor, McCulloch House, Monash Medical Centre, Clayton				
Phone: (03) 9594 3743 Email: wba@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						
Pat	ient Safety						
•	Recognises change/deterioration in a patient's condition and responds appropriately	Trainee					
		Supervisor					
•	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					
•	Complies with infection control requirement in patient care	Trainee					
		Supervisor					
•	Recognises and correctly reports adverse incidents	Trainee					
		Supervisor					
Em	ergencies						
•	Recognises and manages emergencies that occur in patient management	Trainee					
		Supervisor					
Pat	ient Management	<u> </u>	1				
•	Orders appropriate investigations and acts on results	Trainee					
		Supervisor					
•	Develops appropriate management plan	Trainee					
		Supervisor					
•	Effectively coordinates patient care, including referral and follow-up	Trainee					
		Supervisor					
•	Plans and organises discharge and follow-up appropriately	Trainee					
		Supervisor					
•	Manages risk factors and applies preventive health measures appropriately	Trainee					
		Supervisor					
Pro	ocedural Skills						
•	Competently performs procedural skills relevant to rotation	Trainee					
		Supervisor					

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			1	2	3	4	NA
			Below Expected	Borderline	Expected level	Clearly above	
Те	aching and learning						
	Demonstrates adequate knowledge of basic and clinical sciences and commitment to continuous learning and development	Trainee					
		Supervisor					
	Accepts responsibility to teach (where appropriate) other healthcare professionals, patients and/or care providers	Trainee					
		Supervisor					
•	Demonstrates understanding of Australian healthcare system	Trainee					
		Supervisor					
Do	ctor and society	-1	•		•		
	Recognizes how cultural, socio economic, spiritual factors influence health and healthcare	Trainee					
		Supervisor					
•	Complies with legal and ethical requirements of a provider of healthcare	Trainee					
		Supervisor					
•	Identifies resource constraints on healthcare and uses resources appropriately and efficiently	Trainee					
		Supervisor					

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SECTION 3: COMPLETED BY SUPERVISOR WITH THE JU	Junior Doctor Name: Staff ID:				
Overall Performance (must be completed):		Stail ID.			
O Clearly Above Expected Level O Borderline					
O Expected Level	O Below Expected Level				
Provide comments on strengths and any feedback on further	r improving perform	nance:			
STRENGTHS AREAS FOR IMPROVEMENT		OVEMENT			
Clinical management					
Communication					
Professionalism					
	1				
BORDELINE / UNSATISFACTORY global rating or any supervisor rating of 2 or less in any domain requires the SUPERVISOR and WBA candidate to email a copy of the assessment to wba@monashhealth.org attention to the WBA Program Lead and WBA Administrator at the conclusion of the meeting with the WBA candidate.					
Junior Doctor to complete:					
I have completed my required Monash Health and national sta	ndards training Yes	S□ No□			
For further information regarding Nation Standards training, pl	ease see: http://mor	nashdoctors.org/natstandards/			
		<u> </u>			

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

O Close personal observation	Observations made by other team members
O General impression	Other e.g. Mini CEX, DOPs Specify
Please indicate other staff from whom you have so	ought feedback with regards to the Junior Doctor's Performance:
O Consultant/s	O Nursing Staff/s
O Registrar/s	O Allied Health
O Others, specify	
know that if I disagree with any points I may resp JUNIOR DOCTOR TO SIGN:	n that I have discussed the above report with my assessor and ond in writing to the WBA program lead within 14 days. Date:
candidate. SUPERVISOR TO SIGN:	rm that this assessment has been discussed with the WBA Date:
encourage and reward outstanding performance in deserves the award for outstanding Clinical Performance in the serves the award for outstanding Clinical Performance in the serves the award for outstanding Clinical Performance in the serves the serves the award for outstanding performance in deserves the serves the ser	on has instituted Excellence Awards for Junior Medical Staff. The aim is to in Junior Medical Staff. If you think the Junior Doctor being assessed mance, please complete the nomination form below. for their outstanding Clinical Performance during unit. his award because:
1	
J	