# **Prevocational Training**

## Term Assessment Form



**Note:** This form has been altered to better support paper-based introduction of the term assessment form in 2024. This form will be translated into an online version prior to implementation of an e-portfolio. Most of the details in the form will be prepopulated in the e-portfolio, or entered by the prevocational doctor.

Prevocational docto	r details	Term details			
Name:		From (dd/mm/yyyy):			
AHPRA registration no.:		To (dd/mm/yyyy):			
Assessment type		Term name:			
Mid-term	End-of-term	PGY:	Term: of		
Prevocational doctor se	elf-assessment (optional)	Organisation and Department / Unit where term undertaken:			
Sources of information used to complete this form					
Consultation with/feedback	from: Nursing staff	Registrars	Allied health professionals		
	Other specialis	sts Other (plea	se specify)		
EPAs (as data points and as a point of discussion)					
PGY1/ PGY2 record of	PGY1/ PGY2 record of learning (progress against outcome statements)				

#### **About this form**

The purpose of this form is to provide feedback to the prevocational doctor on their performance to support their learning and to support assessment review panel decisions about satisfactory completion of PGY1.

The form is to be completed by the supervisor and the prevocational doctor at the mid-point in the term and at the end of the term. Other clinical supervisors, including registrars, may conduct or contribute to the mid-term and end-of-term assessments with final sign off of the end-of term assessment completed by the term supervisor.

#### Instructions for prevocational doctors

Complete the self-assessment section for each Domain of this form before assessment meetings and be prepared to discuss your reflections with your supervisor at those meetings. Refer back to your learning objectives agreed on at your Beginning of Term discussion and consider how you are progressing towards your objectives in each Domain.

#### **Instructions for supervisors**

Complete and discuss the form with the prevocational doctor. Consider the prevocational doctor's self-assessment and the observations of others in the discussion. The supervisor should:

- Identify the observed outcome statements that the assessment of the Domain has been based on by ticking the appropriate boxes.
- Assign a rating for the PGY1 doctor's performance against each Domain, taking into consideration the expected performance at the individual's level of training.
- A Domain rating of 3 indicates that all **observed** outcome statements within the Domain would be rated a 3 individually.
- Domain ratings of 1 or 2 will require further information about which specific outcomes were inconsistently met.
- A not observed rating will require further information about which outcomes were not observed and whether supplementary evidence was provided, e.g. attendance at a course.
- Liaise with the Monash Doctors Education team when a prevocational doctor requires additional support in order to meet the required standard (i.e. when the prevocational doctor is assigned ratings of 1 or 2 for one or more items, or at the supervisor's discretion).
- For the end-of-term assessment, assign a global rating of progress towards completion of PGY1. Review any existing improving performance plan to determine if it has been completed, or if ongoing actions are required.

Domain 1: Clinical practice The prevocational doctor as practitioner					
The ass	sess	ment of this Domain is bas	sed on the following o	outcomes:	
	1.1 <b>Patient safety:</b> Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.				
	1.2	1.2 <b>Communication:</b> Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared–decision making and informed consent.			
	1.3	1.3 <b>Communication - Aboriginal and Torres Strait Islander patients:</b> Demonstrate effective culturally safe interpersonal skills, empathic communication, and respect, within an ethical framework, inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care.			k, inclusive of Indigenous
	1.4	1.4 <b>Patient assessment:</b> Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patients' health and other relevant issues.			
	1.5	<b>Investigations:</b> Request and accommoded and principles of cost-		nd relevant investigations	using evidence-informed
	1.6	Procedures: Safely perform a rai	nge of common procedural s	skills required for work as	a PGY1 or PGY2 doctor.
	1.7 <b>Patient management:</b> Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and the health care team.			using principles of shared	
	1.8 <b>Prescribing:</b> Prescribe therapies and other products including drugs, fluid, electrolytes, and blood products safely, effectively and economically.			s, and blood products	
	1.9 <b>Emergency care:</b> Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.				
	1.10 <b>Utilising and adapting to dynamic systems:</b> Appropriately utilises and adapts to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making.				
		ove outcomes were NOT observed that outcome (e.g. attendance at		tcome and b) whether ac	ditional evidence was
Domain	1 ra	ating overall			
1 [ Rarely	] / met	2 Inconsistently met	3  Consistently met	4  Often exceeded	5  Consistently exceeded
[If a rating of 1 or 2 is selected, please specify which outcome/s were inconsistently or rarely met.]					
Self-assessment on Domain 1					
with your s	uper	ern to reflect on performance in thi risor at those meetings. Consider y m additional experience, and the p	our strengths, any evidence	e or examples of these st	rengths, areas where you

Feedback on Domain 1				
[Free text for relates to.]	or Sup	pervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback		
		Professionalism and leadership tional doctor as a professional and leader		
The asse	ssm	nent of this Domain is based on the following outcomes:		
	2.1	<b>Professionalism:</b> Demonstrate ethical behaviours and professional values including integrity; compassion; self-awareness, empathy; patient confidentiality and respect for all.		
	2.2			
	2.3	<b>Self-education:</b> Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching and supervision and feedback.		
	2.4	Clinical responsibility: Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.		
	2.5	<b>Teamwork:</b> Respect the roles and expertise of healthcare professionals, learn and work collaboratively as a member of an inter-professional team.		
	2.6	<b>Safe workplace culture:</b> Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.		
	2.7 Culturally safe practice for Aboriginal and Torres Strait Islander patients: Critically evaluate cultural and clinical competencies to improve culturally safe practice and create culturally safe environments for Indigenous communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.			
	2.8	2.8 <b>Time management:</b> Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.		
[If any of the above outcomes were NOT observed, please identify: a) which outcome and b) whether additional evidence was provided in the record of learning against that outcome (e.g. attendance at a course)]				
Domain	2 ra	ting overall		
1 Rare	ly me	2		
[If a rating o	of 1 or	r 2 is selected, please specify which outcome/s were inconsistently or rarely met.]		

Self-assessment on Domain 2
[Free text for intern to reflect on performance in this Domain. Complete this section before assessment meetings and discuss it with your supervisor at those meetings. Consider your strengths, any evidence or examples of these strengths, areas where you could benefit from additional experience, and the possible ways in which you could gain this experience.]
Feedback on Domain 2
[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]

Domain 3: Health and society The prevocational doctor as a health advocate			
The ass	sess	ment of this Domain is based on the following outcomes:	
	3.1	<b>Population health:</b> Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients.	
	3.2	<b>Whole of person care:</b> Apply whole of person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location. Acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.	
	3.3	<b>Cultural safety for all communities:</b> Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.	
	3.4	<b>Understanding biases:</b> Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence on systemic racism as a determinant of health and how racism maintains health inequity.	
	3.5	<b>Understanding impacts of colonisation and racism:</b> Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.	
	3.6	<b>Integrated healthcare:</b> Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include communicating with caregivers and other health professionals.	
[If any of the above outcomes were NOT observed, please identify: a) which outcome and b) whether additional evidence was provided in the record of learning against that outcome (e.g. attendance at a course)]			

Domain	3 ra	ating overall			
1 [ Rarely	_	2 Inconsistently met	3 ☐ Consistently met	4 ☐ Often exceeded	5 Consistently exceeded
-		r 2 is selected, please specify whi	ch outcome/s were inconsis	tently or rarely met.]	,
Self-ass	ess	ment on Domain 3			
with your s	uperv	ern to reflect on performance in th risor at those meetings. Consider y m additional experience, and the p	your strengths, any evidence	e or examples of these st	rengths, areas where you
Feedba	ck o	n Domain 3			
[Free text to.]		pervisor to provide global feedbac	k about the Domain. Please	identify which outcome	statements this feedback
Totales to.j					
Domain	4: 5	Science and scholarship	)		
•		tional doctor as scientist			
The asse		nent of this Domain is bas			linical factures, natural
	4.1	<b>Knowledge:</b> Consolidate, expanding thistory and prognosis of common			
	4.2	<b>Evidence-informed practice:</b> A literature to clinical and profession		d apply evidence from the	e medical and scientific
	4.3 <b>Quality assurance:</b> Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting and reflective practice.				
	4.4	Advancing Aboriginal and Torr			
medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.  [If any of the above outcomes were NOT observed, please identify: a) which outcome and b) whether additional evidence was provided in the record of learning against that outcome (e.g. attendance at a course)]					
Domain 4 rating overall					
1 [ Rarely	1				
[If a rating	[If a rating of 1 or 2 is selected, please specify which outcome/s were inconsistently or rarely met.]				

Self-assessment on Domain 4
[Free text for intern to reflect on performance in this Domain. Complete this section before assessment meetings and discuss it with your supervisor at those meetings. Consider your strengths, any evidence or examples of these strengths, areas where you could benefit from additional experience, and the possible ways in which you could gain this experience.]
Feedback on Domain 4
[Free text for Supervisor to provide global feedback about the Domain. Please identify which outcome statements this feedback relates to.]

## Global rating (required only for the end-of-term assessment)

Assign a global rating of progress towards completion of PGY1. In assigning this rating, consider the prevocational doctor's ability to practise safely, work with increasing levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills during the term.

Global rating			
☐ Satisfactory	The prevocational doctor has met or exceeded performance expectations for the level of training during the term.		
Conditional pass	Further information, assessment and/or remediation will be required before deciding that the prevocational doctor has met performance expectations for the level of training during the term.		
Unsatisfactory	The prevocational doctor has not met performance expectations for the level of training during the term.		

## Please provide feedback on the following:

Strengths				
Areas for improvement				
Intern of the Year Nomination  To encourage and reward outstanding clinical performance, the Monash Health SMS Staff association provides an Excellence award for the most outstanding Intern of the year.  Would you like to nominate this Intern?  Yes	Additional support  Please contact the Monash Doctors Education team when a prevocational doctor requires additional support to meet the required standard via mededucation@monashhealth.org			

Term Supervisor	Director of Clinical Training		
Name (print clearly)	Name (print clearly)		
Signature	Signature		
Position	Date  Day Month Year		
Date  Day Month Year	Director of Clinical Training feedback		
Prevocational doctor			
I (insert name)			
confirm that I have discussed the above report with my Term Supervisor or delegate and know that if I disagree with any points I may respond in writing to			
the Director of Clinical Training within 14 days.	Return of form (for paper forms)		
Signature	Please forward to (contact person, department):		
Date	Relevant documents		
Day Month Year	Relevant documents are available on the AMC website: <a href="https://www.amc.org.au/framework/">https://www.amc.org.au/framework/</a>		

### For Junior Doctor (intern) use:



If you feel you need extra support with procedural skills, clinical skills, wellbeing or general support, please contact the Monash Doctors Education team via this QR code or at <a href="mailto:mededucation@monashhealth.org">mededucation@monashhealth.org</a>

This contact is confidential and independent of term assessments. Support is available to any Monash Health intern or HMO.