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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 doctor details Term details						
☐ Mid-term ☐ End-of-term ☐ PGY: Term: o	f					
Prevocational doctor self-assessment (optional) Organisation and Department / Unit when the control of the con	Organisation and Department / Unit where term undertaken:					
Sources of information used to complete this form	Sources of information used to complete this form					
Consultation with/feedback from: Nursing staff Registrars	Allied health professionals					
Other specialists Other (please specify)						
EPAs (as data points and as a point of discussion)						
☐ PGY1/ PGY2 record of learning (progress against outcome statements)						
Assessments of EPAs completed during the term to date (this section of the form will become mandatory in 2025)						

Instructions for supervisors

&RPSOHWH DQG GLVFXVV WKH IRUP ZLWK WKH SUHYRFDWL RAGASEMENRFWRU and the observations of others in the discussion. The supervisor should:

Domain 1: Clinical practice The prevocational doctor as practitioner The assessment of this Domain is based on the following outcomes: 1.1 Patient safety: 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 Communication: Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared ±decision making and informed consent. Communication - Aboriginal and Torres Strait Islander patients: 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. Patient assessment: 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 SDWLHQWV¶ KHDOWK DQG RWKHU UHOHYDQW LVVXHV 1.5 Investigations: Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness. 1.6 Procedures: Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor. 1.7

Domain 3: Health and society The prevocational doctor as a health advocate					
The assessment of this Domain is based on the following outcomes:					
	3.1	Population health: 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	Whole of person care: Apply whole of person care principles to clinical practice, including consideration of a SDWLHQW¶V SK\VLFDO HPRWLRQDO VRFLDO HH efir R			
	3.3	Cultural safety for all communities: 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	Understanding biases: 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	Understanding impacts of colonisation and racism: 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	Integrated healthcare: 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.			
Achievement of outcomes can be assessed by direct observation by providing evidence of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. In filling out this assessment, take account of the evidence provided and the cont11 (t)9 (h)2xong caohi					

Domain 4: Science and scholarship The prevocational doctor as scientist and scholar				
The assessment of this Domain is based on the following outcomes:				
		4.1	Knowledge: Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.	
4.2 Evidence -informed practice: Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.				
4.3 Quality assurance: 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 Torres Strait Islander Health: Demonstrate a knowledge of evidence informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.	
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Achievement of outcomes can be assessed by direct observation by providing evidence of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. Evidence may include but is not limited to, attending a relevant educational course, workshop or conference, or completion of an online training module, participating in quality assurance or quality improvement activities e.g. contributing to morbidity and mortality reviews.

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

Assign a global rating of progress towards completion of PGY1 or PGY2. In assigning this rating, consider the SUHYRFDWLRQDO GRFWRU¶V DELOLW\ WR SUDFWLVH VDIHO\ ZRUN ZLWK L 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		

Additional support

Please contact the Medical Education Unit (MEU) or Director of Clinical Training (DCT), when a prevocational doctor requires additional support to meet the required standard; refer to the instructions on page 1.

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. Signature	Return of form (for paper forms) Please forward to (contact person, department):
Date Day Month Year	Relevant documents Relevant documents are available on the AMC website: KWWSV ZZZ DPF RUJ DX IUDPH