



Paediatrics & Child Health

# Supervisor's Report for Developmental & Psychosocial Training Completed during Basic Training

## Confidential

### 1. Personal Details and Training Position

Name of trainee   
Surname  Other names (in full)

Name of Training Term   
eg. Community Paediatrics, Rehabilitation , Developmental/Behavioural Paeds.

Report covers period From  /  /  to  /  /

Duration of term (weeks)  Part time percentage (100% = full time)  %

Number of hours/days per week

Net weeks (full time equivalent)

Supervisor   
Surname  Other names (in full)

Phone/Fax/Email     
Phone Fax Email

Department

Hospital

### 2. Assessment of the Year in which the Examination is Passed

Has the trainee attempted the FRACP Examination or other examinations during this term?

Yes  No  If NO, go to No. 3 Other (please specify)

If yes, has preparation for the examination adversely affected advanced training?

Yes  No

### 3. Assessment of the Current Year of Training

Please rate the trainee's performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area.

#### Interpretation of the Rating Scale

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance
- N/A Not applicable to this training period

	<b>Medical Knowledge</b> Demonstrates up-to-date knowledge required to manage patients
	<b>Application of Medical Knowledge</b> Shows ability to use the knowledge and other derived evidence based information
	<b>Procedural Skills</b> Demonstrates ability to perform practical/technical procedures
	<b>Interpersonal/Communication Skills</b> Demonstrates ability to relate to and communicate with patients and their families
	<b>Clinical Judgement</b> Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions
	<b>Responsibility</b> Accepts responsibility for own actions and understands the limitations of own knowledge and experience
	<b>Problem Solving Skills</b> Critically assesses information, identifies major issues, makes timely decisions and acts upon them
	<b>Humanistic Qualities</b> Demonstrates integrity and compassion in patient care
	<b>Respect</b> Shows personal commitment to honouring the choices and rights of other persons
	<b>Moral and Ethical Behaviour</b> Exhibits high standards of moral and ethical behaviour towards patients and families
	<b>Professional Attitudes and Behaviour</b> Shows honesty at all times in their work; puts patient welfare ahead of personal consideration
	<b>Patient Management</b> Shows wisdom in selecting treatment; adapts management to different circumstances

Please rate the trainee's performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area.

**Interpretation of the Rating Scale**

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	<p><b>Psychological Development</b> Demonstrates ability to recognise and/or respond to psychological aspects of illness</p>
	<p><b>Medical Care</b> Effectively manages patients through integration of skills resulting in comprehensive high quality care</p>
	<p><b>Research Methodology</b> Understands scientific methodology; participates in research studies by formulating and testing hypothesis and analysing the results</p>
	<p><b>Quality Assurance</b> Demonstrates ability to initiate and evaluate Quality Assurance programs</p>
	<p><b>Record Keeping</b> Maintains complete and orderly records and up-to-date progress notes</p>
	<p><b>Discharge/Planning Summaries</b> Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries</p>
	<p><b>Reports</b> Completes succinct and accurate reports without delay; communicates with referring practitioner for continuing care</p>
	<p><b>Relationships with Medical Staff</b> Maintains the respect of his/her colleagues</p>
	<p><b>Relationships with Health Professionals</b> Demonstrates ability to work well and efficiently in the health care team; values the experience of others</p>
	<p><b>Relationships with Clerical Staff</b> Relates easily to members of staff; maintains team spirit and encourages cooperation</p>
	<p><b>Organisation Skills</b> Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care</p>
	<p><b>Self Assessment</b> Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism</p>
	<p><b>Continuing Education</b> Shows a resourceful attitude towards continuing education to enhance quality of care</p>

**4. Please comment on any strengths that the trainee displays in regards to the above topic areas.**

**5. Please comment on any weaknesses that the trainee displays in regards to the above topic areas.**

### 6. Supervisor/Trainee Communication

**Did you meet with the trainee regularly during the term to set goals and provide feedback?**

Supervisors have been advised to formally meet with their trainee(s) at least every three months.

*Yes*      *No*  

If yes, please document the dates of these meetings:

1.	<input style="width: 400px; height: 20px; border: 1px solid black;" type="text" value="        /        /        "/>	2.	<input style="width: 400px; height: 20px; border: 1px solid black;" type="text" value="        /        /        "/>
	dd            mm            yy		dd            mm            yy
3.	<input style="width: 400px; height: 20px; border: 1px solid black;" type="text" value="        /        /        "/>	4.	<input style="width: 400px; height: 20px; border: 1px solid black;" type="text" value="        /        /        "/>
	dd            mm            yy		dd            mm            yy

If no, please give reasons below:

### 7. Summary of Training Year

**a) Are you satisfied with the overall performance of the trainee during the period covered by this report?**

*Yes*      *No*  

If not, are there any specific factors which may have affected this trainee's performance or do you have any reservations about performance?

**b) What are the major training needs of this trainee prior to admission to Fellowship?**

Please specify below:

**c) Did the trainee take any leave during the period covered by this report?**

*Yes*        *No*   

If yes, please indicate the period(s) and types(s) of leave, eg annual, maternity, paternity, sick, etc:

**Period of leave**

from	<input type="text"/>	to	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>

**Type of leave**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**8. Supervisor's Comments**

    I have discussed this assessment with the Trainee and make the following comments:  
**or**

    I have not discussed this assessment with the Trainee for the following reasons:

Supervisor's signature ..... Date .....

**9. Trainee's Comments**

    I have discussed this assessment with the Supervisor and make the following comments:

Trainee's signature ..... Date .....

*Thank you for acting as supervisor for this trainee and for completing this assessment.*

Please return to:

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