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| RACP2016_CMYK_withtag_OL | Advanced Training Committee in Infectious Diseases  Advanced Training Subcommittee in Infectious Diseases  Microbiology Rotation (RACP-only trainees) Supervisor’s Report |

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| **For RACP-only Infectious Diseases trainees undertaking the 6-month microbiology rotation**:   * Joint RACP/RCPA Infectious Diseases & Microbiology trainees undertaking a core microbiology rotation must complete the *Microbiology Rotation (RACP/RCPA trainees) Supervisor’s Report* * Joint RACP/RCPA and RACP-only trainees undertaking clinical infectious diseases rotations must complete the *Core* *Infectious Diseases Rotation Supervisor’s Report*   **IMPORTANT INFORMATION regarding cross-certification of this microbiology rotation for trainees who subsequently change from RACP-only Infectious Diseases training program to the Joint RACP/RCPA Infectious Diseases & Microbiology training program:**   * Cross-certification is possible (but is not guaranteed) where this microbiology rotation has been principally undertaken in a setting that is accredited with the RCPA for training in Microbiology. For cross-certification to occur, demonstration of training exposure and requirements to the standard expected by the RCPA or joint RACP/RCPA programs will be required; * Cross-certification is not possible where this microbiology rotation has been principally undertaken in a setting that is not accredited with the RCPA for training in Microbiology   *Please note, all nominated supervisors must complete the report and be copied into the email submission of this report.*  **TRAINEE DETAILS AND TRAINING POSITION**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Full Name of Trainee |  | | | | | |  | | | | | | | Report covers period | From |  | To | |  | | ***Training will not be certified without a Supervisor’s Report covering the entire period of supervision.*** | | *Date (dd/mm/yy)* | |  | *Date (dd/mm/yy)* | |  | | | | | | | Training position |  | | | | | | Hospital / Site |  | | | | | |  | | | | | | | Year of Advanced Training |  | | | | | |  | | | | | | |  | | | | | | |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Please indicate the period(s) and type(s) (e.g. annual, conference, sick, parental) of leave taken by the trainee during the training rotation:**  *(for trainees at the end of a 12-month rotation – this would include periods of leave already recorded in previous Supervisor Reports for this rotation)* | | | | | | | | **Period of leave** | | | |  | **Type of leave** | **Total weeks** | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | | from |  | to |  |  |  |  | |  | | | | | | | | Total amount of leave | | | | | weeks | |   **Rostered Days Off (for NZ trainees only –Rostered Days Offs are not to be counted as leave/absence**  **from training)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | Total number of rostered days off | | | | | days | |
| Has the time away from training negatively affected the training outcomes for this rotation? If yes, how?   |  | | --- | |  | |
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| **SUPERVISION DETAILS** |
| |  |  | | --- | --- | | Full Name of Supervisor |  | |  |  | | E-mail |  |  |  |  | | --- | --- | | Full Name of Supervisor |  | | E-mail |  | |
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| **MEETING DOCUMENTATION** |
| Please document the dates of meetings held between supervisor/s and the trainee:  *(Supervisors have been advised to formally meet with their trainee(s) at least every three months to set goals and provide feedback)* |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. |  | 2. |  | 3. |  | 4. |  | |  | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | |
| What were the main issues discussed during these meetings?   |  | | --- | |  |   If no meetings occurred, please give reasons below:   |  | | --- | |  | |

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| **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | |
| Full Time |  | Part Time |  | Part Time Percentage |  |

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| **ASSESSMENT OF MICROBIOLOGY KNOWLEDGE BASE AND SKILLS** |
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| **Covers period** | From: |  | To: |  |

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| |  |  |  | | --- | --- | --- | | **TOPIC AREA** | **Training offered during this rotation**  (To be completed by Supervisor) | **Adequacy of training in this area for this rotation**  (To be completed by Trainee) | | **Daily plate rounds** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Liaison with clinicians regarding significant results, laboratory test selection and interpretation etc** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Specimen setup, media selection etc** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Microscopy- gram stain, cell count, polarised microscopy** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Plate reading- urine bench** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Plate reading- swabs** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Plate reading-respiratory** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | |  | | | |  | | | |  | | | | **Plate reading- blood culture/ sterile sites** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Plate reading- enteric bench** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Mycology** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Parasitology** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Mycobacteriology** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Serology** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Molecular** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | **Laboratory quality activities etc** | Extensive  Limited  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | Adequate  Some but further exposure required  None  Please briefly comment on participation/exposure:   |  | | --- | |  | | | | |
| **Other comments regarding laboratory exposure** | | | |
| *Supervisor:*   |  | | --- | |  | | | |
| *Trainee:*   |  | | --- | |  | | | |
| |  |  | | --- | --- | |  | | | Has an Improving Performance Action Plan (IPAP) been completed |  | | | | |
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| Have outstanding issues from previous reports been satisfactorily addressed? |  |  | |
| *Please provide comments below:*   |  | | --- | |  | | | | |

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| **PREP REQUIREMENTS (for PREP Trainees only)** |
| *Throughout this period of training, please indicate if the trainee undertook any of the following activities:*   |  |  |  | | --- | --- | --- | | Yes | No | Learning Needs Analysis (two per training year, one per 6-month training period) | | Yes | No | Professional Qualities Reflection (two per training year, one per 6-month training period) | | Yes | No | NZ Trainees only: Trainee’s Report (one per rotation) |   **Please comment on specific areas these activities could focus on in future:**   |  | | --- | |  | |
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| **ADVANCED TRAINING RESEARCH PROJECT**  *Throughout this period of training, please indicate the trainee’s progress in their Advanced Training research project in adherence with the* [*Research Project Guidelines*](https://www.racp.edu.au/docs/default-source/default-document-library/res-research-project-guidelines.pdf?sfvrsn=827311a_16) *and the* [*Training Program Handbook*](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/infectious-diseases)*.*  Title of Project:   |  | | --- | |  | | |
| Project progress to date including supervisor meetings, research activities undertaken etc:   |  | | --- | |  | | |

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| **SUMMARY OF TRAINING YEAR** | | |
| **a)** | **Are you satisfied with the overall performance of the trainee during the period covered by this report?** |  |
|  | If not, are there any specific factors which may have affected this trainee’s performance or do you have any reservations about performance? | |
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| **b)** | **Does the trainee require Stage 2 Support as per the** [**Trainee in Difficulty Support Policy**](https://www.racp.edu.au/trainees/trainee-support-services)**?** |  |
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|  | If yes, please submit the Improving Performance Action Plan (IPAP), reviews of IPAP and Records of Meetings with this Supervisor Report. | |
| **c)** | **Have the goals identified at the beginning of the training period been met during the period?** |  |
|  | Please comment below: | |
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|  | | |
| **d)** | **What are the major training needs of this trainee prior to admission to Fellowship?** | |
|  | Please comment below: | |
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| **e)** | **For a trainee completing advanced training only:** | |
|  | In your opinion, is the trainee now a competent physician and capable of providing a high standard of medical care without supervision? |  |
|  | If no, please give reasons below: | |
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| |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID-19 IMPACT ON TRAINING**  Has there been significant changes to your training period due to COVID-19? Yes  No  If yes, please complete the 2020 Rotation Amendment Form. | | | | |
| |  | | --- | | **SUPERVISOR’S DECLARATION AND COMMENTS** | | If you have more than two supervisors, please have the additional supervisors complete a [Supplementary Supervisor Comments form](https://www.racp.edu.au/docs/default-source/default-document-library/supplementary-supervisor-comments-report.docx). Please note the supervisor declaration must be completed and dated for it to be processed. | | | | |
| I declare that I have:   * discussed and completed this assessment with the trainee * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods  |  |  |  | | --- | --- | --- | | Name of Supervisor 1: |  | | |  | | | | Date: | |  |   I declare that I have:   * discussed and completed this assessment with the trainee * discussed the trainee’s progress with other supervisors (if applicable) * sighted this trainee’s supervisor’s reports for previous training periods  |  |  |  | | --- | --- | --- | | Name of Supervisor 2: |  | | |  | | | | Date: | |  | | | | |

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| **TRAINEE DECLARATION AND COMMENTS**  *Please note the trainee declaration must be completed and dated for it to be processed.* |
| I declare that:   * I understand my obligation to complete the training requirements outlined in the relevant Advanced Training Program Requirements Handbook and relevant education policies * I understand it is my responsibility to organise with my supervisors, completion of all training requirements and to submit these to the college prior to the published deadline. I understand failure to do so may result in non-registration or non-certification * I understand it is my responsibility to organise with my supervisors, completion of all training requirements and to submit these to the college prior to the published deadline. I understand failure to do so may result in non-registration or non-certification * the supervisor completing this Supervisor’s Report is the supervisor nominated on my registration of Advanced Training * the information/comments supplied by my supervisor/s have been included in this report and any amendments have been done with permission from my supervisor/s * I have discussed this assessment with my Supervisor (s) and make the following comments:  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  |  | Date: |  | |

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| **Purpose of the Supervisor’s Report** |
| To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision. This is a summative assessment. |
| **Submission Process** |
| 1. Complete the Supervisor’s Report with your nominated supervisors 2. Email an electronic or clearly scanned copy to [InfectiousDiseases@racp.edu.au](mailto:InfectiousDiseases@racp.edu.au) (Au) or [InfectiousDiseases@racp.org.nz](mailto:InfectiousDiseases@racp.org.nz) (AoNZ) before the deadline. Supervisors must be copied into the submission email for their records. 3. Ensure you have saved a copy for your records   The College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an [Application for Special Consideration](https://www.racp.edu.au/docs/default-source/default-document-library/epre-special-consideration-application-guide-and-form.docx?sfvrsn=7775051a_15). Trainees may also wish to submit a letter of explanation to support their application. Please note, all Applications for Special Consideration should be submitted to the College prior to the deadline and will be assessed against the criteria in the [Special Consideration for Assessment Policy](https://www.racp.edu.au/docs/default-source/default-document-library/special-consideration-for-assessment-policy.pdf?sfvrsn=efc3031a_16). |
| **Submission Dates** |
| **Advanced Trainees approaching the end of their training** should ensure all requirements are completed and submitted to the college within eight weeks prior to their expected completion date. |
| **Australia** |
| **For Advanced Trainees in 12-month positions:**   * One Supervisor’s Report is to be submitted by 15 July for the first six months of the calendar year. * One Supervisor’s Report is to be submitted by 31 January of the following year covering the final six months of the calendar year.   **For Advanced Trainees in positions of six months or less with separate supervisors, or at separate sites:**   * One Supervisor’s Report should be completed for each rotation and submitted to the College by 15 July (for first half of the year) and 31 January the following year (for the second half of the year). |
| **New Zealand**  **For Advanced Trainees in 12-month positions:**   * One Supervisor’s Report is to be submitted by 30 June for the first six months of the rotation. * One Supervisor’s Report is to be submitted by 15 December covering the full 12 months.   **For Advanced Trainees in three, four, or six-month positions:**  One Supervisor’s Report must be completed for each rotation and submitted by 30 June (for rotations in the first half of the year) and 15 December (for rotations in the second half of the year). |
| **Privacy** |
| The Royal Australasian College of Physicians is committed to protecting your personal information. We collect your personal information so that we can, amongst other things, conduct training, peer review, and examinations. Please refer to the [Privacy Collection Statement](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fcollection-statement&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811801437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xIzCxTNXHoMeGSLCAGMnj6DQsLGUS6A1jye7FV68kTw%3D&reserved=0) and the [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fpolicy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=naf7PpOFh%2FjYbxyAZsMH6bCNrqcs%2FpNcERdEfEyTLtc%3D&reserved=0) on the RACP website.  Please note that the College may discuss the contents of this Supervisor's Report with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of all previous Supervisor's Reports to their next supervisors.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 2020 (Aotearoa New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Refer to the College’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gl4uDFNWm91eH33sCGYszDkysQVRGQz%2Fj2M0dpwRKB0%3D&reserved=0). |
| **Notification of Certification Decision** |
| Once your report has been considered by the nominated supervising committee(s), you will be notified of the certification decision. Whenever possible, this advice will be sent within eight weeks of the submission deadline. |