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| RACP2016_CMYK_withtag_OL | Advanced Training Committee in Community Child Health  Supervisor’s Report |  |
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| *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 |  | | | | | |  | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | | | Full Time |  | Part Time |  | Part Time Percentage |  | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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:   |  | | --- | |  | |
| |  | | --- | |  | | **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**  ➀ Falls far short of expected standards\*  ➁ Falls short of expected standards\*  ➂ Consistent with level of training   * Better than expected standards * Exceptional performance   N/A Not Applicable to this training period  *\*These ratings may place the trainee under review for referral to the Training Support Pathway.* | | |  |  | | --- | --- | |  |  | |  | Level of Application of Medical Knowledge Demonstrate up-to-date knowledge required to manage patients. Shows ability to use the knowledge and  other derived evidence-based information | |  | Clinical Judgement/Patient Management/ Medical Care Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions. Shows wisdom in selecting treatment; adapts management to different circumstances. Effectively manages patients through integration of skills resulting in comprehensive high quality care | |  | Responsibility/ Self-AssessmentAccepts responsibility for own actions and understands the limitations of own knowledge and experience. Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism | |  | Interpersonal Skills/ Communication Skills/ Psychological Development Demonstrates ability to relate to and communicate with patients and their families. Demonstrates ability to recognise and/or respond to psychological aspects of illness | |  | Humanistic Qualities/ Respect/ Moral and Ethical behaviour Demonstrate integrity and compassion in patient care. Shows personal commitment to honouring the choices and rights of other persons. Exhibits high standards of moral and ethical behaviour towards patients and families. | |  | Procedural Skills Demonstrates ability to perform practical/technical procedures | |  | Problem Solving Skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them | |  | Professional Attitudes and Behaviour/ Relationships with Medical Staff and other Staff Shows honesty at all times in their work; puts patient welfare ahead of personal consideration. Maintains the respect of his/her colleagues, including nursing, allied health and clerical staff | |  | Research Methodology/ Quality Assurance Understands scientific methodology; participates in research studies by formulating and testing hypothesis and analysing the results. Demonstrates ability to initiate and evaluate Quality Assurance programs | |  | Record Keeping/ Discharge/Planning Summaries/ Reports Maintains complete and orderly records and up-to-date progress notes. Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries. Completes succinct and accurate reports without delay; communicates with referring practitioner for continuing care | |  | **Organisation Skills**  Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care | |  | **Self-Assessment**  Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism | |  | Continuing Education Shows a resourceful attitude towards continuing education to enhance quality of care | | |  | | Please comment on any **strengths** that the trainee displays in regards to the above topic areas:   |  | | --- | |  | | | Please comment on any **areas for development** that the trainee displays in regards to the above topic areas and what measures have been implemented to improve the identified area:  *If you have rated the trainee’s performance in any areas above as a 1 or 2, please give detailed feedback, including specific examples to support your assessment. As future supervisors will be provided a copy of this report, this information will assist the trainee to be adequately supported in their subsequent training.*   |  |  | | --- | --- | |  | | | Has an Improving Performance Action Plan (IPAP) been completed? |  | | | Have outstanding issues from previous reports been satisfactorily addressed?  Please provide comments below:   |  | | --- | |  | | |  | |  | |  | |  | | **OTHER REQUIREMENTS** | | |  | | --- | | Yes  No  N/A for this training rotation | | No  Yes:  Number of CbD cases:  Type of case:  Primary  Secondary  Tertiary |   Has the trainee attended CCH Educational Tutorial Series (Previously Program of Excellence) during this rotation?  Has the trainee complete any Child Protection Case Assessments (CPCA) during this rotation?  **If yes, please indicate the number of CbD cases and level of the cases completed during this rotation.**  *(Please submit the CPCA logbook when all 15 CPCA are completed for the requirement to be certified)* | | **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 (minimum 4 required per training year) | | Yes | No | Mini-Clinical Evaluation Exercise (minimum 4 required per clinical training year) | | Yes | No | Case-based Discussion (minimum 4 required per clinical training year) | | Yes | No | Developmental-Behavioural Clinical Evaluation Exercise (minimum 4 required over the course of training, during clinical rotations only. Trainees who commenced 2023 onwards, at least 1 must be a Social Paediatric case) |   **Please comment on specific areas these activities could focus on in future:**   |  | | --- | |  | | |  | | |  |  |  | | --- | --- | --- | | **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)*.*  Title of Project:   |  | | --- | |  |   Project progress to date including supervisor meetings, research activities undertaken etc:   |  | | --- | |  | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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?  If you have awarded any ratings of 2 or below but have indicated satisfaction with the overall performance, please provide further information. | | |  |  | |  |  |  |  | | --- | --- | --- | | **b)** | **Does the trainee require Stage 2 Support as per the** [**Trainee in Difficulty Support**](http://www.racp.edu.au/trainees/trainee-support-services) **Policy?** |  | |  | 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: | | |  |  | |  |  |  | | --- | --- | | **d)** | **What are the major training needs of this trainee prior to admission to Fellowship?** | |  | Please comment below: | |  |  |  |  |  |  | | --- | --- | --- | | **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? |  | | | |  |  | | --- | --- | | |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID-19 IMPACT ON TRAINING**  Has there been significant changes to your training period due to COVID-19? Yes  No  If yes, please contact [CommunityChildHealth@racp.edu.au](mailto:CommunityChildHealth@racp.edu.au) to confirm whether you should complete a Rotation Amendment Form or if a revised Application for Approval of Training is required. | | | **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: |  | | |  | | **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: |  | | | | |

*Trainees are advised to retain a copy of the completed form their records.*

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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 [CommunityChildHealth@racp.edu.au](mailto:CommunityChildHealth@racp.edu.au) 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).  Trainees should refer to the [Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) for further details. |
| **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. |
| **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). |
| **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. |