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| RACP2016_CMYK_withtag_OL | | | | **Joint College Training in**  **Infectious Diseases & Microbiology**  **Microbiology Rotation (RACP/RCPA trainees) Supervisor’s Report** | | | |  |
| **PURPOSE: For Joint RACP/RCPA Infectious Diseases & Microbiology trainees undertaking a 6 or 12 month microbiology rotation.**   * Joint RACP Infectious Diseases & Microbiology trainees undertaking clinical infectious diseases rotations must complete the *Core Infectious Diseases Rotation Supervisor’s Report*. * RACP-only Infectious Diseases trainees undertaking a 6 month core microbiology rotation must complete the *Microbiology Rotation (RACP-only trainees) Supervisor’s Report.*   *Please note:*   * *All nominated supervisors must complete the report and be copied into the email submission of this report.* * *It is recommended that each supervisor complete separate supervisor report forms. If this is not possible, please include details of both supervisors in the table below.* * *If the trainee is sitting the RCPA Part I and/or Part II Examinations, a copy of the portfolio summary sheet will need to be included with the report.* | | | | | | | | | |
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| **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 | | |  | |  | | | | | | | | | | | | | | | | | | | |
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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** | | |
| from |  | to | |  |  |  | | |
| from |  | to | |  |  |  | | |
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|  |  |  | |  |  |  | | |
| 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 |  |  |  |
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| 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 |  | |
| **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? were the main issues discussed during these meetings?   |  | | --- | |  |   If no meetings occurred, please give reasons below:   |  | | --- | |  | |

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| **ASSESSMENT OF MICROBIOLOGY KNOWLEDGE BASE AND SKILLS** |
| *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.* |
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| |  |  | | --- | --- | | Clinical and laboratory judgment | | |  | Able to use up-to-date medical knowledge to select appropriate investigations | |  | Able to perform practical/technical procedures correctly and safely in the following areas. The standard of expertise required is that of a new junior scientist in Microbiology. | |  | Bacteriology – The processing of all routine specimens eg Blood, swabs, urines etc | |  | Bacteriology – The identification of pathogens using both traditional methods and spectrophotometric or molecular methods | |  | Bacteriology- The testing for and interpretation of antimicrobial susceptibility | |  | Molecular diagnostics/virology – Practical experience in the performance of molecular assays. An understanding of common problems encountered and troubleshooting them. | |  | Serology – Practical experience and an understanding of common serological tests used. | |  | Parasitology – The microscopic examination of faeces for common parasites | |  | Mycobacteriology – Practical experience in the performing of and reading of stains for mycobacteria. Culture and susceptibility testing, molecular methods in Mycobacteriology | |  | Able to provide advice on issues relating to Infection Control | |  | Able to critically assess information, identify major issues, make timely decisions and act upon them | |  | Able to make appropriate therapeutic recommendations in accordance with sound antimicrobial stewardship principles. | |  | Able to initiate and evaluate quality management strategies |  |  |  | | --- | --- | | Professional attitudes and behaviours | | |  | Able to organise work, manage time, prioritise, follow up, complete tasks | |  | Able to maintain orderly records and up-to-date progress notes | |  | Completes succinct, accurate and timely reports; communicates with referring practitioner | |  | Awareness of own limitations – consults when needs help, receptive to feedback & other views | |  | Attention to professional confidentiality, ethical standards, medico-legal obligations | |  | Interactions with others (peers, seniors, clerical and laboratory staff, supervisor, clinicians) | |  | Presentations at clinical meetings, e.g. grand rounds, clinical meetings | |  | Shows a resourceful attitude towards continuing education to enhance clinical practice | |  | Ability to understand scientific methodology, formulate and test hypotheses and analyse the results of research studies | |  | Able to critically analyse current literature | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick the box to indicate completion of requirements   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Annual Requirements**   |  |  | | --- | --- | |  | At least 4 per year satisfactory DOPS forms for different types of procedure, until minimum required to sit Part I or Part II have been completed | |  | At least 2 per year satisfactory CbD forms for different types of cases until minimum required to sit Part I or Part II have been completed | |  | At least 3 per year different Category 2 Portfolio activities | |  | At least 3 per year different Category 3 Portfolio activities | |  | At least 2 per year different Category 4 Portfolio activities | |  | At least 1 per year Category 5 Portfolio activity | |  | 2 significant incident analysis reports | | **Additional Year 1 requirements**   |  |  | | --- | --- | |  | Completed personal safety checklist | | | **Additional requirements before sitting Part I examination**   |  |  | | --- | --- | |  | Achieved satisfactory grade for 8 general microbiology bench DOPS forms | |  | Achieved satisfactory grade for 5 CbD forms (low-to-medium level of complexity) | | | **Additional requirements before sitting Part II examination**   |  |  | | --- | --- | |  | Has completed major research project | |  | Has completed minor research project | |  | Achieved satisfactory grade for 4 special bench DOPS forms | |  | Achieved satisfactory grade for 2 complex CbD forms per year since Part I exam | | | **Additional requirements when starting work in a new laboratory**   |  |  | | --- | --- | |  | Participated in the laboratory orientation | |  |  |  | | --- | --- | | Research | | |  | Knowledge base and clinical research | |  | Capacity to analyse published research including statistical analysis | |  | Ability to prepare a manuscript |  |  | | --- | | List research projects candidate has been involved in: | |  | | | |
| 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.*   |  | | --- | |  | | | |
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| Has an Improving Performance Action Plan (IPAP), as per Stage 1 of the [Trainee in Difficulty Support Policy](https://www.racp.edu.au/trainees/trainee-support-services), been completed? |  |  |
|  | | |
| Have outstanding issues from previous reports been satisfactorily addressed? |  |  |
| *Please provide comments below:*   |  | | --- | |  | | | |
| **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: | | |
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| 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?  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 Policy**](https://www.racp.edu.au/trainees/trainee-support-services)**?** |  | |  | 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: | |  |  | | |  | | |  |  |  | | --- | --- | --- | | **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 [InfectiousDiseases@racp.edu.au](mailto:InfectiousDiseases@racp.edu.au) or [InfectiousDiseases@racp.org.nz](mailto:InfectiousDiseases@racp.org.nz) 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: |  | | | | |
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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 * 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 Supervisors 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 the relevant education office email address below 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.  **If you are sitting the RCPA Part I and/or Part II Examinations, please also include a copy of your portfolio summary sheet with the report.**   |  |  | | --- | --- | | **RACP Office** | **RCPA Office** | | [idmicro@racp.edu.au](mailto:idmicro@racp.edu.au) | [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) | | |
| **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. Joint RACP/RCPA trainees who have undertaken laboratory training will also be required to submit the RCPA portfolio summary sheet with the report.   **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 Legislation** | |
| The College may discuss the contents of this report with subsequent supervisors, where this is deemed necessary for support or assessment purposes.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Further details can be found [here](https://www.racp.edu.au/home/privacy). | |
| **Enquiries** | |
| **RACP Office** | **RCPA Office** |
| *Enquiries:*  Phone: +61 2 8247 6221  Email: [idmicro@racp.edu.au](mailto:idmicro@racp.edu.au) | *Enquiries:*  Phone: +61 2 8356 5858  Email: [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) |
| **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. | |