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| RACP2016_CMYK_withtag_OL | Advanced Training Committee in Neurology 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 | |  | | | Core or Non-Core | | | Core | | | Non-Core | | |  | | | | | | | | | | | | | |  |  | | **On-call requirement**  Did the trainee participate in an on-call roster throughout this period | | | | | | | | | | Yes | | No | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please indicate the period(s) and types(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 period of leave already recorded in previous Supervisor Reports for this rotation) | | | | | | | **Period of leave** | | | |  | **Type of leave** | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | |  | | | | | | | Total amount of leave | | | | | weeks |   **Rostered Days Off (for NZ trainees only)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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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| |  |  | | --- | --- | | **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 | | | |  |  | | --- | --- | |  |  | |  | Medical Knowledge Demonstrates up-to-date knowledge required to manage patients | |  | Application of Medical Knowledge Shows ability to use the knowledge and other derived evidence-based information | |  | Procedural Skills Demonstrates ability to perform practical/technical procedures | |  | Interpersonal/Communication Skills Demonstrates ability to relate to and communicate with patients and their families. Demonstrates ability to recognise and/or respond to psychological aspects of illness | |  | Clinical Judgement 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 Accepts responsibility for own actions and understands the limitations of own knowledge and experience | |  | Problem Solving Skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them | |  | Humanistic Qualities Demonstrates integrity and compassion in patient care | |  | Respect Shows personal commitment to honouring the choices and rights of other persons | |  | Moral and Ethical Behaviour Exhibits high standards of moral and ethical behaviour towards patients and families | |  | Professional Attitudes and Behaviour Shows honesty at all times in their work; puts patient welfare ahead of personal consideration | |  | Patient Management Shows wisdom in selecting treatment; adapts management to different circumstances | |  | Psychological Development Demonstrates ability to recognise and/or respond to psychological aspects of illness | |  | Medical Care Effectively manages patients through integration of skills resulting in comprehensive high-quality care | |  | Research Methodology Understands scientific methodology; participates in research studies by formulating and testing hypothesis and analysing the results | |  | Quality Assurance Demonstrates ability to initiate and evaluate Quality Assurance programs | |  | Record Keeping Maintains complete and orderly records and up-to-date progress notes | |  | Discharge/Planning Summaries Ensures that all problems are explained prior to discharge from hospital; prepares concise and prompt discharge summaries | |  | Reports Completes succinct and accurate reports without delay; communicates with referring practitioner for continuing care | |  | Relationships with Medical Staff Maintains the respect of his/her colleagues | |  | **Relationships with Health Professionals**  Demonstrates ability to work well and efficiently in the health care team; values the experience of others | |  | **Relationships with Clerical Staff**  Relates easily to members of staff; maintains team spirit and encourages cooperation | |  | **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:*   |  | | --- | |  | | | | **ANNUAL RECORD OF WORK COMPLETED**  ***Do not complete this section if submitting this as a Mid-Year Supervisor Report for a 12-month rotation (i.e. same site and same supervisors). If you are undertaking multiple rotations throughout the training year (i.e. changing sites and/or supervisors) you must submit one Supervisor Report per rotation.*** Clinical Responsibility (include number of patients and sessions)  1. Inpatient responsibility  |  | | --- | |  |  1. Outpatient responsibility  |  | | --- | |  |  1. Consultations  |  | | --- | |  |   **Supplementary Training (experience in)**  i) Paediatric Neurology (adult neurology trainees)   |  | | --- | |  |   ii) Neurosurgery   |  | | --- | |  |   iii) Neuroopthalmology   |  | | --- | |  |   iv) Neurotology   |  | | --- | |  |   v) Psychiatry   |  | | --- | |  |   vi) Evoked potentials (number logged)   |  | | --- | |  |   vii) Neuroradiology   |  | | --- | |  |   viii) Neuropathology   |  | | --- | |  |   ix) Neurorehabilitation   |  | | --- | |  |   x) Neurogenetics   |  | | --- | |  |   xi) Behavioural Neurology   |  | | --- | |  |   Attendance at Clinical Meetings (at own or other hospital/s)   |  | | --- | |  |  Attendance at Scientific Meetings  |  | | --- | |  |  Attendance at Neuroscience Seminars, Lecture Series  |  | | --- | |  |  Teaching Activities Undergraduate/Postgraduate   |  | | --- | |  | | | | **TRAINING IN CLINICAL NEUROPHYSIOLOGY – NCS/EMG and EEG**  ***(MUST BE COMPLETED AS MID YEAR SUPERVISOR REPORT AS WELL AS END OF YEAR SUPERVISOR REPORT)***  All trainees must maintain a logbook recording the extent of their experience in neurophysiology training over the course of training. The accuracy and currency of the logbook is of the utmost importance. The logbook must be maintained using the prescribed forms and must be available at all times for review, as required by the overseeing committee.  The logbook must be used to complete the neurophysiological section of Supervisor’s Reports.  **Summary of numbers to be reported in logbook:**  ***Adult Medicine trainees:***   * 150 EEGs * 150 NCS/EMGs (including 100 hands-on studies by the trainee)   ***Paediatric and Child Health trainees:***   * 360 EEGs\* * 25 NCS/EMGs (including 10 hands-on studies by the trainee)\* * 72 neurophysiology reporting sessions (if not undertaking a 6-month full-time clinical epilepsy and EEG fellowship)   ANZAN Level 1 training in EEG and NCS/EMG is an essential part of Advanced Training in Neurology for Adult Medicine trainees. It is not regarded as sufficient training for a neurologist to perform or report EEG or NCS/EMG in clinical practice. Level 1 training should be completed during the two years of core training. It is possible to carry this over to the non-core elective year if the requirements are not met by the end of core training.  ANZAN Level 2 or Level 3 training is seen as the prerequisite for those neurologists who wish to perform electrophysiological investigations in clinical practice. However, these higher levels of training are optional and the RACP does not provide certification of these higher levels of training for Adult Medicine trainees. Level 2 and Level 3 training is administered by the ANZAN EEG and Clinical Neurophysiology Committee.  Paediatric and Child Health neurophysiology training is deigned to equip the trainee with the skills and knowledge required to read, interpret and report diagnostic EEG studies in clinical practice, to be able to then supervise and teach trainees to read, interpret and report diagnostic EEG studies, and to appropriately request NCS/EMG and diagnostic video-EEG studies, and interpret reports of those studies as an informed consumer.  EEGs are to be first reported by the trainee and then shown to their supervisor or other teaching staff for correction. Trainees are also expected to cover the EEG syllabus through didactic tutorials provided by the training site.    Trainees must also perform, attend or report with the supervisor or other teaching staff at least 150 (Adult Medicine trainees)/25 (Paediatric and Child Health trainees) NCS/EMG studies across a range of conditions. At least 100 (Adult Medicine trainees)/10 (Paediatric and Child Health trainees) NCS/EMG studies must be done in the room ‘hands on’ with the trainee placing the electrodes on the patient and performing stimulation under supervision. Studies which are not ‘hands on’ can include both those observed directly and those where the trainee goes through NCS/EMG reports at a later time with a member of the teaching staff. Trainees are also expected to cover the NCS/EMG syllabus through didactic tutorials provided by the training site.  *\*Paediatric and Child Health trainees completing Advanced Training in Neurology in 2019 or 2020 may apply to the overseeing committee for an exemption if they are unable to complete this requirement, but all trainees must complete at least 150 EEGs.*   RACP ADVANCED TRAINING COMMITTEE (NEUROLOGY) REQUIREMENTS FOR TRAINING IN NCS/EMG/EEG*(To be completed by the Supervisor in Clinical Neurophysiology)*Level 1 NCS/EMG training (Adult Trainees) **The trainee has achieved the following goals:** To be completed through Year 1 of core training:  |  |  | | --- | --- | | * Understands the physiological basis of NCS/EMG potentials and waveforms |  | | * Understands the technology of NCS/EMG recording |  | | * Regularly attends the training hospital NCS/EMG Tutorials covering the syllabus |  | | * Regularly attends at least one session per week in NCS/EMG |  | | * Has performed, attended or reported on at least 50 NCS/EMG studies   *(> 50% of these studies should be performed ‘hands on’ by the trainee under supervision* |  |     **To be completed through Year 2 of core training**   |  |  | | --- | --- | | * Regularly attends the training hospital EMG Tutorials covering the syllabus |  | | * Regularly attends at least one session per week in NCS/EMG |  | | * Is able to critically assess NCS/EMG reports performed by others |  | | * Has performed, attended or reported on at least 150 NCS/EMG studies in total Yr 1 & Yr 2   *(Trainees must perform a minimum of 100 “hands on” studies with supervision)*   * Has attended an ANZAN EMG Workshop |    |   **For candidates completing Yr 1 core training**  Please comment on training needs in Yr 2 to guide subsequent NCS/EMG supervisors.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For candidates completing Yr 2 core training**  Has the candidate achieved the Level 1 Training Requirements Yes  No  If the candidate has not yet reached the Level 1 requirements, what needs to be achieved in Year 3 ?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Logbook:**  Number of NCS/EMG’s performed (hands on) Yr 1       Yr2       Yr3  NCS/EMG studies attended  *(must include observation of needle NCS/EMG)* Yr 1       Yr2       Yr3   |  |  |  |  | | --- | --- | --- | --- | | Name of Supervisor: |  | | | |  |  | | | | Supervisor’s Signature: |  | Date: |  |  Level 1 EEG training (Adult Trainees) **The trainee has achieved the following goals:**   To be completed through Year 1 of core training  |  |  | | --- | --- | | * Regularly attends the training hospital EEG Tutorials covering the syllabus |  | | * Understands the physiological basis of EEG potentials and waveforms |  | | * Understands the technology of EEG recording |  | | * Has watched EEG electrode placement and an EEG being recorded |  | | * Regularly attends at least one reporting session/week in EEG |  | | * Has seen examples of normal and abnormal EEG material in the syllabus |  | | * Understands the ontogeny of EEG between infancy and adulthood |  | | * Has reported independently on > 50 EEG studies and had these reviewed by consultant |  |  To be completed through Year 2 of core training  |  |  | | --- | --- | | * Regularly attends the training hospital EEG Tutorials covering the syllabus |  | | * Regularly attends at least one reporting session/week in EEG |  | | * Is able to interpret an EEG report in the clinical context |  | | * Is aware of the role and limitations of EEG in clinical neurology |  | | * Has reported independently on > 150 EEG studies and had these reviewed by consultant * Has attended an ANZAN EEG Workshop |    |  Level 1 Evoked Potential training  |  |  | | --- | --- | | * Understands the physiological basis of Evoked Potentials and waveforms |  | | * Has observed and understands the technology of Evoked Potential recording VEP, SEP |  | | * Has attended reporting sessions in Evoked Potentials |  |   **For candidates completing Year 1 core training**  Please comment on training needs in Yr 2 to guide subsequent EEG supervisors.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For candidates completing Year 2 core training**  Has the candidate achieved the Level 1 Training Requirements Yes  No  If the candidate has not yet reached the Level 1 requirements, what needs be achieved in Yr 3.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Logbook:**  Number of EEG’s performed and reported Yr 1      Yr2      Yr3  Number of VEEG studies Yr 1      Yr2      Yr3   |  |  |  |  | | --- | --- | --- | --- | | Name of Supervisor: |  | | | |  |  | | | | Supervisor’s Signature: |  | Date: |  |  NCS/EMG training (Paediatric and Child Health) **The trainee has achieved the following goals:** To be completed through Year 1 of core training:  |  |  | | --- | --- | | * Understands the physiological basis of NCS/EMG potentials and waveforms |  | | * Understands the technology of NCS/EMG recording |  | | * Regularly attends the training hospital NCS/EMG tutorials covering the syllabus |  | | * Has performed, attended or reported on at least 10 NCS/EMG studies   *(> 50% of these studies should be performed ‘hands on’ by the trainee under supervision* |  |     **To be completed through Year 2 of core training**   |  |  | | --- | --- | | * Regularly attends the training hospital NCS/EMG tutorials covering the syllabus |  | | * Has performed, attended or reported on at least 25 NCS/EMG studies in total Yr 1 & Yr 2   *(Trainees must perform a minimum of 10 “hands on” studies with supervision)* |  | | * Has attended an ANZAN EMG Workshop (recommended, not compulsory) |  |   **For candidates completing Yr 1 core training**  Please comment on training needs in Yr 2 to guide subsequent NCS/EMG supervisors.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For candidates completing Yr 2 core training**  Has the candidate achieved the Training Requirements Yes  No  If the candidate has not yet reached the Level 1 requirements, what needs to be achieved in Year 3 ?       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Logbook:**  Number of NCS/EMG’s performed (hands on) Yr 1       Yr2       Yr3  NCS/EMG studies attended  *(must include observation of needle NCS/EMG)* Yr 1       Yr2       Yr3   |  |  |  |  | | --- | --- | --- | --- | | Name of Supervisor: |  | | | |  |  | | | | Supervisor’s Signature: |  | Date: |  |  EEG training (Paediatric and Child Health) **The trainee has achieved the following goals:**   To be completed through Year 1 of core training  |  |  | | --- | --- | | * Regularly attends the training hospital EEG tutorials covering the syllabus |  | | * Understands the physiological basis of EEG potentials and waveforms |  | | * Understands the technology of EEG recording |  | | * Has watched EEG electrode placement and an EEG being recorded |  | | * Regularly attends at least one reporting session/week in EEG |  | | * Has seen examples of normal and abnormal EEG material in the syllabus |  | | * Understands the ontogeny of EEG between infancy and adulthood |  | | * Has reported independently on > 150 EEG studies and had these reviewed by consultant |  |  To be completed through Year 2 of core training  |  |  | | --- | --- | | * Regularly attends the training hospital EEG tutorials covering the syllabus |  | | * Regularly attends at least one reporting session/week in EEG |  | | * Is able to interpret an EEG report in the clinical context |  | | * Is aware of the role and limitations of EEG in clinical neurology |  | | * Has reported independently on > 300 EEG studies and had these reviewed by consultant |  | | * Has attended an ANZAN EEG Workshop |  | | * Has observed and understands the technology of Evoked Potential recording VEP, SEP |  | | * Has attended reporting sessions in Evoked Potentials |  |  Required competencies at the end of Year 3 of training  |  |  | | --- | --- | | * Has a detailed working knowledge of the physiological basis of EEG, technical aspects of EEG recording, and all other components of the syllabus |  | | * Is able to independently identify the EEG phenomena in the syllabus |  | | * Is able to correctly localise focal epileptiform and non-epileptiform activity |  | | * Is able to report diagnostic EEG studies and interpret findings in clinical context |  | | * Can supervise EEG technicians |  | | * Can contribute to the training of EEG technicians |  | | * Is able to supervise an EEG service for a private practice/district hospital |  | | * Is able to supervise and teach Child Neurology trainees to read, interpret and report diagnostic EEG studies |  | | * Understands indications for video-EEG monitoring, its limitations, and safety issues |  | | * Understands video-EEG technology, including setup, operation and fault finding |  |   **For candidates completing Year 1 core training**  Please comment on training needs in Yr 2 to guide subsequent EEG supervisors.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For candidates completing Year 2 core training**  Has the candidate achieved the Training Requirements Yes  No  If the candidate has not yet achieved the Training Requirements, what needs be achieved in Yr 3.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **For candidates completing Year 3 training**  Has the candidate completed a 6-month full-time clinical epilepsy and EEG term Yes  No  Has the candidate achieved the neurophysiology Training Requirements Yes  No  **Logbook:**  Number of EEG’s performed and reported Yr 1       Yr2       Yr3  Number of VEEG studies Yr 1       Yr2       Yr3  Number of EEG reporting sessions attended Yr 1       Yr2       Yr3   |  |  |  |  | | --- | --- | --- | --- | | Name of Supervisor: |  | | | |  |  | | | | Supervisor’s Signature: |  | Date: |  | | | | **PREP REQUIREMENTS FOR CORE TRAINING (for PREP Trainees only)**  ***(MUST BE COMPLETED AS MID YEAR SUPERVISOR REPORT AS WELL AS END OF YEAR SUPERVISOR REPORT)***  *Throughout this period of training, please indicate if the trainee undertook any of the following activities:*   |  |  |  | | --- | --- | --- | | Yes | No | Mini-Clinical Evaluation Exercise (minimum 3 required per training year) | | Yes | No | Case-based Discussion (minimum 2 required per training year) | | Yes | No | Professional Qualities Reflection (2 required per training year) | | | | Please comment on specific areas these activities could focus on in future:   |  | | --- | |  |   **OTHER REQUIREMENTS (to be completed by the end of Advanced Training in Neurology)**  EMG Workshop (Adult Medicine trainee only)  ANZAN EEG Couse  Postgraduate ANZAN/BMRI Neuropathology Course (Adult Medicine trainee only) | | | **ADVANCED TRAINING RESEARCH PROJECT**  ***(Not required for trainees who commenced Neurology training prior to 2017)***  *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**  ***(MUST BE COMPLETED FOR MID YEAR SUPERVISOR REPORT AS WELL AS END OF YEAR SUPERVISOR REPORT)*** | | |  |  |  |  | | --- | --- | --- | --- | | **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? | | |  |  | |  |  |  |  | | --- | --- | --- | | **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 your training been impacted by the COVID-19 pandemic? Yes  No  If yes, please contact [Neurology@racp.edu.au](mailto:Neurology@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 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 * 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:  |  | | --- | |  |   *Trainees are advised to retain a copy of the completed form for their records*   |  |  |  |  | | --- | --- | --- | --- | |  |  | Date: |  | |  |  | | --- | | **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 [Neurology@racp.edu.au](mailto:Neurology@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. | | | | |
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