Trainees must complete two Shift Reports during the last six months of their core Paediatric Emergency Medicine training. There must be at least three months between each Shift Report.

**TRAINEE AND ASSESSOR DATA**

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| --- | --- | --- |
| **Trainee Name:** |  | |
| **Assessor Name:** |  | |
| **Shift Report No:** | 1st Shift Report: | 2nd Shift Report: |

**SHIFT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Date of Assessment:** |  | |
| **Hospital:** |  | |
| **Trainee Responsibility:** *Select the ONE best option* | Trainee in charge of shift: | Trainee not in charge of shift: |

**COMPONENT ASSESSMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Select the ONE best option that describes the level of input required on this observed occasion:** | Trainee performed; senior clinician intervention required for majority of shift | Trainee performed; senior clinician assistance  required for minority of shift | Trainee performed independently; senior clinician observed and advised for trouble shooting | Trainee performed independently; senior clinician available to check | | Trainee performed independently at junior RACP level | N/A |
| **Please rate as many of the following components as observed. AT LEAST THREE components must be rated.** | | | | | | | |
| **Medical Expertise**  Assessment and management  *Receive and direct patient transfers (IC)* |  |  |  |  | |  |  |
| **Rationale:** | | | | | | |
| **Prioritisation and Decision Making**  Clinical reasoning, situational awareness |  |  |  |  | |  |  |
| **Rationale:** | | | | | | |
| **Communication**  Verbal, non-verbal and written |  |  |  |  | |  |  |
| **Rationale:** | | | | | | |
| **Teamwork and Collaboration**  Approach, allocation of roles and responsibilities, conflict resolution |  |  |  |  | |  |  |
| **Rationale:** | | | | | | |
| **Leadership and Management**  Situational awareness across area / department  *Lead ED staff (IC)*  *Staffing allocation (IC)*  *Resourcing (IC)*  *Patient flow (IC)* |  |  |  |  | |  |  |
| **Rationale:** | | | | | | |
| **Scholarship and Teaching**  Teaching, best practice clinical care |  |  |  |  |  | |  |
| **Rationale:** | | | | | | |
| **Health Advocacy**  Advocacy, screening, intervention and health promotion |  |  |  |  |  | |  |
| **Rationale:** | | | | | | |
| **Professionalism**  Ethical, caring and honest |  |  |  |  |  | |  |
| **Rationale:** | | | | | | |

**GLOBAL ASSESSMENT**

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| --- | --- | --- | --- | --- | --- |
| Select the ONE best option that describes the level of input required on this observed occasion: | Trainee performed; senior clinician intervention required for majority of shift | Trainee performed; senior clinician assistance required for minority of shift | Trainee performed independently; senior clinician observed and advised for trouble shooting | Trainee performed independently; senior clinician available to check | Trainee performed independently at junior RACP level |
|  |  |  |  |  |

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| **Areas of Strength:** |
| **Areas for development and/or agreed learning goals for next encounter:** |
| **Does any other assessor have comments regarding this Assessment? (Optional)** |
| **Trainee comments about this assessment:** |

**EVALUATION OF WBA**

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| **Time Taken for Observation:** |
| **Time Taken for feedback:** |