



## College of Intensive Care Medicine Of Australia and New Zealand

### CLINICAL INTERNAL MEDICINE TRAINING

#### IN-TRAINING ASSESSMENT FORM TO BE COMPLETED BY SUPERVISOR OF TRAINING FOR MEDICINE

#### **SECTION A**

THIS FORM IS IMPORTANT. During the Advanced Training Years and Core Years, in-training assessments of College Trainees must be conducted at six monthly intervals from the commencement of the Trainee's employment year, or in the case of a shorter attachment, at the conclusion of the attachment, in accordance with Document T-12 "Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine". Assessments are completed by the Supervisor of Training based on the consensus views of the majority of senior staff in the Department. Participating staff must have a personal knowledge of the Trainee. This assessment should be signed by the Trainee following discussion of the assessment with the Supervisor of Training. When completed, the Supervisor must also sign this form before forwarding it to the Administrative Officer for Training within 2 weeks. The Trainee must retain a copy of the signed form within their training portfolio. Trainees have the right of appeal with regards to matters of process.

Name of Trainee

	Surname	Other names (in full)	
Report covers period	From	/ /	To
Details of any leave taken	Annual:	week (s)	Study:
	Sick:	week (s)	Conference:
	Other:	week (s)	Specify:

Supervisor

Surname	Other names (in full)
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Hospital

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**Training Discipline:** MEDICINE

#### **SECTION B**

#### SUMMARY

- a) **Have you been satisfied with the overall professional performance of the Trainee during the period covered by this report?** Yes  No
- b) **Would you recommend that this period of training be fully accredited?** Yes  No

If No, what proportion of the year or training period would you recommend to be accredited?

3 Months  Nil  Other . . . . .

- c) **Has the Trainee satisfied the aims of the Medicine term (as set out in the *Objectives of Training – The Medicine Term*)?** Yes  No

**SECTION C****ASSESSMENT OF THE CURRENT PERIOD OF TRAINING**

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

**Interpretation of the Rating Scale**

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<b>Medical Knowledge</b> Demonstrates up-to-date knowledge required to manage a range of medical patients
	<b>Application of Medical Knowledge</b> Shows ability to use the knowledge and other derived evidence based information
	<b>Procedural Skills</b> Demonstrates ability to perform the range of procedures in the medical discipline relevant to Intensive Care
	<b>Interpersonal/Communication Skills</b> Demonstrates ability to relate to and communicate with patients and their families
	<b>Clinical Judgement</b> Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions
	<b>Responsibility</b> Accepts responsibility for own actions and understands the limitations of own knowledge and experience
	<b>Problem Solving Skills</b> Critically assesses information, identifies major issues, makes timely decisions and acts upon them
	<b>Humanistic Qualities</b> Demonstrates integrity and compassion in patient care
	<b>Respect</b> Shows personal commitment to honouring the choices and rights of other persons; shows cultural sensitivity
	<b>Moral and Ethical Behaviour</b> Exhibits high standards of moral and ethical behaviour towards patients and families
	<b>Professional Attitudes and Behaviour</b> Shows honesty at all times in their work; puts patient welfare ahead of personal consideration
	<b>Patient Management</b> Shows wisdom in selecting treatment; adapts management to different circumstances

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

**Interpretation of the Rating Scale**

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<b>Initiative</b> Show initiative in care of patients and development of treatment plans
	<b>Reliability, dependability</b> Is steadfast in undertaking duties and responsibilities applicable to role
	<b>Verbal Communication</b> Is able to present patient summaries in a clear and organised fashion to peers on ward rounds and case review sessions
	<b>Quality Assurance</b> Demonstrates ability to initiate and evaluate Quality Assurance programs
	<b>Record Keeping</b> Maintains complete and orderly records and up-to-date progress notes
	<b>Discharge/Planning Summaries</b> Ensures that all problems are explained prior to discharge, prepares concise and prompt discharge summaries (if appropriate)
	<b>Crisis management</b> Demonstrates an ability to recognise and appropriately respond to medical emergencies and to coordinate the emergency response as required.
	<b>Relationships with Medical Staff</b> Maintains the respect of his/her colleagues
	<b>Relationships with Health Professionals</b> Demonstrates ability to work well and efficiently in the health care team; values the experience of others
	<b>Enthusiasm</b> Demonstrates a willingness and keenness to participate in all aspects of intensive care practice.
	<b>Organisation Skills</b> Demonstrates ability to plan, prioritise, coordinate and complete administrative tasks associated with medical care
	<b>Self Assessment</b> Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism
	<b>Continuing Education</b> Shows a resourceful attitude towards continuing education to enhance quality of care

**SECTION D**

**SUPERVISOR'S COMMENTS** *(including strong points and weak points)*

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**TRAINEE'S COMMENTS:**

*I have discussed this assessment with the Supervisor of Training for the medical term I am aware that this assessment will form part of my training record and that it will be considered by the **College** in respect of a decision to award Fellowship. I make the following comments:*

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**Signature of Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPERVISOR'S ADDITIONAL COMMENTS:**

*In light of discussion with the Trainee, I note the following:*

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**Signature of Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

SATISFACTORY

UNSATISFACTORY

***Please forward the original, signed copy to the Administrative Officer for Training within 2 weeks. Copies of the completed form should be retained by the Supervisor and the trainee.***