



Paediatrics & Child Health

Supervisor's Report for Developmental & Psychosocial Training Completed during Basic Training

Confidential

1. Personal Details and Training Position

Name of trainee			
	Surname	Other names (in full)	
Name of Training Term			
	eg. Community Paediatrics, Rehabilitation , Developmental/Behavioural Paeds.		
Report covers period	From	/ /	to / /
Duration of term (weeks)		Part time percentage (100% = full time)	%
Number of hours/days per week			
Net weeks (full time equivalent)			
Supervisor			
	Surname	Other names (in full)	
Phone/Fax/Email			
	Phone	Fax	Email
Department			
Hospital			

2. Assessment of the Year in which the Examination is Passed

Has the trainee attempted the FRACP Examination or other examinations during this term?

☒ Yes ☐ No ☐ If NO, go to No. 3 Other (please specify)

If yes, has preparation for the examination adversely affected advanced training?

☒ Yes ☐ No ☐

3. 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

- 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
- N/A Not applicable to this training period

	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
	Clinical Judgement Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions
	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

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

- ① Falls far short of expected standards
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- ③ Consistent with level of training
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- N/A Not applicable to this training period

	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

4. Please comment on any strengths that the trainee displays in regards to the above topic areas.

5. Please comment on any weaknesses that the trainee displays in regards to the above topic areas.

6. Supervisor/Trainee Communication

Did you meet with the trainee regularly during the term to set goals and provide feedback?

Supervisors have been advised to formally meet with their trainee(s) at least every three months.

☒ Yes ☐ No

If yes, please document the dates of these meetings:

1. dd / mm yy	2. dd / mm yy
3. dd / mm yy	4. dd / mm yy

If no, please give reasons below:

7. Summary of Training Year

a) Are you satisfied with the overall performance of the trainee during the period covered by this report?

☒ Yes ☐ No

If not, are there any specific factors which may have affected this trainee's performance or do you have any reservations about performance?

b) What are the major training needs of this trainee prior to admission to Fellowship?

Please specify below:

c) Did the trainee take any leave during the period covered by this report?

☒ Yes ☐ No ☐

If yes, please indicate the period(s) and types(s) of leave, eg annual, maternity, paternity, sick, etc:

Period of leave

from		to	
from		to	
from		to	

Type of leave

8. Supervisor's Comments

☒ ☐ I have discussed this assessment with the Trainee and make the following comments:
or

☒ ☐ I have not discussed this assessment with the Trainee for the following reasons:

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Supervisor's signature Date

9. Trainee's Comments

☒ ☐ I have discussed this assessment with the Supervisor and make the following comments:

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Trainee's signature Date

Thank you for acting as supervisor for this trainee and for completing this assessment.

Please return to:

Australia

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