

Instructions for supervisors

&RPSOHWH DQG GLVFXVV WKH IRUP ZLWK WKH SUHYRFDWL ~~Passes~~ ~~OR~~ FWRU
and the observations of others in the discussion. The supervisor should:

Domain 1: Clinical practice

The prevocational doctor as practitioner

The assessment of this Domain is based on the following outcomes:

| | |
|--------------------------|---|
| <input type="checkbox"/> | 1.1 Patient safety: Place the needs and safety of patients at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting. |
| <input type="checkbox"/> | 1.2 Communication: Communicate sensitively and effectively with patients, their family/carers, and health professionals applying the principles of shared decision making and informed consent. |
| <input type="checkbox"/> | 1.3 Communication - Aboriginal and Torres Strait Islander patients: Demonstrate effective culturally safe interpersonal skills, empathic communication, and respect, within an ethical framework, inclusive of Indigenous knowledges of well-being and health models to support Aboriginal and Torres Strait Islander patient care. |
| <input type="checkbox"/> | 1.4 Patient assessment: Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the |
| <input type="checkbox"/> | 1.5 Investigations: Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of cost-effectiveness. |
| <input type="checkbox"/> | 1.6 Procedures: Safely perform a range of common procedural skills required for work as a PGY1 or PGY2 doctor. |
| <input type="checkbox"/> | 1.7 |

Domain 3: Health and society

The prevocational doctor as a health advocate

The assessment of this Domain is based on the following outcomes:

| | |
|--------------------------|---|
| <input type="checkbox"/> | 3.1 Population health: Incorporate disease prevention, appropriate and relevant health promotion and health surveillance into interactions with individual patients. Including screening for common diseases, chronic conditions, and discuss healthcare behaviours with patients. |
| <input type="checkbox"/> | 3.2 Whole of person care: Apply whole of person care principles to clinical practice, including consideration of a SDWLHQW TV SK\VLFD O HPRWLRQDO VRFLDO Heir@rpbilocalion W XU \$FNQRZOHGJLQJ WKDW WKHVH IDFWRUUV FDQ LQIOXHQQFH D SDWLHQ healthcare behaviours and access to health services or resources. |
| <input type="checkbox"/> | 3.3 Cultural safety for all communities: Demonstrate culturally safe practice with ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination. |
| <input type="checkbox"/> | 3.4 Understanding biases: Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence on systemic racism as a determinant of health and how racism maintains health inequity. |
| <input type="checkbox"/> | 3.5 Understanding impacts of colonisation and racism: Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. |
| <input type="checkbox"/> | 3.6 Integrated healthcare: Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include communicating with caregivers and other health professionals. |

Achievement of outcomes can be assessed by direct observation by providing evidence of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. In filling out this assessment, take account of the evidence provided and the cont11 (t)9 (h)2xong caohi

Domain 4: Science and scholarship

The prevocational doctor as scientist and scholar

The assessment of this Domain is based on the following outcomes:

| | |
|--------------------------|---|
| <input type="checkbox"/> | 4.1 Knowledge: Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings. |
| <input type="checkbox"/> | 4.2 Evidence -informed practice: Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice. |
| <input type="checkbox"/> | 4.3 Quality assurance: Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management and incident reporting and reflective practice. |
| <input type="checkbox"/> | 4.4 Advancing Aboriginal and Torres Strait Islander Health: Demonstrate a knowledge of evidence informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health. |

Achievement of outcomes can be assessed by direct observation by providing evidence of learning. Where an outcome has not been observed, evidence provided should be reviewed to support the assessment and feedback for this Domain. Evidence may include but is not limited to, attending a relevant educational course, workshop or conference, or completion of an online training module, participating in quality assurance or quality improvement activities e.g. contributing to morbidity and mortality reviews.

Global rating (required only for the end -of-term assessment)

Assign a global rating of progress towards completion of PGY1 or PGY2. In assigning this rating, consider the student's knowledge and skills, and learn new knowledge and skills during the term.

| Global rating | |
|---|---|
| <input type="checkbox"/> Satisfactory | The prevocational doctor has met or exceeded performance expectations for the level of training during the term. |
| <input type="checkbox"/> Conditional pass | Further information, assessment and/or remediation will be required before deciding that the prevocational doctor has met performance expectations for the level of training during the term. |
| <input type="checkbox"/> Unsatisfactory | The prevocational doctor has not met performance expectations for the level of training during the term. |

Please provide feedback on the following:

| Strengths |
|--|
| |
| Areas for improvement |
| |

Additional support

Please contact the Medical Education Unit (MEU) or Director of Clinical Training (DCT), when a prevocational doctor requires additional support to meet the required standard; refer to the instructions on page 1.

Term Supervisor

Name (print clearly)

Signature

Position

Date

Day Month Year

Prevocational doctor

I (insert name) _____

confirm that I have discussed the above report with my Term Supervisor or delegate and know that if I disagree with any points I may respond in writing to the Director of Clinical Training within 14 days.

Signature

Date

Day Month Year

Director of Clinical Training

Name (print clearly)

Signature

Date

Day Month Year

Director of Clinical Training feedback

Return of form (for paper forms)

Please forward to (contact person, department):

Relevant documents

Relevant documents are available on the AMC website: [KWSV](#) [ZZZ](#) [DPF](#) [RUJ](#) [DX](#) [IUDPH](#)