IMPORTANT INFORMATION

# Your vital role in this RANZCOG Assessment

Your assessment of an individual Trainee’s performance and progress is an integral part of a collated Summative Assessment after each six months of training time in the RANZCOG Maternal Fetal Medicine Subspecialty Training Program. This form enables the College’s Training Supervisors to provide feedback to Trainees and to serve as a confidential College record of each Trainee’s progress. The Training Supervisor or their nominee (e.g. an appropriate member of the administrative staff) is responsible for distributing the assessment form to you and collecting them. These forms should NOT be distributed to you or collected from you by the Trainee.

# The need for honest and detailed assessment

The Consultant Assessment of Trainee Form is confidential and is not intended to be viewed by the Trainee. This is to encourage you to provide honest and detailed assessment for the Training Supervisor. Please ensure that you use the comments section on the form to provide as much information as you can. For example, if you assess a Trainee’s communication skills to be “below expectation for year level of training”, please provide specific instances and/or areas for improvement. The Training Supervisor relies on your assessment to assist them in their role of providing feedback to a Trainee on their performance and progress.

It is essential that you return the completed form/s to the Training Supervisor as soon as possible. The Training Supervisor MUST meet with the Trainee before they commence their next training period. Trainees are then responsible for submitting their signed Training Assessment Record (TAR), which includes the Summative Assessment Report, to Subspecialties Services for signing by the CMFM Committee Chair.

# How do these six-monthly reports work?

The Training Supervisors collate the feedback ratings provided by you and your consultant colleagues in each of the three Domains: Clinical Expertise, Academic Abilities and Professional Qualities. The Training Supervisors add their own experience and assessment of each Trainee and comments on Trainee strengths and areas where improvement is needed. The Training Supervisor then discusses the assessment with the Trainee.

The Training Supervisor also determines whether the report is deemed “Satisfactory” or “Not Satisfactory”, in which case it is “Referred for Review” to the CMFM Committee where the Trainee’s performance will be discussed further. Trainees referred for review are required to develop and submit a Learning Development Plan (LDP) in collaboration with their Training Supervisor which details what actions the Trainee will undertake to improve any skills, knowledge or practice that have been noted as below expectation for their year level.

The Summative Assessment must be completed and received by Subspecialties Services, College House, within 6 weeks of the end of the six-month training period or the training period will NOT be credited and will result in a “Not Satisfactory” assessment. If a Trainee receives three “Not Satisfactory” assessments throughout their training, this will result in removal from the training program. Therefore, timing is critical for your feedback to be received by the Training Supervisor.

# IMPORTANT NOTE

A six-month Summative Assessment Report is graded “Referred for Review’ if two (2) or more consultants rate a trainee as ‘BELOW expectation for year level of training’ for two (2) or more competencies, regardless of the domain(s) in which the competencies are located.

# FURTHER INFORMATION

For any queries concerning assessment processes or this assessment form, please contact the relevant Training Supervisor who has sent it to you, or Subspecialties Services at College House.

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| **TRAINEE DETAILS** |

Full Name: ………………… Training Unit: ……………

Current Year Level: Semester: 1 / 2

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| **CONSULTANT DETAILS** |

Full Name: ………………………………………………………………………………………………………………………………………………………………………………………….

This assessment is based on personal observation of the Trainee between the dates of:

From: ……………………………………………… to: ………………………………………………. □ Part Time □ Full Time

* I have less than 10 contact hours per four-week with the Trainee (Includes on-call with the Senior Registrar)
* I have greater than 10 contact hours per four-week period with the Trainee

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| **INSTRUCTIONS TO CONSULTANTS** |

This form must be completed by the Consultant, but feedback from relevant health professionals (e.g. other medical, nursing and/or allied health staff) can be considered when making your assessment.

The Trainee’s performance as a clinician is to be assessed across the three domains of clinical expertise, academic abilities and professional qualities.

Within each of the three domains, individual competencies are listed.

When making your assessment of each competency, please rate the Trainee’s performance as BELOW, AT or ABOVE what is expected for their year level of training (as applicable).

If you have observed any specific issues with the Trainee’s performance in a particular area, please make a note of these in the far right-hand column of that competency.

Return the form to the Trainee’s Training Supervisor. These forms should NOT be distributed to you or collected from you by the Trainee.

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| **INSTRUCTIONS TO TRAINING SUPERVISOR** |

Indicate number of consultants in ONE RELEVANT box for each competency and provide comments in the far right-hand column if the Trainee’s performance is “Below” expectation for their level of training:

* + - * + BELOW expectation for year level of training
				+ AT expectation for year level of training
				+ ABOVE expectation for year level of training
				+ UNABLE to assess

After completing the TAR which includes the Summative Assessment Report, it is mandatory to send all the Consultant Assessment of Trainee forms to Subspecialties Services, College House for confidential storage at:

**cmfm@ranzcog.edu.au**

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| **DOMAIN – CLINICAL EXPERTISE**  |

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| **Competencies** | **Description** | **Below** | **At** | **Above** | **Unable to access** | **Specific attributes that need further development** |
| Demonstrates responsibility, reliability and initiative in undertaking clinical and other duties and follow up | Demonstrates an ability to:* prioritise urgent and other tasks
* deal with allotted duties
* manage clinics and wards
* organise appropriate testing and follow up of test results
* provides safe and effective management plan
* make themselves accessible when on duty
 |  |  |  |  |  |
| Manages clinical load effectively in consultation with other members of the multidisciplinary team  | Demonstrates an ability to:* consult effectively with senior staff and other health professionals where necessary
* manage work load effectively in different clinical settings
* consult with and manage multi-disciplinary health care services
 |  |  |  |  |  |
| Demonstrates appropriate maternal fetal medicine (MFM) procedural and surgical skills | Demonstrates an ability to:* identify and proficiently manage obstetric complications
* seek assistance from appropriate specialist colleagues when required
 |  |  |  |  |  |
| Demonstrates appropriate maternal fetal medicine non-procedural skills | Demonstrates an ability to:* organise routine obstetric examinations, investigations and appropriate tests
 |  |  |  |  |  |
| Demonstrates appropriate ultrasound skills | Demonstrates an ability to:* identify, understand the function of and utilise the various components of the ultrasound machine
* demonstrate anatomical structures pertinent to the scan
* take appropriate measurements
* record relevant data
* explain findings
 |  |  |  |  |  |
| Demonstrates appropriate documentation and organisational skills | Demonstrates an ability to:* take a relevant history
* write legible and clear records
* organise and prioritise urgent tasks
* give an effective clinical handover
* undertake data collection as required by individual jurisdictions
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| **Competencies** | **Description** | **Below** | **At** | **Above** | **Unable to assess** | **Specific attributes that need further development** |
| Demonstrates continued improvement in medical expertise, clinical reasoning and judgment  | Demonstrates an ability to: * access, interpret and apply knowledge to make accurate diagnoses
* apply effective clinical reasoning
* provide effective and ethical diagnostic, therapeutic and surgical management
* consider cost-effectiveness in clinical decision-making
* use agreed clinical protocols and procedures
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| **DOMAIN – ACADEMIC ABILITIES** |

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| **Competencies** | **Description** | **Below** | **At** | **Above** | **Unable to assess** | **Specific attributes that need further development** |
| Demonstrates appropriate theoretical knowledge of obstetrics and gynaecology and principles of evidence-based medicine | Demonstrates an ability to: * actively seek information
* critically appraise sources
* interpret the results of research
* apply evidence-based medicine
 |  |  |  |  |  |
| Demonstrates appropriate knowledge of the literature in obstetrics and gynaecology, and maternal and fetal medicine | Demonstrates an ability to: * actively seek information
* critically appraise sources
* interpret the results of research
* apply evidence-based medicine
 |  |  |  |  |  |
| Demonstrates appropriate skills in all aspects of clinical research | Demonstrates an ability to:* design and conduct an appropriate research project
* effectively analyse the results of clinical research
* adequately report on research findings
 |  |  |  |  |  |
| Demonstrates teaching at both undergraduate and postgraduate level | Demonstrates an ability to: * apply apprenticeship learning principles
* provide guidance, advice and feedback to junior staff, including mentoring, supervision, appraisal and workplace-based assessment
* seek opportunities to teach in clinical situations
* tailor learning experiences to address own and others knowledge deficiencies and learning needs
* Use varied teaching strategies appropriate to audience and context (including one-to-one, small and large groups, formal lectures)
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| **Competencies** | **Description** | **Below** | **At** | **Above** | **Unable to assess** | **Specific attributes that need further development** |
| Demonstrates attendance and participation at continuing education meetings | Demonstrates an ability to:* consistently attend and participate at timetabled education meetings
* attend organised educational activities, scientific meetings, workshops and conferences
 |  |  |  |  |  |

**DOMAIN – PROFESSIONAL QUALITIES**

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| **Competencies**  | **Description** | **Below** | **At** | **Above** | **Unable to assess** | **Specific attributes that need further development** |
| Communicates effectively with patients and their families | Demonstrates an ability to:* listen attentively and answer questions fully
* form therapeutic relationships with patients and relatives
* provide courteous and helpful guidance to patients.
* show empathy and sensitivity to cultural and linguistic diversity
* respect patients in their care
 |  |  |  |  |  |
| Communicates effectively with colleagues | Demonstrates an ability to:* communicate accurately, clearly and promptly with relevant colleagues by means appropriate to the urgency of a situation (e.g. telephone, email, letter etc.) especially where responsibility for a patient’s care is transferred
 |  |  |  |  |  |
| Works as a member of a team | Demonstrates an ability to: * relate appropriately and communicate effectively with other members of the health care team in different clinical settings
* manage workplace differences and conflicts
* foster a supportive and respectful environment where there is open and transparent communication between all team members
 |  |  |  |  |  |
| Demonstrates appropriate understanding and judgement of ethical issues | Demonstrates an ability to:* deliver the highest quality healthcare
* practice ethically responsible medicine consistent with professional obligations
* recognise patient autonomy, confidentiality and the legal and moral duties
* recognise duties in regard to courts, legislative and regulatory bodies, and notification of obligations
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| **Competencies** | **Description** | **Below** | **At** | **Above** | **Unable to assess** | **Specific attributes that need further development** |
| Accepts constructive feedback | Demonstrates an ability to:* accept and act upon feedback from colleagues, allied health staff, patients and their relatives
* recognise limits of own expertise
 |  |  |  |  |  |
| Reviews & updates professional practice | Demonstrates an ability to: * practice risk management
* evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities
* self-manage: balance personal and professional roles and responsibilities
 |  |  |  |  |  |
| Leadership and management responsibilities | Demonstrates an ability to:* accept leadership role in the clinical team
* effectively handle responsibilities of leadership
* run clinical meetings
* prioritise tasks, have realistic expectations of what can be completed by self and others
 |  |  |  |  |  |
| Professionalism | Demonstrates an ability to: * prepare for meetings – read agendas, understand minutes, action points and undertake background research on agenda items
 |  |  |  |  |  |
| Health Advocacy | Demonstrates an ability to: * identify opportunities to prevent ill health and disease in patients and other actions which will positively improve health and/or disease outcomes
* identify patients’ ideas, concerns and health beliefs regarding screening and health promotion programmes and is capable of responding to these
 |  |  |  |  |  |

Where appropriate, please provide specific comments, examples or suggestions that you feel would benefit the Trainee and assist them in reaching the standard expected for their year level, noting them in the right-hand column on pages 3 to 6.

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| **COMMENTS** |

In addition, to enable constructive feedback to be given to the Trainee, it is IMPORTANT that you comment on the Trainee’s specific strengths in the box below.

Areas of strength:

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| **GENERAL COMMENTS** |

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| **CONSULTANTS SIGNATURE** |

Consultants Name: …………..………………………………………….. Signature: ………………………………………………

Date: ………………………………