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|  | **PO Box 26611, Auckland 1344****Website** [**www.nzamm.org.nz**](http://www.nzamm.org.nz/)**Contact** **info@nzamm.org.nz** |
| **INSTRUCTOR’S REPORT****For completion by the Trainee and Instructor at the end of a placement.** **If a placement is ongoing, this report should be completed by the Trainee after the first three months, and six-monthly thereafter.****Trainee to please send the completed report to the NZAMM administrator, and to your Supervisor.**  |
| **TRAINEE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSTRUCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SUPERVISOR -----------------------------****Training period From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Number of hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Training Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Level 1s / 1b, 2a / 2b)****Date \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Pre-Visit: *(Comment on educational objectives to be met, accommodation/transport, funding arrangements)*** |
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| **Facilities: *(Comment on consulting room, computer systems, internet access, library, administration resources)*** |
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| **Consultation and Instructor review format: *(Booking arrangement, consenting, how cases reviewed)*** |
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| **Cases seen: *(Brief outline of types of cases seen or any notable cases)*** |
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| **Observation report by the Instructor*****(Please EITHER rate the Trainee’s skills using the following Key and checklists OR please provide general comments in each of the domains.)***  |
| **KEY** |  |
| 1 | Unsatisfactory-performs significantly below that generally observed for this level of experience  |
| 2 | Below expectation-requires further development  |
| 3 | Meets expectation-performs at a satisfactory level  |
| 4 | Above expectation-performs at a level better than that which would be expected for the level of experience |
| 5 | Exceptional-performs at a level beyond that which would be expected for the level of experience  |
| N/A | Not applicable |
|   |
| **Clinical Knowledge**  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **1** | **Clinical knowledge** (eg. knowledge of common symptoms, drug doses and side effects, drug interactions, etc) |   |   |   |   |   |   |
| **2** | **Professional knowledge** (knowledge of procedures, ACC policy, medico legal aspects) |   |   |   |   |   |   |
| **3** | **Clinical clerking** (adequacy of detail in written records, legibility, accurate drug charting) |   |   |   |   |   |   |
| **4** | **History taking** (ability to take history and perform physical examination, powers of observation) |   |   |   |   |   |   |
| **5** | **Relevant procedural skills** (eg. venesection, arterial blood gases, peak flows, etc) |   |   |   |   |   |   |
| **General comments on Clinical Knowledge:** |
| **Clinical Judgement**  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **6** | **Diagnostic skills** (Identifies and prioritises patient problems) |   |   |   |   |   |   |
| **7** | **Patient management** (Synthesises data, makes appropriate management decisions, responds appropriately to call outs and provides emergency care as required) |   |   |   |   |   |   |
| **8** | **Time management** (Plans and organises work, sets goals and meets them, prioritises calls, seeks advice on priorities if needed) |   |   |   |   |   |   |
| **9** | **Recognising limits** (accurate assessment of own skills, refers and consults with others as required, takes responsibility for actions, notifies staff if expecting to be absent from duty) |   |   |   |   |   |   |
| **General comments on Clinical Judgement:** |
| **Patient Communication**   | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **10** | **Communication skills** (communicates effectively in English, clarity, logic of expression, quality of case presentation etc) |   |   |   |   |   |   |
| **11** | **Ability to communicate with patients and families** (listening skills, respect, avoidance of jargon, coping with antagonism) |   |   |   |   |   |   |
| **12** | **Sensitivity, ethical and cultural awareness** (is aware of options and networks available to patients, treats patients as individuals, responds appropriately to different cultures encountered) |   |   |   |   |   |   |
| **General comments on Patient Communication:** |
| **Communication and Teamwork** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **13** | **Ability to communicate with other healthcare professionals** (ability to work in a multidisciplinary team and with all team members irrespective of gender, contributes effectively to teamwork) |   |   |   |   |   |   |
| **14** | **Initiative and enthusiasm** (gets involved, able to identify needs of the job, follows up without being prompted, thinks and plans ahead, shows commitment, asks questions of supervisors) |   |   |   |   |   |   |
| **15** | **Takes responsibility for own learning** (evidence of reading up on cases, attends seminars and teaching sessions, asks questions) |   |   |   |   |   |   |
| **General comments on Communication and Teamwork:** |
| **Personal Attitudes and Behaviour** | **1** | **2** | **3** | **4** | **5** | **N/A** |
| **16** | **Reliability and dependability** (punctual, carries out instructions, fulfils obligations, complies with the clinic &/or NZAMM policies, keep up to date with work including letters, arranging meetings) |   |   |   |   |   |   |
| **17** | **Ability to cope with stress, emotional demands and emergency situations** (reports when stressed, shows coping skills) |   |   |   |   |   |   |
| **18** | **Personal manner** (approachability, warmth, openness, rapport etc) |   |   |   |   |   |   |
| **General comments on Personal Attitudes and Behaviour:** |

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| **Instructor general comments *(Please include particular strengths, or areas for improvement not previously mentioned, and any recommendations. Please use a separate sheet if necessary):*** |
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| **This report should be discussed with the Trainee being reported on. By signing this report you acknowledge that you have discussed this report with the Trainee.**  |
| **Instructor’s signature**  | **Date** |
|   |
| **Trainee comments regarding placement** |
|   |
| **This report should be discussed with the Instructor. By signing this report you acknowledge that you have discussed this report with the Instructor.**  |
| **Signed**  | **Date** |

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| **Director of training/Education Committee member (acknowledgement /action)** |
|   |
| **Name** |  |
| **Signed**  |  | **Date** |