End of run assessment

NZ/Australian graduatesNZREX graduates

RP2 – August 2007 Intern's Registration Number:

Level 13 Mid City Tower, 139-143 Willis Street, PO Box 11-649, Wellington, New Zealand

- To be completed by the supervising consultant at the end of the run.
- NZ/Australian graduates: This report is to be sent to the Medical Council only if the intern fails the run.
- NZREX graduates: This report is to be sent to the Medical Council at the end of each run.
- If an intern scores a 2 in any of the 19 assessed competencies, this constitutes, at best, an overall marginal performance.
- If an intern scores a 1, or more than one 2, in the 19 assessed competencies this constitutes a failed run.
- The intern supervisor may make a case to the Medical Council for one 'marginal' run to be included in the four runs an intern needs to pass prior to moving to registration in a general scope.
- The intern supervisor is responsible for ensuring that any areas highlighted for improvement are included in the RP1
 objective setting form for the next run.
- Please ensure registrars, nurses and others are consulted before completing this report.

| Name: | | | | Qualifications: | | | | | | | |
|--------------------------------------|--|---------|------------------------------|-----------------|--|---------------|-----|-----|-----|--|--|
| Employer: | | | Date registration started:// | | | | | | | | |
| This doctor is currently employed as | | | until/ | | | | | | | | |
| Dates of run: (From)/ | | | (To)/ | | | | | | | | |
| Supervising consultants: | | | | | | | | | | | |
| Run type: | | Medical | | Surgical | | Run category: | 🗖 A | 🗖 В | □ C | | |

SECTION 1

| 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/O Not observed | | | | | | | |
|---|---|---|---|---|---|---|-----|
| Clinical Knowledge and Skills | | | 2 | 3 | 4 | 5 | N/O |
| 1 | Clinical knowledge (eg knowledge of common symptoms, drug doses and side effects, drug interactions, etc) | | | | | | |
| 2 | Professional knowledge (knowledge of hospital procedures, 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) | | | | | | |
| Clinical Judgement | | | 2 | 3 | 4 | 5 | N/O |
| 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) | | | | | | |
| Patien | t Communication | 1 | 2 | 3 | 4 | 5 | N/O |
| 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) | | | | | | |

| Communication and Teamwork | | | | | 1 | 2 | 3 | 4 | 5 | N/O |
|---|--|-------------------------|--|--|---|---|--|---|---|-----|
| 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 | | | | | | | | | | |
| 15 Takes responsibility for own learning (evidence of reading up on cases, attends seminars and teaching sessions, asks questions) | | | | | | | | | | |
| 16 | Motivatio | n to teach (medical sta | ff, nurses, other health profession | als) | | | | | | |
| Professional Attitudes and Behaviour | | | | | | 2 | 3 | 4 | 5 | N/O |
| 17 Reliability and dependability (punctual, carries out instructions, fulfils obligations, complies with hospital policies, keep up to date with work including letters, arranging meetings) | | | | | | | | | | |
| 18 Ability to cope with stress, emotional demands and emergency situations (reports when stressed, shows coping skills) | | | | | | | | | | |
| 19 Personal manner (approachability, warmth, openness, rapport etc) | | | | | | | | | | |
| DOES NC registered | | | OVERALL PERFORMANCE IS MARGINAL and feedback from other runs should be considered before registration in a general scope of practice. | OVERALL PERFORMANCE IS OF A STANDARD EXPECTED of a registered medical practitioner. | | | | | | |
| Unsatisfactory – performs significantly below that generally observed for this level of experience. | | some areas require | Marginal - borderline performance. Improvement must be observed on another run before registration in a general scope is recommended (please refer to the guidelines at the top of the form). | On this run has le | | | Exceptional – performs at a level much higher than generally observed. | | | |

Comments: (Please use separate sheet if necessary)

| Consulting Supervisor and Inte | ern Supervisor's Signature Required | | | | | |
|---|-------------------------------------|-------------------------|--|--|--|--|
| Supervising consultant's signature: Intern supervisor's signature: Chief Medical Advisor's Signature | | Date: Date: Date: | | | | |
| Intern | | | | | | |
| Intern's signature: | | Date: | | | | |
| SECTION 2 To be completed for NZREX graduates if the doctor is to remain in a provisional general scope This additional information is required to ensure registration is valid. This form must be completed at the end of each run and returned to the Medical Council. | | | | | | |
| 1. Is this doctor suitable for an | extension of registration? | | | | | |
| 2. This doctor is being conside | red for re-employment as | until/ | | | | |
| 3. Doctor ceases employment | on// | | | | | |
| Authorised signature of Employer: | | Date: | | | | |