

## Fellow/Consultant Report on Trainee Performance- Night Duty JRMO

Name of Trainee:	Position:
Date of evaluation (term, year)	Department:

**Thank you** for supervising the trainee during this period.

**The criteria on this form** can be used by consultants, fellows and registrars for discussions about performance during rostered night duty rotations - at the start of the term, during term and at the end of the term. The criteria on this form are similar to those used in feedback and assessment for regular rotations, but they are abbreviated and some pertain specifically to night duty. In review discussions, trainees need feedback on what they are doing well, what they are not doing well and what to do to improve. **NOTE:** Discussions do not necessarily need to be documented; there is no need to complete the form before the end of term. The registrar will be involved in providing an appraisal of the JRMO's performance during nights.

**The administrative purpose** of this form is to identify junior doctors whose work in one or more areas is substandard. Where there are significant concerns about a trainee's performance (ie a rating of '1'), there may be a need for support, training, or other action in the interests of the trainee, the hospital and patients. All reports with a rating of '1' will be followed up by the Junior Medical Staff Department. Where there are more minor concerns (a rating of '2') you should discuss them with the trainee, with examples, to give them a chance to improve. The form is filed on the trainee's record and may be referred to as proof of performance.

Please complete the form, discuss any areas of concern with the trainee, and return to the JMS Department.  
*Dr Margot Nash, Director, Junior Medical Staff Department, July 2006*

COMPETENCE	CRITERIA	0 Cannot Comment*	1 Significant concern	2 Minor concern	3 Satis- factory	4 Very Good	5 Excep- tional
<b>Clinical Skills &amp; Knowledge</b>	Medical knowledge						
	Clinical judgement						
	Handover skills (concise, accurate, prioritises appropriately)						
<b>Interpersonal Skills</b>	Communication with ED staff						
	Works in a team (values experience of others, contributes appropriately)						
<b>Professional Behaviour</b>	Prioritises patient safety						
	Appropriately contacts and informs senior medical staff when concerned						
	Self management (eg punctual, organised, manages mood and pressure)						
	Enthusiasm and self direction in education						
	Record keeping (eg notes in UR)						
<b>Overall performance</b>	Medical Fellow						
	Registrar						
<b>Registrars comments</b>							

Not observed first-hand (include comments from others)

I have discussed with trainee. \_\_\_\_\_  
 Initial: \_\_\_\_\_

I have discussed with trainee. \_\_\_\_\_  
 Initial: \_\_\_\_\_

Please comment on the trainee's strengths and weaknesses.

**STRENGTHS**

**WEAKNESSES**

**ANY OTHER COMMENTS?**

How well do you know the trainee?

Very Well

Quite Well

Not well

Name of Consultant: \_\_\_\_\_

Signature of Consultant: \_\_\_\_\_

Date: \_\_\_\_\_

---

**FOR THE TRAINEE TO COMPLETE:**

I have seen this form and have had the opportunity to discuss it.

I give permission for this report (anonymous, group data only) to be included in an audit of consultant reporting: YES / NO

**Signature of Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Comments:

Please return this form to the Junior Medical Staff Department. Thank you.