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| RACP2016_CMYK_withtag_OL | Training Committee in Palliative Medicine  Clinical Foundation in Palliative Medicine  Mid-Session Report |  |
| This form should also be used if you are enrolled in the program under the previous name, Clinical Diploma in Palliative Medicine. | | |

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| **TRAINEE DETAILS AND TRAINING POSITION** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Full Name of Trainee |  | | | | | |  | | | | | | | Report covers period | From |  | To | |  | | ***Training will not be certified without a Supervisor’s Report covering the entire period of supervision.*** | | *Date (dd/mm/yy)* | |  | *Date (dd/mm/yy)* | |  | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Did the trainee take any leave during the period covered by this report?** | | | | | | Yes | No | | If yes, please indicate the period(s) and types(s) (e.g. annual, conference, sick, parental) of leave: | | | | | | | | | **Period of leave** | | | |  | **Type of leave** | | | | | from |  | to |  |  |  | | | | | from |  | to |  |  |  | | | | | from |  | to |  |  |  | | | | |  | | | | | | | | | | Total amount of leave | | | | | days/weeks | | | |   Rostered Days Off (for NZ trainees only)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | from |  | to |  |  |  | | Total number of rostered days off | | | | | days |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Please indicate if the trainee undertook full time or part time training and the part time percentage:** | | | | | | | Full Time |  | Part Time |  | Part Time Percentage |  | |
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| **SUPERVISION DETAILS** |
| *It is recommended that each supervisor complete separate supervisor report forms. If this is not possible, please include details of both supervisors in the table below.* |
| |  |  | | --- | --- | | Full Name of Supervisor |  | |  |  | | E-mail |  | |  |  | |
| |  |  | | --- | --- | |  |  | |  |  | | Full Name of Supervisor |  | |  |  | | E-mail |  | |
| **MEETING DOCUMENTATION** |
| Please document the dates of meetings held between supervisor/s and the trainee: |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 1. |  | 2. |  | 3. |  | 4. |  | |  | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | | *Date (dd/mm/yy)* | |

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| **ASSESSMENT OF THE CURRENT YEAR OF TRAINING** |
| *Please rate the trainee’s performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area.* |
| **Interpretation of the Rating Scale**  ➀ Falls far short of expected standards  ➁ Falls short of expected standards  ➂ Consistent with level of training   * Better than expected standards * Exceptional performance   N/A Not Applicable to this training period |

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| **Medical Expert/Clinical Decision Maker** | | | | |
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|  | | Performs a relevant history and examination including assessment of the family, work and social context of the patient | | | |
|  | | Manages pain and symptoms | | | |
|  | | Manages concurrent medical problems appropriate to the patient’s stage of disease | | | |
|  | | Recognise and treats psychiatric symptoms including referral to psychiatric services where appropriate | | | |
|  | | Recognises and treats palliative care emergencies | | | |
|  | | Provides care for the dying patient | | | |
|  | | Prognosticates accurately | | | |
|  | | Recognises and addresses spiritual issues including spiritual pain | | | |
|  | | Recognises and manages both normal and abnormal grief | | | |

**Communicator**

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|  | Explores and addresses physical, psychological, emotional, cultural and spiritual concerns with the patient and family |
|  | Discusses end of life issues with patients and families appropriately |
|  | Communicates effectively with members of the multidisciplinary team |

**Collaborator**

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|  | Participates effectively as a member of the interdisciplinary team |

**Manager**

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|  | Manages time and resources effectively |
|  | Keeps accurate and up-to-date medical records |

**Health Advocate**

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|  | Advocates for individual patients, social and culture groups |
|  | Promotes palliative care in the health system |

**Scholar**

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|  | Practices evidence-based medicine based on critical appraisal of the literature |
|  | Engages in continuing medical education |

**Professional**

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|  | Accepts responsibility for decisions and actions |
|  | Addresses ethical issues in clinical practice, eg truth telling, advanced directives, confidentiality, conflict of interest, resource allocation, research ethics |
|  | Demonstrates reflective practice |

**Community Experience**

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| Please give details of community experience/exposure during the term: | |
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| |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **COVID-19 IMPACT ON TRAINING**  Has there been significant changes to your training period due to COVID-19? Yes  No  If yes, please contact [PallMedFoundation@racp.edu.au](mailto:PallMedDiploma@racp.edu.au) to confirm whether you should complete a Rotation Amendment Form or if a revised Application for Approval of Training is required. | |
| **SUPERVISOR’S COMMENTS** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of Supervisor 1: | |  | | | | |  | I have discussed the Trainee’s progress with other supervisors (if applicable) | | | | | |  | I have discussed and completed this assessment with the Trainee on *date*       and make the following comments: | | | | | |  | | | | | | | Supervisor’s Signature:  ***Signature not required where trainee will be including the supervisor/s in the email submission to the college.*** | | |  | Date: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | | | | | | Name of Supervisor 2: | |  | | | | |  | I have discussed the Trainee’s progress with other supervisors (if applicable) | | | | | |  | I have discussed and completed this assessment with the Trainee on *date*       and make the following comments: | | | | | |  | | | | | | | Supervisor’s Signature:  ***Signature not required where trainee will be including the supervisor/s in the email submission to the college.*** | | |  | Date: |  | |

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| |  | | --- | | **TRAINEE DECLARATION AND COMMENTS** | | |  |  | | --- | --- | |  | I understand my obligation to complete the training requirements outlined in the relevant Clinical Foundation Program Requirements Handbook and relevant education policies | |  | I understand it is my responsibility to organise with my supervisors, completion of all training requirements and to submit these to the college prior to the published deadline. I understand failure to do so may result in non-registration or non-certification. | |  | The supervisor completing this Supervisor’s Report is the supervisor nominated on my Application for Approval of Foundation Training. | |  | I have discussed this assessment with my Supervisor (s) and make the following comments: | |  | |  |  |  |  |  | | --- | --- | --- | --- | | I declare that the information/comments supplied by my supervisor/s have been included in this report and any amendments have been done with permission from my supervisor/s. |  | Date: |  | | |

*Trainees are advised to retain a copy of the completed form their records.*

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| **Purpose of the Supervisor’s Report** |
| To evaluate and provide feedback on the trainee’s progress, which informs the certification of training decision.  This is a summative assessment. |
| **Submission Process** |
| Please ensure you have saved a copy for your records and email an electronically saved or clearly scanned copy to [PallMedFoundation@racp.edu.au](mailto:PallMedDiploma@racp.edu.au) (photos will not be accepted). Please CC in your nominated supervisors for their records. |
| **Submission Dates** |
| **Mid-Session Report** The Mid-Session Report must be submitted halfway through training.  **Final Supervisor’s Report T**he Final Supervisor’s Report must be submitted within one month of completion of training. |
| **Privacy** |
| The Royal Australasian College of Physicians is committed to protecting your personal information. We collect your personal information so that we can, amongst other things, conduct training, peer review, and examinations. Please refer to the [Privacy Collection Statement](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fcollection-statement&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811801437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xIzCxTNXHoMeGSLCAGMnj6DQsLGUS6A1jye7FV68kTw%3D&reserved=0) and the [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fpolicy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=naf7PpOFh%2FjYbxyAZsMH6bCNrqcs%2FpNcERdEfEyTLtc%3D&reserved=0) on the RACP website.  Please note that the College may discuss the contents of this Supervisor's Report with subsequent supervisors, where this is deemed necessary for support or assessment purposes. Trainees must provide copies of all previous Supervisor's Reports to their next supervisors.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 2020 (Aotearoa New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Refer to the College’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gl4uDFNWm91eH33sCGYszDkysQVRGQz%2Fj2M0dpwRKB0%3D&reserved=0). |
| **Notification of Certification Decision** |
| Once your report has been considered by the supervising committee you will be notified of the certification decision. Whenever possible, this advice will be sent within eight weeks of the submission deadline.  College retains the right to not certify training if the report is submitted after the specified deadline. If your report is submitted late, you must attach an [Application for Consideration of Exceptional Circumstances](https://www.racp.edu.au/trainees/flexible-training-options/exceptional-circumstances).  Trainees should refer to the [Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) for further details. |