



PGPPP JUNIOR DOCTORS

MID-TERM ASSESSMENT

**PLEASE RETURN TO SA IMET ATTENTION: VANESSA LOOSE
LEVEL 6, CITI CENTRE BUILDING, 11 HINDMARSH SQUARE, ADELAIDE SA 5000
OR FAX BACK TO: (08) 8226 6610**

Please print all responses in blue or black pen

Name: _____
(Family name) (Given names)

Training Practice: _____

Report covers period: ____/____/____ to ____/____/____

Name of Supervisor: _____

Unit specialists, registrars & nursing staff consulted for this feedback:

- ◆ It is the primary responsibility of the JMO to initiate a meeting to discuss performance and to have this form completed on time.
- ◆ The midterm feedback is NOT used to formally assess a JMO at any time.
- ◆ The midterm feedback is mandatory and is intended as an opportunity to acknowledge work well done and to address deficiencies in performance where they exist.
- ◆ An agreed strategy to address, monitor and review performance concerns should be implemented based on the assessment – a “Clinical Learning & Performance Contract” may be required.
- ◆ Where significant concerns of JMO performance are identified Vanessa Loose, Program Manager, should be notified at the earliest possible moment.

Use the following items to guide discussion on JMO Performance and to provide written feedback on areas of strengths and weaknesses.

CLINICAL SKILLS	INTERPERSONAL & TEAM SKILLS	PROFESSIONAL DEVELOPMENT
<ul style="list-style-type: none"> • History & examination • Case presentation • Clinical judgement • Problem solving • Ongoing management • Documentation • Technical competency 	<ul style="list-style-type: none"> • Interaction with clients, relatives, senior colleagues, colleagues from other disciplines, ancillary staff & work team membership 	<ul style="list-style-type: none"> • Theoretical knowledge • Learning initiative • Organisational & time management • Reliability • Punctuality • Performance insight • Ethics & integrity

AREAS OF STRENGTH:
**AREAS FOR IMPROVEMENT:

** Has a 'Clinical Learning & Performance Contract' been implemented as a result of this feedback? YES / NO

Term Supervisor's signature: _____ **Date:** _____

JMO's signature: _____ **Date:** _____

Please note: If any significant concerns or deficiencies in JMO performance are identified in this feedback, the Project Manager – Vanessa Loose should be notified as soon as possible (telephone 8226 1085).