End of run assessment

❒ NZ/Australian graduates
❒ NZREX 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 ❒ B ❒ 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		1	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		1	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)						
Patient 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	**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)						
16	**Motivation to teach** (medical staff, nurses, other health professionals)						
Professional Attitudes and Behaviour		1	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)						

OVERALL PERFORMANCE ON THIS RUN DOES NOT MEET STANDARDS required of a registered medical practitioner. (please provide details on a separate sheet)		**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. ☐	**Below expectation –** some areas require further development. ☐	**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). ☐	**Meets expectation –** On this run has performed at a level generally expected for this level of experience. ☐	**Exceptional –** performs at a level much higher than generally observed. ☐

Comments: (Please use separate sheet if necessary)

Consulting Supervisor, Chief Medical Advisor, and/or Intern Supervisor

Supervising consultant's signature: ..... Date: .....

Intern supervisor's signature: ..... Date: .....

Chief Medical Advisor's signature: ..... 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? ☐ YES ☐ NO

2. This doctor is being considered for re-employment as …… until …../…../…...

3. Doctor ceases employment on …../…../…..

Authorised signature of Employer:..... Date: .....