AUCKLAND
REGIONAL RMO
SERVICES LTD

Level 3, Building 14
Greenlane Clinical Centre
Private Bag 92189 Greenlane
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REGISTRAR EVALUATION FORM

NAME:
Registrar
TEAM:
HOPSITAL:
RUN DATES:

Key:

1	**Unsatisfactory - Bottom 10%**	Performs significantly below that generally observed for this level of experience
2	**Below expectation - 10 – 30%**	Performs just adequately, requires further development
3	**Meets expectation - 30 - 60%**	Consistent with performance generally observed for this level of experience
4	**Above expectation - 60 - 90%**	Performs better than generally observed for this level of experience
5	**Exceptional - Top 10%**	Performs at a level much higher than generally observed
N/o	**Not observed**	

CLINICAL ABILITIES		**1**	**2**	**3**	**4**	**5**	**N/o**
1.	**Clinical clerking** *(adequacy of detail in written records, legibility, accurate drug charting)*						
2.	**Communication skills** *(clarity, logic of expression, quality of case presentation etc)*						
3.	**Diagnostic skills** *(ability to take history and perform physical examination, powers of observation)*						
4.	**Clinical judgement** *(ability to synthesise data, make appropriate management decisions, learn from experience, seek help and guidance where necessary)*						
5.	**Relevant procedural skills** *(eg venesection, arterial blood gases, peak flows, psychotherapy, etc)*						
6.	**Clinical knowledge** *(eg knowledge of common symptoms, drug doses and side effects, drug interaction, etc)*						

Do you or the clinical team have any concerns regarding the Registrar's clinical abilities? YES / NO (please circle)
If yes, please comment:

PROFESSIONAL ABILITIES		**1**	**2**	**3**	**4**	**5**	**N/o**
7.	**Ability to relate to patients and families** *(listening skills, respect, avoidance of jargon, coping with antagonism)*						
8.	**Ability to relate to other healthcare professionals** *(accept and give feedback, contribute effectively to teamwork)*						
9.	**Initiative and enthusiasm** *(able to identify needs of the job, follows up without being prompted, thinks and plans ahead, shows commitment)*						
10.	**Willingness to Learn** *(evidence of reading up on cases, attending seminars and teaching sessions)*						
11.	**Motivation to teach** *(medical staff, nurses, other health professionals)*						

Do you or the clinical team have any concerns regarding the Registrar's professional abilities? YES / NO (please circle)
If yes, please comment:

PERSONAL SKILLS		1	2	3	4	5	N/o
12.	**Reliability and dependability** *(can be trusted to carry out instructions and duties, fulfills obligations, responds to guidance, punctual, complies with hospital policies)*						
13.	**Planning and organizing work** *(time-management, ability to set goals and meet them, prioritize calls, keep up to date with work including letters, arranging meetings)*						
14.	**Ability to cope with stress**, emotional demands and emergency situations *(reports when stressed, shows evidence of skills in reducing stress)*						
15.	**Responsibility** *(takes responsibility for actions, notifies staff if expecting to be absent from duty)*						
16.	**Personal manner** *(approachability, warmth, openness, rapport, etc)*						

Do you or the clinical team have any concerns regarding the Registrar's personal skills? **YES / NO** (please circle)

If yes, please comment:

❶ ***To be completed by the <u>Clinician Supervisor</u> (after discussion with the Registrar)***

Were educational objectives set at the start of this run? Yes / No

If so, were they discussed with the Registrar? Yes / No

Was a verbal evaluation carried out mid-run? Yes / No

Other comments: .....

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If possible, please incorporate comments from other medical staff and from nursing staff.

Signed:.....……

Name: ..... Date: .....

❷ ***To be completed by the <u>Registrar</u> (after discussion with your Clinician Supervisor)***

Please note any comments, particularly if you do not agree with your supervisor's evaluation.

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This is to attest that I have read this report and noted my comments above:

Registrar's signature: ..... Date: .....

❸ **NB: RETURN THIS FORM TO ARRMOS ONCE COMPLETED BY <u>BOTH PARTIES</u>.**

ARRMOS will forward a copy to the Registrar when it has been fully completed.

Please **forward to ARRMOS** as soon as possible marked "Confidential"
c/o Greenlane Clinical Centre or Private Bag 92189, Greenlane Tel: 09 631 0707 Fax: 09 623 4644

Privacy Act: *Registrar Evaluations are designed to assist with quality assurance for clinical training opportunities and to provide a record of performance and progression through a training programme. The information contained on these forms will be made available to the Training Supervisor, relevant Appointment Committees, and ARRMOS and to the Medical Council of New Zealand as necessary. Any other interested parties will need to seek written consent from the Registrar before being provided with this information. Individual Registrars have full access to any information held on their behalf.*