

CONFIDENTIAL

HMO 2 /3 ASSESSMENT FORM 2018

Medical Education Unit (MEU)



Dear Term Supervisor,

An essential component of our commitment to ongoing education and training is the completion of an assessment for the HMO named below. Would you please discuss the performance of the HMO with other members of your unit and make a time to meet **with** HMO to provide feedback and discuss performance. Please ensure that both of you make relevant comments and sign off the assessment.

Junior Doctor's Name: _____ Unit: _____

HMO2: HMO3: IMG:

Rotation duration in weeks: ____ Term: Hospital and campus _____

- **Not able to assess or observe:** No opportunity to observe or assess performance
- **Further development required:** Hardly ever competent, requires a high level of supervision, a major improvement in performance is necessary
- **Progressing satisfactorily:** Skills are present but not yet at a level necessary to complete many duties independently
- **Consistent with peer group:** Usually competent but requires a minimum level of supervision; some degree of improvement is required
- **Exceeds peer group:** Usually competent with a low level of supervision required, performs up to the standard expected
- **Exceptional:** Exceeds standard expected, requires minimal supervision and always performs competently

ASSESSMENT See above for detailed description of criteria	Not Able to assess/ Observe performance	Further Development Required	Progressing Satisfactorily	Consistent with Peer Group	Exceeds Peer Group	Exceptional
Ability						
Knowledge						
Examination skills						
Technical skills						
Motivation						
Punctuality						
Attitude to work						
Rapport and Co-operation						
With patients and relatives						
With medical staff						
With other staff						
Handover						
Attends formal handover meetings						
Ensures handover of sick patients to after hours staff						
Medical records & discharge summaries						
Completeness						
Punctuality						
Potential						
Suitability for Speciality Training						

Did HMO: Yes No

a) Contribute to updating the Unit Handbook

b) Attend a mid-term feedback meeting with the Registrar

c) Complete a unit evaluation form

d) Participate at unit specific meetings, if yes which ones _____

SUPERVISOR COMMENTS: Strengths _____ Areas to improve (list at least one) _____

Signature: _____ Print Name: _____ Date: ____/____/2018

PGY 2/3 COMMENTS ON ASSESSMENT

Signature: _____ Print Name: _____ Date: ____/____/2018

This is an important document. Please ensure it is returned **promptly to the Medical Education Unit, NCHER, Level 2 NH Education or scan and attach via email to medicaleducationunit@nh.org.au MEU 8468 0758**