

DRANZCOG THREE-MONTHLY ASSESSMENT REPORT

CONFIDENTIAL



Name of Trainee: _____

Hospital: _____

Name of Training Supervisor: _____

Report for the three months from: ____/____/____ to: ____/____/____

Full-Time Part-Time Hours Per Week _____

IMPORTANT

- Three-monthly formative assessments of the trainee's knowledge, skills and attitudes are **COMPULSORY**.
- The Training Supervisor **MUST** discuss the assessment with the trainee. Both parties must sign the form.
- Training Supervisors and trainees should retain copies of the assessment for their records.
- The trainee is responsible for submitting the mid-semester formative assessment form to the relevant State Reference Committee (SRC) Chair for review and signing (see instructions on reverse side of form).
- SRC Chair sends the signed copy of the assessment form to College House.

TRAINEE'S ASSESSMENT OF PROGRESS & PERFORMANCE This section is to be completed by the trainee.

TRAINING SUPERVISOR'S ASSESSMENT OF TRAINEE'S PROGRESS & PERFORMANCE

Assessment must be based in part on discussions with key consultants who have worked with the trainee.

Trainee's Strengths:

Areas For Improvement:

Summary Of Plan For Remedial Action: (e.g. monthly meetings with trainee, closer supervision in specific areas, etc.)

SATISFACTORY

WARNING

TRAINING SUPERVISOR: I have warned the trainee that improvement will be expected over the next three months in the areas specified above. Initials _____ Date: _____

TRAINEE: I have had the implications of this warning explained to me and I understand them. Initials _____ Date: _____

Training Supervisor Signature: _____ Date: _____

My Training Supervisor has discussed this assessment with me.

Trainee Signature: _____ Date: _____

Local SRC Chair Signature: _____ Date: _____

THREE MONTHLY FORMATIVE ASSESSMENT REPORT TRAINING SUPERVISORS INSTRUCTIONS

Training Supervisor must ensure that:

- Three-Monthly Formative Assessment forms are completed for each trainee under his/her supervision every **3** months.
- Name of Trainee; Hospital; and Report for the three months from.**
- Name of Training Supervisor** section is complete and legible.
- Trainee's Assessment of Progress and Performance** and **Training Supervisor's Assessment of Trainee's Progress and Performance** sections are complete.
- Summary of Plan for Remedial Action** section is complete, if required.
- Satisfactory** or **Warning** box has been checked.
- If a warning has been given, Training Supervisor and Trainee have initialled and dated the form.
- Training Supervisor has signed and dated the form.
- Report has been discussed with trainee. Trainee has signed and dated the form.

THREE MONTHLY FORMATIVE ASSESSMENT REPORT TRAINEE INSTRUCTIONS

Trainee must ensure that:

- The signed report is submitted to the relevant State Reference Committee (SRC) Chair for review and signing, by the due date.
- Relevant SRC Chair sends reviewed, and signed assessment form to College House. Original of signed assessment form is processed and kept in the trainee's file.
- A copy is sent to the trainee by the RANZCOG Training Services Department.

FOR ANY QUERIES RELATING TO DRANZCOG TRAINING PLEASE CONTACT:

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