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|  | <p>FORM AH</p> <p>MEDICAL BOARD OF WESTERN AUSTRALIA</p> <p>SUPERVISION REPORT for INTERNATIONAL MEDICAL GRADUATES (IMGs) REGISTERED in WESTERN AUSTRALIAN HOSPITAL, COMMUNITY AND GENERAL PRACTICE POSITIONS</p> |
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| Name of the IMG being supervised | |
| Period of review | |
| Position held | |
| Rotation number in year (if applicable) | |
| Usual level of Practitioner in this position | |
| Hospital/Practice/Unit | |
| Supervisor | |

A supervision report must be provided to the Board:

- 3 months from the date of the commencement and then as prescribed by the Board
- On registration renewal
- On request of the Board

The report must be completed by the nominated supervisor approved by the Board at time of registration.

For information on supervision principles, refer to the Board's Supervision Guidelines and the National Best Practice Position Statement on Supervision which are available on the Board's website:

www.wa.medicalboard.com.au

INSTRUCTIONS

For the IMG

- This review form is to be completed by you first. This enables you to identify your strengths and any areas where you feel further improvement is necessary.
- Using the criteria on pages 2 - 5, complete the form by ticking the box which best describes your performance for each statement.
- Once you have completed the form, give it to your Supervisor to complete.

For the Supervisor

- Consult the appraisal criteria on pages 2 - 5, and tick the appropriate "Supervisor box" which best describes the performance of this doctor. **The ethical performance should be compared to the expected performance for this level of position and the length of time the doctor has been working in Western Australia.**
- You may wish to seek input into the assessment from other clinical and administrative staff, who may be more familiar with some aspects of the IMGs performance.
- Arrange a mutually agreeable time to meet with the IMG privately and discuss the review.
- Please complete the "Supervisor's report" and "Comments" section if there are issues that need to be addressed
- Both you and the IMG must sign the form at the end of the feedback session.
- You must forward the form to the CEO/Registrar, Medical Board of Western Australia, PO Box 1437, SUBIACO, WA 6904 or facsimile (08) 9321 1744.

| CRITERIA | | 1 Performs consistently well below the level expected | 2 Performs consistently below the level expected | 3 Performs consistently at the level expected | 4 Performs consistently above the level expected | 5 Not assessed ie. required in the role and not been observed | 6 Not applicable ie. not required in the role |
|-----------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|
| Clinical Management | | | | | | | |
| Documents a comprehensive patient history (including obtaining information from other sources when appropriate) | IMG | | | | | | |
| | Supervisor | | | | | | |
| Conducts an appropriate patient examination | IMG | | | | | | |
| | Supervisor | | | | | | |
| Documents patient examination/assessment appropriately | IMG | | | | | | |
| | Supervisor | | | | | | |
| Requests appropriate investigations | IMG | | | | | | |
| | Supervisor | | | | | | |
| Follows up investigations, and acts where necessary on results | IMG | | | | | | |
| | Supervisor | | | | | | |
| Revises management plan as required | IMG | | | | | | |
| | Supervisor | | | | | | |
| Develops an appropriate care management plan | IMG | | | | | | |
| | Supervisor | | | | | | |
| Effectively coordinates patient care, including referral and follow-up | IMG | | | | | | |
| | Supervisor | | | | | | |
| Recognises emergencies that occur in patient management | IMG | | | | | | |
| | Supervisor | | | | | | |
| Manages emergencies that occur in patient management | IMG | | | | | | |
| | Supervisor | | | | | | |
| Plans for discharge of patient (where relevant) | IMG | | | | | | |
| | Supervisor | | | | | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|
| Documents discharge summary | IMG | | | | | | |
| | Supervisor | | | | | | |
| Practices procedural skills relevant to current area of practice | IMG | | | | | | |
| | Supervisor | | | | | | |
| Communication | | | | | | | |
| Communicates effectively (respectfully and with the ability to listen) with patients | IMG | | | | | | |
| | Supervisor | | | | | | |
| Communicates effectively (respectfully and with the ability to listen) with the patient's family | IMG | | | | | | |
| | Supervisor | | | | | | |
| Accesses aids in communication where necessary (eg. interpreter) | IMG | | | | | | |
| | Supervisor | | | | | | |
| Communicates effectively with other members of the health care team | IMG | | | | | | |
| | Supervisor | | | | | | |
| Communicates effectively with professional colleagues including general practitioners (eg. for handover, referral and transfer of patients) | IMG | | | | | | |
| | Supervisor | | | | | | |
| Clearly documents all patient care. | IMG | | | | | | |
| | Supervisor | | | | | | |
| Professionalism | | | | | | | |
| Shows compassion for patients | IMG | | | | | | |
| | Supervisor | | | | | | |
| Shows sensitivity to patient's culture, ethnicity and spiritual issues | IMG | | | | | | |
| | Supervisor | | | | | | |
| Is punctual | IMG | | | | | | |
| | Supervisor | | | | | | |

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|-------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|
| Demonstrates effective time management | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates ability to prioritise work | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates ability to recognise limitations in his/her practice and request assistance | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates recognition of role in society (obligation and responsibilities in the community and in hospital settings) | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates an understanding of indigenous issues/cultural affairs | IMG | | | | | | |
| | Supervisor | | | | | | |
| Safe Practice | | | | | | | |
| Demonstrates knowledge of common therapeutic agents – uses, dosages, adverse effects and potential drug interactions | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates knowledge of blood products | IMG | | | | | | |
| | Supervisor | | | | | | |
| Ability to prescribe medication and treatment safely | IMG | | | | | | |
| | Supervisor | | | | | | |
| Uses infection control principles in patient care | IMG | | | | | | |
| | Supervisor | | | | | | |
| Recognises adverse incidents and acts on adverse incidents | IMG | | | | | | |
| | Supervisor | | | | | | |
| Demonstrates a risk management approach throughout their practice | Supervisor | | | | | | |
| | IMG | | | | | | |

SUPERVISOR'S REPORT

Suggested areas for further learning and development:

.....

Substantial improvement is required in the following areas (please complete a plan for remedial action below):

.....

Evaluation of Overall Performance

.....

What contact was the assessment based on?

.....

Other members of Unit/Team/Practice who have provided information to Supervisor

.....

Comments and Future Development Plan

The supervisor MUST complete this section if:

- the IMG's performance was recorded as "Performs consistently well below the level expected" or "Performs consistently below the level expected" in any aspect of the assessment; **OR**
- there was a significant difference between the assessment of the Supervisor and the self-assessment of the IMG.

Issues to be addressed

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| Issue | Actions/Tasks to address Issue (including time frame) | Review date |
|-------|-------------------------------------------------------|-------------|
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