

Education renewal

Progress Review Panels

Trainee case examples – Basic Training



About this document

This document provides example trainee scenarios to illustrate how a Progress Review Panel might interpret available information and make decisions. Each example includes a fictional trainee who has completed various components of the Basic Training Program, along with sample Progress Review Panel decisions and feedback.

These examples are intended as guidance only. Actual panel decisions should always be made based on the specific context, evidence available and the collective judgement of the panel members.

For more information or to provide feedback contact curriculum@racp.edu.au.

Contents

| | |
|---|-----------|
| Trainee snapshot | 3 |
| Basic Training - Adult Medicine | 4 |
| Trainee 1 – conditions placed on the trainee, able to progress to the next phase | 4 |
| Trainee 2 – conditions placed on the trainee, able to progress to the next phase | 7 |
| Basic Training- Paediatrics & Child Health | 11 |
| Trainee 3 – conditions placed on the trainee, unable to progress to the next phase | 11 |
| Trainee 4 – trainee progressing well and able to progress to the next phase of training ... | 15 |

Trainee snapshot

Table 1 outlines an overview of the trainee scenarios listed in further detail in this document.

Table 1.

| | Review trainee progress – requiring attention | | | | | |
|----|---|----------------------|----------------------------|-----------------------|-------------------|---|
| | Trainee name | Education Supervisor | Training program | Location | Phase of training | Progression decision |
| 1. | Dr Nancy Vespa | Dr Ted Moon | Adult Medicine | Aotearoa, New Zealand | Consolidation | Conditions placed, able to progress to completion phase |
| 2. | Dr Alex Vuong | Dr Vu Tong | Adult Medicine | NSW | Foundation | Conditions placed, able to progress to consolidation phase |
| 3. | Dr Raj Nanthi | Dr Laura Lim | Paediatrics & Child Health | QLD | Foundation | Conditions placed, unable to progress to consolidation phase |
| | Review trainee progress – on track | | | | | |
| 4. | Dr Brett Capper-Smith | Dr Sarah Murphy | Paediatrics & Child Health | Aotearoa, New Zealand | Consolidation | Able to progress to the completion phase |

Basic Training - Adult Medicine

Trainee 1 – conditions placed on the trainee, able to progress to the next phase

This is an example of a trainee progressing to the next phase with conditions, due to concerns about her competence in certain learning goals.

| Name: Dr Nancy Vespa | | | |
|---|---|-----------------------------------|--|
| Training location: Aotearoa New Zealand (AoNZ). | | | |
| Stage of training: Consolidation, has completed an additional six months of the Consolidation phase. | | | |
| <p>Case overview: There were serious concerns about this trainee, particularly their communication skills with patients and colleagues. The last time the review panel saw this trainee they placed the following conditions on their training:</p> <ul style="list-style-type: none"> The trainee was not able to progress to the completion phase and was placed on the Training Support Pathway. Condition 1 – an additional six months of core training was required Condition 2 – specific learning experiences to be outlined in rotation plans against learning goal 2 – communication with patients and learning goal 3 – documentation to demonstrate how the trainee plans to improve their skills. Condition 3 - additional assessments – 12 observation captures and 6 learning captures to be completed, with specific requirements as follows: <ul style="list-style-type: none"> Learning goal 2 – communication with patients <ul style="list-style-type: none"> 4 Observation captures 3 learning captures Learning goal 3 – documentation <ul style="list-style-type: none"> 2 Observation captures 1 learning capture <p>Dr Vespa has addressed the three conditions placed on her during the rotation.</p> | | | |
| <p>Rotation details completed</p> <ul style="list-style-type: none"> Core rotation: 6 months – General and acute care medicine (Principal Training Program: L3) | | | |
| Assessments completed during the rotation | | | |
| Observation Captures completed 12 | | Learning Captures completed 12 | |
| Learning goal | Supervision rating | Learning goal | Topic |
| 1. Acutely unwell patients | Is able to act with indirect supervision | 1. Clinical assessment | Paracentesis |
| 2. Clinical assessment | Is able to act with supervision at a distance | 2. Clinical assessment | FRACP DCE volunteer and bull-dog |
| 3. Communication with patients | Is able to act with direct supervision | 3. Communication with patients | Communication skills course |
| 4. Procedures | Is able to act with indirect supervision | 4. Documentation | BloodSafe: Clinical transfusion practice |
| 5. Professional behaviours | consistently behaves in line with each of the ten | 5. Knowledge | BPT weekly teaching session |

| | | | |
|----------------------------|--|----------------------------|--|
| | areas of professional practice | | |
| 6. Transfer of care | Is able to act with indirect supervision | 6. Acutely unwell patients | Advanced Life Support course |
| 7. Acutely unwell patients | Is able to act with indirect supervision | 7. Investigations | Observation of LP procedure |
| 8. Documentation | Is able to act with supervision at a distance | 8. Transfer of care | Discussion on case presentation |
| 9. Knowledge | Frequently shows that they can apply knowledge to patient care (shows how) | 9. Professional behaviour | RACP course |
| 10. Documentation | Is able to act with supervision at a distance | 10. Knowledge | RACP written examination revision course |
| 11. Investigations | Is able to act with supervision at a distance | 11. Clinical assessment | Radiology meeting documentation |
| 12. Prescribing | Is able to act with supervision at a distance | 12. Documentation | Discharge summary |

Learning opportunities in the additional training time

| | |
|-----------------------------|---|
| Communication with patients | <ul style="list-style-type: none"> Completion of the RACP communications skills module. Personal study and review of other online courses, TED talks and journal articles about communication skills and techniques. Weekly meeting with my supervisor to discuss and reflect on communication encounters during the week. Attended the setting journal club, presenting one session. Attended clinical grand rounds and Basic Training education sessions weekly. |
| Documentation | <ul style="list-style-type: none"> Secretariat functions completed during weekly MDT meetings. Focused on using the ISBAR technique during handovers with team members (verbal and written). Weekly meeting with my supervisors to discuss and reflect on one piece of documentation I have completed. |

Ratings against the learning goals – end of additional phase report as per condition 1 –
an additional six months of core training was required

| Learning goal | Trainee self-reflection | Education Supervisor rating | Expected standard at the end of the Consolidation phase |
|-----------------------------|--|--|---|
| Clinical assessment | is able to act with supervision at a distance | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Communication with patients | is able to act with supervision at a distance | is able to act with direct supervision | is able to act with supervision at a distance |
| Documentation | is able to act with supervision at a distance | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Prescribing | is able to act with supervision at a distance | is able to act with supervision at a distance | is able to act with supervision at a distance |

| | | | |
|--|---|---|---|
| Investigations | is able to act with supervision at a distance | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Transfer of care | is able to act with indirect supervision | is able to act with indirect supervision | Not specified |
| Acutely unwell patients | is able to act with indirect supervision | is able to act with indirect supervision | Not specified |
| Procedures | is able to act with indirect supervision | is able to act with indirect supervision | Not specified |
| consistent behaviour in line with each of the ten areas of professional practice | consistently behaves in line with each of the ten areas of professional practice | need to work on behaviour in four or five areas of professional practice | consistently behaves in line with each of the ten areas of professional practice |
| the understanding of how to apply medical knowledge to patient care (knows how). | knows how to apply their medical knowledge to patient care (knows how) | frequently shows that they can apply their medical knowledge to patient care (shows how) | knows how to apply their medical knowledge to patient care (knows how) |

Trainee reflective comments

| | |
|--------------------------------|--|
| What I have done well | I have applied myself and tried to work hard to improve my skills and knowledge in the areas of communication with patients and documentation. I have learnt a lot about different types of questions, showing empathy and using plain English when discussing case details with patients. |
| What I could improve on | It can be difficult to remember effective communication techniques with colleagues when things are busy on the ward, or when there is an urgent situation happening with a patient. |

Education Supervisor comments

| | |
|---------------------------------------|--|
| What the trainee has done well | <p>Nancy has shown a commitment to completing her additional requirements. Her general clinical knowledge is strong, Nancy is able to assess patients and form a management plan.</p> <p>Nancy's documentation has improved considerably, this has been due to the weekly meetings and review. Nancy has done well with her secretary duties taking minutes at MDT meetings.</p> |
|---------------------------------------|--|

| | | |
|--|---|--|
| What the trainee could improve on | Nancy Trainee has demonstrated some improvement in her communication skills. The skills training completed, and weekly review and reflection of her work have progressed Nancy's ability to convey relevant information concisely. Nancy Trainee needs to work more on her interactions with team members, particularly during handover. Nancy's handover has improved while she has been working on using ISBAR. Nancy could be more confident when she is presenting to colleagues in MDT meetings. | |
| Progression recommendation | Trainee able to progress to the next phase of training | |
| <p>Panel decision: Trainee can progress with conditions</p> <p>Comments: Nancy has worked hard towards her goals and made some improvement in her communication skills. The panel feel that Nancy still has room to grow in her communications skills and would like to ensure she continues to improve. Nancy may move to the completion phase with the following condition:</p> <ul style="list-style-type: none"> • Condition 1: The trainee must complete 3 additional observation captures with a focus on the learning goal 2 – communication with patients. • Condition 2: The trainee will remain on the training support pathway until they are able to is able to act with indirect supervision against the communication with patients learning goal. | | |

Trainee 2 – conditions placed on the trainee, able to progress to the next phase

This is an example of a trainee progressing to the next phase with conditions, due to non-compliance with training requirements and concerns regarding professional behaviour competence.

| |
|---|
| Name: Dr Alex Vuong – Adult Internal Medicine |
| Training location: NSW, Australia |
| Stage of training: At the end of the Foundation phase |
| Case overview: Trainee has demonstrated competency in clinical skills and communication with patients, however, has not met all training requirements, including completion of observation and learning captures and has received feedback regarding professional behaviours in high-pressure situations. While he is generally performing at an expected level, further development is needed in professional conduct and proactive engagement with training obligations. |
| Rotation details completed |

- Core rotation: 6 months - General and acute care medicine (Principal Training Program: Level 3)
- Core rotation: 3 months – Cardiology (Principal Training Program: Level 2)
- Core rotation: 3 months – Geriatric Medicine (Principal Training Program: Level 3)

Assessments completed during the rotation

*The majority of observation and learning Captures were completed towards the end of the phase of training.

Observation Captures completed
7

Learning Captures completed
5

| Learning goal | Supervision rating | Learning goal | Topic |
|--------------------------------|---|---------------------------|---|
| 1. Acutely unwell patients | Is able to act with supervision at a distance | 1. Professional behaviour | 10 Steps to Advocacy Plan |
| 2. Clinical assessment | Is able to act with indirect supervision | 2. Prescribing | Deprescribing |
| 3. Communication with patients | Is able to act with indirect supervision | 3. Knowledge (AIM) | VGMP modules |
| 4. Documentation | Is able to act with indirect supervision | 4. Documentation | Multidisciplinary teams |
| 5. Investigations | Is able to act with indirect supervision | 5. Transfer of care | Clinical experience of transfer of care |
| 6. Prescribing | Is able to act with indirect supervision | 6. Did not complete | N/A |
| 7. Procedures | Is able to act with supervision at a distance | 7. Did not complete | N/A |
| 8. Did not complete | N/A | 8. Did not complete | N/A |
| 9. Did not complete | N/A | 9. Did not complete | N/A |
| 10. Did not complete | N/A | 10. Did not complete | N/A |
| 11. Did not complete | N/A | 11. Did not complete | N/A |
| 12. Did not complete | N/A | 12. Did not complete | N/A |

Completed learning courses:

- RACP Basic Training Orientation resource (100% complete)
- RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource (100% complete)
- RACP Ethics resource (100% complete)
- RACP Introduction to Leadership, Management, and Teamwork resource (0% complete)
- Advanced Life Support course or equivalent (0% complete)

Ratings against the learning goals

| Learning goal | Trainee self-reflection | Education Supervisor rating | Expected standard at the end of the Foundation phase |
|-----------------------------|--|--|---|
| Clinical assessment | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Communication with patients | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Documentation | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Prescribing | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Investigations | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Transfer of care | is able to act with direct supervision | is able to act with direct supervision | Not specified |
| Acutely unwell patients | is able to act with supervision at a distance | is able to act with supervision at a distance | Not specified |
| Procedures | is able to act with supervision at a distance | is able to act with supervision at a distance | Not specified |
| Professional behaviour | needs to work on behaviour in two or three areas of professional practice | needs to work on behaviour in two or three areas of professional practice | consistently behaves in line with each of the ten areas of professional practice . |

| | | | |
|-----------|---|---|---|
| Knowledge | frequently shows that they can apply their medical knowledge to patient care (shows how) | frequently shows that they can apply their medical knowledge to patient care (shows how) | knows how to apply their medical knowledge to patient care (knows how) |
|-----------|---|---|---|

Trainee reflective comments

| | |
|--------------------------------|---|
| What I have done well | I feel confident in my clinical knowledge and my ability to communicate effectively with patients. I have also adapted well to different rotations and gained valuable experience in a variety of settings. |
| What I could improve on | I recognise that I need to be more proactive in completing training requirements earlier rather than leaving them to the last minute. Additionally, I am aware that under stress, I have occasionally been short with colleagues, and I am working on improving my communication in high-pressure environments. |

Education Supervisor Comments

| | |
|--|---|
| What the trainee has done well | Alex is a competent and reliable trainee who works well with patients and has strong clinical skills for his stage of training. He communicates effectively with patients and generally conducts himself professionally on the wards. |
| What the trainee could improve on | Alex has struggled with keeping up with his training requirements, often delaying assessments until later in the phase. While he has now made progress in completing them, a more consistent approach is needed. In addition, there have been some concerns raised about his interactions with colleagues, particularly when he is under time pressure. He has on occasion, been short or dismissive with junior doctors, nurses and administration staff. While this has not been a persistent issue, it is important that he remains aware of his communication and ensures he maintains professionalism in all actions. |
| Progression recommendation | Trainee able to progress to the next phase of training |

Rotation Supervisor Comments (rotation progress report feedback report 2)

| | |
|--|---|
| What the trainee has done well | Alex demonstrates sound clinical judgement and is dependable when managing routine cases. He works well independently and is generally thorough in documentation and handovers. Patients respond positively to his care, and he shows initiative in clinical decision-making. |
| What the trainee could improve on | Alex has had ongoing difficulty in meeting training requirements on time during his rotation. There have also been recurring concerns about his interactions with colleagues – |

| | |
|--|--|
| | particularly in high-pressure situations, where he has occasionally been abrupt or dismissive. Despite prior feedback from nursing and allied health staff. A more proactive and reflective approach to interpersonal communication and professionalism is needed. |
| Progression recommendation | I recommend the Education supervisor closely reviews this trainees progress |
| <p>Panel decision: Trainee can progress with conditions</p> <p>Comments: The Progress Review Panel has determined that Dr Vuong is ready to progress to the Consolidation phase, but with conditions to address identified areas for improvement. While Dr Vuong has met most clinical competency expectations, incomplete training requirements and concerns regarding professional behaviours warrant structured oversight as he progresses.</p> <ul style="list-style-type: none"> • Condition 1: The trainee must complete all outstanding training requirements within the first 3 months of the Consolidation phase • Condition 2: The trainee must complete a targeted professional development activity focused on stress management or respectful workplace interactions. Evidence of engagement and learning will be documented in an additional learning capture for learning goal 1 - professional behaviours. This condition must be completed within the first 6 months of the Consolidation phase. <p>If Dr Vuong does not meet these requirements, further training support measures may be required.</p> | |

Basic Training- Paediatrics & Child Health

Trainee 3 – conditions placed on the trainee, unable to progress to the next phase

This is an example of a trainee who is unable to progress to the next phase due to significant concerns regarding their competence across multiple learning goals and non-compliance with training requirements.

| |
|---|
| Name: Dr Raj Nanthi |
| Training location: QLD, Australia |
| Stage of training: At the end of the Foundation phase |
| Case overview: Concerns have been raised about Raj's clinical performance and capability, particularly regarding clinical reasoning, prescribing and task completion. The written reports have been updated to reflect concerns consistently expressed in informal feedback. |
| Rotation details completed |

- Core rotation: 6 months – General paediatrics (Principal Training Program: L3)
- Non-core rotation: 3 months – Paediatrics nights (Principal Training Program: L3)
- Non-core rotation: 1 month – Paediatric anaesthetics (Adjunct Training Program: Secondment)
- Non-core rotation: 2 months – Paediatric surgery (Principal Training Program: L3)

Assessments completed during the rotation

| Observation Captures completed 8 | | Learning Captures completed 12 | |
|-------------------------------------|--|-----------------------------------|--|
| Learning goal | Supervision rating | Learning goal | Topic |
| 1. Acutely unwell patients | Is able to act with direct supervision | 1. Clinical assessment | Approach to paediatric respiratory distress |
| 2. Knowledge | knows how to apply their medical knowledge to patient care (knows how) | 2. Clinical assessment | Sepsis recognition |
| 3. Communication with patients | Is able to act with indirect supervision | 3. Communication with patients | Communication skills course |
| 4. Procedures | Is able to act with indirect supervision | 4. Documentation | Writing an effective medical referral |
| 5. Professional behaviours | need to work on behaviour in two or three areas of professional practice | 5. Professional behaviour | Strategies for handling stress and workload |
| 6. Transfer of care | Is able to act with direct supervision | 6. Acutely unwell patients | Simulation session |
| 7. Acutely unwell patients | Is able to act with direct supervision | 7. Investigations | ECGs and abnormalities |
| 8. Documentation | Is able to act with indirect supervision | 8. Transfer of care | Safe patient handover and escalation |
| 9. N/A | N/A | 9. Professional behaviour | Ethics in paediatrics |
| 10. N/A | N/A | 10. Knowledge | Immunisation schedules and contraindications |
| 11. N/A | N/A | 11. Clinical assessment | Growth charts |
| 12. N/A | N/A | 12. Documentation | Consent forms |

Completed learning courses:

- RACP Basic Training Orientation resource (100% complete)
- RACP Communication Skills resource (100% complete)
- RACP Australian Aboriginal, Torres Strait Islander and Māori Cultural Competence resource (100% complete)
- RACP Ethics resource (100% complete)

- RACP Introduction to Leadership, Management, and Teamwork resource (100% complete)
- Advanced Life Support course or equivalent (100% complete)

Ratings against the learning goals

| Learning goal | Trainee self-reflection | Education Supervisor rating | Expected standard at the end of the Foundation phase |
|--|---|---|---|
| Clinical assessment | is able to act with indirect supervision | is able to be present and observe | is able to act with indirect supervision |
| Communication with patients | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Documentation | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with indirect supervision |
| Prescribing | is able to act with indirect supervision | is able to act with direct supervision | is able to act with indirect supervision |
| Investigations | is able to act with indirect supervision | is able to act with direct supervision | is able to act with indirect supervision |
| Transfer of care | is able to act with direct supervision | is able to act with direct supervision | Not specified |
| Acutely unwell patients | is able to act with direct supervision | is able to act with direct supervision | Not specified |
| Procedures | is able to act with indirect supervision | is able to act with indirect supervision | Not specified |
| consistent behaviour in line with each of the ten areas of professional practice | need to work on behaviour in two or three areas of professional practice | need to work on behaviour in two or three areas of professional practice | consistently behaves in line with each of the ten areas of professional practice . |
| the understanding of how to apply medical knowledge to patient care (knows how). | knows how to apply their medical knowledge to | knows how to apply their medical knowledge to patient care (knows how) | knows how to apply their medical knowledge to |

| | | | |
|--|-----------------------------|--|--------------------------|
| | patient care (knows how) | | patient care (knows how) |
|--|-----------------------------|--|--------------------------|

Trainee reflective comments

| | |
|--------------------------------|--|
| What I have done well | I have worked very hard to improve my clinical knowledge and am more confident in taking patient histories compared to the start of the year. I've also made a conscious effort to be approachable and contribute to team discussions. |
| What I could improve on | I know I need to improve my time management and clinical decision-making. I sometimes struggle with prioritising tasks on the ward and need more support in managing unwell patients. |

Education Supervisor Comments

| | |
|--|--|
| What the trainee has done well | Raj is polite and well-meaning, and has made efforts to engage with learning opportunities. He has shown some progress with patient communication and documentation, particularly in calmer, non-urgent settings. |
| What the trainee could improve on | Raj needs significant support with clinical assessment, prescribing and investigations. He struggles to prioritise tasks and often becomes overwhelmed in busy ward environments. His clinical judgement remains underdeveloped, and he frequently requires observation or direct supervision to complete basic tasks. |
| Progression recommendation | Trainee unable to progress to the next phase of training |

Panel decision: Trainee is unable to progress to the next phase

Comments: After reviewing Dr Nanthi's performance the Progress Review Panel has determined that Raj is not yet ready to progress to the Consolidation phase of training.

Raj requires direct supervision in key clinical areas, particularly prescribing, investigations and clinical assessment which does not meet the expected standard for this stage. Additionally, his time management and prioritisation skills remain a concern, affecting his ability to function effectively on the wards. While he has engaged with learning activities and demonstrates a positive attitude, his clinical judgement and independent decision making are not at the level required for progression.

As a result, conditions will be placed on Dr Nanthi's training, and he will remain in the Foundation phase for an additional 6 months to complete the following conditions:

- **Condition 1:** The trainee is to complete remaining observation captures within the first three months of the additional training time.
- **Condition 2:** The trainee is to complete additional assessments by the end of the 6 months of additional training time, based on these learning goals.
 - Learning goal 1 – professional behaviours
 - 1 observation capture
 - 2 learning captures

- Learning goal 2 – clinical assessment
 - 3 observation captures
- Learning goal 5 – prescribing
 - 2 observation captures
 - 1 learning capture
- Learning goal 7 – investigations
 - 2 observation captures
 - 1 learning capture

If Dr Nanthi does not meet the required standard within the revised timeframe, further escalation to the RACP oversight committee may be required. Progress will be documented in the additional Phase Progress Report due at the end of the additional training time.

Trainee 4 – trainee progressing well and able to progress to the next phase of training

This is an example of a trainee who is able to progress to the next phase with no conditions.

| | | | |
|---|--|-----------------------------------|--|
| Name: Dr Brett Capper-Smith | | | |
| Training location Aotearoa New Zealand (AoNZ). | | | |
| Stage of training: At the end of the Consolidation phase | | | |
| Case overview: There is some variability in feedback provided across the Phase Progress Report and Rotation Progress Reports | | | |
| Rotation details completed <ul style="list-style-type: none"> Core rotation: 12 months - General paediatrics (Principal Training Program: L3) | | | |
| Assessments completed during the rotation | | | |
| Observation Captures completed 12 | | Learning Captures completed 11 | |
| Learning goal | | Supervision rating | |
| 1. Documentation | Is able to act with supervision at a distance | 1. Transfer of care | Paediatric MET call with PICU response |
| 2. Knowledge | Consistently applies a sound medical knowledge base to their care of patients (does) | 2. Investigations | NT-pro BNP ordering for paediatric heart failure |
| 3. Procedures | Is able to provide supervision | 3. Communication with patients | Preparation for a family meeting |
| 4. Investigations | Is able to provide supervision | 4. Clinical assessment | Management of febrile neutropenia in paediatrics |
| 5. Knowledge | Consistently applies a sound medical | 5. Clinical assessment | Paediatric oncology admission |

| | | | |
|--------------------------------|--|----------------------------|--|
| | knowledge base to their care of patients (does) | | |
| 6. Prescribing | Is able to act with supervision at a distance | 6. Documentation | Haematology discharge summaries |
| 7. Prescribing | Is able to provide supervision | 7. Knowledge | Paediatric Exam Revision Course |
| 8. Professional behaviours | consistently behaves in line with each of the ten areas of professional practice | 8. Clinical assessment | Professionalism while performing an inpatient consultant service |
| 9. Communication with patients | Is able to provide supervision | 9. Acutely unwell patients | Mock code blue in neonatal unit |
| 10. Acutely unwell patients | Is able to act with supervision at a distance | 10. Procedures | IO access insertion in paediatric emergencies |
| 11. Clinical assessment | Is able to act with supervision at a distance | 11. Transfer of care | ED to PICU transfer of care and workload sharing |
| 12. Transfer of care | Is able to act with supervision at a distance | 12. Did not complete | N/A |

Education Supervisor Comments

| | |
|--|---|
| What the trainee has done well | Brett is a diligent and professional trainee who engages well with patients and their families. He has demonstrated solid clinical knowledge and is able to take thorough patient histories. His ability to work as part of the team and respond to feedback has been a strength throughout the rotation. |
| What the trainee could improve on | There were a few occasions where Brett recommended investigations that were not strictly necessary. We discussed this during supervision, and he showed a willingness to reflect and adjust his approach. While further refinement is needed, I believe he is on the right track. |
| Progression recommendation | Trainee able to progress to the next phase of training |

Education Supervisor assessment against learning goals

| Learning goal | Trainee self-reflection | Education Supervisor rating | Expected standard at the end of the Consolidation phase |
|---------------------|---|--|---|
| Clinical assessment | is able to act with indirect supervision | is able to act with supervision at a distance | is able to act with supervision at a distance |

| | | | |
|--|---|---|---|
| Communication with patients | is able to act with supervision at a distance | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Documentation | is able to act with indirect supervision | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Prescribing | is able to act with indirect supervision | is able to act with supervision at a distance | is able to act with supervision at a distance |
| Investigations | is able to act with indirect supervision | is able to act with indirect supervision | is able to act with supervision at a distance |
| Transfer of care | is able to act with direct supervision | is able to act with direct supervision | Not specified |
| Acutely unwell patients | is able to act with direct supervision | is able to act with supervision at a distance | Not specified |
| Procedures | is able to act with indirect supervision | is able to act with supervision at a distance | Not specified |
| consistent behaviour in line with each of the ten areas of professional practice | need to work on behaviour in two or three areas of professional practice | consistently behaves in line with each of the ten areas of professional practice | consistently behaves in line with each of the ten areas of professional practice |
| the understanding of how to apply medical knowledge to patient care (knows how). | knows how to apply their medical knowledge to patient care (knows how) | consistently applies a sound medical knowledge base to the care of their patients (does) | knows how to apply their medical knowledge to patient care (knows how) |

Trainee reflective comments

| | |
|--------------------------------|--|
| What I have done well | I have built strong relationships with colleagues, maintained professionalism with patients and families and improved my efficiency and decision-making under pressure. |
| What I could improve on | I need to refine my approach to ordering investigations, ensuring they are necessary as well as simplify my communication with families to make medicinal information clearer. |

Education Supervisor Comments

| | |
|--|--|
| What the trainee has done well | <p>I have enjoyed working with Brett and think he will go on to become a fine paediatrician. Brett is able to work well with patients and families. He has also built good relationships with his co-workers while he has been here.</p> <p>He has also shown himself to have good clinical knowledge and should continue his research into novel therapeutic modalities and personalised services to treat infants, children, adolescents, and young adults who are diagnosed with a variety of rare disorders.</p> |
| What the trainee could improve on | <p>Communication with patients</p> <p>Brett could improve on communicating management plans to patients and their families. There have been some instances where he has used a lot of jargon and left out important information.</p> |
| Progression recommendation | Trainee able to progress to the next phase of training |

Panel decision: Trainee can progress to the next phase

Comments: Brett has met the expected standard across key competencies, and his overall trajectory demonstrates steady development. He has shown a clear ability to respond to feedback and improve his clinical decision making. He continues to work effectively with indirect supervision and has built strong relationships with both colleagues and patients. Given his progress and engagement in learning, we are confident that he is prepared for the next phase of training.