# Rotation Progress Report – Geriatric Medicine

The purpose of the Rotation Progress Report is to assess your progress over a training rotation under the new curriculum.

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| **Important note:** This report will be available only until Rotation progress reports can be submitted via the online Training Management Platform (TMP). Once available in TMP, this manual progress report will no longer be accepted. |

## Instructions

**Trainee**

* Fill out the following sections of this Rotation Progress Report: Trainee details, Trainee leave, Assessments completed during the rotation, Learning goal assessment section, Trainee Comments
* Self-assess your progress against your learning goals for the period covered by this report.
  + You can refer to the Curriculum Standards on the [Geriatric Advanced Training Curricula eLearning website](https://elearning.racp.edu.au/course/view.php?id=356&section=4) as you assess each learning goal.

**Rotation Supervisor(s)**

* Review and assess the trainee's progress against each of the learning goals
  + You can view a trainee’s completed assessments which can be viewed by logging into [TMP](https://tmp.racp.edu.au/).
* Add your feedback and make a progression recommendation.
* If you are an additional supervisor, you can choose to:
  + Agree with the assessment and recommendation made by the first rotation supervisor

OR

* + Complete your own review by completing the [Additional Supervisor Form](https://elearning.racp.edu.au/pluginfile.php/109989/mod_folder/content/0/Rotation%20Progress%20Report_GeriatricMedicine_AddSupervisor.docx).

## Report submission

Once report is completed:

1. Save a copy of the Rotation Progress Report for your own records.
2. Email the completed Rotation Progress Report to the below email addresses, and ensure to copy in all relevant parties:
   * Australia: [geriatrics@racp.edu.au](mailto:geriatrics@racp.edu.au)
   * Aotearoa New Zealand: [geriatrics@racp.org.nz](mailto:geriatrics@racp.org.nz)

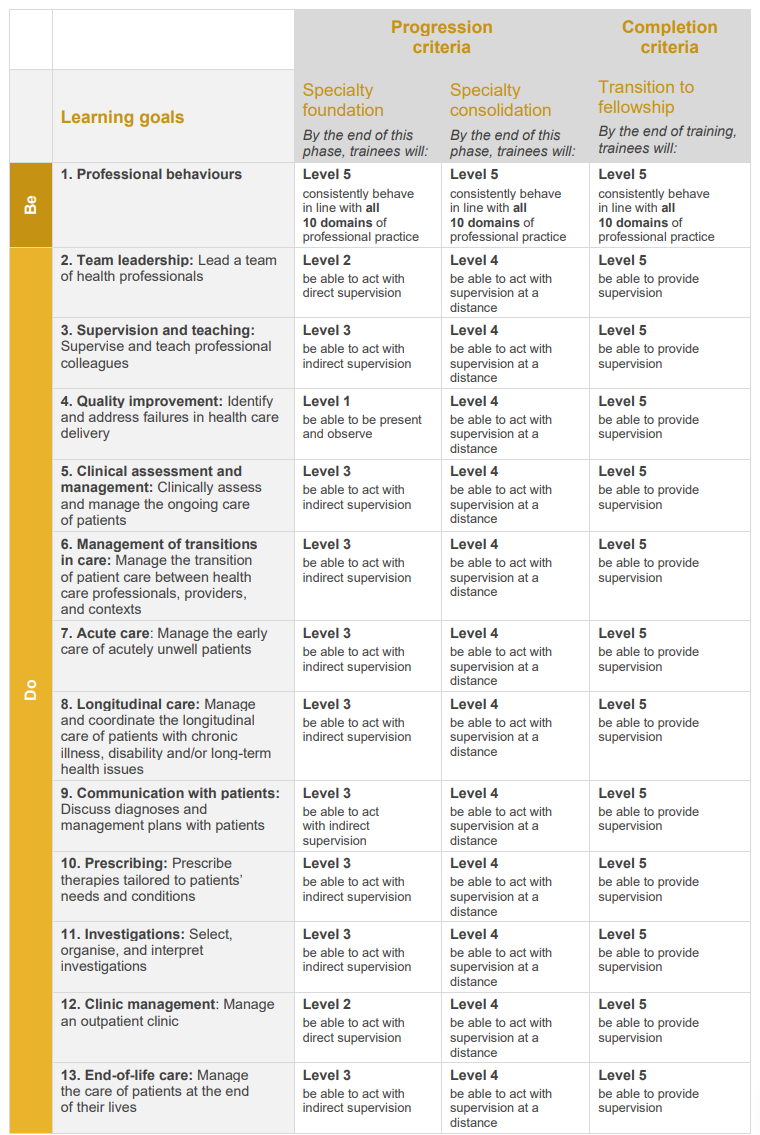
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| |  |  | | --- | --- | | **Trainee details** | | | **Trainee name and MIN** *Title, preferred name, surname, MIN*  Click or tap here to enter text. | **Training Phase**  Choose an item. | | **Rotations** Please list the rotation plan(s) for the training period this rotation progress report covers. | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Plan type** | **Training Setting** | **Start date** | **End date** | **FTE** | **Rotation type** | **Rotation supervisors** | | Choose an item. | Click or tap here to enter text. | Select date | Select date | FTE | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Select date | Select date | FTE | Click or tap here to enter text. | Click or tap here to enter text. | | | | **Trainee leave** Please enter any leave taken during the rotation (excludes periods of interruption already applied for). Refer to the RACP [Education policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) for leave types. | | | |  |  |  | | --- | --- | --- | | Leave type | Start Date – End Date | Number of workdays | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | | | | |  |  | | --- | --- | |  | I confirm I have not taken any other leave during this training period which is NOT already covered as an Interruption of Training. | | | | **Assessments completed during the rotation** | | | **Learning captures completed**  Choose an item. | **Observation captures completed**  Choose an item. | |

| **Learning goals** | | | |
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| **Learning goals**  *The curriculum is available on the* [*RACP Online Learning*](https://elearning.racp.edu.au/course/view.php?id=356) *website.* | | **Trainee Assessment**  *Make a self-assessment against each of the learning goals, refer to the learning opportunities outlined in your rotation plans as well as the expected standards for each goal in* [*Appendix 1*](#Appendix1_Learning_Goals)*.* | **Rotation Supervisor Assessment** *Assess the trainee against each of the learning goals, refer to the expected standards for each goal in* [*Appendix 1*](#Appendix1_Learning_Goals)*.* |
|  | **1. Professional behaviours** | Choose an item. | Choose an item. |
| **Entrustable Professional Activities (EPA)** | **2. Team leadership:**  Lead a team of health professionals | Choose an item. | Choose an item. |
| **3. Supervision and teaching:** Supervise and teach professional colleagues | Choose an item. | Choose an item. |
| **4. Quality improvement:**  Identify and address failures in health care delivery | Choose an item. | Choose an item. |
| **5. Clinical assessment and management:**  Clinically assess and manage the ongoing care of patients | Choose an item. | Choose an item. |
| **6. Management of transitions in care:**  Manage the transition of patient care between health care professionals, providers, and contexts | Choose an item. | Choose an item. |
| **7. Acute care:**  Manage the early care of acutely unwell patients | Choose an item. | Choose an item. |
| **8. Longitudinal care:**  Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues | Choose an item. | Choose an item. |
| **9. Communication with patients:**  Discuss diagnoses and management plans with patients | Choose an item. | Choose an item. |
| **10. Prescribing:**  Prescribe therapies tailored to patients’ needs and conditions | Choose an item. | Choose an item. |
| **11. Investigations:**  Select, organise, and interpret investigations | Choose an item. | Choose an item. |
| **12. Clinic management:**  Manage an outpatient clinic | Choose an item. | Choose an item. |
| **13. End-of-life care:**  Manage the care of patients at the end of their lives | Choose an item. | Choose an item. |
| **14. Cognitive assessment and management:**  Assess and manage patients with possible cognitive impairment | Choose an item. | Choose an item. |
| **15. Comprehensive geriatric assessment:**  Assess patients using comprehensive geriatric assessment | Choose an item. | Choose an item. |
| **16. Complex family meetings:**  Lead and manage family meetings relating to patients’ care | Choose an item. | Choose an item. |
| **Knowledge guides** | **17. Clinical and social sciences** | Choose an item. | Choose an item. |
| **18. Cognition and mental state** | Choose an item. | Choose an item. |
| **19. Falls and mobility** | Choose an item. | Choose an item. |
| **20. Frailty and functional decline** | Choose an item. | Choose an item. |
| **21. Continence** | Choose an item. | Choose an item. |
| **22. Pain management** | Choose an item. | Choose an item. |
| **23. Neurological disorders** | Choose an item. | Choose an item. |
| **24. Specialty medical conditions as they apply to ageing** | Choose an item. | Choose an item. |
| **25. Perioperative assessment and management** | Choose an item. | Choose an item. |
| **26. Rehabilitation of specific conditions as applied to ageing** | Choose an item. | Choose an item. |

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| |  |  | | --- | --- | | **Trainee comments** Provide overall comments about your rotation period for your Rotation Supervisor to consider. These comments may also be viewed by your other supervisors and the Progress Review Panel. | | | **What did you do well during this rotation of training?**  Click or tap here to enter text. | | | **What could you do to improve in the future?**  Click or tap here to enter text. | | |  | **I have had the opportunity to discuss the content of this report with my supervisor(s).** | |  | **I understand my obligation to complete the training requirements outlined in the relevant curriculum** | |  | **I understand the College may share this information with current and future supervisors. This information may also be shared with other Training Committees if I’m a dual trainee or change training programs.** | |  | **I understand my obligation to comply with the relevant College** **education policies.** | | **Date completed by trainee**  Select date. | |  |  |  |  | | --- | --- | --- | | **Supervisor review**  Provide your feedback on the trainee’s progress throughout the rotation. Your comments will be visible to the trainee, other supervisors, and the Progress Review Panel. | | | | **What did the trainee do well during this rotation of training?**  Click or tap here to enter text. | | | | **What could they improve on in the future?**  Click or tap here to enter text. | | | | **Has the trainee demonstrated the ability to plan and manage their learning and complete their learning and assessments in a timely manner?**  Choose an item. | **Is the trainee on track to meet the RACP’s expected performance standard for the phase?**  Choose an item. | | | |  | | --- | | **Progression recommendation**  Select your recommendation | | **Comments/Notes** General comments are optional, however if the progression recommendation is that a trainee is NOT progressing satisfactorily, please provide additional comments to support your recommendation.  Click or tap here to enter text. | | | | | |  |  | | --- | --- | |  | **I have had the opportunity to discuss the content of this report with my trainee.** | |  | **I have discussed the trainee’s progress with other supervisors if required.** | | | | | **Completed by**  Name: Click or tap here to enter text.Email: Click or tap here to enter text. | | **Date completed**  Select date |  |  |  |  | | --- | --- | --- | |  | **Additional supervisor assessment**  Feedback and a progression recommendation has already been provided by another supervisor for this progress report. If you agree with their assessment of the trainee, please check the box below and provide optional feedback for the trainee and other supervisors to see.  If you would prefer to complete your own assessment, use the [Additional Supervisor - Rotation Progress Report](https://elearning.racp.edu.au/pluginfile.php/109989/mod_folder/content/0/Rotation%20Progress%20Report_GeriatricMedicine_AddSupervisor.docx). | | | |  |  | | --- | --- | |  | **Agree with the assessment and recommendation** | | | | **Comments on recommendation** *(optional)*  Click or tap here to enter text. | | | **Completed by**  Name: Click or tap here to enter text. Email: Click or tap here to enter text. | **Date completed**  Select date |  |  |  | | --- | --- | | **Trainee reflection** *(optional)* Provide any comments or reflections relating to your supervisor’s comments or the rotation in general. | | | **Reflection**  Click or tap here to enter text | **Date**  Select date. | |
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**— End of report** **—**

[Instructions to submit this form](#_Instructions )

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