



Important note: This report is only to be used until progress reports are available in TMP

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.

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 <u>Geriatric Advanced Training Curricula</u> <u>eLearning website</u> 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.
- 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
 - o Complete your own review by completing the <u>Additional Supervisor Form</u>.

Report submission

Once report is completed:

- i. Save a copy of the Rotation Progress Report for your own records.
- ii. Email the completed Rotation Progress Report to the below email addresses, and ensure to copy in all relevant parties:
 - Australia: geriatrics@racp.edu.au
 - Aotearoa New Zealand: geriatrics@racp.org.nz







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Trainee details Trainee name and MIN Title, preferred name, surname, MIN Dr Aisha Farouk, 334782 Training Phase 1 - Specialty foundation

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
Accredite	Royal Adelaide	4/08/202	31/07/20	0.5	Geriatric	Dr Lucia De Rossi,
d	Hospital	5	26		Evaluation and	Dr Laura Mendes
					Management	
					Unit	
Choose an	Click or tap here	Select	Select	FTE	Click or tap here to	Click or tap here to
item.	to enter text.	date	date		enter text.	enter text.

Trainee leave

Please enter any leave taken during the rotation (excludes periods of interruption already applied for). Refer to the RACP <u>Education policies</u> for leave types.

Leave type	Start Date - End Date	Number of workdays
Standard	14/10/25-15/10/25	2
Standard	01/12/25	1
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	Observation captures completed
6	6







Lea	Learning goals			
The	rning goals curriculum is available on the <u>RACP</u> ne Learning 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.	Rotation Supervisor Assessment Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.	
	1. Professional behaviours	5 - Consistently behaves in line with all 10 domains of professional practice	5 - Consistently behaves in line with all 10 domains of professional practice	
	2. Team leadership: Lead a team of health professionals	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	
ssional Activities (EPA)	3. Supervision and teaching: Supervise and teach professional colleagues	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	
	4. Quality improvement: Identify and address failures in health care delivery	2 - Able to act with direct supervision	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	
Entrustable Professi	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	







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e curriculum is available on the <u>RACP</u> line Learning website.	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.	Assessment Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.	
7. Acute care: Manage the early care of acutely unwell patients	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor i physically located within the training setting)	
8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor i physically located within the training setting)	
9. Communication with patients: Discuss diagnoses and management plans with patients	4 - Able to act with supervision at a distance (e.g. supervisor available to assist via phone)	4 - Able to act with supervision at a distance (e., supervisor available to assis via phone)	
10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	4 - Able to act with supervision at a distance (e.g. supervisor available to assist via phone)	4 - Able to act with supervision at a distance (e. supervisor available to assis via phone)	
11. Investigations: Select, organise, and interpret investigations	4 - Able to act with supervision at a distance (e.g. supervisor available to assist via phone)	4 - Able to act with supervision at a distance (e. supervisor available to assis via phone)	
12. Clinic management: Manage an outpatient clinic	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor physically located within the training setting)	
13. End-of-life care: Manage the care of patients at the end of their lives	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor physically located within the training setting)	







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The	rning goals curriculum is available on the <u>RACP</u> ne Learning 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.	Rotation Supervisor Assessment Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.		
	14. Cognitive assessment and management: Assess and manage patients with possible cognitive impairment	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)		
	15. Comprehensive geriatric assessment: Assess patients using comprehensive geriatric assessment	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)	3 - Able to act with indirect supervision (e.g. supervisor is physically located within the training setting)		
	16. Complex family meetings: Lead and manage family meetings relating to patients' care	2 - Able to act with direct supervision	2 - Able to act with direct supervision		
	17. Clinical and social sciences	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
	18. Cognition and mental state	2 - Know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
Knowledge guides	19. Falls and mobility	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		







Traings Assessment Potation Supervisor				
Learning goals The curriculum is available on the <u>RACP</u> Online Learning 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.	Rotation Supervisor Assessment Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.		
20. Frailty and functional decline	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
21. Continence	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
22. Pain management	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
23. Neurological disorders	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
24. Specialty medical conditions as they apply to ageing	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		







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Learning goals The curriculum is available on the RACP Online Learning 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.	Rotation Supervisor Assessment Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.		
	25. Perioperative assessment and management	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		
	26. Rehabilitation of specific conditions as applied to ageing	3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	3 - Knows how to apply the knowledge in this knowledge guide to specialty practice (knows how)		

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?

I've really appreciated the opportunity to build my clinical skills in managing older patients with complex, chronic conditions. I feel I developed confidence in communication, particularly when supporting patients and families through transitions in care and goals-of-care discussions. I also valued the chance to contribute to ward rounds and to learn from different members of the multidisciplinary team.

What could you do to improve in the future?

I'd like to continue improving my confidence in outpatient and clinic-based care, as well as developing my skills in leading family meetings. I also plan to engage more actively in quality improvement activities and build on my foundational knowledge of geriatric syndromes like frailty, pain and continence. These are areas I will focus on in upcoming terms.

- ☐ 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







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- ☐ 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

10/08/2026

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?

Aisha demonstrated a high level of professionalism throughout the rotation. She communicates with empathy, works effectively with the team and takes initiative in clinical tasks. She applies clinical reasoning well and has shown steady progress in managing patients independently under indirect supervision. Aisha is also very reflective in her practice and receptive to feedback.

What could they improve on in the future?

Aisha would benefit from further experience in managing patients in the outpatient setting and taking on greater responsibility during family meetings. She is encouraged to continue developing her understanding of geriatric-specific conditions and seek opportunities to contribute to broader systembased care improvements.

Has the trainee demonstrated the ability to plan and manage their learning and complete their learning and assessments in a timely manner?
Yes

Is the trainee on track to meet the RACP's expected performance standard for the phase?

Yes

Progression recommendation

This trainee is progressing satisfactorily

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.

Aisha is progressing satisfactorily and is meeting the expectations of the Specialty Foundation phase. She shows strong potential for growth and has laid solid foundations for future rotations in geriatric medicine.







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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: Lucia De Rossi

Email: lucia.derossi@health.sa.gov.au

Date completed

13/08/2026

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.

□ Agree with the assessment and recommendation

Comments on recommendation (optional)

I agree with the primary supervisor's recommendation. Aisha has been a thoughtful and committed trainee and her professional conduct has stood out. With continued experience, I expect she will grow confidently into more complex care and leadership roles.

Completed by

Name: Laura Mendes

Email: laura.mendes@health.sa.gov.au

Date completed

18/08/2026

Trainee reflection (optional)

Provide any comments or reflections relating to your supervisor's comments or the rotation in general.

Reflection

Thank you for the constructive and supportive feedback throughout this rotation. It has helped me better understand the complexity and nuance of caring for older adults and I look forward to further developing my knowledge and independence in future rotations.

Date

19/08/2026

- End of report -

Instructions to submit this form



		Progression criteria		Completion criteria
	Learning goals	Specialty foundation By the end of this	Specialty consolidation By the end of this	Transition to fellowship By the end of training,
	Professional behaviours	phase, trainees will:	phase, trainees will:	trainees will:
Be	1. Professional benaviours	consistently behave in line with all 10 domains of professional practice	consistently behave in line with all 10 domains of professional practice	consistently behave in line with all 10 domains of professional practice
	Team leadership: Lead a team of health professionals	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	Supervision and teaching: Supervise and teach professional colleagues	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	Quality improvement: Identify and address failures in health care delivery	Level 1 be able to be present and observe	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	5. Clinical assessment and management: Clinically assess and manage the ongoing care of patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	6. Management of transitions in care: Manage the transition of patient care between health care professionals, providers, and contexts	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
D ₀	7. Acute care: Manage the early care of acutely unwell patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	8. Longitudinal care: Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	Communication with patients: Discuss diagnoses and management plans with patients	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	10. Prescribing: Prescribe therapies tailored to patients' needs and conditions	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	11. Investigations: Select, organise, and interpret investigations	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	12. Clinic management: Manage an outpatient clinic	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	13. End-of-life care: Manage the care of patients at the end of their lives	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision



			!	Operated
		Progression criteria		Completion criteria
	Learning goals	Specialty foundation	Specialty consolidation	Transition to fellowship
	Loanning godio	By the end of this phase, trainees will:	By the end of this phase, trainees will:	By the end of training, trainees will:
	14. Cognitive assessment and management: Assess and manage patients with possible cognitive impairment	Level 3 be able to act with indirect supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
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	16. Complex family meetings: Lead and manage family meetings relating to patients' care	Level 2 be able to act with direct supervision	Level 4 be able to act with supervision at a distance	Level 5 be able to provide supervision
	17. Clinical and social sciences	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
	18. Cognition and mental state	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
	19. Falls and mobility	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
Know	20. Frailty and functional decline	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
	21. Continence	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
	22. Pain management	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
	23. Neurological disorders	know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)



Rotation Progress Report – Geriatric Medicine Appendix 1: Learning Goals Important note: This report is only to be used until progress reports are available in TMP

	Progression criteria		Completion criteria
Learning goals	Specialty foundation	Specialty consolidation	Transition to fellowship
Learning goals	By the end of this phase, trainees will:	By the end of this phase, trainees will:	By the end of training, trainees will:
24. Specialty medical conditions as they apply to ageing	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 4 frequently show they can apply knowledge in this knowledge guide to specialty practice (shows how)	Level 5 consistently apply sound knowledge in this knowledge guide to specialty practice (does)
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26. Rehabilitation of specific conditions as applied to ageing	Level 2 know the topics and concepts in this knowledge guide that underpin specialty practice (knows)	Level 3 know how to apply the knowledge in this knowledge guide to specialty practice (knows how)	Level 4 frequently show they car apply knowledge in this knowledge guide to specialty practice (shows how)

