



Progress Report – Palliative Medicine (Paediatrics & Child Health)

| Trainee details | | | | | | |
|--|--|-------------|----------------------------------|-------------------------------------|--|--------------------------------------|
| Trainee name and MIN <i>Title, preferred name, surname, MIN</i> Dr Penelope Byrne | | | | | 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 |
| Accredited | Perth Children's Hospital, QEII Campus, Nedlands | 13/10/2026 | 22/12/2026 | 1 | Click or tap here to enter text. | Dr Francine Deng Dr Darun Saetang |
| 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 for leave types. | | | | | | |
| Leave type | Start Date – End Date | | Number of workdays | | | |
| Medical | 24/10/2026-27/10/2026 | | 3 | | | |
| Choose an item. | | | 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. | | | |
| <input checked="" type="checkbox"/> 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 3 | | | | Observation captures completed 4 | | |



| Learning goals | | | |
|---|--|--|---|
| Learning goals <i>The curriculum is available on the RACP Online Learning website.</i> | Trainee Assessment <i>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.</i> | Rotation Supervisor Assessment <i>Assess the trainee against each of the learning goals, refer to the expected standards for each goal in Appendix 1.</i> | |
| | 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 |
| Entrustable Professional Activities (EPA) | 2. Team leadership: Lead a team of health professionals | 2 - Able to act with direct supervision | 2 - Able to act with direct supervision |
| | 3. Supervision and teaching: Supervise and teach professional colleagues | 2 - Able to act with direct supervision | 2 - Able to act with direct supervision |
| | 4. Quality improvement: Identify and address areas requiring improvement in health care delivery in the paediatric palliative care setting | 2 - Able to act with direct supervision | 2 - Able to act with direct supervision |
| | 5. Clinical assessment and management: Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses | 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) |
| | 6. Management of transitions in care settings: Manage the transition of patient care between care settings and contexts, including hospital, home, and hospice | 2 - Able to act with direct supervision | 2 - Able to act with direct supervision |

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| 7. Manage acute changes in clinical condition: Manage acute clinical changes in the palliative care setting, including palliative care emergencies | 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) |
| 8. Longitudinal care, including management of transitions across developmental ages and stages: Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages | 2 - Able to act with direct supervision | 2 - Able to act with direct supervision |
| 9. Communication with patients: Communicate with patients across different stages of life-limiting illnesses | 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) |
| 10. Prescribing: Prescribe medications tailored to patients' needs, illness stages, prognosis, and goals of care | 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) |
| 11. Investigations and procedures: Order, undertake, review, and explain outcomes of investigations and procedures in the context of patients' underlying illness stage, prognosis, and goals of care | 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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| | 12. End-of-life care: Plan for and manage the end-of-life and after-death 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) |
| Knowledge guides | 13. Symptom management | 3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | 3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how) |
| | 14. Life-limiting and life-threatening conditions | 3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | 3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how) |
| | 15. End-of-life and after-death care | 3 - Know how to apply the knowledge in this knowledge guide to specialty practice (knows how) | 3 - Know 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 think I did well in regards to working with patients in planning their End-of-life care, specifically I feel I have excelled in assessing the clinical needs for patients and in communicating with carers, parents and patients around their loss and grief. I have made strong efforts to tailor my communication styles when conducting discussions with families and patients. | | | |
| What could you do to improve in the future? | | | |
| I want to take more opportunities in leadership and teaching especially with more junior colleagues. I think I can apply myself here and make strong efforts towards mentoring and leadership roles. | | | |
| <input checked="" type="checkbox"/> 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
23/12/2026

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?

Penny has impressed me with her communication and support of families and patients through the grief and loss process. She shows particular interest in and sensitivity to cultural and spiritual needs of patients, families and carers. Her management plans have been shown improvement over the rotation. She has been collaborating well as a part of a multidisciplinary team.

What could they improve on in the future?

I agree with Penny's self-assessment, whilst she works well in a multidisciplinary team I do think she could show more confidence and assertiveness when it comes to leadership opportunities. Specifically, when opportunities arise that are outside of her core comfort zone and competencies. She could take up both formal opportunities such as training courses and workshops and more informal opportunities such as seeking mentorship. I look forward to her progressing in this area as she completes her training.

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.

Click or tap here to enter text.

| | |
|---|--|
| <input checked="" type="checkbox"/> I have had the opportunity to discuss the content of this report with my trainee. <input checked="" type="checkbox"/> I have discussed the trainee's progress with other supervisors if required. | |
| Completed by Name: Dr Rachel Paxton Email: rachel.paxton@WAhealth.gov.au | Date completed 23/12/2026 |
| 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 . | |
| <input checked="" type="checkbox"/> Agree with the assessment and recommendation | |
| Comments on recommendation <i>(optional)</i> 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 Click or tap to enter a date. |
| Trainee reflection <i>(optional)</i> 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 |

— End of report —

| | | Entry criteria | Progression criteria | Completion criteria | |
|----|---|--|--|--|--|
| | Learning goals | Entry into training <i>At entry into training, trainees will:</i> | Specialty foundation <i>By the end of this phase, trainees will:</i> | Specialty consolidation <i>By the end of this phase, trainees will:</i> | Transition to fellowship <i>By the end of training, trainees will:</i> |
| Be | 1. Professional behaviours | Level 5 consistently behaves in line with all ten domains of professional practice | Level 5 consistently behaves in line with all ten domains of professional practice | Level 5 consistently behaves in line with all ten domains of professional practice | Level 5 consistently behaves in line with all ten domains of professional practice |
| | 2. Team leadership: Contribute leadership within a team of health professionals to provide palliative care for patients | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 5 be able to supervise others |
| Do | 3. Supervision and teaching: Supervise and teach professional colleagues | Level 1 be able to be present and observe | 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 supervise others |
| | 4. Quality improvement: Identify and address areas requiring improvement in health care delivery in the paediatric palliative care setting | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 4 be able to act with supervision at a distance |
| | 5. Clinical assessment and management: Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses | Level 2 be able to act with direct supervision | 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 supervise others |
| | 6. Management of transitions in care settings: Manage the transition of patient care between care settings and contexts, including hospital, home, and hospice | Level 2 be able to act with direct supervision | 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 supervise others |
| | 7. Manage acute changes in clinical condition: Manage acute clinical changes in the palliative care setting, including palliative care emergencies | Level 2 be able to act with direct supervision | 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 supervise others |

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| Know | 8. Longitudinal care, including management of transitions across developmental ages and stages: Manage and coordinate longitudinal care of patients with malignant and non-malignant conditions across developmental ages and stages, including transition between paediatric and adult care settings | Level 1 be able to be present and observe | Level 2 be able to act with direct supervision | Level 3 be able to act with indirect supervision | Level 5 be able to supervise others |
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| | 13. Symptom management | Level 1 Have heard of some of the topics in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 4 frequently show they apply this knowledge to practice | Level 5 consistently demonstrate application of this knowledge to practice |
| | 14. Life-limiting and life-threatening conditions | Level 1 Have heard of some of the topics in this knowledge guide | Level 3 know how to apply this knowledge to practice | Level 4 frequently show they apply this knowledge to practice | Level 5 consistently demonstrate application of this knowledge to practice |
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