

## In-Training Assessment (ITA)

An ITA is required for each quarter of FPM training and **must** be submitted to the Faculty within 10 working days of completing the quarter. Training time will only be approved upon receipt of the ITA by the Faculty.

### 1. Personal information

College ID: \_\_ / \_\_ / \_\_ / \_\_ / \_\_

Name: \_\_\_\_\_

### 2. Training details

Training stage: (please circle)

Core training stage / Practice development stage

Training Unit:

Level: (please circle) 1 / 2 / Other

ITA period start date: \_\_\_\_\_

ITA period end date: \_\_\_\_\_

FTE: (please circle) Full time / Part time    \_\_\_ FTE (minimum requirement 0.5 FTE)

Number of weeks of training (excluding normal leave): \_\_\_\_\_

## Summary of workplace-based assessments (WBAs)

*Note: A minimum of three WBA s must be completed per quarter (see Section 8 of the FPM Training Handbook). Copies of all WBAs completed must be retained in your learning portfolio and supplied to the Faculty upon request.*

### 3. Clinical Skills Assessments

Relevant topic area	Overall rating	Assessment date	WBA assessor

### 4. Management Plan Assessments

Relevant topic area	Overall rating	Assessment date	WBA assessor

**5. Case-based Discussions**

Relevant topic area	Overall rating	Assessment date	WBA assessor

**6. Professional Presentations**

Title of presentation	Audience	Overall rating	Assessment date	WBA assessor

**7. Multi-source Feedback**

A multi-source feedback WBA was undertaken during this ITA cycle. Yes / No

**8. Comments regarding WBAs (to be completed by the trainee)**

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Progress in the clinical case study

**9. Clinical case study progress**

Case chosen and discussed with SoT: Yes / No

Title of case: \_\_\_\_\_

Case written and being reviewed by SoT: Yes / No

Case submitted for assessment: Yes / No

Case review and resubmission (if applicable): Yes / No

Case assessed as a pass: Yes / No

## Essential topic areas

### 10. Progress against the essential topic areas

Essential topic area	Date of eLearning activity certificate
Neuropathic and related pain	
Acute pain	
Spinal pain	
Problematic substance use	
Visceral pain	
Pain related to cancer	
Headache and orofacial pain	
Complex regional pain syndrome	
Chronic widespread pain	

## Long case practice

### 11. Experience in long cases

Have you undertaken any observed long case practice sessions? Yes / No

How many have you undertaken during this ITA cycle? \_\_\_\_\_

## Strengths and weaknesses

### 12. Areas of strength and weakness related to roles in practice.

(Trainees need to identify the areas of strength and weakness from the ITA cycle).

#### Strengths:

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#### Weaknesses:

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To be completed by the SoT/PDS supervisor

**13. Assessment**

With reference to the Pain Medicine Roles in Practice please comment on the trainee’s performance for the preceding quarter. Where the trainee’s performance is unsatisfactory, please provide details. These comments may be used to counsel trainees and identify remedial actions and time-frames for their completion.

Please mark the box that best corresponds with your observations of the trainee.

*N/A: not observed during this quarter*

	Unsatisfactory	Borderline	Satisfactory	N/A
<b>Pain Medicine Roles in Practice</b>				
<b>Clinician</b>				
The trainee is able to perform a sociopsychobiomedical assessment of patients with pain and complex needs				
The trainee is able to perform a focused pain oriented examination				
The trainee is able to develop a working formulation by inferring mechanism(s) of pain on the basis of the clinical examination irrespective of pre-existing diagnostic labels				
The trainee is able to critically review and evaluate the need for further investigations and/or referrals to specialist services				
The trainee demonstrates an ability to synthesise and justify management plans for patients in pain, adapting them as necessary to individual patients				
The trainee is able to justify different therapeutic options including the use of medications, medical procedures, psychological and physical therapies for the patient with pain				
The trainee is able to tailor individual management plans taking into account the needs of different patients, their families and carers				
The trainee demonstrates an ability to provide appropriate follow-up including communication with other treating practitioners				
<b>Communicator</b>				
The trainee develops therapeutic relationships with patients				
The trainee is able to obtain relevant information about the patient from a variety of sources				
The trainee shares information appropriately with patients.				
The trainee shares information with other professionals, advocacy groups and in medico-legal contexts				
<b>Collaborator</b>				
The trainee participates constructively in a multidisciplinary health-care team				
The trainee demonstrates an ability to collaborate and mitigate conflict				

	Unsatisfactory	Borderline	Satisfactory	N/A
<b>Pain Medicine Roles in Practice</b>				
<b>Scholar</b>				
The trainee demonstrates a commitment to ongoing personal learning				
The trainee demonstrates the ability to critically appraise medical information				
The trainee demonstrates a commitment to the education of others with respect to pain and pain medicine				
The trainee contributes to the development of new knowledge and it's dissemination				
<b>Manager/Leader</b>				
The trainee participates in quality assurance activities and audits with the aim of improving organisational work practices				
The trainee demonstrates organised and balanced personal work practices				
The trainee demonstrates understanding and leadership in managing equitable allocation of health resources				
The trainee participates in administration and leadership				
<b>Health Advocate</b>				
The trainee advocates on behalf of patients for improvements in access to evidence-based pain management resources and promotes strategies for health improvement				
The trainee advocates on behalf of vulnerable and minority groups within the community for improved access to resources that promote self-management strategies in pain management and promotes appropriate use of controlled substances				
The trainee manages their personal well-being and recognises issues impacting on the health and well-being of colleagues				
<b>Professional</b>				
The trainee demonstrates a commitment to the health and well-being of individuals and society through ethical practice, characterised by high personal standards of behaviour, accountability and leadership				
The trainee demonstrates cultural awareness and sensitivity				
The trainee demonstrates an awareness and understanding of the legal and regulatory environment in which they work				
The trainee recognises and adopts appropriate strategies to mitigate the risks to their personal health and sustainability of practice of pain medicine.				

<b>ITA 1 ONLY</b>	<b>Date of completion</b>
General physical examination assessment	

Supervisor comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Global assessment**

The global performance mark is the supervisor's overall impression of the trainee's performance both in stream A (using as benchmarks their performances in the WBAs and progression in the summative assessments) together with their performance in the clinical environment.

\_\_\_\_ Unsatisfactory    \_\_\_\_ Borderline    \_\_\_\_ Satisfactory

Please provide an explanation where the overall assessment is unsatisfactory:

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\_\_\_\_\_  
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**15. Summary of discussion between trainee and supervisor**

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**16. Trainee response**

I have sighted the assessment on this form; have discussed the assessment with the supervisor; and am aware that this assessment will form part of my training record.

I agree with the assessment on this form: Yes / No

Trainee comments: \_\_\_\_\_

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Trainee's signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

**16. SoT/PDS supervisor declaration**

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_

Supervisor's email address: \_\_\_\_\_

Send the completed form within 10 working days of the quarter to:

Faculty of Pain Medicine painmed@anzca.edu.au  
PO Box 6095  
ST KILDA ROAD CENTRAL  
VIC 8008 AUSTRALIA