

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.

To be completed by the trainee

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): _____

Number of days of leave taken this quarter: _____

Summary of workplace-based progressive feedback (WBPFs)

Note: A minimum of three WBPFs must be completed per quarter (see Section 8 of the FPM Training Handbook). Copies of all WBPFs completed must be retained in your learning portfolio and supplied to the Faculty upon request. On completion of a multi-source feedback, the SoT summary form needs to be forwarded to the Faculty.

3. Clinical Skills Assessments

Relevant topic area	Overall rating	Assessment date	Workplace-based assessor

4. Management Plan Assessments

Relevant topic area	Overall rating	Assessment date	Workplace-based assessor

5. Case-based Discussions

Relevant topic area	Overall rating	Assessment date	Workplace-based assessor

6. Professional Presentations

Title of presentation	Audience	Overall rating	Assessment date	Workplace-based assessor

7. Comments regarding WBPFs *(to be completed by the trainee)*

Progress in the clinical case study

8. Comments regarding clinical case study progress

Strengths and weaknesses

9. Areas of strength and weakness related to the roles in practice.

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

Strengths:

Weaknesses:

To be completed by the SoT/PDS supervisor

10. Assessment

With reference to the Pain Medicine Roles in Practice please comment on the trainee’s performance for the preceding quarter based on the expectations for their stage of training. 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.

<i>Pain Medicine Roles in Practice</i>	Expectation against stage of training					
	Rarely meets	Inconsistently meets	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to assess
Clinician						
Clinical assessment and formulation						
Preparing management plans						
Implementing management plans						
Comment/ Other specific areas need to improve:						
Professional						
Ethical practice						
Cultural awareness and sensitivity						
Legal and regulatory environment						
Health and sustainable practice of specialist pain medicine physicians						
Comment/ Other specific areas need to improve:						
Scholar						
Ongoing personal learning						
Critical appraisal of medical information						
Learning of others, with respect to pain and pain medicine						
New knowledge and practices in pain medicine						
Comment/ Other specific areas need to improve:						
Communicator						
Therapeutic relationships						
Obtaining relevant information						
Sharing information with patients						
Sharing information						
Comment/ Other specific areas need to improve:						

<i>Pain Medicine Roles in Practice</i>	Expectation against stage of training					
	Rarely meets	Inconsistently meets	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to assess
Collaborator						
Participate in a multidisciplinary healthcare team						
Effective co-operation and conflict mitigation						
Comment/ Other specific areas need to improve:						
Manager/Leader						
Organisational work practice						
Personal work practice						
Equitable allocation of finite health resources						
Participation in administrative and leadership						
Comment/ Other specific areas need to improve:						
Health advocate						
Patient advocate						
Community advocate						
Personal advocate						
Comment/ Other specific areas need to improve:						

Supervisor comments: _____

11. Global Impression

Please identify your impression on the trainee's overall level of competence with regards to each of the Pain Medicine Roles in Practice.

Impression on the overall level of competence at each role and globally:

1. New Trainee level - trainee would benefit from observing supervisor completing most of the tasks encountered in a Specialist Pain Medicine Practice.
2. Trainee skills need further development to manage most of the tasks encountered in a Specialist Pain Medicine Practice.
3. Trainee can manage most of the tasks encountered in a Specialist Pain Medicine Practice and may benefit from talking through some aspects of it from time to time.
4. Trainee can manage most of the tasks encountered in a Specialist Pain Medicine Practice and consult with supervisor appropriately.
5. Trainee can independently manage most of the tasks encountered in a Specialist Pain Medicine Practice with minimal supervision and could assist or mentor junior colleagues.
6. Approaching competency of a junior specialist pain medicine physician
7. Competence level of a junior specialist pain medicine physician

Pain Medicine Roles in Practice	1	2	3	4	5	6	7
	<i>new pain medicine trainee ← -----→ junior SPMP level</i>						
Clinician							
Professional							
Scholar							
Communicator							
Collaborator							
Manager/Leader							
Health advocate							
Overall global impression							

Supervisor comments: _____

12. Global assessment

Overall the trainee meets the expectations of his/her level of training:

_____ Yes _____ Borderline _____ No

Please provide an explanation where the overall assessment is unsatisfactory:

To be completed by the SoT/PDS supervisor and the trainee

13. Summary of discussion between trainee and supervisor

14. Learning goals for the next ITA period

What do you want to learn in your next ITA period?	Time line for completion	How will you demonstrate that you have learned what you planned?

15. 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: _____

16. Trainee comments

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: _____

Trainee's signature: _____ Date: __ / __ / ____

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

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VIC 8008 AUSTRALIA