

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

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Progress in the clinical case study

**8. Comments regarding clinical case study progress**

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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:**

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**Weaknesses:**

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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.

<b><i>Pain Medicine Roles in Practice</i></b>	<b>Expectation against stage of training</b>					
	Rarely meets	Inconsistently meets	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to assess
<b>Clinician</b>						
Clinical assessment and formulation						
Preparing management plans						
Implementing management plans						
Comment/ Other specific areas need to improve:						
<b>Professional</b>						
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:						
<b>Scholar</b>						
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:						
<b>Communicator</b>						
Therapeutic relationships						
Obtaining relevant information						
Sharing information with patients						
Sharing information						
Comment/ Other specific areas need to improve:						

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

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

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\_\_\_\_\_

**11. 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:

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

**12. Summary of discussion between trainee and supervisor**

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**13. 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?

**14. 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: \_\_\_\_\_

**15. 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:

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