Handbook for PGY1s

Singapore Medical Council's Physicians Pledge

The SMC Physician's Pledge is based on the Declaration of Geneva and is a set of ethical values that each doctor in Singapore is expected to uphold professionally at all times. Since 1995, every doctor upon being admitted as a fully registered practitioner with the SMC has to make this pledge.

"I solemnly pledge to:

dedicate my life to the service of humanity; give due respect and gratitude to my teachers; practise my profession with conscience and dignity; make the health of my patient my first consideration; respect the secrets which are confided in me; uphold the honour and noble traditions of the medical profession; respect my colleagues as my professional brothers and sisters; not allow the considerations of race, religion, nationality or social standing to intervene between my duty and my patient; maintain due respect for human life; use my medical knowledge in accordance with the laws of humanity; comply with the provisions of the Ethical Code; and constantly strive to add to my knowledge and skill.

I make these promises solemnly, freely and upon my honour."

Table of Contents

I.	Introduction	4
	Post Graduate Year 1	4
	What is a Certificate of Experience?	4
	The National Assessment Committee for PGY1	5
II.	The National PGY1 Training and Assessment Framework	6
	Framework Overview	6
	Foundational Attributes	7
	Professional Activities Overview	8
III.	Descriptions of the Professional Activities and Their Desired Milestones	10
	Professional Activity 1	10
	Professional Activity 2	11
	Professional Activity 3	11
	Professional Activity 4	12
	Professional Activity 5	12
	Professional Activity 6	13
	Professional Activity 7	14
IV.	Assessment Overview	15
	Tools	15
	Logbook	15
	The Monthly Supervisor Report	16
	Rater Form	16
	The End-of-posting Supervisor Report	17
V.	Assessment Process	18
VI.	Minimum Standard for Obtaining the Certificate of Experience	20
	Remediation Process	20
	Appeal Process	20
	Contact Information	
Anr	nex A	
	Sample of the Monthly Supervisor Report (Form P1)	A-1
	Sample of the Rater Form (Form P2)	
	Sample of the End-of-posting Supervisor Report (Form P3)	A-7

I. Introduction

Post Graduate Year 1

Post graduate Year 1 (PGY1) forms the transition year between undergraduate medical education and full medical registration. This period will provide you with the necessary clinical experience and skills in one or more approved hospitals in order to assume increasing responsibility for patient care under supervision, and prepare you for future independent practice in an unsupervised ambulatory setting. During PGY1, you will be under provisional registration with the Singapore Medical Council until you are deemed eligible for Full Registration.

What is a Certificate of Experience?

A Certificate of Experience (COE) is proof of successful completion of clinical postings during PGY1. Successful completion entails accrual of at least 12 months of clinical postings and satisfactory performance as attested by your supervisor. During this period, a minimum of three months must be done in General Medicine, a minimum of three months in either General Surgery or Orthopaedic Surgery and the remaining months in any other discipline as approved by the Singapore Medical Council. These posting requirements are stipulated in the Regulations of the Medical Registration Act in order for you to be issued a COE.

Your supervisor will use a variety of assessment tools to determine whether you have satisfactorily achieved the necessary skills and competencies. These assessment tools are described in Section IV. The COE is awarded by the National Certifying Authority after ensuring that all requirements have been met.

Successful issuance of the COE (and the passing of the USMLE Step 3 or equivalent exam for Duke-NUS GMS graduates) is/are prerequisites for Full Medical Registration eligibility with the Singapore Medical Council.

The National Assessment Committee for PGY1

The National Assessment Committee for PGY1 (NAC-PGY1) is tasked with developing the training and assessment framework as well as assessing the clinical competencies of PGY1 doctors for the purposes of issuing of COEs. The NAC-PGY1 assists the National Certifying Authority in issuing COEs.

II. The National PGY1 Training and Assessment Framework

Framework Overview

The NAC-PGY1 has developed the National PGY1 Training and Assessment Framework (the Framework) to ensure that all PGY1 doctors undergo similar training and assessment to achieve stipulated competencies and training outcomes. This will be put in place from 1 May 2014 for all incoming PGY1 doctors. This Framework also applies to inflight PGY1s should a substantial portion of the PGY1 year remain uncompleted when the Framework takes effect. All inflight PGY1s who commenced PGY1 training on or after 1 February 2014 will be assessed under this framework from 1 July 2014.

The Framework identifies Foundational Attributes and Professional Activities i.e., management of common conditions and performance of procedures you are expected to demonstrate during the course of your PGY1 year. The assessment tools are designed to document your learning experience. It is essential that you understand what is expected of you in order to satisfactorily clear each posting. Underpinning the Framework are six core competencies recommended by the National Medical Undergraduate Curriculum Committee (NMUCC):

Competency 1 – Patient Care that is compassionate, appropriate, and effective for treating health problems and promoting health;

Competency 2 – Medical Knowledge about established and evolving biomedical, clinical, and similar sciences and the application of this knowledge to patient care;

Competency 3 – Practice-Based Learning & Improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care;

Competency 4 – Interpersonal & Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals;

Competency 5 – Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; and

Competency 6 – Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Foundational Attributes

The NAC-PGY1 has defined a list of Foundational Attributes which refer to behaviours expected, taught and reinforced in the medical schools that must be demonstrated by doctors throughout their professional practice. Unlike the professional activities which may be specialty-specific, you will be assessed for six Foundational Attributes throughout the duration of your PGY1 training regardless of your clinical posting. The six Foundational Attributes are listed below and constitute desired behaviours associated with the competencies of Professionalism and Practice-Based Learning:

- Demonstrate openness and respect for patients, relatives and all members of the healthcare professional team that includes cultural and religious sensitivities;
- Adhere to the Singapore Medical Council ethical code of conduct¹, including medico legal responsibilities;
- Be aware of their clinical responsibilities and limitations, including knowing when to escalate where appropriate (Team Work);
- 4) Demonstrate commitment and integrity, including following through on assigned tasks, being punctual and being truthful in all circumstances;
- 5) Accept supervisor and peer feedback to improve knowledge and skills; and
- 6) Identify credible sources of updated medical information to care for patients.
- 1

http://www.healthprofessionals.gov.sg/content/dam/hprof/smc/docs/guidelines/SMC%20Ethical%20C ode%20and%20Ethical%20Guidelines.pdf

Professional Activities Overview

The Framework categorises the skills and knowledge you are expected to acquire into seven Professional Activities. Detailed descriptions of these activities can be found in Section III. These are skills that a doctor can progressively be entrusted to perform competently when entering into unsupervised practice:

Professional Activity 1 - Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting and follow-through relevant diagnostic evaluation and therapeutic interventions

Professional Activity 2 - Manage transitions of care (within and between teams)

Professional Activity 3 - Able to perform bedside procedures

Professional Activity 4 - Resuscitate, stabilise, and care for unstable or critically ill patients

Professional Activity 5 - Provide peri-procedural and post procedural/ surgical assessment and care

Professional Activity 6 - Able to educate, update and interact with patient and family members and facilitate family conferences

Professional Activity 7 - Improve the quality of healthcare at both individual and systems levels

The Framework recognises the importance of learning experiences in systemsbased practice and practice-based learning & improvement. For the time being, Professional Activities directed at acquiring competencies in these two aspects are deemed aspirational and you will not be assessed on them at this time. Rather, training institutions will make available regular sessions to bring awareness to these competencies including sessions on patient safety and cost effectiveness. **Table 1** below summarises the list of Professional Activities and the competenciesthey translate to. Further details on each Professional Activity are provided inSection III.

Professional Activity	Competency
Manage patients by obtaining a detailed	1. Professionalism
history, performing appropriate physical	2. Communication Skills
examination, requesting and follow-through	3. Medical Knowledge
relevant diagnostic evaluation and	4. Patient care and technical skills
therapeutic interventions	
Manage transitions of care (within and	1. Professionalism
between teams)	2. Communication Skills
between teams)	3. Systems-Based Practice
	5. Systems-Dased Flactice
Able to perform bedside procedures	1. Professionalism
	2. Communication Skills
	3. Patient care and technical skills
Resuscitate, stabilise, and care for unstable	1. Professionalism
or critically ill patients	2. Communication Skills
	3. Practice-Based Learning and
	Improvement
Provide peri-procedural and post	1. Communication Skills
procedural/surgical assessment and care	2. Medical Knowledge
	3. Patient care and technical skills
Able to educate, update and interact with	1. Professionalism
patient and family members and facilitate	2. Communication Skills
family conferences	
Improve the quality of healthcare at both	1. Patient care and technical skills
individual and systems levels	2. Systems-Based Practice
	3. Practice-Based Learning and
	Improvement

Table 1 Summary	of Competencies	Assessed by	y Professional Activities

III. Descriptions of the Professional Activities and Their Desired Milestones

Professional Activity 1: Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting & follow-through relevant diagnostic evaluation & therapeutic interventions

This Professional Activity will require you to be able to perform the following actions independently by end of PGY1:

- 1) Obtain complete relevant and accurate patient history and perform physical examination.
- 2) Propose a reasonable working and differential diagnoses.
- 3) Decide on initial diagnostic evaluation and recommend/carry out acute therapeutic interventions.
- 4) Demonstrate awareness of costs, risks and benefits.
- 5) Articulate and utilise knowledge to diagnose and treat common conditions encountered in the posting (dependent on conditions listed in your logbook).
- 6) Maintain patient confidentiality.
- 7) Work effectively and respectfully within an inter-professional team.
- 8) Demonstrate compassion, empathy, openness & respect for patients & relatives that includes cultural and religious sensitivities.

In addition to performing these activities, you will also be required to see and log all core conditions during each posting. These conditions are listed in your logbook. Your supervisor will also have a case discussion on any of the core conditions you have logged as a form of assessment.

Professional Activity 2: Manage transitions of care (within and between teams)

You are required to be able to perform the below activities independently by the end of your training:

- 1) Handover a sick patient to a colleague.
- Document clearly and concisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements.
- 3) Demonstrate responsibility in providing good care for patients of other colleagues whom he/she is "cross covering".
- 4) Understand, inform and refer patients to appropriate care options and programs in the community.
- 5) Co-ordinate efforts with other providers within and outside the immediate healthcare team.
- 6) Communicate changes in patient status to the other members of the care team.

Professional Activity 3: Able to perform bedside procedures

You are expected to be able to perform the list of activities when carrying out the core bedside procedures.

- Demonstrate knowledge of indications, contraindications, complications and benefits of procedures performed.
- 2) Explain effectively and efficiently with patients and caregivers regarding procedures being done.
- 3) Perform procedures effectively and safely.
- 4) Seek guidance when difficulty is encountered and for more complex tasks.

The full list of core procedures is listed within your logbook. Further instructions on the logging of these procedures are stated in section IV. As a form of assessment, your supervisor may choose to have a discussion regarding any of the core procedures which you have recorded into your logbook.

Professional Activity 4: Resuscitate, stabilise, and care for unstable or critically ill patients

You will be expected to be able to carry out the following activities by the end of your training year. If you have not been certified in BCLS or in the use of the AED, you will be required to attend one and log your attendance in the logbook.

- 1) Recognise critically ill patients and provide first line care.
- 2) Identify deteriorating clinical states requiring critical care.
- Perform life support measures (including BCLS and use of AED) and paediatric resuscitative skills.

Professional Activity 5: Provide peri-procedural and post procedural / surgical assessment and care

You will be expected to be able to carry out the following activities by the end of your training year.

- 1) Be aware of the patient's indication of surgery and referral for surgery.
- 2) Identify high risk patients who require additional assessment prior to procedures and surgery.
- 3) Optimise the patients' condition for surgery.
- 4) Identify symptoms and signs of clinical concern in patients post-operatively and take appropriate actions.
- 5) Understand one's own limitations and informs appropriately to the supervisor in time.

Your supervisor may choose to conduct a case discussion on your performance in carrying out these activities as a form of assessment.

Professional Activity 6: Able to educate, update and interact with patient and family members and facilitate family conferences

You will be expected to be able to perform these activities during your professional career.

- 1) Identify and prioritise the medical, social and emotional issues prior to a family conference.
- 2) Ensure that the correct patient's relatives are spoken to at time of family conference together with paramedical colleagues
- 3) Ensure that privacy and confidentiality are not compromised during family conference.
- 4) Demonstrates compassion and empathy (verbal and non-verbal) and allow family members to air grievances and feelings.
- 5) Demonstrates effective listening skills by allowing patient and his/her family to voice his/her/their concerns and feelings and by acknowledging them.
- 6) Resist any reactionary or rude behaviour (verbal and non-verbal) even when provoked and maintain a professional attitude in all dealings.
- 7) Provide clear information to patient and family in context of appropriate discussion.
- 8) Allow opportunities for family members to clarify issues that come about during discussions.
- 9) Avoid imposing judgmental attitude towards patient's lifestyle and choices.
- 10) Effectively communicate bad news.
- 11) Document clearly the essential discussion during family updates and conferences.
- 12) Follow through on issues agreed upon at family conference.

Professional Activity 7: Improve the quality of healthcare at both individual and systems levels

You are expected to be exposed to the following activities in PGY1.

- 1) Demonstrate an understanding of the individual and system causes of risk, harm, errors and adverse events.
- 2) Demonstrate understanding and follow safe care protocols for patient care, especially during transition of care.
- 3) Demonstrate an understanding of the purpose of incident reporting systems and reports unsafe care, near misses and serious clinical incidents to relevant parties.
- 4) Present and discuss clinical cases during clinical learning activities such as peer review and mortality and morbidity quality assurance committees.
- 5) Demonstrate a basic understanding of the concepts of continuous quality improvement (QI).
- 6) Acknowledge any error commission or omission to supervisor and follow through accordingly.
- 7) Show respect and sensitivity for students and other learners.
- 8) Teach junior members of the team in the clinical setting.

Note: You will not be assessed on practice-based learning and improvement, and systems-based practice aspects of this professional activity, as they are deemed as aspirational goals for now. Training institutions will organise regular learning activities on these, as well as patient safety and cost effectiveness. You will be required to attend a patient safety workshop and record your attendance into your logbook as a minimum requirement.

IV. Assessment Overview

Tools

Each component of the Framework (Foundational Attributes, Professional Activities) is assessed using a variety of assessment tools. For instance, a monthly supervisor report will assess your performance of Professional Activities. The prescribed logbook captures successful performance of required procedures or cases attended to. A multi-rater assessment will assess your competencies in communication skills, professionalism and teamwork. An end-of-posting assessment will assess your general progress and overall performance. In general, you are expected to have 12 monthly reports, 1 multi-rater exercise and 3-4 end-of-posting reports during the course of your PGY1.

Logbook

Your training institution will provide you an online logbook to record your learning experience throughout the year. The logbook serves two purposes. First, it is a tracking tool that charts the achievement of milestones. Second, it also serves as a formative tool that you can use to discuss the management of patients with your supervisors. Please use only patients' initials or last four digits and alphabet of patients' NRIC when recording conditions/procedures in your logbook, and ensure it is kept safely.

Within each posting section is a list of core conditions which you are expected to have managed. All the core conditions have to be logged in by the end of the postings which you have been rotated through. You may also record other cases which you have managed into your logbook for your own learning reference. There are also sections for you to record your personal reflections on the cases that you have seen.

The procedure section of the logbook provides a list of core procedures that you are required to perform by the end of PGY1. In addition to this list, there is a list of paediatric procedures which you are required to perform when posted to Paediatric Medicine. Documenting supervision for these procedures is optional except during

the paediatric medicine posting. You are required to update your logbooks before your monthly discussion with your supervisor. The cases and procedures you log will form the basis of your discussion and the report that your supervisor prepares.

You are also expected to log the successful completion of the BCLS course and the compulsory learning activities organised by the institutions which you have participated in, into the pre-populated list of compulsory learning activities and course(s) provided in the logbook.

The Monthly Supervisor Report

The monthly supervisor report is a formative assessment tool which assesses your workplace-based performance and your ability to achieve the overall competencies.

Your appointed posting supervisor will first meet with you at the beginning of each posting to establish initial contact and to set suitable targets. During the posting, the supervisors (posting or ward) will conduct monthly feedback sessions. These sessions would involve going over your logged cases and procedures, discussing any feedback received on your work and your ability to conduct yourself professionally and work in a team. At the same time, your supervisor will use a workplace-based assessment form to conduct a monthly open assessment on your ability in carrying out the Professional Activities and your competency in Medical Knowledge and Patient Care.

Rater Form

The rater form is used to assess your competencies in communication skills, professionalism and teamwork. It is used in the multi-rater exercise.

During the course of your PGY1 training, a multi-rater assessment (minimum of one conducted in your PGY1 training) will be carried out. To achieve this, three persons will be asked to evaluate your above-mentioned competencies, namely:

- 1) A peer (fellow PGY1, second year resident or Medical Officer whom you work closely with);
- 2) A senior doctor (minimally a registrar or a fourth year resident); and
- 3) A nurse (minimally the rank of a senior staff nurse).

The End-of-posting Supervisor Report

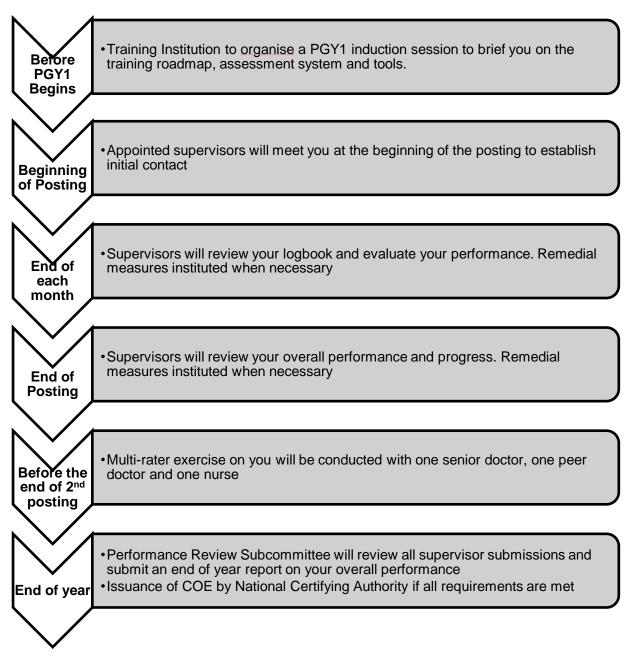
The end-of-posting supervisor report is used only by the posting supervisor to assess your competencies, general progress and overall performance at the end of each posting.

V. Assessment Process

Your appointed supervisor and the hospital's PGY1 Programme Director will be in charge of your training and assessment. Based on the Framework, your PGY1 Programme Director will develop a PGY1 training programme that describes your posting schedule, training activities and schedule of assessments. Similarly, if you have been matched to a specialty residency programme or transitional year programme, the PGY1 Programme Director will work with the relevant Programme Director to ensure that the desired outcomes of the Framework are achieved.

During the course of your training, your supervisor will provide feedback on your progress, including areas in need of improvement. The feedback you receive will be based on the various assessment tools. These assessment reports will be regularly reviewed by the hospital's Performance Review Subcommittee, including those involving underperforming PGY1 requiring remedial actions. At the end of the PGY1 year, the Performance Review Subcommittee will submit the consolidated assessment information to a national committee, the Training and Assessment Standards Committee. This Committee then makes recommendations to the National Certifying Authority for the issuance of the COE. **Figure 1** overleaf details the overall assessment process.

Figure 1: Overview of the PGY1 Training and Assessment Process



VI. Minimum Standard for Obtaining the Certificate of Experience

Minimally, you are expected to achieve the following to be awarded the COE:

- I. Logbook: complete pre-populated list of core conditions and procedures in the departments you are posted to, participation of the compulsory learning activities stipulated and successful completion of the BCLS course
- II. Monthly Supervisor Assessment: Achieve an overall satisfactory rating
- III. Multi-rater Assessment: Achieve an overall satisfactory rating
- IV. End of Posting Assessment: Achieve an overall satisfactory rating

Remediation Process

In the event that you are deemed to have failed a posting, the supervisor will submit the recommendation for remediation to the Performance Review Subcommittee.

During the remediation process, an additional multi-rater exercise will be conducted on you. In addition, your posting supervisor will have to report on your progress regularly to the Performance Review Subcommittee until you have passed your posting.

Appeal Process

You will be allowed to submit an appeal directly to the Performance Review Subcommittee to reconsider any remediation action recommended by the supervisor. You will also be allowed to appeal against the Performance Review Subcommittee recommendation to the Training and Assessment Standards Committee on whether you should be awarded the COE.

VII. Contact Information

For Training and Assessment Related Issues

Singapore Health Services http://www.singhealthresidency.com.sg/Pages/TransitionalYear.aspx

Performance Review Subcommittee (PRS) Co-Chairs @ SGH A/Prof Tan Hak Hoon, ADIO SGH A/Prof Chan Choong Meng, Education Director, SGH

PRS Secretariat @ SGH Ms Goh Zhimin goh.zhimin@singhealth.com.sg

Performance Review Subcommittee (PRS) Chair @ KKH Prof Chay Oh Moh, ADIO KKH

PRS Secretariat @ KKH Ms Jesylin Koh jesylin.koh.s.t@singhealth.com.sg

Performance Review Subcommittee (PRS) Chair @ CGH A/Prof Goh Siang Hiong, ADIO CGH

PRS Secretariat @ CGH Ms Marie Lee <u>marie.lee.peng@singhealth.com.sg</u>

<u>National Healthcare Group</u> <u>https://www.nhgresidencyprogram.com.sg/programs.aspx?id=145</u>

Transitional Year @ TTSH Programme Director A/Prof Chia Chung King Chung king chia@ttsh.com.sg Transitional Year @ TTSH Programme Coordinator Ms. Melissa Yong melissa_cf_yong@nhg.com.sg

KTPH Transitional Year Program – NHG Residency Programme Director Dr Lawrence Tan tan.lawrence.wm@alexandrahealth.com.sg

KTPH Transitional Year Program – NHG Residency Programme Coordinator Ms Sabrina Kay kay.sabrina@alexandrahealth.com.sg

National University Health System http://www.nuhs.edu.sg/nuhsresidency/programs/transitional-year/contact-us.html

Transitional Year Programme Director Dr Victor Ong victor_yk_ong@nuhs.edu.sg

Transitional Year Programme Coordinator

Ms. Cecilia Sim cecilia_sim@nuhs.edu.sg

Transitional Year Associate Programme Director - JurongHealth Dr Lim Eng Koon eng koon lim@juronghealth.com.sg

Transitional Year Programme Coordinator – JurongHealth Ms. Jessie Chia jessie_chia@juronghealth.com.sg

For Employment Related Issues MOH Holdings Healthcare Manpower Division http://www.physician.mohh.com.sg/about_us.html Ms. Poon Wei Lin Weilin.poon@mohh.com.sg 68181327

For Any Other Issues

http://www.moh.gov.sg/content/moh_web/healthprofessionalsportal/allhealthcareprofessional s/news_announcements/national_pgy1_training_assessment_framework.html

PGY1@moh.gov.sg

Annex A

Sample of the Monthly Supervisor Report (Form P1)

MONTHLY SUPERVISOR REPORT (FORM P1)

GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)

Full Name of PGY1:	MCR:				
Sponsoring Institution (if any):	Current Training Site	e.g. Hospital/Institution).	Department:		
Full Name of Evaluator:	MCR:	Period of Evaluation:	to	Date of Evaluation:	
			(dd/mm/yy)		(dd/mm/yy)

ENDORSEMENT OF LOGBOOK REVIEW

Certification By Evaluator (Supervisor):

I have reviewed the logbook and the PGY1 has seen an appropriate variety of patients during this period.

I have reviewed the logbook and have the following comment(s):

Comments/issues	s encountered:
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PART I: ESSENTIAL CASE AND PROCEDURE DISCUSSION

Instructions on Use of Rating Scale:

- 1. Tick one category from Needs Improvement, Satisfactory and Above Expected or indicate: N.A. (not applicable) if behaviour does not apply to the PGY1; N.O. (Not Observed) if the behaviour was not observed during the period under evaluation.
- 2. Please note that your rating should reflect the performance of the PGY1 against that which you would reasonably expect at their stage of training and level of experience.
- 3. You must justify your rating of Needs Improvement with at least one explanation/example in the comments/issues encountered box, failure to do so will invalidate the assessment. Please feel free to add any other

relevant opinions about this POTT's strengths and weaknesses.			
Above Expected All behaviours performed very well			
Satisfactory Most behaviours performed acceptably; satisfactory performance is described below			
Needs Improvement Most behaviour performed poorly			

Clinical problem/Diagnosis:

1. Obtain complete relevant and accurate patient history Image: Complete relevant and accurate patient history 2. Report on pertinent physical signs Image: Complete relevant and accurate history, medications/allergies, social history, sexual history and family history when relevant to the case. 2. Report on pertinent physical signs Image: Complete relevant and provides description of patient's overall appearance/status; systematic in approach; described relevant positive findings pertaining to the case and important negative findings that are helpful in excluding particular diagnoses.	Case Discussion Needs Improvement Satisfactory Above Expected					
Provides description of patient's overall appearance/status; systematic in approach; described relevant positive findings pertaining to the case and important negative findings that are helpful in excluding particular	•					
	2. Report on pertinent physical signs	positive findings pertaining to the case and important negative findings that are helpful in excluding particular				

FORM P1-1

FORM P1-1

2

Ca	se Discussion	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
3.	Propose a reasonable working and differential diagnoses		entify the problem and prioritise differe disease and urgency of clinical care.		
4.	Decide on initial diagnostic evaluation & recommend/carry out therapeutic interventions	Makes informed diagnostic and	treatment decisions using patient info judgement, and scientific evidence.	mation and preferences, clinical	
5.	Displays adequate knowledge on principles of peri-procedural and post- procedural/surgical assessment and care		cocedure/surgery; identifies high risk p entify symptoms and signs of clinical		
Co	mments/issues encountered:				1

Procedure Discussed :

Procedure Discussion	Needs Improvement	Satisfactory	Above Expected	N.A./N.O.
1. Identifies correct indication(s) for procedure				
	Able to understand and articul	ate the reasons behind the procedur	e being ordered for the patient.	
2. Knows how to prepare patient appropriately				
for the procedure that needs to be performed	for the procedure e.g. drug allergy, t		e if patient has any contraindications wide accurate explanation of how the plications and side effects of the	
 Relates correct sequential steps pertaining to the procedure 		rocedure is done, including relevant of y checks, disposal of equipment and		
Comments/issues encountered:	•			•

PART II: COMPETENCY EVALUATION

1. Applies up-to-date knowledge in the clinical context Able to logically discuss diagnosis, evaluation and treatments of medical disorders within his/her level based on pathophysiology and basic sciences of disease processes; understands rationale for varied approaches to clinical problems. 2. Demonstrates good analytical thinking and problem solving techniques Demonstrates sound clinical judgement; applies good analytical approach and effective problem solving techniques in a medical setting. Patient Care	Medical Knowledge	Needs Improvement	Satisfactory	Above Expected	N.A./N.C		
problem solving techniques Demonstrates sound clinical judgement; applies good analytical approach and effective problem solving techniques in a medical setting. Patient Care Image: Comparison of care Image: Comparis			on pathophysiology and basic sciences of disease processes; understands rationale for varied approaches to				
3. Manages transitions of care Able to handover a sick patient to a colleague; able to handover patients between shifts by documenting clearly & precisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements; able to co-ordinate efforts with other providers within and outside the immediate healthcare team. 4. Responds appropriately to emergency clinical problems Quickly responds to changing clinical situations; able to recognise critically ill patients and identify deteriorating clinical states; initiates appropriate care interventions and procedures in emergencies as part of team; able to perform life support measures (including BCLS, use of AED); approaches consultants to ensure appropriate clinical response. 5. Practices within the scope of his/her abilities and makes informed diagnostic and therapeutic decisions. Synthesises evidence in making a diagnosis and subsequent therapeutic decision; With consultants to ensure timely diagnostic therapeutic interventions; makes correct judgement to consult and/or ask for help when needed.				ach and effective problem solving			
Able to handover a sick patient to a colleague; able to handover patients between shifts by documenting clearly & precisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements; able to co-ordinate efforts with other providers within and outside the immediate healthcare team. 4. Responds appropriately to emergency clinical problems Quickly responds to changing clinical situations; able to recognise critically ill patients and identify deteriorating clinical states; initiates appropriate care interventions and procedures in emergencies as part of team; able to perform life support measures (including BCLS, use of AED); approaches consultants to ensure appropriate clinical response. 5. Practices within the scope of his/her abilities and makes informed diagnostic and therapeutic decisions. Synthesises evidence in making a diagnosis and subsequent therapeutic decision; Utilises subspecialty consultants to ensure timely diagnostic therapeutic interventions; makes correct judgement to consult and/or ask for help when needed.	Patient Care						
clinical problems Quickly responds to changing clinical situations; able to recognise critically ill patients and identify deteriorating clinical states; initiates appropriate care interventions and procedures in emergencies as part of team; able to perform life support measures (including BCLS, use of AED); approaches consultants to ensure appropriate clinical response. 5. Practices within the scope of his/her abilities and makes informed diagnostic and therapeutic decisions. Synthesises evidence in making a diagnosis and subsequent therapeutic decision; Utilises subspecialty consultants to ensure timely diagnostic therapeutic interventions; makes correct judgement to consult and/or ask for help when needed.	 Manages transitions of care 	Able to handover a sick patient to clearly & precisely the Primary Te	am's care plans as well as the Receiv efforts with other providers within and	ving Team's follow-up clinical care			
abilities and makes informed diagnostic and therapeutic decisions. Utilises subspecialty consultation appropriately; identifies available resources to support decision; works collaboratively with consultants to ensure timely diagnostic therapeutic interventions; makes correct judgement to consult and/or ask for help when needed.		Quickly responds to changing deteriorating clinical states; initiates	appropriate care interventions and p easures (including BCLS, use of AED	rocedures in emergencies as part of			
Comments/issues encountered:	abilities and makes informed diagnostic and	Synthesises evidence in making a consultation appropriately; identif	fies available resources to support de stic therapeutic interventions; makes	ecision; works collaboratively with			
	Comments/issues encountered:						

PART III: CERTIFICATION & ENDORSEMENT

Certification By Evaluator (Supervisor):	
I hereby certify that all the above are true to the best of my assessment and	knowledge, and I have communicated the main points of discussion to the PGY1.
NAME & MCR:	SIGNATURE/DATE:
	DESIGNATION & OFFICIAL SEAL:

FORM P1-3

Sample of the Rater Form (Form P2)

RATER FORM (FORM P2)

GE	NERAL INFORMA	ATION (PLEASE WRITE IN	BLOCK LETTER	S)				
Ful	Name of PGY1:		MCR:					
Sp	onsoring Institution	(If any):	Current Training	g Site (e.g. Hospital/Institution):		Department:		
Per	iod of Evaluation:	Da	te of Evaluation:	(ddimm.ho/)				
Ple	ase rate this PGY1	's performance against that w	hich you would re	easonably expect at their	r stage of training	and level of experien	ce. The scores will be us	sed for
1. 2. 3.	A score of 1-2 is conside Please do not discuss th	5 or UE (Unable to Evaluate) if you hav red unsatisfactory, 3-4 satisfactory and e ratings with others. The PGY1 will no	5 is considered above t t see your responses.			and level of experience.		
	ove Expected	All behaviours performed ver		0				
	isfactory satisfactory	Most behaviours performed a Most behaviour performed p						
3		Most benaviour performed p					1	
	fessionalism		Unsa	atisfactory		isfactory	Above Expected	UE
1.	Respects the right confidentiality of p	ts, choices, beliefs and patients	1. 🗌	2.	3. 🗌	4.	5. 🗆	
2.	Respects and val members of the t	lues contributions of other eam	1. 🗆	2. 🗆	3.	4. 🗆	5. 🗆	
3.	Reliably fulfils du	ties in a timely manner	1. 🛛	2.	3.	4.	5. 🗆	
4.	Conducts him/he integrity	rself with honesty and	1. 🗆	2. 🗆	3. 🗆	4. 🗆	5. 🗌	
Co	mmunications							
5.	Communicates effamilies	ffectively with patients and	1. 🗆	2. 🗆	3.	4.	5.	
6.	Communicates a other healthcare	nd works effectively with professionals	1. 🛛	2.	3. 🗌	4.	5. 🗆	
Tea	am Work							
7.	Doctor is a team appropriate respo	player and accepts onsibility	1. 🛛	2.	3.	4.	5. 🗆	
8.	Identifies own we help	aknesses and asks for	1. 🛛	2.	3. 🗌	4.	5. 🗆	
_								

FORM P2

Please provide additional comments to support your ratings.

Do you have any other comments about the doctor?

Rater Details:		
I hereby certify that all the above are true to the best of my assessment and knowledge.		
NAME & MEDICAL/NURSING REGISTRATION NUMBER:	SIGNATURE/DATE:	
	DESIGNATION & OFFICIAL SEAL (IF APPLICABLE):	

2

Sample of the End-of-posting Supervisor Report (Form P3)

	END-OF-POSTIN	IG SUPERVISOR R	EPORT (FORM F	23)		FURM P3
GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)						
Full Name of PGY1:	MCR:					
Sponsoring Institution (If any):				Department:		
Period of Evaluation: to	Date of Evaluation:					
Competency Evaluation by Posting Super	visor	(dd/mm/yy)				
Please rate this PGY1's performance against t performance feedback and improvement, and	hat which you would rea	asonably expect at the I.	eir stage of training a	and level of experienc	e. The scores will be u	ised for
Instructions on Use of Rating Scale:						
 Tick a number from 1 to 5 or UE (Unable to Evaluate) if y A score of 1-2 is considered unsatisfactory, 3-4 satisfactory 				nd level of experience.		
Above Expected All behaviours performe	d very well (rating 5)					
	med acceptably (ratings 3					
	ed poorly (ratings 1 or 2)					
Professionalism	Unsa	tisfactory		sfactory	Above Expected	UE
 Respects the rights, choices, beliefs and confidentiality of patients 	1. 🗆	2.	3. 🗆	4.	5. 🗆	
2. Respects and values contributions of oth	er 1. 🗆	2.	3.	4.	5. 🗆	
members of the team					-	
3. Reliably fulfils duties in a timely manner	1. 🗆	2. 🗆	3.	4. 🗆	5. 🗆	
4. Conducts him/herself with honesty and	1. 🗆	2.	3.	4.	5.	
integrity		_			-	
Communications						
5. Communicates effectively with patients a	nd 1. 🗆	2.	3.	4.	5.	
families						
Communicates and works effectively with	1. □	2. 🗆	3. 🗆	4.	5. 🗆	
other healthcare professionals						
Team Work						
Doctor is a team player and accepts	1. 🗆	2. 🗆	3. 🗆	4. 🗆	5. 🗆	
appropriate responsibility						
8. Identifies own weaknesses and asks for	1. 🗆	2. 🗆	3. 🗆	4. 🗆	5. 🗆	
help						

Please provide additional comments to support your ratings.

Do you have any other comments about the doctor?

General Progress Discussion with Posting Supervisor

This section is to discuss the PGY1's Learning Needs and establish Development Plans to help the PGY1 achieve these learning needs.

Instructions:

Please begin by reviewing the learning needs and development plans determined at the end of the previous posting (where relevant).
 If learning needs are met, the date on which it is met is to be completed by the PGY1 to allow for review by the supervisor.

3. If learning needs are not met, please state reasons in the comments/issues box.

4. Finally, please determine the PGY1's learning needs and development plans for the following posting. "Specific learning needs must be determined for behaviours that are rated as Needs Improvement.

Report on previously determined learning needs and development plans

Comments/issues encountered:

Discussion for the following posting

No.	Learning Needs	Development Plans	Date met

FORM P3

Agreed	Foll	ow-up	Action

Overall Assessment by Posting Supervisor

- Has completed the posting satisfactorily
 Requires re-posting ______n months

Please state reason(s) if re-posting is required:

Certification & Endorsement		
Certification by PGY1:		
I agree / do not agree with the above evaluation.		
Comments (if any):		
NAME & MCR:	SIGNATURE/DATE:	
Certification by Evaluator (Posting Supervisor):		
I hereby certify that all the above are true to the best of my assessment and knowledge.		
NAME & MCR:	SIGNATURE/DATE:	
	DESIGNATION & OFFICIAL SEAL:	