ITA health promotion activity – Assessment and feedback form

|  |  |  |  |
| --- | --- | --- | --- |
| **Intern name** | Click or tap here to enter text. | **Ahpra registration** | Click or tap here to enter text. |
| **Intern training program** | Click or tap here to enter text. | **Stage of internship** | [ ]  0-3 months [ ]  3-6 months[ ]  6-9 months [ ]  9-12 months |

About this form

This form is to be used for **assessment** of and feedback on the intern’s performance in relation to the development and delivery of a health promotion activity. It should be used to structure the discussion and debrief following completion of the activity and completion of the Report and Evaluation form by the intern.

Instructions for interns

Complete the health promotion Report and Evaluation form before seeking assessment and feedback from your supervisor on the health promotion activity.

Instructions for supervisors

Set aside time to discuss and review the intern’s Report and Evaluation of their health promotion activity. Indicate your assessment of the intern’s ability for each element. The assessment of a small number of elements as **Needs improvement** does not automatically preclude the intern from demonstrating achievement of the overall performance outcome. Document any additional feedback including where the intern’s performance was appropriate and reasons why you assessed particular elements as **Needs improvement** if applicable. Discuss and record any areas for future improvement with the intern.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aspect of activity** | **Elements: Assessment of your intern’s ability to:** | **Demonstrated satisfactorily** | **Needs improvement** | **N/A** |
| **Intern’s rationale for****choice of activity** | identify and recognise local needs |[ ] [ ] [ ]
|  | choose appropriate activity based on local needs |[ ] [ ] [ ]
|  | undertake risk assessment |[ ] [ ] [ ]
|  | explain rationale to others |[ ] [ ] [ ]
| **Intern’s preparation for activity** | take relevant cultural considerations into account |[ ] [ ] [ ]
|  | set relevant and achievable goals |[ ] [ ] [ ]
|  | identify appropriate collaborations |[ ] [ ] [ ]
|  | identify and acquire required resources |[ ] [ ] [ ]
|  | create workable logistics |[ ] [ ] [ ]
|  | explain activity to co-workers |[ ] [ ] [ ]
|  | market the activity to potential participants |[ ] [ ] [ ]
| **Intern’s contribution****to implementation of activity** | oversee activity in line with designated responsibility |[ ] [ ] [ ]
|  | deal with unexpected issues |[ ] [ ] [ ]
|  | manage expectations of patients and other participants |[ ] [ ] [ ]
|  | manage logistics |[ ] [ ] [ ]
|  | identify when to seek assistance |[ ] [ ] [ ]
|  | develop appropriate collateral and resources to support the activity |[ ] [ ] [ ]
|  | engage others in the activity (e.g., staff) |[ ] [ ] [ ]
|  | manage staffing of the activity |[ ] [ ] [ ]
|  | refer patients to other HCPs as required |[ ] [ ] [ ]
|  | oversee effective follow-up |[ ] [ ] [ ]
| **Intern’s evaluation and reflection on the activity** | design an appropriate evaluation strategy |[ ] [ ] [ ]
|  | gain relevant feedback from participants |[ ] [ ] [ ]
|  | identify key strengths and areas for improvement |[ ] [ ] [ ]
|  | engage in insightful reflection about experience |[ ] [ ] [ ]

|  |
| --- |
| **Do you believe that the intern has satisfactorily demonstrated achievement of Performance Outcome 3.22 -****‘endorsing and participating in health promotion activities, health services and public health initiatives intended to****maintain and improve health’? Please briefly outline your reasons. If not, what additional actions are necessary?** |
| Click or tap here to enter text. |

|  |
| --- |
| **Overall feedback and comments, including reasons for the ratings you gave. Please focus on how to improve****performance in the future.** |
| Click or tap here to enter text. |

**Supervising pharmacist name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.