

POST FELLOWSHIP TRAINING PROGRAMME IN TRAINING ASSESSMENT FORM

Trainee Information	
Trainee Name:	Year:
Assessment Type: Mid Term End of	Term
Days Absent: Reason: ☐ Annual Leave	e □ Exam □ Sick □ Study Other:
Hospital Information	
Hospital Name:	Unit Name:
No. of Consultants: Supe	ervisor:
Name and position of members of the unit consulted for	r this Assessment
Name	Position
Overall Assessment and Signature	
Performance Rating: ☐ Satisfactory ☐ Uns	atisfactory
Logbook Rating: Satisfactory Unsatisf	actory
3	,
Research project progress:	
☐ Project proposal not yet submitted for ap	proval
☐ Project approved and in progress	
☐ Project completed and awaiting response	e re publication/presentation
☐ Application for recognition of completion to Training Committee	n of research requirement form submitted
☐ Application for recognition of completion the Training Committee	of research requirement approved by



Manuscript review	progress:			
☐ 1st Review	☐ 2nd Review	☐ 3rd	Review	☐ 4th Review
☐ 5th Review	☐ 6th Review	☐ 7 th F	Review	☐ 8th Review
Mandatory PBA co	ompletion progress:			
☐ 1st PBA	☐ 2nd PBA ☐	3rd PBA	☐ 4th PB	3A
	assessment and I am satisfie	d the Trainee	has participate	ed in the
assessment process				
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·		ture:		_Date:
Name:	Signat	nave contribut	ed to this asses	
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Assessment				
N- Not Competent	B- Borderline	C- Competent	E – Excellent	Rating
Medical Expertise –	Access and apply rele	vant knowledge to clir	nical practice	N, B, C, or E
- Poor knowledge base - Significant deficiencies or poor perspective - Allows deficiencies to persist	Needs direction to study Struggles to correctly/accurately apply scientific knowledge to patient care	- Maintains currency of knowledge - Applies scientific knowledge to patient care Reads appropriately, asks for information, and follows up - Recognises and solves real life problems	- Outstanding knowledge - Knows common areas in depth - Aware of the unusual - Excellent application of knowledge in clinical situation	N B C E (Please circle)
Technical Expertise	– Safely and effectively	perform appropriate	surgical procedures	N, B, C, or E
- Fails to acquire appropriate skills despite repeated instruction or practice - Too hasty or too slow - Rough with tissue	Is inconsistent in retaining procedural knowledge/skills Lacks attention to detail Hesitant	- Consistently demonstrates acquisition, practice, and retention of sound procedural knowledge, surgical skills and techniques for level of training	Excellent and specialist abilities in procedures and techniques Excellent pre-operative preparation	N B C E (Please circle)
- Poor manipulative skills - Poor hand-eye coordination	- Slow in learning new skills - Lapses in dexterity	- Demonstrates manual dexterity required to carry out procedures - Good hand-eye coordination	- Outstanding technician - Fluent and always in control - Meticulous	N B C E (Please circle)
- Unable to adapt skills and techniques	- Ongoing weaknesses - Struggles to adapt skills to different contexts	- Adapts their skills in the context of each patient and procedure	- Extremely good at adapting skills for varying operative situations - Excellent surgical judgement	N B C E (Please circle)
- Lacks enthusiasm and/or initiative to participate and/or learn	- Fails to improve skills and/or learn from experience	- Maintains skills - Effective in learning new skills	- Seeks opportunities to learn new skills	N B C E (Please circle)
- Lacks care and diligence in approach - 'Near enough is good enough' approach	- Requires close supervision	- Approaches and carries out procedures with due attention to safety of patient, self, and others	Outstanding clinician Constantly aware and responds to patient, self, and team members	N B C E (Please circle)
- As surgical assistant fails to follow operation	- Has lapses in concentration	- Follows the operation with guidance from the operator	- Anticipates the needs of the operator and responds accordingly	N B C E (Please circle)
- Ignores/fails to follow up problematic performance - Little recognition of deficiencies in skills or techniques	- Occasionally acknowledges/follows up on problematic performance - Ignores feedback	- Consistently analyses their own clinical performance for continuous improvement - Learns from feedback	- Accurate in self appraisal - Excellent insight - Seeks and accepts criticism and responds appropriately - Aware of own skill limitations	N B C E (Please circle)
Judgement – Make	informed and timely de	ecisions regarding asse	essment and manage	ment N, B, C, or E
- Incomplete or inaccurate - Poor basic skills	- Hesitant or inconsiderate of patient - Lacks attention to detail	- Takes a history, performs an examination, and arrives at a well reasoned diagnosis - Efficiently and effectively examines the patient	- Precise, thorough and perceptive	N B C E (Please circle)
- Incomplete/inaccurate recognition of significant symptoms - Significant errors/omissions in diagnosis - Frequent inaccuracies history, signs, or diagnosis	- Poor presentation/ discussion of clinical cases - Occasional inaccuracies in diagnosis - Sometimes confuses priorities	- Recognises symptoms, accurately diagnose, and manages common disorders - Differentiates those conditions amendable to operative and nonoperative treatment - Concise and correct on clinical details - Arrives at appropriate conclusions in case presentations	Accurate and efficient Considers a wide range of symptoms and factors Insightful perspective in case discussions	N B C E (Please circle)



Judgement - continued

Judgement - continue N- Not Competent	B- Borderline	C- Competent	E – Excellent	Rating
- Inadequate or inappropriate, poor selection and/or interpretation - Disregards patient's needs or circumstances	- Unable to appropriately justify use of selected investigations - Occasional errors in interpretation that could lead to patient problems - Disregards system needs	- Selects appropriate investigative tools and monitoring techniques cost effectively - Appraises and interprets results of investigations against patient's needs in planning treatment - Critically evaluates the advantages and disadvantages of different investigative modalities	- Always selects optimal investigations - Excellent interpretation - Safe, efficient, and cost effective approach to use of investigations	N B C E (Please circle)
- Unable to make a decision - Unable to suggest alternative interpretations	- Some suggested alternatives are inappropriate - Ignores data that does not fit interpretation - Presentation unclear and disorganised	- Formulates a differential diagnosis based on investigative findings - Evaluates the significance of data - Indicates appropriate alternatives in the process of interpreting investigations and in decision making - Clear and concise presentation of findings	- Precise, well organized, thorough, systematic, and focused presentation of findings - Indicates relevant alternatives - Decisions based on date	N B C E (Please circle)
- Poor record keeping - Incomplete, disorganized, irrelevant, illegible, not up to date	- Records difficult for others to follow	Contemporaneously maintains accurate and complete clinical records Precise and focused Complies with required organizational structure	- Perceptive of relevant information/data for documentation - Records very easily accessible	N B C E (Please circle)
Disinterested or indifferent approach to patients Fails to grasp significance or respond accordingly	- Culturally incompetent - Ignores/overlooks some patient's needs	- Manages patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs - Considers all issues relevant to the patient	- Excellent and highly developed ability to manage and interact with patients and to anticipate and/or respond to their needs	N B C E (Please circle
- Copes poorly in situations of stress and/or complexity - Under or over reacts	- Can show signs of stress when managing trauma patients	- Effectively manages the care of patients with trauma including multiple system trauma - Maintains controlled approach and demonstrates sound judgement during times of stress/complexity	- Anticipates possible risks and/or complications - In stressful situations always maintains orderly approach and demonstrates sound judgement	N B C E (Please circle)
- Inadequate planning - Inadequate involvement in pre and post operative care - Fails to grasp significance of symptoms or respond accordingly	- Slow to anticipate / manage complications - Slow to call for assistance - Under estimates complexity and/or risk factors	- Plans, and where necessary, implements a risk management plan - Conscientious and reliable follow up - Effectively manage complications, operative procedures and underlying disease process - Identifies and manages risk - Manages complexity and uncertainty	- Outstanding clinician who anticipates possible risks/complications - Identifies problems early - Follows up meticulously - Coordinates and uses other personnel effectively	N B C E (Please circle)

Communication – Communicate effectively with patients, families and colleagues. Operate with respect. N, B, C, or E

- Disliked by patients because of poor interpersonal skills - Bad listener - Poor communicator - Increases patient anxieties - Patients remain confuses or unclear and/or unable to follow instructions	Limited discussion with patients around issues of informed consent and/ or treatment options	- Trusted by patients - Listens well - Communicates with patients/family about procedures and risks associated with surgery, encouraging their participation in informed decision making - Communicates with patients/family the treatment options, potential complications, and risks associated with all treatment modalities - Recognises 'bad news'	- Possesses excellent interpersonal skills - Develops excellent rapport with patients and team members - Inspires confidence - Patients delighted to be looked after by this Trainee - Demonstrates empathy appropriately	N B C E (Please circle)



Communi	ication –	continued

N- Not Competent	B- Borderline	C- Competent	E - Excellent	Rating
- Unaware of patient's needs - Unable to communicate under varying conditions/ situations	- Limited perception of patient's perspective or communication needs	- Appropriately adjusts the way they communicate with patients and relatives to accommodate cultural and linguistic differences and emotional status	- Always interacts effectively with patients according to their social and health needs	N B C E (Please circle)

Management and Leadership – Inspire and lead by example. Effectively use resources to balance patient care and system demands

N, B, C, or E

Unaware of management constraints and/or expectations Reluctant to take on any management responsibility Wasteful of resources	Lacks insight into the impact of system demands Poor interaction with and/or supervision and management of junior medical staff	- Identifies and differentiates between resources of the health care delivery system and individual patient needs - Effectively assesses and manages systemic risk factors - Applies a wide range of information to prioritise needs and demands - Directs and supervises junior medical staff effectively	- Willing to contribute to health services management - Uses resources very effectively for patient care balanced with patient need - Excellent role model for junior medical staff - Always offers support for junior medical staff	N B C E (Please circle)
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Collaboration – Work in collaboration with members of an interdisciplinary team to ensure safe and effective care delivery

N, B, C, or E

Refuses to facilitate team function Does not acknowledge the contributions of others May undermine team members or function	- Poor relationship with peers and other professionals - Reluctant to offer assistance to other team members	- Good rapport with nursing and other medical staff - Willing to help - Employs a consultative approach with colleagues and other professionals - Communicates - Effectively with and coordinates surgical teams to achieve an optimal surgical environment	- Always willing to help even if personally inconvenient - Excellent working relationship with other professionals - Always supports colleagues and junior staff	N B C E (Please circle)
Causes disruption/ problems Fails to recognize own disruptive behaviour	- Ignores or fails to acknowledge misunderstandings	Initiates the resolution of misunderstandings or disputes with peers, colleagues, and others	- Effectively diffuses any problems in the surgical team	N B C E (Please circle)
- Reluctant/unable to work as a multi – discipline team member - Unreliable - Fails to seek assistance with issues of patient care - Ignores or is unaware of their own limitations	- Lacks understanding of contributions of other professionals to patient care - Works effectively with some team members but not others - Slow in referring patients to other professionals	- Respectful of and appreciates different kinds of knowledge and expertise which contribute to effective functioning of a clinical team - Develops a patient care plan in collaboration with members of an interdisciplinary team - Collaborates with other professionals in the selection/use of various treatments assessing the effectiveness of options - Recognises and facilitates referral of patients to other professionals	- Excellent team member - Extremely knowledgeable about the contribution of different fields of care - Aware of and seeks the contribution of different fields and refers patients in a timely and appropriate manner	N B C E (Please circle)

Health Advocacy - Identifies and responds to health needs of patients, families and colleagues

N, B, C, or E

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N- Not Competent	B- Borderline	C- Competent	E - Excellent	Rating
- Ignores/jeopardizes own or colleagues health or well being	- Poor care of own health	- Promotes health maintenance of colleagues - Looks after own health	- Possesses excellent – Maintains high level of fitness and encourages others	N B C E (Please circle)



- Takes little interest in patient health beyond	- Limited knowledge of casual issues relating to	- Advocates patient health	- Very knowledgeable and active in	N B C E
surgery	patient health	- Discusses causal health issues with patient	advocating patient health including preventative measures	(Please circle)

Scholar and Teacher – Recognise the value of knowledge and research, and its application to clinical practice N, B, C, or E

Little evidence of reading texts or journals Needs direction to study	- Reading of research/ texts is undirected - Has difficulty applying knowledge to practice	- Assumes responsibility for own learning - Draws on different kinds of knowledge in order to weigh up patient's problems - context, issues, needs and consequences - Critically appraises new trends in Upper Gl surgery	- Always keen to discover new knowledge - Takes extra courses and learning opportunities	N B C E (Please circle)
Avoids teaching if possible Poorly prepared and poorly delivered	- Ineffective as a teacher	Facilitates the learning of others Competent and well prepared in teaching others	- Enthusiastic/inspiring teacher - Logical and clear - Excellent teaching skills	N B C E (Please circle)

Professionalism – Demonstrate commitment to the profession through the ethical practice of surgery N, B, C, or E

- Behaviour inconsistent with ethical ideals	- Little knowledge/ interest in ethical or medico-legal issues	- Consistently applies ethical principles - Identifies ethical expectations that impinge on common medico-legal issues	- Highly conscientious - Anticipates areas where medico-legal issues may arise	N B C E (Please circle
- Late, idle, unreliable, forgetful - Off-loads work onto others	- Occasionally difficult to contact or leaves tasks incomplete	- Acts responsibly - Dependable, conscientious - Always completes tasks	- Applies self beyond the 'call of duty'	N B C E (Please circle
- Copes poorly under stress - Disappears when problems arise	- Pays little regard to clinical audit	Regularly participates in clinical audit Willing to undergo close scrutiny Responds appropriately to stress	- Anticipates and remains efficient "when the going gets tough" - Seems to thrive on pressure	N B C E (Please circle
- Has problems acknowledging/ recognizing mistakes	- Only accepts criticism from some	- Acknowledges and learns from mistakes - Accountable for decisions/actions - Recognises and acknowledges their limits	Prompt response to criticism marked improvement and positive change	N B C E (Please circle
- Has inaccurate view of own performance	- Over confident	- Employs a critically reflective approach	- Has great insight into their level of performance	N B C E (Please circle

Cultural competency – Demonstrate a willingness to embrace diversity & respect differences. Promote health equity. N, B, C, or E

- Behaviour inconsistent with ideals	Little knowledge/ interest in cultural issues -Poor understanding or willingness to acknowledge issues of bias	Demonstrates respectful attitudes and behaviours to individuals with cultural backgrounds different to their own	- Highly sensitive to cultural issues - Values diversity and promotes inclusivity - Acknowledges and takes action to address bias	N B C E (Please circle
- Fails to acknowledge and respond to individual needs	- Little knowledge/ interest in health inequity across different social and cultural groups	Appreciates specific health issues and needs of different cultural groups	- Promotes measures to achieve equity in health outcomes	N B C E (Please circle



Assessment: Essential Criteria

U - Unsatisfactory	S - Satisfactory			Rating
o onsansidatory				i itamig
Communication				U or S
- Bad listener or communicator	- Listens well			
- Disliked by patients and/or nursing staff	- Explains well - Trusted by the patient and the nursing staff	U	or	c (alagrap airela)
- Increases patient anxieties	- musted by the patient and the noising stati	U	or	\$ (please circle)
Co - operation				U or S
- Refuses to help out - Poor relationship with peers and nursing	Good rapport with nursing and other medical staff			
staff	- Willing to help	U	or	S (please circle)
	- A team player		٥.	• (picase circle)
Self motivation				U or S
- Idle	- Hard working			0 01 3
- Lacking in any work enthusiasm	- Keen to learn			•
- Behind with letters or summaries	- Self organizes waiting list	U	or	\$ (please circle)
		•		
Work Ethic				U or S
- Poor time management - Forgets to do things	- Dependable - Efficient in use of his/her time			
- Forgets to do things - Unreliable	- Efficient in use of his/her time - Completes tasks and anticipates well	U	or	S (please circle)
- Does not heed advice			٥.	• (picase circle)
	I.			
Ability to manage stress				U or S
- Copes poorly	- Responds appropriately			
- Disappears when problems arise - May show aggression towards junior	- Seeks help when needed - Copes very well	U	•	c (-1
medical or nursing staff	- Always relaxed in a crisis	U	or	S (please circle)
	- Never angry or aggressive			
		ı		
Honesty				U or S
- Lies to cover defects in work	- Honest			
- Does not report information correctly - Covers up errors or blames others for	- Admits mistakes - Trustworthy	U	or	S (please circle)
problems	,		O.	• (piedse circle)
- Untrustworthy				
	1			
Empathy				U or S
- Relates poorly to patients and families	- Relates to patients and families in an]		
- Arrogant	appropriate manner	U	or	\$ (please circle)
	1			11
Teamwork				U or S
- Fights with nursing staff or complaints	- Works well with medical staff			
frequently received from nursing staff about the trainee	 Regarded as a team player by nursing staff Well respected by peers and junior medical 	U	or	S (please circle)
- Does not work well with junior staff or peers	staff		Ji	• (biedse circle)
	1	1		
Insight / Self Awareness				U or S
- Lacks insight into own poor performance	- Demonstrates insight into own performance			
- Fails to take action or advice to improve	- Addresses issues when advised - Self critical and incisive		~-	C /mln n== -t==1 1
performance - Denies there is an issue	- sen chilical and incisive	U	or	\$ (please circle)

PLEASE NOTE: The AANZHPBA Training Committee considers satisfactory grades in the above non-technical criteria essential for a surgical career.

The receipt of a 'U' in any of the above categories will result in an interview between the Trainee and the AANZHPBA Training Committee to:

- Identify areas of concern
- Agree upon steps as to how the Trainee is to improve performance
- Determine performance outcomes as indicators of satisfactory performance
- Arrange for regular reviews to monitor progress

A discussion with the Director of Medical Services may be necessary to gain knowledge of any staff or patient complaints.



Competency							
Has the trainee been rated less than competent in any areas?	□ Yes □ No						
Has each of the areas been discussed with the Trainee?	□ Yes □ No						
Please provide further comment about Fellow's progress							