



# **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS BOARD OF PAEDIATRIC SURGERY**

## **TRAINEE EVALUATION FORM**

**PERIOD FROM:** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_ **TO** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

**SET LEVEL:** ☐ Assessment: ☐ Mid Term ☐ End Term ☐ Probation

**NAME OF TRAINEE:** \_\_\_\_\_

**NAME OF SURGICAL SUPERVISOR:** \_\_\_\_\_

**HOSPITAL FOR THIS PERIOD OF TRAINING:**

\_\_\_\_\_

**Days Absent:** ☐ **Reason:** ☐ Annual Leave ☐ Exam/Study ☐ Sick Other: \_\_\_\_\_

### **Trainee Performance Key**

<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b>Well above Average E</b>
Not satisfactory Not meeting expectations for level of training Regular &/or significant omissions or errors Little, slow &/or inconsistent progress Requires frequent correction or instruction Requires intense monitoring and supervision compared to expected for level of training	Borderline performance Not meeting expectations for level of training Some minor omissions or errors Requires above average instruction for level of training Requires further training to improve	Satisfactory Performs as expected for level of training Requires average level of instruction or correction for level	Performs consistently above level of training No omissions or errors Requires minimal instruction or correction

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS BOARD OF PAEDIATRIC SURGERY TRAINEE EVALUATION FORM

Place an "X" in the box that best reflects the specified attribute of the trainee

## A. CLINICAL KNOWLEDGE/MEDICAL EXPERTISE: ACQUISITION AND APPLICATION

	SURGICAL TRAINEE'S PERFORMANCE IS:				
	Not Satisfactory N	Borderline B	Satisfactory S	<u>Well above average</u> E	
<b>ACQUISITION of Basic Science and clinical knowledge</b>					<b>ESSENTIAL COMPETENCY</b>
Poor reader of basic science					Outstanding knowledge of basic sciences
Poor knowledge of common paediatric surgical conditions					Comprehensive knowledge of paediatric surgical conditions
Lacks appropriate knowledge to construct diagnosis in paediatric surgical patients					Outstanding knowledge, can "spot the unusual" correctly
Poor perspective of paediatric subjects					Knowledge in perspective, aware of the unusual
Struggles to accumulate knowledge					Acquires knowledge easily
Limited knowledge of texts or journals					Good knowledge of literature
Allows deficiencies to persist					Quick to correct exposed deficiencies
<b>APPLICATION 2. Basic Science and clinical knowledge</b>					<b>ESSENTIAL COMPETENCY</b>
Fails to apply knowledge to clinical problems					Excellent application of knowledge to clinical situation in paediatric surgery
Fails to recognise specific paediatric surgical issues					Clearly differentiates issues of paediatric surgical significance
Needs encouragement to study					Enthusiastic learner takes extra courses etc.
No initiative					Considerable initiative
Requires direction and guidance					Pro-active
Appears out-of-depth					In command and control of situation
Fails to learn from experience					Experience retained, ongoing performance improvement

**B. CLINICAL SKILLS: ACQUISITION AND APPLICATION OF CLINICAL INFORMATION**

	SURGICAL TRAINEE'S PERFORMANCE IS:				
	<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b>Well above average E</b>	
<b>1. Verbal description of clinical assessment / Case Presentations</b>					<b>CRITICAL COMPETENCY</b>
History taking deficient, sketchy					Takes a comprehensive and pertinent history
Jumbled/Disorganised Much irrelevant information					Well organised Focused, relevant
Inability to discuss relevance of signs					Good perspective
<b>2. Written record of clinical assessment</b>					<b>CRITICAL COMPETENCY</b>
Inadequate or incomplete Medical records inaccurate					Adequate and complete Maintains accurate medical records
Illegible					Legible
Not focused, specific					Precise and perceptive
<b>3. Eliciting Clinical Findings</b>					<b>CRITICAL COMPETENCY</b>
Superficial in examination, misses details					Thorough, focussed and relevant examination
Poor ability to elicit symptoms & signs					Excellent clinical assessment
Demonstrates no regard for cultural and social factors when taking a history					Obtains clinical information in a manner cognisant of cultural and social factors
<b>4. Demonstration of Clinical Competence in Diagnosis</b>					<b>CRITICAL COMPETENCY</b>
Poor interpretation of clinical features					Excellent interpretation of clinical features
Fails to associate and prioritise details in complex situations					Readily recognises and manages clinical complexities
Fails to apply knowledge in analysis of clinical findings					Uses knowledge to analyse clinical findings
Does not differentiate paediatric conditions amenable to surgical treatment					Accurately differentiates conditions in children amenable to surgical management
<b>5. Post-operative care</b>					<b>CRITICAL COMPETENCY</b>
Lacks interest					Fully involved in post-op care
Late to notice complications					Recognises complications early
Happy to leave post-operative care to others					"Hands-on" approach to post-operative care
Inappropriate /deficient involvement of other relevant personnel					Appropriate co-ordination and use of other personnel

**C. CLINICAL DECISION-MAKING:***Application of knowledge, clinical information, and signs elicited to form a management plan*

SURGICAL TRAINEE'S PERFORMANCE IS:					
	<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b>Well above average E</b>	
<b>1. Clinical Judgement</b>			<b>CRITICAL COMPETENCY</b>		
Fails to grasp significance of findings					Recognises significance of clinical findings
Fails to respond to significant clinical findings					Responds rapidly & appropriately to significant clinical findings
Unable to distinguish specific paediatric needs					Recognises and responds to needs specific in paediatric patients
Unaware of limitations					Aware of limitations
Inappropriate reaction to emergencies					Appropriate reaction to emergencies
Reluctant to seek advice appropriately					Seeks advice appropriately
<b>2. Use of investigations</b>			<b>CRITICAL COMPETENCY</b>		
Inappropriate					Appropriate selection and use of investigative tools
Exhibits no regard for patient needs in planning investigations					Critically evaluates the advantages and disadvantages of each investigative modality as applied to patient needs
Poor ability to select investigations					Safe and efficient and cost-effective choice of investigations
Limited ability to interpret					Excellent at interpretation
<b>3. Clinical Care</b>			<b>CRITICAL COMPETENCY</b>		
Fails to develop an appropriate management plan					Uses all information to develop an efficient and logical management plan
Poor understanding of treatment options					Accurately identifies the risks, benefits and mechanisms of action of medications and other treatment options
Ignores/avoids managing complications					Recognises early and manages complications effectively
Unaware of patient needs					Manages patients with sensitivity to physical, social, cultural and psychological needs
Unable to recognise risks					Identifies and manages risks and can implement risk management plan

**D. TECHNICAL SKILLS****SURGICAL TRAINEE'S PERFORMANCE IS:**

	<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b><u>Well above average</u> E</b>	
<b>1. Operative Ability</b>					
Lacks interest Reluctant to be taught					Highly motivated Learns avidly
Does not ensure that team and equipment are ready Often arrives to theatre late					Ensures team works efficiently by organising activities in a timely manner
Fails to learn techniques shown					Excellent ability to learn new techniques
Poor hand-eye co-ordination					Excellent hand-eye co-ordination
No effort made to understand procedure prior to surgery Does not have necessary information for safe conduct of procedure					Excellent pre-operative preparation and demonstrates procedural knowledge
Fails to observe standards					Follows theatre protocols
No appreciation of own technique					Analyses own technique as part of quality improvement process
Slow and inefficient Appears to struggle surgically Ergonomically inefficient					Accurate and efficient Fluent and in control Ergonomically efficient
Rough					Delicate with tissues
Ties knots poorly					All knot tying secure
Little attention to detail					Meticulous technique
No ability to adapt skills to operative requirements					Adapts skills to operative requirements in each patient
Shows poor knowledge of anatomy					Excellent knowledge of anatomy
Poor surgical judgement					Excellent surgical judgement
Does not seek assistance appropriately					Seeks assistance appropriately
Panics in emergency					In control in emergency
Unable to complete surgical tasks when under pressure					Able to maintain surgical judgement and safely complete surgical procedures under pressure
Poor Situational Awareness Unable to adjust behaviour to the individual patient or condition or to the nature of the procedure					Can anticipate changes in operative plan and demonstrates appropriate flexibility

**E. SCHOLARSHIP****SURGICAL TRAINEE'S PERFORMANCE IS:**

	<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b><u>Well above average</u> E</b>	
<b>1. Teaching and Learning</b>			<b>ESSENTIAL COMPETENCY</b>		
Gives low priority					High priority
Poorly prepared					Well prepared
Poorly delivered					Logical and clear, can inspire
Does not assist others in learning					Facilitates learning in others
Unable to critically evaluate a new technique					Critically appraises new trends and techniques
<b>2. Research ability</b>			<b>ESSENTIAL COMPETENCY</b>		
Exhibits no interest					Shows and interest in learning through research
Unaware of research influence on clinical practice					Recognises value of research knowledge applied to clinical practice
No inclination/skills shown					Flair to research
Needs help throughout					Shows initiative and independence
Does not complete project					Completes project
Poor grasp of statistics & Research method					Good grasp of statistics and research method
<b>3. Publications</b>			<b>ESSENTIAL COMPETENCY</b>		
No publication in preparation					Active in publication
Little interest in audit					Conscientious with audit
Reluctant to present at meetings					Keen to present at meetings

**F. MEDICAL COMMUNICATION SKILLS**

	<b>SURGICAL TRAINEE'S PERFORMANCE IS:</b>				
	<b>Not Satisfactory N</b>	<b>Borderline B</b>	<b>Satisfactory S</b>	<b>Well above average E</b>	
<b>1. Communication with patients</b>					<b>CRITICAL COMPETENCY</b>
Poor listener					Listens well
Ignores family					Recognises importance of communication with family
Disliked by patients					Liked by patients
Increases patient anxieties					Inspires confidence
Reluctant/inappropriate in communication with patient					Communicates with children in a way appropriate to developmental level
Unable to obtain informed consent					Provides information enabling informed consent
Inadequate in sharing relevant information with family					Communicates information about investigations, treatment options and risks in a way that is understandable to the family
<b>2. Co-operation with staff</b>					<b>CRITICAL COMPETENCY</b>
Refuses to help out					Always willing to help, even if personally inconvenient
Poor relationship with peers, and may undermine					Good rapport with peers
Magnifies and allows misunderstandings to escalate					Initiates resolution of misunderstanding
Poor relationship with staff junior					Supportive and good relationship with junior staff
Often creates problems					Skilled at defusing problems in surgical team
Just does what is required					Keen enthusiastic
<b>3. Leadership and Management COMPETENCY</b>					<b>CRITICAL</b>
Can only work alone					Functions well as member of team
No consultation with others					Consults well with colleagues and other professionals
Unable to prioritise patient care					Applies a wide range of information to prioritise provision of patient care
Wasteful of resources					Uses resources effectively for patient care and balances them with patient needs
No interest in health services management					Willing to contribute to health services management

**G. ATTITUDES****SURGICAL TRAINEE'S PERFORMANCE IS:****Not  
Satisfactory  
N****Borderline  
B****Satisfactory  
S****Well above  
average  
E****1. Self-motivation****CRITICAL COMPETENCY**

Idle					Full of energy
Late for sessions					Punctual
Behind with letters or summaries					Up to date with work
Disorganised					Well organised
Off-loads work onto colleagues					Performances go beyond the "call of duty"
Difficult to obtain on call					Ready accessibility
Forgets to do things					Always completes tasks on time
Unreliable					Reliable and dependable
Inefficient in work practices					Efficient, anticipates well
Has little interest in sick children					Strong advocate for the sick child

**2. Stress response****CRITICAL COMPETENCY**

Copes poorly					Copes well
"Disappears" when problems arise					Responds well to problems
Does not seek help when required					Seeks help when required
Decompensates with critical situation					In command in critical situation
Panics					Does not panic
Tends to blame others for mistakes					Accepts responsibility for mistakes
Covers up mistakes					Openly learns from errors
Does not enjoy surgery					Happy in work

**3. Professionalism****CRITICAL COMPETENCY**

Ethical ideals inconsistent with paediatric issues					Identifies and applies ethical principles related to paediatric surgery
Little comprehension of medicolegal issues related to children					Recognises medicolegal implications of paediatric surgical issues
Cannot accept responsibility for own decisions/actions					Readily accountable for own decisions/actions
Totally unable to accept criticism					Responds constructively to criticism
Completely self-focussed					Supports colleagues and junior staff
Has a totally inaccurate view of own performance					Demonstrates insight into own performance
Unaware of own limitations					Identifies and applies ethical principles related to paediatric surgery



3. Professionalism cont.					CRITICAL COMPETENCY
	SURGICAL TRAINEE'S PERFORMANCE IS:				
	Not Satisfactory N	Borderline B	Satisfactory S	<u>Well</u> above average E	
Lies to cover defects in work Does not report information correctly Covers up errors or blames others for problems					Honest Admits Mistakes
Does not realise significance of omission or mistake in clinical work or judgment Minimises own mistakes					Keen to rectify deficiencies Proactive in organising own remedial programme if needed does not repeat errors
Repeats same errors or deficient performance through lack of insight into own performance Fails to take action or advice to improve performance Denies there is an issue					Demonstrates insight into own performance Addresses issues when advised Does not repeat errors and addresses issues when advised Self critical and incisive
Does not attend to own health issues that may impinge on patient safety					Demonstrates self health advocacy with patient and own safety a priority

## H. OVERVIEW/COMMENTS

### General Comments:

### Please identify two positive attributes of the trainee:

1.

2.

**Please comment on any specific learning points raised in last evaluation:**

**Not applicable** ☐

**Please identify two areas in which the trainee may require improvement:**

**1.**

**2.**

**Signature of Department Members:**

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby verify that all consultants on the unit have contributed to this assessment and the assessment and logbook data has been discussed with Trainee

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have sighted the assessment on this form and discussed with my surgical supervisor

☐ Yes ☐ No

I agree with the assessment on this form

☐ Yes ☐ No

**Signature of Trainee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to:  
Executive Officer, Board of Paediatric Surgery  
Royal Australasian College of Surgeons  
College of Surgeons' Gardens, 250-290 Spring Street Melbourne VIC 3000  
Ph: +61 (0)3 9276 7416, Fax: +61 (0)3 9249 1240  
Email: [paediatric.board@surgeons.org](mailto:paediatric.board@surgeons.org) Website: [www.surgeons.org](http://www.surgeons.org)

**NB DO NOT SUBMIT INSTRUCTION PAGE WITH ASSESSMENTS**

**Instructions on Completing Form - Trainee**

Trainees are to undertake a self assessment of their performance and rank themselves on Trainee Evaluation Form. If the trainee ranks themselves as **Borderline** or **Not-competent** for any of the assessment, the trainee is to write down on the form ways in which they will seek to improve their performance for either the remainder of the term (if completing for a mid-term assessment) or the following term (if completing for an end of term assessment). Trainees should write down any goals they wish to achieve even if they do not rank themselves as Borderline or Not-competent in an attempt to undertake self-directed learning. Trainees are to provide the form to their Supervisor at least one week before their schedule assessment meeting. The supervisor and trainee should meet to discuss the assessment and goals to achieve.

**Instructions on Completing Form - Supervisor**

The Training Supervisor, or a delegate, must seek the input of ALL consultant members of the Unit to reach **consensus in the assessment** of each of the competencies listed on the form. This is best achieved at a face-to-face meeting of all consultants. Other persons who have had contact with the Trainee may also be approached to contribute to the assessment. A dissenting view is permitted in these evaluations and should be documented, however Departmental members are encouraged to try to reach a consensus in their review. Supervisors are asked to **place an "x" in the box for each specified attribute that best reflects the trainees' performance in one of the four descriptors taking into account the Trainee's level of training. (N,B,S,E)**. It is expected that the vast majority of **trainees would fall into the 'satisfactory' category**. (I.e. achieving the expected competencies of their year of training) Lack of significant improvement in performance or behaviour despite formative feedback and assessment, or a recurrence of poor performance or behaviour after a period of improvement should be reflected in the summative assessment. The assessment form is filled out in the absence of the Trainee. The Supervisor must subsequently meet with the Trainee to discuss the assessment and to review the logbook data. Following this, the Trainee is required to sign the form and forward it together with the logbook summary to the Board of Paediatric Office. Both forms must be returned by the due date. The Supervisor must retain a copy of the assessment for future reference.

It is essential that the overview comments section be filled in as descriptively and accurately as possible. The filling in of attribute boxes will be supported by and reflect the comments. Precision in comments will aid the trainee by encouraging progress, recording exceptional attributes and/or identifying areas which can be addressed with remedial or performance learning plans.

**Responsibilities of Training Supervisor in Managing Trainees**

Training Supervisors play a crucial role in the continuing formative assessment of trainees. It is important that care and attention be given to Trainee's performance of the identified competencies throughout their training. If a Supervisor is concerned about a trainee they are advised to record these concerns at an early stage and to ensure that both major and minor incidents are contemporaneously recorded so that any emerging pattern may be identified. Supervisors are obliged to inform a Trainee at an early stage of any concerns they might have. Supervisors should discuss their concerns with the Trainee in a matter-of-fact and confidential manner, and record the outcome of any discussions or interviews they might conduct. The outcome of such discussions or interviews should be a written plan of action to remedy the identified area(s) of concern, signed by both the Supervisor and Trainee. If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion the Supervisor must convey their concerns in writing to the Trainee, to the Hospital Supervisor and to the Chairman of the Board.

**Probationary Training**

If a Trainee's overall performance is rated 'unsatisfactory' at the end of term assessment, in accordance with the Paediatric Surgery Regulations, the Trainee is **placed on probationary training**, and pending further review by a Subcommittee of the Board of Paediatric Surgery. Should a Trainee's overall performance be rated 'unsatisfactory' at the end of term, whilst on probationary training or having previously been on probationary training, this will constitute grounds for considering dismissal, in accordance with the College's Dismissal Policy. Regulations and policies relating to probationary training and dismissal are available on the College website.

**End-of-Term versus Mid-Term Assessment**

The end of term in-training assessment is **SUMMATIVE**, aimed at indicating whether a Trainee has demonstrated satisfactory performances in the listed competencies. The assessment will be used to determine if the term may be accredited towards training. Trainees are required to fully participate in the end of term assessment and failure to adhere to this process will result in non-accreditation of the term and the immediate commencement of Probationary Training. The mid-term in training assessment is **FORMATIVE**, aimed at identifying areas of good performance and areas of performance that require further improvement to reach competency. Formative assessments do not determine the final outcome of the term but provide opportunities to improve performance. Trainees are required to fully participate in the mid-term assessment and failure to adhere to this process will result in non-accreditation of the term.