RANZCO The Royal Australian and New Zealand College of Ophthalmologists
THE LEADERS IN COLLABORATIVE EYE CARE

THEATRE PERFORMANCE ASSESSMENT (FORM 3)

Trainee is to discuss and complete this form in theatre with the supervising surgeon

(Complete one assessment for each month of the rotation. Send to the College with your End of Term Assessment)

Name of trainee: ..... **Training year:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ *Please tick box* **Term number:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ *Please tick box*

Training post number: ..... **Name of hospital/site:** ..... **Date of theatre session:** ...../...../.....

NB. Competent = Trainee is competent and performs at or above the standard expected for trainee level of experience
Not yet competent = Trainee performs below standard expected for the trainee's level of experience

Procedure: please state whether whole or part of the procedure was performed	Pre-op patient evaluation: trainee's knowledge of specific medical, social, ocular influences on procedure		Understanding of procedure: trainee's plan for this procedure on this patient		Operative technique: trainee's technical surgical skill		Theatre management: trainee's dealings with personnel; and familiarity with equipment, instruments and settings	
	Competent	Not Yet Competent	Competent	Not Yet Competent	Competent	Not Yet Competent	Competent	Not Yet Competent

Name of Clinical Tutor: ..... **Name of trainee:** .....

Signature of Clinical Tutor: ..... **Date:** ...../...../..... **Signature of trainee:** ..... **Date:** ...../...../.....

SUPERVISING SURGEON'S FEEDBACK TO TRAINEE ON THEATRE PERFORMANCE

You may want to consider the following: *Situation awareness * Decision Making *Communication * Teamwork *Leadership

Comments:

Name of Clinical Tutor: ..... **Name of trainee:** .....

Signature of Clinical Tutor: ..... **Date:** ...../...../..... **Signature of trainee:** ..... **Date:** ...../...../.....