

Standard 5 Appendix

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GSSE Exam topics

The disciplines

The three disciplines examined in the Generic Surgical Sciences Examination (GSSE) can be explored as topics.

Anatomy

The anatomy component comprises 80 questions in the topics:

Abdomen, CNS, developmental, head and neck, histology, lower limb, pelvis, thorax, upper limb.

Physiology

The physiology component comprises 60 questions in the topics:

Cardiovascular, endocrine, gastrointestinal, metabolism and nutrition, neurophysiology, physiology of blood, respiratory, urinary tract.

Pathology

The pathology component comprises 65 questions in the topics:

Antibiotics, general pathology phenomena, immunology, infection, neoplasia, pathology of blood, pharmacology, statistics, tissue response to injury.

Overview

An overview of the GSSE can be found on the College website:

<https://www.surgeons.org/en/Examinations/generic-surgical-sciences-examination-gsse>

GSSE Exam structure

The GSSE is comprised of two 150 minute (2.5 hour) online examinations held over two consecutive days. Please note that there is no reading time for these examinations. There is also no negative marking for incorrect responses.

Exam 1 (Anatomy) 150 minutes

This exam is worth approximately 50 per cent of the total GSSE mark. It consists of 60 multiple choice questions (MCQs) and 20 anatomy spot test questions.

The 60 MCQs are all Type X questions where there are four distractors that are worth one mark each. This means a Type X question is worth up to four marks in total.

The breakdown is as follows:

Anatomy category	Number of MCQs
Abdomen	9
CNS	3
Development	2
Head & neck	10
Histology	2
Lower limb	9
Upper limb	9
Pelvis	7
Thorax	9

The 20 anatomy spot test questions are worth a total of eight marks each. These questions can cover any part of the anatomy syllabus.

Exam 2 (Pathology & Physiology) - 150 minutes

This exam is worth approximately 50 per cent of the total GSSE mark, with the pathology and physiology components representing approximately 25% each. It consists of a total of 125 MCQs.

The pathology component consists of 65 MCQs of the following question types:

- 20 "type A" and "type B" questions where there is one correct answer worth one mark.
- 45 "type X" questions where there are four distractors that are worth one mark each. This means a type X question is worth up to four marks in total.

The breakdown is as follows:

Pathology category	Number of MCQs
Antibiotics	4
Blood	2
General Pathology	11
Immunology	6
Infection	11
Neoplasia	12
Pharmacology	4
Statistics	4
Tissue response to injury	11

The physiology component consists of 60 MCQs of the following question types:

- 12 "type A" and "type B" questions where there is one correct answer worth one mark.
- 48 "type X" questions where there are four distractors that are worth one mark each. This means a "type X" question is worth up to four marks in total.

The breakdown is as follows:

Physiology category	Number of MCQs
Blood	5
Cardiovascular	10
Endocrine	5
Gastrointestinal	10
Metabolism & nutrition	5
Neurophysiology	5
Respiratory	10
Urinary	10

The GSSE syllabus

The syllabus describes the topics in the GSSE. Topics can be organised in various ways e.g. along anatomical lines or disease aetiology/categories.

Anatomy

The syllabus of Core Surgical Anatomy can be found in the following document [Core Surgical Anatomy syllabus \(PDF 137.21KB\)](#).

Genetics and molecular biology

- Structure of DNA and RNA, the cell cycle, the generation of genetic abnormalities
- Mendelian genetics
- Cytogenetics including basics of laboratory techniques for detection of cytogenetic abnormalities
- Specific conditions are examinable insofar as they illustrate important principles or are common or important disorders.

General pathological phenomena and tissue response to injury

This part of the syllabus concentrates on understanding factors in the aetiology, pathogenesis, epidemiology, aspects of investigation and natural history of common diseases. The syllabus and the examination emphasise factors common to basic mechanisms of disease, recognising passive (essentially degenerative), reactive and neoplastic phenomena.

- General pathological phenomena include cell injury, adaptation and death, degenerations including atherosclerosis, pigmentation and calculus formation, alterations of growth, differentiation and function of cells and of age.
- Tissue response to injury includes the adaptive reactions of the body to injury.
- Knowledge expected includes an understanding of important morphological manifestations, pathophysiology of important disease states (e.g. major organ failure either single or combined, shock, sepsis, disseminated intravascular coagulation), biochemical mechanisms and manifestations where these factors are important in the understanding of pathogenesis, natural history diagnosis and treatment.

Immunology

- Basic immunology including:
 - non-specific defence mechanisms, the complement system, the major histocompatibility complex
 - the cells of the immune system, their functions, their interactions, cell subsets, cell surface markers and receptors structure, function, genetics of secretory products of cells involved in the immune response including immunoglobulins, interleukins, various other factors activation and control of the normal immune response.

- Immunity infection including bacteria, viruses, fungi and protozoa.
- Abnormal immunological responses including hypersensitivity, autoimmune disorders and immunodeficiency disorders.
- Transplantation immunology.
- Diagnostic immunology including the basic principles (not detailed) of commonly used immunological tests, their applications and their limitations.

Microbiology (infection and antibiotics)

The microbial flora of the body and its role in disease

- Pathogenesis of infection - host defence mechanisms and microbial virulence
- Surgically relevant bacterial, viral, fungal and parasitic infections:
 - infection following surgery, for example, wound infection, septicaemia
 - infections with surgical implications, for example peritonitis, anaerobic soft tissue infections, AIDS
- Antimicrobial agents and their scientific use in the therapy and prevention (prophylaxis) of infection
- Sterilisation and disinfection
- Laboratory medicine aspects of infectious diseases, for example, principles behind blood culture techniques, interpretation of gram stains, antimicrobial susceptibility techniques.

Neoplasia

Understanding neoplasia with specific detailed emphasis on:

- its cells and tissues of origin and components
- reproductive, growth (proliferative) patterns and host interaction
- mechanisms of invasion and metastasis
- molecular biological, genetic and inherited characteristics
- geographic racial and cultural (population) factors
- mechanisms and types of chemical physical and microbial carcinogenesis
- distinctive pathological (macroscopic, histological and immunochemical) features which aid diagnosis
- the application of 1-7 to common cancers in children and adults
- the application of 1-8 to important basic aspects of therapy.

Pathology

This section is concerned predominantly with the principles of pathology particularly as applied to surgery in general.

With respect to the pathology syllabus:

- candidates should demonstrate an understanding of the general pathological mechanisms (degenerative, reactive and neoplastic) underlying common disease. This will include a knowledge of aetiology, pathogenesis, epidemiology, investigation and natural history: it will also include how these may be modified

- by the appropriate use of therapeutic agents; and, molecular biological, genetic and statistical aspects together with basic clinical decision analysis
- common and important issues in systemic pathology are examinable insofar as:
 - a given lesion exemplifies a basic pathological process, for example, anaphylaxis as an example of hypersensitivity reactions, myocardial infarction in atherosclerosis, colorectal carcinoma as an example of neoplasia, or
 - disorders of a given system are likely to be encountered in surgical practice, for example, post-operative pneumonia
 - knowledge of laboratory medicine should be such as to enable candidates to make the optimum use of diagnostic services. Technical minutiae are not required.
 - candidates should be able to identify:
 - the more common pathological processes from photographs of gross specimens and
 - the histopathological features of basic processes from photomicrographs
 - familiarity with disease of animals is required only when knowledge of the animal disease is essential for the understanding of human pathology, for example, infestation of dogs with tape worm (*Echinococcus granulosus*)
 - in occasional circumstances material in the prescribed textbooks may conflict with widely held current viewpoints, or with each other. This will be taken into account when questions are constructed.

Pharmacology and therapeutics

This will be a consideration of major therapeutic areas and major drug groups. The approach is to use basic pharmacological principles of pharmacodynamics and pharmacokinetics, and present much of the information as a mini pharmacopoeia.

The pharmacodynamics includes the mechanism of action of a drug, particularly where it may be important in understanding its use and/or its side-effects, whereas the pharmacokinetics include factors such as bioavailability (particularly to emphasise difference in routes of administration), plasma protein binding, clearance (metabolism if relevant) etc. The "take-home" message is to demonstrate the reason for dosage and dosing schedules, the effect of disease states on drugs, the effect of the drug on the patient, and potential clinically relevant drug interactions.

Drugs will be covered within disease topics, not as isolated entities.

Topics to be addressed:

Cardiovascular

- antihypertensives (including diuretics)
- antianginals, antiarrhythmics
- antifailure
- lipid lowering drugs
- treatment of shock (critical care).

Respiratory

- asthma, chronic obstructive airways disease

Endocrine

- corticosteroids (including Addisonian crisis)
- oestrogens ("the pill")
- thyroid
- Danazol, Bromocriptine, Tamoxifen
- diabetes mellitus and insulin
- desmopressin.

Gastrointestinal tract

- antiulcer therapy (for example, H2 antagonists)
- antidiarrhoeal, antiemetics, laxatives.

Central Nervous System

- opiates including palliative care
- minor and major tranquillisers
- anticonvulsants
- anaesthetics
- muscle relaxants
- local anaesthetics
- alcohol, tobacco
- chronic withdrawal and addiction.

Haemopoietic

- anticlotting (heparin, warfarin)
- streptokinase, rtPA
- Erythropoietin.

Oncology/immuno-suppression, transplantation

- cytotoxics, Tamoxifen

Miscellaneous

- anti-inflammatories
- stone dissolution (biliary).

Antibiotics

- This area is covered in Microbiology/Pathology. Emphasis is on possible drug interactions, clearance (liver and renal failure, probenid), bioavailability e.g. tetracyclines and absorption.

Addition of special cases, for example, neonates, paediatric, pregnancy, ageing

Haematology and transfusion

- the origin and differentiation of haematopoietic cells
- anaemias of acute and chronic blood loss
- types and mechanisms of haemolysis
- anaemias caused by substrate deficiency
- bleeding disorders
- origin differentiation and proliferations of white cells particularly lymphomas.

Statistics

- statistical analysis of data including the principles of commonly used parametric and non parametric statistical tests
- clinical decision making
- principles of population statistics
- design and interpretation of clinical trials.

Physiology

The physiology syllabus highlights aspects of human physiology as it is applicable to all surgical specialties. The candidate is expected to be competent in all these areas no matter where his/her particular interest may be directed.

It is expected that the candidate will have a clear understanding of normal human physiology and recognise how this may be altered by pathological processes, surgery or anaesthesia. Correlation between physiological changes and physical signs or symptoms elicited in patients should be clearly understood. For example, understanding of the physiological changes that:

- ensue in a patient following prolonged vomiting or diarrhoea,
- occur in renal function after surgery, or
- prevail in a patient with a duodenal ulcer.

The syllabus for Physiology can be found in the following document - [Physiology Syllabus \(PDF 182.88KB\)](#).

A Syllabus of Core Surgical Anatomy

Background

In February 2010, it was agreed that the Anatomy Committee would undertake to develop a new generic examination for implementation in 2012 to assess anatomy for surgical trainees.

Content

Anatomical questions relate to:

- clinical examination – surface anatomy, inspection, palpation, percussion, auscultation, pelvic examination, testing for peripheral nerve injuries, potential sites of spread of tumours (as determined by anatomy e.g. lymphatic drainage of the breast)
- urethral catheterization
- vascular access (arterial and venous, peripheral and central)
- the airway: maintenance, access
- chest drainage
- imaging (plain radiographs, CT, MRI, US, contrast studies)
- surgical access – open and minimally invasive
- endoscopy (GI, arthroscopy etc)
- peripheral nerve blocks
- percutaneous liver biopsy
- trauma (aligned to anatomy in EMST)
- common anatomical complications of routine surgical procedures
- principles of anatomy: terminology, anatomical position, planes, relationships in regional anatomy, movements, tissues, systems, and *anatomical variation*.

Syllabus

Essential (+++)

- What an early SET 1 trainee (PGY 2-3 with general experience) should know.
- Must recognise, understand and be able to explain.
- These structures comprise core basic surgical anatomy and are essential in inter-specialty communication.
- Lack of knowledge could jeopardise patient safety.
- Includes all common and important anatomical characteristics of the structure: location, constituent parts, relations, blood supply and lymphatic drainage, innervation, course and distribution, when the structure is at risk, effects of injury, and common variants of clinical importance.

Desirable (++)

- Should be able to describe the basic anatomy/location of the structure, its function, major nerve and blood supply \pm lymphatic drainage, and general relations.

Non-core (+)

- Not considered core knowledge but may be appropriate for specialty-specific anatomy.
- Should be able to recognise the structure and understands its basic function

General (all +++)

1. TERMS
The anatomical position, imaging planes, terms of relationship, movement
2. BODY SYSTEMS & ORGAN STRUCTURE (correlating with function)
Musculoskeletal system: Structure and types of bones (& cartilage), joints (& ligaments) and muscles (& tendons) Parts of a developing long bone, sites of growth and appearance of epiphyses Blood supply of a developing and mature long bone Skeletal muscle form and actions (prime mover, antagonist, fixator & synergist) Myotomes
Integumental system: Skin structure, types, specialisations, tension lines and surface area Dermatomes and sites of cutaneous sensory overlap Referred pain (somatic, visceral & neurogenic) Angiosomes Lymphatic drainage
Visceral systems (respiratory, digestive, urogenital & endocrine): Structure of hollow (tubular) and solid (glandular) viscera Sites of exocrine glands (& their ducts) and of endocrine glands/tissue Serosa and mesenteries, muscularis, and sites of sphincters (anatomical & functional) Mucosa and mucocutaneous junctions
Nervous systems (Central [CNS], Peripheral [PNS], Autonomic [ANS] & enteric): Sympathetic and parasympathetic divisions of ANS CNS (brain & spinal cord) and peripheral nerve structure Functional fibre types in spinal nerves and cranial nerves Types and sites of nerve roots, rami, ganglia and plexuses
Arterial systems (pulmonary & systemic): Structure and types of arteries and arterial branches Sites of arterial anastomoses (true & potential) and of arteriovenous (AV) anastomoses Sites of end arteries (anatomical & functional)
Venous systems (pulmonary, systemic & portal): Caval (superior & inferior), azygos and vertebral components of systemic venous system Structure of veins, sites of major valves & mechanisms of flow (vascular, muscle & thoracic pumps) Sites of venous sinuses, plexuses, and portosystemic anastomoses
Lymphatic and haemopoietic system: Structure and types of lymph nodes & vessels Sites of lymphovenous communications Lymphoid organs and mucosa associated lymphoid tissue (MALT)
3. BODY REGIONS & ORGAN POSITION
Flexor and extensor regions in the trunk and limbs Fascial septa, sheets, sheaths, compartments and planes Arrangement of body wall layers and serous cavities in the trunk Neurovascular bundles and their pathways in the limbs
4. VARIATION
Normal variation (age, sex, body build & functional factors) Anatomical variation (major clinically relevant variants in structure and position)
5. IMAGING
Projectional imaging (Plain radiographs & Contrast studies): Radiographic views and appearance Assessing bone/joint integrity and identifying fat/soft tissue or air/soft tissue interfaces
Sectional imaging (CT & MRI) and Ultrasound (US): Interpreting images

Thorax

+++	++	+
1. BONES		
Ribs, sternum, typical thoracic vertebra, scapula, clavicle		
2. JOINTS		
	Sternoclavicular, costochondral, manubriosternal, costovertebral	
3. LIGAMENTS		
Ligamentum arteriosum	Pulmonary ligaments	Pericardial ligaments
4. MUSCLES		
Diaphragm & respiration Intercostal muscles Pectoral muscles Serratus anterior	Scapular muscles	Paravertebral muscles Diaphragm development
5. ARTERIES		
Aorta Brachiocephalic trunk Common carotid arteries Subclavian arteries Internal thoracic arteries Pulmonary arteries Intercostal arteries	Thyrocervical trunk Costocervical trunk Lateral thoracic artery Thoracodorsal artery Coronary arteries Bronchial arteries	Dorsal scapular artery Thyroidea ima artery Branchial arch arteries
6. VEINS		
SVC and IVC Brachiocephalic veins Subclavian veins Azygos vein Pulmonary veins	Hemiazygos and accessory hemiazygos vein Superior and supreme intercostal veins Coronary veins	Internal thoracic veins Thebesian veins Thymic veins
7. LYMPHATICS		
Thoracic duct Major intrathoracic nodal gps	Bronchomediastinal lymph trunks	
8. NERVES		
Recurrent laryngeal nerve Phrenic nerve Vagus nerve Intercostal nerves Sympathetic trunk	Cardiac plexus Dermatomes (T2, T4, T10)	Pulmonary plexus Oesophageal plexus
9. SPACES		
Pleural cavities Pericardial cavity Intercostal	Pericardial sinuses	
10. HOLLOW VISCERA		
Oesophagus Trachea & main bronchi	Bronchopulmonary segments	
11. SOLID VISCERA		
Lungs Heart (chambers, basic conduction system, valves)	Thymus Foramen ovale Cardiac muscle	Cardiac and pulmonary development
12. SURFACE ANATOMY		
Pleura Sternal angle (T4/5) Cardiac borders	Lungs	Cardiac valve projections
13. BREAST		
Quadrants Lymphatic drainage	Structure Sentinel node Blood supply	Development
13. OTHERS		
Superior thoracic aperture Chest radiograph		

Abdomen

+++	++	+
1. BONES		
Ribs & costal margin		
2. LIGAMENTS/FASCIA		
Inguinal ligament Falciform ligament Spleno-renal & gastrosplenic Superficial fascia Preperitoneal, retroperitoneal & renal fascia	Anterior abdominal wall ligts Triangular and coronary ligts	Phreno-oesophageal lig
3. MUSCLES		
External & internal obliques Transversus abdominis Rectus abdominis Psoas major	Quadratus lumborum Iliacus	
4. ARTERIES		
Aorta + all major branches Epigastric arteries Major branches of splenic, common hepatic and mesenteric arteries		Circumflex iliac arteries Median sacral Pancreaticoduodenal
5. VEINS		
IVC and major tributaries Portomesenteric system Portosystemic anastomoses Gonadal veins	Lumbar veins Suprarenal veins	Inferior phrenic veins
6. LYMPHATICS		
Iliac nodes Pre- and para-aortic nodes Paracolic & mesenteric nodes	Cisterna chyli	Intestinal lymph trunk Lumbar lymph trunk
7. NERVES		
Celiac and aortic plexuses Vagi Intercostal/subcostal nerves Dermatomes (T10, L1)	Lumbar plexus & major branches Sympathetic trunk	Greater, lesser, and least splanchnic nerves Superior hypogastric plexus
8. SPACES & FORAMINA		
Retroperitoneal		
Perirenal spaces		
Intraperitoneal		
Peritoneal cavity, spaces, compartments/pouches/gutters Lesser sac/epiploic foramen		
Inguinal canal and contents		
9. HOLLOW VISCERA		
Oesophagus (abdominal) Stomach Duodenum, Jejunum, Ileum Caecum and Appendix Colon Renal pelves and ureters Gallbladder & extrahepatic bile ducts	Layers of stomach/gut wall Cholangiography	Development of gut
10. SOLID VISCERA		
Liver - lobes, ligaments, extrahepatic vessels, structure Spleen & Pancreas Suprarenal glands Kidneys	Development of kidney Histology of liver & kidney	Segmental anatomy of liver Intrahepatic vascular & biliary anatomy Renal segments Devpt: liver, spleen & pancreas
11. SURFACE ANATOMY		
Liver Spleen Appendix base Transpyloric plane	Supracristal plane Abdominal wall hernias	Subcostal plane
12. OTHERS		
Cross-sectional CT scans		

Pelvis

+++	++	+
1. BONES		
Ilium, Ischium, Pubis Sacrum		
2. JOINTS		
Sacroiliac joints Pubic symphysis	Lumbosacral joint	
3. LIGAMENTS		
	Sacrotuberous ligament Sacrosinous ligament	Sacroiliac ligaments
4. MUSCLES		
Levator ani and pelvic floor Gluteal muscles	Piriformis Obturator internus	
5. ARTERIES		
Internal iliac artery and major branches	Superior & inferior gluteal arteries Obturator artery Vaginal artery Ovarian artery	Umbilical arteries Superior and inferior vesical arteries Iliolumbar and lateral sacral arteries
6. VEINS		
Internal iliac veins	Pelvic venous plexuses: prostate, bladder, uterus, vagina	
7. LYMPHATICS		
	Internal iliac lymph nodes	
8. NERVES		
Sciatic nerve Pudendal nerve Obturator nerve	Sacral plexus & relations Lumbosacral trunk Hypogastric nerves Inferior hypogastric plexus Pelvic splanchnic nerves Sacral splanchnic nerves	Superior & inferior gluteal nerves
9. SPACES AND FORAMINA		
Pelvic inlet and outlet Greater & lesser sciatic foramina Rectouterine & rectovesical pouches Superficial and deep perineal pouches; scrotum Ischioanal fossae	Mesorectal fascia	Presacral and rectovesical fascia
10. VISCERA		
Rectum and anal canal Bladder and urethra Uterus, uterine tubes & broad ligament Ovaries Vagina Pelvic ureters Prostate Testis, ductus deferens & epididymis External genitalia	Testis development Anatomy of micturition, defaecation, sexual function	Cloacal development Seminal vesicles and ejaculatory ducts
11. SURFACE ANATOMY		
Perineum		
12. OTHER		
MRI midline sagittal hemipelvis and cross-section Plain radiograph pelvis		

Upper Limb

+++	++	+
1. BONES		
Clavicle & Scapula Humerus Radius & Ulna Carpal bones Metacarpals & Phalanges	Muscle attachments Sesamoid bones	Epiphyses – sites, dates of appearance/fusion
2. JOINTS		
Shoulder (glenohumeral) joint Acromioclavicular joint Elbow Wrist	Sternoclavicular joint Subacromial bursa Olecranon bursa Fat pads Radioulnar joints 1st CMC, MCP, IP joints	Other bursae Carpal joints
3. LIGAMENTS/FASCIA		
Shoulder girdle Coracoclavicular & Coracoacromial ligaments Elbow: collateral ligaments Radioulnar: anular ligament Wrist/Hand Flexor retinaculum Fibrous flexor sheaths	Costoclavicular ligament Acromioclavicular ligament Glenohumeral ligaments Interosseus membrane Extensor retinaculum Palmar aponeurosis Deep fascia	Sternoclavicular ligaments Coracohumeral ligament Palmar ligaments Transverse metacarpal ligaments Collateral ligaments
4. MUSCLES		
Shoulder girdle & Arm Pectoralis major and minor Serratus anterior Deltoid Latissimus dorsi Rotator cuff muscles Biceps brachii Triceps brachii Forearm Flexor & extensor compartments Hand Intrinsic muscles	Coracobrachialis Brachialis Teres major Rhomboids Pronator teres Flexor carpi radialis/ulnaris Palmaris longus Flexor digitorum superficialis Flexor pollicis longus Flexor digitorum profundus Brachioradialis Extensor digitorum Abductor pollicis longus Extensor pollicis longus/brevis Supinator Pronator quadratus Extensor carpi ulnaris Extensor carpi radialis longus & brevis Extensor indicis Extensor digiti minimi Abductor pollicis brevis Flexor pollicis brevis Opponens pollicis Adductor pollicis Dorsal/Palmar interossei Lumbricals Extensor mechanism	Subclavius Levator scapulae Anconeus Palmaris brevis Flexor digiti minimi Abductor digiti minimi Opponens digiti minimi
5. ARTERIES		
Axillary and major branches Brachial and major branches Radial Ulnar	Subscapular artery Circumflex humeral arteries Profunda brachii artery Interosseous arteries Superficial & deep palmar arches Digital arteries	Collateral and recurrent branches Scapular anastomoses
6. VEINS		

Superficial Cephalic Basilic Median cubital vein Deep Axillary Brachial	Dorsal venous arch	Venae comitantes
7. LYMPHATICS		
Axillary (main groups)	Axillary node levels Infraclavicular nodes Supratrochlear nodes	
8. NERVES		
Axillary Radial Musculocutaneous Median Ulnar + major branches & common nerve injuries (+digital)	Brachial plexus Medial & lateral pectoral nerves Suprascapular and subscapular nerves Cutaneous branches	Nerve to subclavius Dorsal scapular nerve
9. REGIONS & FORAMINA		
Axilla Cubital fossa Carpal tunnel Anatomical snuff box (boundaries & major contents)	Compartments of arm, forearm & hand Quadrangular space Guyon's canal	Palmar spaces
10. OTHER		
Dermatomes Reflexes	Myotomes	

Lower Limb

+++	++	+
1. BONES		
Hip Femur Patella Tibia & Fibula Talus Calcaneus	Sesamoid bones of foot Navicular Cuboid Cuneiforms Metatarsals Phalanges	Epiphyses – sites, dates of appearance/fusion
2. JOINTS		
Hip joint Knee joint Ankle joint	Bursae Tibiofibular joints Subtalar joint Talocalcaneonavicular joint	Bursae Fat pads Other intertarsal joints Tarsometatarsal, intermetatarsal, MTP and IP jts
3. LIGAMENTS/FASCIA		
Inguinal ligament Deep fascia (lata/crura) Iliofemoral ligament Patella ligament Collateral ligaments Cruciate ligaments Ankle: medial & lateral ligaments Flexor retinaculum	Transverse acetabular ligament Ligament of head of femur Oblique popliteal ligament Meniscomfemoral ligaments Patellar retinacula Extensor retinacula Spring ligament Plantar aponeurosis Long & short plantar ligaments Arches of the foot	Pubofemoral & ischiofemoral ligaments Arcuate popliteal Transverse & Coronary Popliteofibular ligament Fibula retinacula Deep transverse metatarsal ligament Bifurcate ligament Talocalcaneal ligament
4. MUSCLES		
Hip Psoas major Gluteal muscles Piriformis Thigh Quadriceps Adductor longus/brevis/magnus Semitendinosus Semimembranosus Biceps femoris Leg Popliteus Tibialis anterior & posterior Fibularis longus & brevis Gastrocnemius Soleus	Iliacus Obturator internus & externus Quadratus femoris Pectineus Tensor fasciae latae Sartorius Gracilis Extensor hallucis longus Extensor digitorum longus Flexor digitorum longus Flexor hallucis longus Fibularis tertius	Gemelli Plantaris Intrinsic muscles of the Foot
5. ARTERIES		
Femoral artery Profunda femoris artery Popliteal artery Anterior & posterior tibial Dorsalis pedis	Superficial epigastric artery Medial & lateral circumflex femoral arteries Fibular artery	Superficial circumflex iliac External pudendal Perforating & genicular arteries Plantar vascular arches Lateral/medial plantar arteries Digital arteries
6. VEINS		
Superficial Great saphenous vein Sapheno-femoral junction Deep Femoral vein Popliteal vein	Small saphenous vein Tibial veins Soleal plexus	
7. LYMPHATICS		
Superficial/deep inguinal nodes		Popliteal nodes
8. NERVES		
Femoral nerve Saphenous nerve Obturator nerve Sciatic nerve	Lateral & medial plantar nerves	

Common peroneal nerve & branches Sural nerve Effects of major nerve injuries		
9. REGIONS & FORAMINA		
Femoral triangle Adductor canal Gluteal region Osteofascial compartments Popliteal fossa Tarsal tunnel		Sole of foot
10. OTHER		
Dermatomes Reflexes	Myotomes	

Back & Spine

+++	++	+
1. BONES		
Cervical, thoracic & lumbar vertebrae Sacrum & coccyx Features of vertebrae Intervertebral foramina		
2. JOINTS		
Atlantoaxial joints Intervertebral discs Sacro-iliac joints	Atlanto-occipital joints Costovertebral joints Zygapophyseal (facet) joints	Costotransverse joints
3. LIGAMENTS/FASCIA		
Transverse ligament of atlas	Anterior & posterior longitudinal ligaments Apical & alar ligaments Cruciform ligament Thoracolumbar fascia	Interspinous, supraspinous & intertransverse ligaments Ligamentum nuchae Ligamentum flavum Tectorial membrane Anterior & posterior atlanto-occipital and atlantoaxial membranes
4. MUSCLES		
Latissimus dorsi Trapezius	Rhomboids	Levator scapulae Serratus posterior Splenius capitis & cervicis Erector spinae group Transversospinal group Segmental muscle group Suboccipital muscles
5. ARTERIES		
Vertebral artery	Spinal arteries Artery of Adamkiewicz	
6. VEINS		
	Internal (epidural) venous plexus Intervertebral veins (Batson)	External vertebral venous plexuses Basivertebral veins
7. CONTENTS OF VERTEBRAL CANAL		
Spinal cord and nerve roots Cauda equina Meninges Subarachnoid space Epidural space		

Neck (excluding spine)

+++	++	+
1. BONES		
Hyoid bone	Hyoid ligaments	
2. FASCIA		
Superficial fascia Deep investing fascia Prevertebral/Pretracheal fascia Carotid sheath & contents		Buccopharyngeal fascia Pharyngobasilar fascia
3. MUSCLES		
Platysma Sternocleidomastoid Trapezius Scalenus anterior Suprahyoid /Infrahyoid muscles	Scalenus medius & posterior	Anterior vertebral muscle group
4. ARTERIES		
Common carotid artery Internal carotid artery External carotid + branches Vertebral artery	Thyrocervical trunk: inferior thyroid artery	Deep cervical artery Ascending cervical artery Transverse cervical artery Suprascapular artery
5. VEINS		
Internal jugular vein & major tributaries External jugular veins	Anterior jugular veins	
6. LYMPHATICS		
Superficial cervical nodes Spinal accessory chain Deep cervical nodes including jugulodigastric & jugulo-omohyoid nodes Retropharyngeal nodes		Level I-VII nodes
7. NERVES		
Glossopharyngeal Vagus Accessory Hypoglossal Phrenic Brachial plexus (formation, roots & trunks)	Carotid sympathetic plexus Carotid body Cervical plexus	Greater occipital nerve
8. REGIONS & SPACES		
Anterior, posterior & submandibular triangles Retropharyngeal space		Parapharyngeal spaces
9. VISCERA		
Larynx (cartilages, divisions [supraglottic, glottic, subglottic], vestibule, ventricles, cords) Cricothyroid membrane Pharynx (nasopharynx, oropharynx, laryngopharynx) Constrictor muscles Palatine tonsil Sphenoethmoidal recess Thyroid gland Parathyroid glands Trachea & Oesophagus	Vestibular folds Intrinsic muscles Piriform fossa Stylopharyngeus Palatopharyngeus Pharyngotympanic (Eustachian) tube	Laryngeal saccule Salpingopharyngeus
10. SURFACE ANATOMY		
Carotid artery bifurcation C6/cricoid transitions Internal jugular vein Accessory nerve		
11. OTHER		
CT axial sections & midline sagittal MRI		Branchial arches, pouches and clefts

Head (excluding CNS)

+++	++	+
1. BONES		
Cranial vault & face Mandible	Sutures Orbital bones	Teeth (numbering, naming & parts)
2. JOINTS		
	Temporomandibular joint	
3. LIGAMENTS/FASCIA		
Layers of scalp		Fascial sheath of eyeball Check ligaments
4. MUSCLES		
Mylohyoid Hyoglossus Digastric	Muscles of facial expression Muscles of mastication Extraocular muscles Extrinsic muscles of tongue	Intrinsic muscles of tongue Stapedius Tensor tympani
5. ARTERIES		
Major arteries of scalp Internal carotid artery Middle meningeal artery Vertebral artery Ophthalmic artery	Facial artery Lingual artery Central artery of retina Anterior & posterior ethmoidal Major arteries to nasal cavities	Ciliary arteries Zygomaticofacial & temporal
6. VEINS		
Extracranial/intracranial venous anastomoses	Sup & inf ophthalmic veins Facial & angular vein	Central retinal vein
7. LYMPHATICS		
Superficial: submental, submandibular/preauricular parotid/postauricular/mastoid		
8. NERVES		
Scalp innervation Cranial nerves I: Olfactory bulb & tract II: Retina, optic nerve & chiasm III: Oculomotor nerve IV: Trochlear nerve V: Trigeminal ganglion, division & major branches VI: Abducens nerve VII: Facial nerve & major branches VIII: Vestibulocochlear nerve IX: Glossopharyngeal nerve X: Vagus nerve XI: Accessory nerve XII: Hypoglossal nerve Effects of common lesions	Ciliary ganglion & nerves	Nerve supply of nasal cavities Tympanic (Jacobsen's) nerve
9. REGIONS & FORAMINA		
Anterior, middle, & posterior cranial fossa Major skull foramina (contents) External auditory meatus & tympanic membrane Temporal fossa Oral cavity	Nasal cavity & paranasal sinuses Mastoid air cells Middle ear Infratemporal fossa Pterygopalatine fossa Palate	Ossicles Inner ear
10. VISCERA		
Parotid gland Submandibular gland	Sublingual salivary glands	
10. SURFACE ANATOMY		
Pterion Parotid duct Facial nerve		
12. OTHER		
	Lacrimal apparatus Cornea Lens Retina	Eyelids & tarsal plates Conjunctival sac Sclera, iris, fovea, choroid

Central Nervous System

+++	++	+
1. BRAIN		
White matter Grey matter Cerebral cortex Frontal, temporal, parietal, & occipital lobes Precentral & postcentral gyri Interhemispheric fissure Lateral (Sylvian) fissure	Corpus callosum Optic tract Internal capsule Basal ganglia Central sulcus Broca & Wernicke areas Visual & auditory cortex	Reticular formation Hippocampus & limbic system
2. BRAINSTEM		
White matter Grey matter	Cerebral peduncles Pyramidal decussation Cranial nerve nuclei & roots Thalamus Pineal gland Hypothalamus Superior & inferior colliculi	Cerebellar peduncles Pontine, olivary nuclei etc
3. VENTRICULAR SYSTEM & CSF CIRCULATION		
Lateral ventricles Third ventricle Cerebral aqueduct Fourth ventricle	Choroid plexus CSF circulation	Basal CSF cisterns Walls of lateral & 3 rd ventricle Floor of 4 th ventricles Boundaries of Foramen on Monro
4. PITUITARY GLAND		
Adeno- and neurohypophysis		Blood supply
5. MENINGES		
Pia, arachnoid & dura Reflections: falx cerebri, tentorium cerebelli Middle meningeal artery Subarachnoid, subdural, & extradural space		Meningeal blood supply Meningeal innervation
6. THE CEREBELLUM		
	Vermis, lobes & tonsils	Nuclei & connections
7. ARTERIES		
Internal carotid arteries, major branches & segments Vertebral & basilar arteries	Ophthalmic artery Circle of Willis Middle cerebral artery Anterior cerebral artery	Cerebellar arteries Anterior choroidal artery Perforating arteries
8. VENOUS SINUSES		
Major venous sinuses (superior sagittal, cavernous, straight, transverse, sigmoid)	Cerebral veins Petrosal sinuses	
9. SPINAL CORD		
Basic organisation of grey & white matter (corticospinal and spinothalamic tracts and dorsal columns) Spinal nerve, ventral & dorsal nerve roots, dorsal root ganglia Autonomic outflow Meninges Filum terminale Subarachnoid and epidural space & central canal	Cervical & lumbar enlargements Spinal cord arteries	
9. SURFACE ANATOMY		
Central sulcus & primary motor/sensory cortex	Transverse sinus Sylvian fissure	

Physiology Syllabus for the GSSE

In preparation of the Generic Surgical Sciences Exam (GSSE), prospective surgical trainees should have a thorough understanding of human physiology as it relates to homeostasis and to the pathophysiological states applicable in clinically relevant diseases/disorders of the human body system. This includes diseases/disorders that may be managed medically, but may also impact upon surgery. Exam candidates should be able to integrate knowledge of the body's systems and functions, and contrast normal physiology with the effects of disease/disorders of function and degeneration.

The following syllabus is intended as a guide to the breadth and depth of topics to be covered in preparation for the GSSE exam and candidates are encouraged to read widely around these topics to gain a full understanding of human physiology. There are a number of resources available to assist in the preparation of the exam, available on the College website.

The Pathology/Physiology paper consists of 60 Physiology question, and 65 Pathology questions. Candidates are required to achieve a minimum pass standard for each component (ie Physiology AND Pathology AND Anatomy), and failure to achieve the minimum pass standard in any component will result in a failure of the entire examination.

Trainees should be able to demonstrate an understanding of the relevant basic principles of physiology as applied to surgical presentations and conditions in children and adults including:

Physiology of Specific Organ Systems

Cardiovascular System (10 questions)

- Electrical activity of the heart
 - ✓ Structure of conduction system
 - ✓ Generation and interpretation of EEG in normal and pathological states
 - Arrhythmias
 - Infarction
 - Systemic electrolyte imbalance
- Function of the heart as a pump
 - ✓ Normal pulsatile blood flow
 - ✓ Assessment and regulation of cardiac output and blood flow in normal, exercising, shock and diseased states
- Anatomy and haemodynamics of the circulatory system
 - ✓ Regulation of blood flow in normal, exercising and diseased states
 - ✓ Foetal and paediatric circulation
 - ✓ Regional specific circulation in healthy and disease states
 - Brain, Heart, Lungs, GIT (including liver), kidneys, skeletal muscle, skin
- Assessment and management of fluid balance in the perioperative period

Endocrine System (5 questions)

- Basic concepts of endocrine regulation
 - ✓ Hormone control, secretion, transport, action and feedback mechanisms
 - ✓ Understanding and interpretation of test of endocrine function
 - ✓ Understanding of the consequences of depletion or excess of hormones on body systems
 - Pituitary hormones
 - Thyroid hormones
 - Parathyroid hormones, Vitamin D and control of calcium homeostasis
 - Adrenocortical hormones
 - Pancreatic hormones
 - Renal and cardiac hormones
 - Reproductive hormones
- Pathophysiological conditions of the endocrine system
 - ✓ Disorders of the Pituitary gland
 - ✓ Disorders of Thyroid and Parathyroid glands
 - ✓ Disorders of the Adrenal glands
 - ✓ Diabetes
- Principles of management of disorders of the endocrine systems

Gastro-intestinal System (10 questions)

- Understand gastrointestinal physiology and motility, including
 - ✓ General principles of blood supply and circulation of the GIT,
 - ✓ Nervous and hormonal control mechanisms of the GIT,
 - ✓ Motility of specific segments of the GIT such as
 - Mouth, oropharynx, oesophagus
 - Stomach
 - Small intestine
 - Colon
- Ingestion/swallowing mechanisms and regulation
- The regulation of digestion and absorption of the following substances in the GIT
 - ✓ Protein
 - ✓ Lipids
 - ✓ Vitamins
 - ✓ Minerals
- Secretory function and regulation within specific regions of the GIT
 - ✓ Saliva
 - ✓ Gastric secretions
 - ✓ Bile
 - ✓ Pancreatic secretions
 - ✓ Small Bowel
 - ✓ Colon
- Physiological functions of the liver including
 - ✓ Fluid balance and disorders of the GIT
 - ✓ Acid base regulation in the GIT
- Application of physiology knowledge towards disorders which include (but not limited to):

- ✓ Diarrhoea
- ✓ Cystic Fibrosis
- ✓ Cholelithiasis
- ✓ Hirschsprung's disease etc
- Application of physiology knowledge towards disorders following surgery which include (but not limited to):
 - ✓ Post gastrectomy
 - ✓ Surgery for Chron's disease
 - ✓ Short Gut Syndrome
 - ✓ Vagotomy etc

Metabolism & Nutrition (5 questions)

- Understand the principles of
 - ✓ Energy metabolism & metabolic rate
 - ✓ Carbohydrate metabolism
 - ✓ Protein metabolism
 - ✓ Lipid metabolism
 - ✓ Calcium and bone metabolism
 - ✓ Vitamin + dietary balances
 - ✓ Thermoregulation
 - ✓ Metabolic response to injury
- Understand the control and maintenance of nutrition
 - ✓ Effects of malnutrition
 - ✓ Effects of vitamin deficiencies
 - ✓ Principles of enteral and parenteral feeding methods

Neurophysiology (5 questions)

- Understand the basic physiological principles of nerve conduction as they relate to
 - ✓ Maintenance of resting potentials and transmission of action potentials
 - ✓ Neurotransmitters at the neuromuscular junction.
 - ✓ Smooth and striated muscle contraction.
- Define monosynaptic spinal reflex arc, complex reflex arc.
 - ✓ Discuss the physiological factors affecting muscle tone.
- Understand the role of the autonomic nervous system in homeostasis
- Understand the physiological principles of the
 - ✓ Blood Brain Barrier
 - Its physiological significance in control of drug delivery, respiration and glucose metabolism
 - ✓ Cerebral Blood Flow
 - Auto regulation of cerebral blood flow
 - Cerebral perfusion pressure and its clinical significance
 - ✓ Cerebrospinal fluid and Intracranial pressure
 - CSF production, circulation, regulation and absorption
- Understand the neurophysiology of the special senses
 - ✓ Vision, perception of light & colour, visual accommodation
 - ✓ Taste and smell

- ✓ Hearing
- Understand the functions of the hypothalamic pituitary axis.
 - ✓ List the hormones released by the pituitary and their functions on the end organs.

Physiology of blood (5 questions)

- Understand the role of bone marrow and spleen in haemopoiesis
- Define the components of blood and their role in health and disease
- Understand the mechanisms of haemostasis
- Understand common disorders of coagulation (both pro and anticoagulant states)
- Understand the effects of drug therapies on coagulation
- Be able to interpret of tests of haemostatic function
- Understand the options available for fluid replacement and fluid resuscitation and their appropriate use
- Understand the role of blood type and blood transfusion in the management of surgical patients
- Understand how transfusion related reactions occur and their management

Respiratory System (10 questions)

- Pulmonary Ventilation
 - ✓ Mechanics of pulmonary and alveolar ventilation
 - ✓ Ventilation-Perfusion relationships
 - ✓ Physiological anatomy of the circulatory system of the lungs
- Gas exchange and pH balance
 - ✓ Diffusion of gasses across differing body tissues
 - ✓ Oxygen exchange mechanisms
 - ✓ Carbon dioxide exchange mechanisms
- Regulation of respiration
 - ✓ Central and peripheral control mechanisms
 - ✓ Chemical control mechanisms
- The role of the upper respiratory tract in respiration
 - ✓ Nose and paranasal sinuses, oropharynx, larynx and trachea
- Understanding and interpretation of tests of respiratory function
- Understanding of the differences in neonatal, paediatric and adult respiratory function as it relates to surgical conditions
- Understand impact of pathophysiological conditions on respiratory function
 - ✓ Obstructive conditions
 - ✓ Restrictive conditions
 - ✓ Traumatic injury
 - ✓ Pulmonary oedema
 - ✓ Hypoxia
 - ✓ Hypercapnia and respiratory causes of pH imbalance
 - ✓ Obstructive sleep apnoea

Urinary Tract (10 questions)

- Fluid homeostasis within the body

- ✓ Intracellular and extracellular fluids, regulation and excretion of water
- ✓ Influence of electrolytes/glucose etc on fluid homeostasis
- ✓ Control of blood volume and cardiovascular function
- Physiological anatomy of the kidneys
 - ✓ Renal blood flow in health and disease
 - ✓ Glomerular filtration, renal tubular reabsorption and secretion
 - ✓ Urine concentration and dilution
 - ✓ Control of micturition and urine storage
- Renal control of electrolyte balance
- Renal control of acid-base homeostasis
- Renal impairment
 - ✓ Acute and chronic renal impairment and its effects on homeostasis
 - ✓ Changes to drug metabolism as a result of renal impairment AND of drugs on renal function
 - ✓ Principles of haemodialysis
 - ✓ Management in the surgical patient

Ongoing improvement

There are regular checks for the GSSE to ensure that the curriculum is covered by the recommended texts. When a new edition of a text is released all references are checked to ensure that the answer is still adequately referenced. If the answer is no longer in the text or the text has changed, the question is similarly changed or deleted.

This is part of the regular work performed by the committees. Due to COVID-19 progress has been hindered in this area. The introduction of a new Question Management System will improve efficiency in this space, which is currently ongoing.

Great improvements are being made with regard to anatomy. There is a new and expanded companion to the recommended text being published shortly, COVID-19 permitting.

Clinical Examination – Exam structure and content

Overview

The examination consists of 16 Objective Structured Clinical Examination (OSCE) stations in total and covers four components (question types). Each component is made up of four stations:

- Examination (four stations)
- Non-technical skills (four stations)
- Procedural skills (four stations)
- History taking (four stations)

Examples of stations include patient history taking and physical examination, demonstration of practical technical skills, the application of basic science knowledge, data acquisition and analysis, counselling and communication skills.

The examination is focused on assessing generic skills, not knowledge about particular clinical scenarios, although common clinical scenarios may be used to illustrate and demonstrate various skills. The clinical knowledge required for the Clinical Examination is targeted at the level assumed of a competent final year medical student.

Scenarios in the Clinical Examination may be based around any of the nine RACS specialties; Cardiothoracic Surgery; General Surgery; Neurosurgery; Orthopaedic Surgery; Otolaryngology, Head and Neck Surgery; Plastic and Reconstructive Surgery; Paediatric Surgery; Urology and Vascular Surgery.

Examination

Candidates should perform a physical examination specific to the area of interest. Usually the region will be defined by the question.

For example: "Examine the right hip and other relevant features of the right lower limb".

The qualifier here serves to indicate that in addition to a hip examination, leg length and a brief neurovascular examination should be performed.

Occasionally you could be asked about the examination for a specific condition which may involve many regions. You will need to explain to the examiner what you are doing and why as you proceed.

You are not required to take a clinical history and ongoing dialogue with the surrogate should be confined to the physical examination (eg. "does it hurt?" or "please open your mouth").

You will not be required to examine genital, anus/rectum or female breast regions but if you think it could be relevant to the condition, you should tell the examiner that you would examine the region without doing so.

Non-technical skills

There are five possible categories in this station type.

1. Counselling
2. Obtain informed consent
3. Breaking bad news
4. Working in a team
5. Post-operative information

Counselling

The candidate will be given information about a specific condition or the result of an investigation and will be expected to communicate this information to the surrogate patient in terms that the patient would understand. They may also be asked to discuss options available to the patient or implications of the information.

Obtaining informed consent

Candidates will be told the specific procedure the patient is to undergo. They should carry out an appropriate informed consent.

Breaking bad news

The candidate will be supplied with unpleasant news to convey to the surrogate patient and is expected to demonstrate not only knowledge of the subject, but also an ability to communicate in an appropriate manner with empathy.

Working in a team

The candidate will be expected to undertake a task with the surrogate who is acting as a member of the team (e.g. nurse, paramedic or colleague) providing appropriate information, undertake a checklist or trouble-shoot for the clinical scenario presented.

Post-operative information

Information about the postoperative status (a complication or new scenario) of a patient will be provided and the candidate asked to explain the problem and its implications to the surrogate patient. Simple terms should be used to convey the information and where appropriate, pen and paper may be used to provide a diagram for the patient. It is also important to allow the patient an opportunity to ask questions to make sure they understand. The surrogate may have specific questions to ask during the station.

Procedural skills

There are three categories of procedure you may be required to demonstrate.

1. Generic surgical skills – such as gowning and gloving, suture technique and safe handling of instruments.
2. Diagnostic procedures – such as FNA, biopsy, excision of lesion.
3. Emergency procedures – such as airway management, IV access procedures.

The examiner at this station type will expect the candidate to demonstrate the method of performing the specified procedure on a surrogate patient, a mannequin or a model.

A running commentary is expected from the candidate describing the anatomical landmarks, the presence or absence of obvious complicating factors (e.g. previous surgical scar), and a complete step by step description of the procedure using the equipment provided.

The equipment may be physically present or a photograph may be used to identify pieces of equipment to be used. If equipment you need is not on display you should indicate to the examiner what you would use, how you would use it and why.

Invasive procedures should not be performed on surrogate patients but should usually be completed on mannequins or models. As well as a description of your actions to the examiner, some explanation to and interaction with the surrogate is expected.

In some questions you may be asked to do a number of short simple procedures.

History

The candidate will be required to interview a surrogate patient.

You will be given basic information about the presentation of a clinical problem and are required to take a formal structured and relevant clinical history from the surrogate patient who has been provided with basic responses to the appropriate questions.

Appropriate questions asked by the candidate will be marked on the examiner's checklist.

The marks awarded are not dependent on the answers given by the surrogate.

This information can be found on the College website:

<https://www.surgeons.org/Examinations/clinical-examination>

General Surgery Adelaide Blueprint FEx

Adelaide 2019	W1	W2	Operative	PCC Scenarios	Anatomy Images
Abdo wall, retroperit, urogenital				2 PCC mini - Retroperitoneal lymphnodes	Anatomy 1 - Inguinal hernia
Breast	Q11 Clear nipple discharge	Q2 DCIS	Mini 3 Axillary dissection		Anatomy 4 - Axillary anatomy.
	Q25 Advanced breast cancer			PCC long 2 Breast cancer	
	Q5 Periductal mastitis				
Colorectal	Q8 Radiation proctitis	Q4 Rectal cancer workup	Long - ileocolic crohns	4. PCC mini Massive colorectal bleed.	
	Q4 Pilonidal sinus		Mini 2 Stomal prolapse		
	Q16 Enterocutaneous fistula.				
Emergency incl focal sepsis, gynae, urol	Q18 Appendix mucocoele				
Endocrine	Q12 Pheochromocytoma	Q6 Pancreatic NET	Mini 1 Adrenal		Anatomy 2 - Recurrent Laryngeal
	Q3 Multinodular Goitre	Q8 MEN1 /parathyroid			
Head & neck	Q15 Marginal mandibular n palsy				Anatomy 6 HOROS Submandibular cyst
					Anatomy 8 HOROS left parotid/IJV
Sepsis, critically ill	Q20 abdominal compartment syndrome			3 PCC mini NET/Carcinoid	
Skin & soft tissue	Q2 melanoma				
Small bowel	Q22 Jejunal diverticulosis	Q7 surgical nutrition			
	Q1 Crohns SB				
Surgical oncology	Q7 Desmoid				
Transplantation					Anatomy 7 Horos - Renal
Trauma	Q23 Extradural haematoma				
	Q17 Splenic trauma				
Upper GI - Bariatric	Q9 Lap band complication				
	Q21 Internal hernia after Roux en Y				
Upper GI - Oesophagogastric		Q1 Gastric cancer	Mini 5 paraoesophageal hernia.	1. PCC mini - Peptic ulcer disease	
Endoscopy	Q14 Colon cancer				
	Q19 Peg complication				
HPB	Q6 Liver hydatid	Q3 Cirrhosis	Mini 4 bleeding Duodenum	PCC long 1 Pancreatitis	Anatomy 5 Horos - Liver trauma
	Q10. Biliary stents				
	Q13 Pancreas cancer				
	Q24 Posterior sectoral duct				
Vascular		Q5 Perioperative DVT			Anatomy 3 - Trauma to pancreas vessels
Other					

General Surgery Melbourne Blueprint FEx

Melbourne Blueprint	W1	W2	Operative	PCC Scenarios	Anatomy Images
Abdo wall, retroperit, urogenital	Q1 Rectus haematoma		Mini 1 open RIH		Anatomy 1 Diaphragm / oesophageal hiatus
	Q15 Right femoral hernia				
Breast	Q9 Bloody nipple discharge	Q3 Breast cancer reconstruction		PCC long Wide local excision	
	Q18 DCIS				
Colorectal	Q6 Sphincter injury	Q1 Surgery in UC	Long - extended right hemicolectomy	1. PCC mini C Diff colitis	
	Q22 Anal Melanoma				
	Q16 Anal fissure				
Emergency incl focal sepsis, gynae, urol	Q7 Dog bite			2. PCC mini Hydatid	Horos 4 Appendiceal mass
		Q6 Abdominal compartment syndrome			
Endocrine		Q5 Thyroid PTC management		PCC long Graves	
	Q24 insulinoma PnET				
Head & neck	Q11 submandibular		Mini 2 Tracheostomy		Anatomy 2 Facial nerve
	Q3 post thyroid bleed.				
Sepsis, critically ill	Q4 pancreatitis/ damage control				
	Q13 spilt gallstone				
Skin & soft tissue	Q22 Split skin graft		Mini 4 Skin cancer SSG		
Small bowel	Q5 small bowel GIST	Q4 Short bowel syndrome			
Surgical oncology					
Transplantation		Q2 Acute cholecystitis in Renal Tx			
Trauma	Q8 Liver trauma	Q7 Blast injury	Mini 3 Trauma Gastric rupture		Anatomy 3 Neck trauma
Upper GI - Bariatric					
	Q25 Marginal ulcer				
Upper GI - Oesophagogastric	Q10 Oesophageal stent			4 PCC Mini Chye leak	
	Q14 Post gastrectomy				
Endoscopy	Q2 Colitis				
	Q19 Gastric varix				
HPB	Q17 Choledochal cyst	Q8 Chronic pancreatitis	Mini 5 Lap chole bleeding.		Horos 1 Liver segment 8
	Q23 Pancreatic psuedocyst				
	Q20 IPMN				Horos 2 Tail of pancreas mass
Vascular	Q12 SMV thrombosis			3. PCC mini DVT	Horos 3 Cava retroperitoneum
Other					Anatomy slide 4 sympathetic chain.

General Surgery Sydney Blueprint FEx

Sydney 2019	W1	W2	Operative	PCC Scenarios	Anatomy Images
<i>Abdo wall, retroperit, urogenital</i>			Mini 1 Open Inguinal hernia		Anatomy 2 - Left ureter
<i>Breast</i>	Q11 Clear nipple discharge	Q2 DCIS		PCC Mini 3 LCIS	
	Q25 Advanced breast cancer				
	Q5 Periductal mastitis				
<i>Colorectal</i>	Q8 Radiation proctitis	Q4 Rectal cancer workup	Mini 3 Hartmanns		Anatomy 4 - Anal sphincter/fistula
	Q4 Pilonidal sinus				
	Q16 Enterocutaneous fistula.				
<i>Emergency incl focal sepsis, gynae, urol</i>	Q18 Appendix mucocoele			PCC Mini 4 cholangitis	
<i>Endocrine</i>	Q12 Pheochromocytoma	Q6 Pancreatic NET	Mini 5 - Retrosternal goitre.		Anatomy 7 HOROS adrenal
	Q3 Multinodular Goitre	Q8 MEN1 /parathyroid			
<i>Head & neck</i>	Q15 Marginal mandibular n palsy		Mini 2 Tracheostomy		Anatomy 1 Parotid, facial nerve
<i>Sepsis, critically ill</i>	Q20 abdominal compartment syndrome			PCC Long 2 Massive transfusion protocol	
<i>Skin & soft tissue</i>	Q2 melanoma			PCC long 1 melanoma	
<i>Small bowel</i>	Q22 Jejunal diverticulosis	Q7 surgical nutrition		PCC Mini 2 Small bowel GIST	
	Q1 Crohns SB				
<i>Surgical oncology</i>	Q7 Desmoid				Anatomy 5 HOROS Left Groin Mass
<i>Transplantation</i>					
<i>Trauma</i>	Q23 Extradural haematoma		Long scenario - Spleen/Small		
	Q17 Splenic trauma				
<i>Upper GI - Bariatric</i>	Q9 Lap band complication				
	Q21 Internal hernia after Roux en Y				
<i>Upper GI - Oesophagogastric</i>		Q1 Gastric cancer	Mini 4 Perforated ulcer		
<i>Endoscopy</i>	Q14 Colon cancer				
	Q19 Peg complication				
<i>HPB</i>	Q6 Liver hydatid	Q3 Cirrhosis		PCC Mini 1 Pancreatitis	Anatomy 3 Gastrohepatic ligament/ foramen of Winslow
	Q10. Biliary stents				Anatomy 6 HOROS - Liver segments
	Q13 Pancreas cancer				
	Q24 Posterior sectoral duct				
<i>Vascular</i>		Q5 Perioperative DVT			Anatomy 8 HOROS Aorta branches.
<i>Other</i>					

General Surgery Wellington Blueprint 2019 FEx

Wellington blueprint	W1	W2	Operative	PCC Scenarios	Anatomy Images
Abdo wall, retroperit, urogenital	Q1 Rectus haematoma Q15 Right femoral hernia		Mini 2 Strangulated femoral hernia		Anatomy slide 1 inguinal hernia
Breast	Q9 Bloody nipple discharge Q18 DCIS	Q3 Breast cancer reconstruction	Mini 4 Flap necrosis	3. PCC Mini 3 LCIS	
Colorectal	Q6 Sphincter injury Q22 Anal Melanoma Q16 Anal fissure	Q1 Surgery in UC	Mini 1 Emergency right hemicolectomy		Horos 1 Rectal Cancer Anatomy slide 2 - Anal canal.
Emergency incl focal sepsis, gynae, urol	Q7 Dog bite	Q6 Abdominal compartment syndrome		2. PCC mini 2 ICC	
Endocrine	Q24 insulinoma PnET	Q5 Thyroid PTC management	Mini 3 Retrosternal goitre	4 PCC mini 4 Conns	
Head & neck	Q11 submandibular Q3 post thyroid bleed.				Anatomy slide 3 - Neck trauma Horos 4 - parotid tumour
Sepsis, critically ill	Q4 pancreatitis/ damage control Q13 spilt gallstone				
Skin & soft tissue	Q22 Split skin graft				
Small bowel	Q5 small bowel GIST	Q4 Short bowel syndrome			
Surgical oncology				PCC long 1 melanoma	
Transplantation		Q2 Acute cholecystitis in Renal Tx			
Trauma	Q8 Liver trauma	Q7 Blast injury			
Upper GI - Bariatric	Q25 Marginal ulcer			PCC long2 - Sleeve Leak	
Upper GI - Oesophagogastric	Q10 Oesophageal stent Q14 Post gastrectomy		Mini 5 Bleeding DU		
Endoscopy	Q2 Colitis Q19 Gastric varix				
HPB	Q17 Choledochal cyst Q23 Pancreatic psuedocyst	Q8 Chronic pancreatitis	Long - Difficult Gall bladder		Horos 2 Splenic cyst
Vascular	Q12 SMV thrombosis			1. PCC mini venous ulcer	Horos 3 Aortogram with abnormal coeliac. Anatomy slide 4 - Azygous vein
Other					

Syllabus	Written Paper 1		Written Paper 2		Clinical Scenarios		Short Cases		Surgical Pathology		Operative Surgery		Surgical Anatomy	
	Competency	BT	Competency	BT	Competency	BT	Competency	BT	Competency	BT	Competency	BT	Competency	BT
HEAD and NECK	Judgment and decision-making	C	Medical Expertise	C	Judgment and decision-making	C		C	Health advocacy	C	Technical expertise	C	Judgment and decision-making	C
	Collaboration and teaching		Judgment and decision-making		Scholar and teacher		Medical Expertise		Judgment and decision-making		Technical expertise			
	Scholar and teacher		Scholar and teacher		Medical Expertise		Judgment and decision-making		Medical Expertise		Scholar and teacher			
1 RHINOLOGY	Judgment and decision-making	C	Judgment and decision-making	C	Health advocacy	C		C	Medical Expertise	B	Scholar and teacher	C	Scholar and teacher	C
	Scholar and teacher		Health advocacy		Medical Expertise		Scholar and teacher		Technical expertise		Judgment and decision-making			
	Professionalism		Medical Expertise		Judgment and decision-making		Judgment and decision-making		Collaboration and teaching		Technical expertise			
3 OTOLOGY	Judgment and decision-making	C	Medical Expertise	C	Communication	C		C	Scholar and teacher	B	Technical expertise	C	Scholar and teacher	C
	Medical Expertise		Judgment and decision-making		Judgment and decision-making		Medical Expertise		Judgment and decision-making		Judgment and decision-making			
	Scholar and teacher		Health advocacy		Scholar and teacher		Health advocacy							
4 PAEDIATRICS	Judgment and decision-making	C	Medical Expertise	B	Judgment and decision-making	C		C		C	Communication	B	Scholar and teacher	C
	Medical Expertise		Judgment and decision-making		Medical Expertise		Management and leadership		collaboration and teaching					
	Collaboration and teaching		Technical expertise		Health advocacy		Judgment and decision-making							
5 SCIENTIFIC FOUNDATIONS	Scholar and teacher	C		A		C			C		Judgment and decision-making	C		C
	Health advocacy						Technical expertise							
	Professionalism						Collaboration and teaching							

Key: BT = Bloom's Taxonomy

	Blooms A			Blooms B			Blooms C			9x Surgical Competencies			
	Knowledge		Comprehension		Application		Analysis		Synthesis		Evaluation		Medical expertise
	Define List Recall Name		Explain Describe Express Locate Review		Interpret Apply Employ Use Organize		Distinguish Analyse Differentiate Compare Contrast Categorise		Plan Compose Design Formulate Construct Create Set-up Manage Prepare		Judge Appraise Evaluate Rate Value Revise Score Select Choose Assess Estimate		Judgement and decision-making Technical expertise Communication Professionalism Health advocacy Collaboration and teaching Management and leadership Scholar and teacher

Paediatric Fellowship Examination Blueprint 2019

MODULE	SPOT	Written Paper 2	Neonatal	Operative	CIM	MEDIUM CASE	SHORT CASE
BLOOMS	A	A, B	A,B,C	A, B	A,B	A,B,C	A,B
SCOPE (re RACS COMPETENCIES)	4,6	2,4,5,6	2,3,4,5,6,7	4,6,9	4,5,6	2,4,6	6
Genitourinary		Renal calculi VUR	ovarian cyst		PUJO intermittent PUV uroflow	one case	10-12 cases
Abdominal wall/Inguinoscrotal		Torsion gonads bil		lap appendix fundoplication 2nd stage orchidopexy	ileal atresia		udt
Neonatal		gastroschisis antenatal CPAM	duodenal atresia NEC obstructn		duplication cyst		anorectal
Skin/Subcutaneous		SPOTS					infantile haemangioma
Trauma/Burns		pancreatic trauma burns			abdo trauma		scars
Head & Neck				Thyroglossal cyst H Fistula	Lymphatic malformation		branchial lymphangioma thyoglossal sternomastoid
Abdominal		carcinoid appendix			infant jaundice	currano	spherocytosis
Oncology		fertility preservation	Neuroblastoma sacrocoocyte al teratoma				teratoma
Thoracic		Lung Mets	right CDH	lobar emphysema			polands
Professionalism		bariatric wrong side					

May exam in black

Sep exam in cerise

Specialty Specific Examinations (SSE)

Currently there are six SSE: Plastic and Reconstructive Surgery (PRSSP), Otolaryngology Head and Neck Surgery (OHNS), Orthopaedic Principles and Basic Sciences (OPBS), Paediatric Pathophysiology (PPE), Urology (URO) and Vascular Surgery (VASC). Details can be found below on the College website:

<https://www.surgeons.org/Examinations/specialty-specific-examinations>

Cardiothoracic Surgery SET 3 Exam template

Cardiovascular Physiology		Haemodynamic monitoring	
Blood flow	5	Normal haemodynamics	3
Conduction	6	Intracardiac pressures	2
Heart pump	6	Cardiac output	2
Regulation	5	Arterial pressure	2
Shock	5	Shunts/Gradients	2
Exercise	3	Disease states	2
Respiratory Physiology		CPB, Myocard prot, mech supp	
Gas transport	5	CPB	6
Mechanics	5	Myocardial protection	6
Regulation	5	IABP	3
Pulmonary Circulation	2	ECMO/VAD	2
Ventilation	5	CPB monitoring	3
Exercise/Altitude	3		
Function tests	5	Pacemakers & ICD's	
		PM indications (1)	
Pathology – Heart & Vessels		PM modes (2)	
Endocarditis	3	PM monitoring (1)	5
Rheumatic disease	2	PM complications (1)	
Other infections	1	ICD indications	
Cardiomyopathy	1	ICD monitoring	2
Cardiac tumours	2	ICD complications	
Aneurysm/Dissection	3		
Atherosclerosis/Hypertension	4	Cardiothoracic Investigations	
Myocardial ischaemia/Infarction	4	Radiology	
		Nuclear scanning	
Pathology – Lungs & Pleura		Echo	
Infections	6	Ischaemia testing	
Benign lung tumours	2	Angiography	
Malignant lung tumours	6		
Mesothelioma	2	Pharmacology	
Infiltrative lung diseases	2	Antibiotics	
Obstructive lung diseases	2	Inotropes	
		Vasodilators	
Pathology – Mediast & Chest wall		Vasoconstrictors	
Infections	2	Diuretics	
Mediastinal tumours	4	Anti-arrhythmics	
Myaesthesia gravis	2	B-blockers	
Congenital chest wall anomalies	2	ACE-I	
		Ca channel blockers	
Pathology – Oesophagus		Lipid lowering agents	
Tumours	3	Platelet inhibitors	
Achalasia	1	Anticoagulants	
Oesophageal rupture	1	Antithrombotics	
		Coagulants	
Embryology	5		

OHNS SSE

<u>Anatomy</u>	Number of questions
Cranial nerves	3
face	2
General topography	5
Ext ear	4
Middle ear	4
Inner ear	4
hypopharynx	1
larynx	4
Nose + nasal cavity	3
oesophagus	1
Mouth + oral cavity	3
Orbit + eyeball	2
oropharynx	1
Salivary glands	3
sinuses	4
Skull bones	3
Thyroid + parathyroid	2
trachea	1
<u>Pathology</u>	
antibiotics	3
General pathological phenomenon	5
Genetics + mutation	2
immunology	3
neoplasia	4
Tissue response to injury	3
<u>Physiology</u>	
oesophagus	2
Oral cavity + oropharynx	
External ear	1
Middle ear	3
Inner ear	3
Larynx + voice	4
sleep	2
rhinology	4
Trachea/bronchus	1
Thyroid + parathyroid	2
<u>Spot Questions</u>	6

Orthopaedic Principles and Basic Sciences (OPBS) blueprint

Discipline	Category	Quantity of questions
Anatomy	Paper 1	50
OBS	P1	50
OBS	Paper 2	7
Pathology	P2	56
Imaging	P2	12
Surgical Approaches	P2	18
Current Concepts	P2	6
Embryology	P2	1

Orthopaedic Principles and Basic Sciences

Musculoskeletal

Demonstrate a detailed understanding of the structure and function of all human tissues relevant to the musculoskeletal system.

Apply a detailed knowledge of surface and topographic anatomy as a basis for precise clinical assessment and safe surgical exposure.

Describe bone and joint development, discussing the factors that influence this process.

Explain the processes of injury, repair of bone and other connective tissues.

Pathology

Discuss the embryology of congenital orthopaedic conditions manifesting in paediatric and adult populations.

Explain the role of human genetics in the development of inherited musculoskeletal disorders.

Apply knowledge of bone cell biology, mineral homeostasis and variation in bone mineral density in the pathogenesis and treatment of orthopaedic conditions.

Outline biological processes underpinning the development of degenerative and inflammatory arthritis.

Discuss the basis for the development of the major connective tissue disorders.

Discuss the effect of neuromuscular conditions on growth and their role in the development of orthopaedic deformity of the musculoskeletal system.

Explain the pathological basis of primary and secondary musculoskeletal tumours, particularly relating to their diagnosis and management.

Biomechanics and motion

Describe the biomechanics of the musculoskeletal system and principles as it relates to the development and management of musculoskeletal conditions.

Discuss the kinetics and dynamics of joint motion, including in normal and pathological limb function.

Assess deformity, understand the 'centre of rotation' of angular deformity and the principles of correction in planning osteotomies.

Materials and engineering

Describe the properties and use of biomaterials in orthopaedic surgery. Discuss the principles of tissue engineering in orthopaedics.

Infection, immunology and inflammation

Discuss the manifestations of infectious diseases in orthopaedic surgery

Discuss inflammation and its relevance to orthopaedic conditions and orthopaedic surgery.

Describe the prevention and management of infection.

Discuss immunological influence in development of orthopaedic conditions, response to musculoskeletal infections and reaction to foreign materials.

Neurovascular

Discuss venous and arterial embolism relating to orthopaedic practice.

Discuss vascular homeostasis and the prevention of pathological surgical thrombosis and bleeding.

Discuss the physiology of pain and the development of abnormal pain responses. Discuss the physiology, neural pathways, injury, repair and recovery of the peripheral nervous system.

Pharmacology

Outline the safe use of medications and drugs encountered in orthopaedics including:

- Local anaesthetics
- Analgesics
- Antibiotics
- Anti-inflammatories
- Medications used for rheumatological conditions
- Interventions that affect bone mineral homeostasis
- Anticoagulants

Describe natural and alternative therapies patients may use to treat orthopaedic conditions, including risks, potential/proposed benefits and interaction with other medications.

Radiology and Investigations

Explain the basic scientific principles that underpin radiological and nuclear medicine investigations

Explain radiation biology and describe the appropriate use of radiation, including measures employed to ensure maximum safety.

Discuss the rationale for selection and use of orthopaedic imaging modalities for diagnosing conditions.

Research Methodology

Discuss the advantages and disadvantages of different study designs and the impact of study designs on results and conclusions.

Explain levels of evidence and quality of evidence.

Describe principles of basic biostatistics to analyse data.

Paediatric Anatomy & Embryology Examination and the Paediatric Pathophysiology Examination blueprint

Curriculum area	Number of Short answer questions	Number of Essays
Embryology/developmental	4	1
Neonatal	4	2
Fluids/nutrition/growth	4	
Trauma/burns	5	2
Infection/inflammation	3	5
Neoplasia	5	4
Other acquired abdominal disorders	5	
Genito-urinary	4	
Skin/subcut/body wall/extremities	3	

Plastic and Reconstructive Surgical Science and Principles (PRSSP)

Discipline	Weighting	Number of items
Anatomy	37.5%	75
Basic surgical technique	12.5%	25
Clinical care	22.5%	45
Pathology	17.5%	35
Surgical sciences	10%	20

Currently there is no set blueprint. The above will be used as a basis for discussion to create a new blueprint.

Urology Specialty Specific Examination blueprint

Discipline	Category	Quantity
Anatomy	Abdomen	14
	CNS	1
	Development	6
	Histology	4
	Pelvis	14
	Thorax	1
Pathology	Antibiotics	2
	Genetics and Molecular Biology	2
	Immunology	1
	Infection	2
	Neoplasia	2
	Pharmacology	1
Physiology	Cardiovascular	7
	Endocrine	7
	Gastro	4
	Medical Physics	7
	Metabolism and Nutrition	3
	Neurophysiology	5
	Respiratory	2
	Urinary Tract	9

Vascular Surgery Specialty Specific Exam blueprint

Syllabus Item	Question Amount
Head and Neck	5
Thorax	5
Upper Limb	5
Abdomen	5
Pelvis	5
Lower Limb	5
Nervous System	5
Histology	5
Haemostasis and Thrombosis	5
Haemodynamics and Biomaterials	5
Healing and Angiogenesis	5
Ischaemia, Shock, Sepsis	5
Aneurysm and Aorta	5
Vasculitis	5
Ultrasound	20
Angiography	5
Radiation	5
Peri-operative Care	10
Pharmacology and Antimicrobials	5

SET Curriculum – Guidelines for Assessment

Otolaryngology Head and Neck Surgery

Australia and New Zealand



Issued: June 2020

BOARD OF OTOLARYNGOLOGY HEAD AND NECK SURGERY



Royal Australasian College of Surgeons, Australian Society of Otolaryngology Head and Neck Surgery and
The New Zealand Society of Otolaryngology Head and Neck Surgery Incorporated

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Introduction

It is imperative that trainees be observed during their day-to-day clinical encounters with patients, relatives and hospital staff. A number of different assessments will be performed in a variety of settings throughout training to enable assessment of a trainees' competence.

Workplace assessment provides an important means of educational feedback to trainees and trainers.

Surgical trainers will make judgements based on their observations during the assessments. It is expected that trainees will need to repeat some assessments until they are judged to have reached an appropriate performance. It is also important that a number of different surgeons within each department perform the assessments.

These assessments should not be viewed by trainees as boxes that need to be ticked to progress through training. They represent important educational opportunities for learning via feedback from surgical trainers. It is important that surgeons and administrators participating in workplace assessments allow appropriate time for the assessment and feedback of the trainee.

Progression through OHNS SET

All trainees commencing SET will be classified as a Novice. Trainees remain at this level until they have satisfactorily met all of the requirements for a Novice.

Each level of the SET Program has minimum performance requirements used to assess performance and make a determination on progression and suitability to continue training.

Summative assessment occurs at the end of each term with completion of the EOTA and a review of all workplace assessments. It is at this point that a trainees' competency is assessed. Recommendations by Supervisors will be reviewed by each Regional Training Board and forwarded to the Board for approval.

Trainees will only advance to the next level of training at the beginning of a rotation.

Trainees who fail to progress will be reviewed by the Board to assess their suitability for continuation in training.

The maximum number of rotations a trainee is allowed to successfully complete the training and be awarded RACS Fellowship is fourteen (14).

Each competency level has a time limit expressed as the maximum number of satisfactory terms:

- Maximum of four satisfactory rotations at Novice level.
- Maximum of six satisfactory rotations at Intermediate level
- Maximum of four satisfactory rotations at Competent level

Failure to progress from a competency level after the maximum number of rotations will result in the final rotation being assessed as unsatisfactory and the trainee will be placed on a performance management plan and on probation.

Failure to satisfactorily complete the Performance management plan may result in dismissal from training.

Trainees will only be designated as Competent if they continue to meet all performance criteria for Novice and Intermediate levels as well as meeting the criteria and requirements for the Competent level.

If a trainee fails to perform at their designated competency level at the EOTA the term will be assessed as unsatisfactory and the trainee will be placed on probation and a performance management plan.

Guidelines for all assessments

Different work-based assessments are designed to assess different combinations of the nine RACS competencies, and trainee's level of training (Novice, Intermediate and Competent (N, I & C)).

The **Mini Clinical Examination (MiniCEX)** assesses a trainee's interactions with a patient during a clinical encounter. Aspects of Medical Expertise, Clinical Decision Making, Communication, Health Advocacy, Professionalism, and Management are incorporated into the MiniCEX. This type of assessment is appropriate for all Novice and Intermediate trainees, and, in a situation with a patient with complex clinical issues can also be used with Competent trainees.

The **Direct Observation of Procedural Skills (DOPS)** is used to teach and assess trainees in a clinical environment. The main focus in this assessment is on Technical Expertise, and it also includes aspect of Medical Expertise, Clinical Decision Making, Communication, Collaboration and Teamwork, and Professionalism. This type of assessment is appropriate for Novice trainees, required to demonstrate proficiency in a defined range of basic OHNS procedures.

The **Procedural Based Assessment (PBA)** is designed to teach and assess trainees across the range of knowledge, skills and attitudes required to successfully perform 'index procedures'. Each PBA addresses the requirements of a specific procedure. Like the DOPS, the PBA focuses on Technical Expertise. However, because it is unlikely that all the components in these assessment forms will be assessed at one time, other competency areas (e.g. Collaboration and Teamwork) may not be included in every PBA.

Assessment of **Case-Based Discussion (CBD) / Outreach Based Discussion (OBD)** can be used at any stage of training, being applied to increasingly complex cases. Whilst the focus in this assessment is on Clinical Decision making and Judgement it also includes aspects of Medical Expertise and Professionalism.

The **Mid-Term and End-of-Term assessments** assess all nine RACS competencies to determine whether the trainee is meeting the expectations for their level of training in every area of training. Whilst it is accepted that trainees will progress at different rates from each other and across the different competencies, there are defined requirements for progression.

Notes

Patient safety and wellbeing remain paramount throughout all work-based assessment. Assessors supervising procedures must ensure that patients are informed, and suffer no increased risk or discomfort resulting from any assessment. Supervisors retain responsibility for patient care throughout and will intervene, as situations require.

Trainees are responsible for completing the required number of assessments.

Trainees must ensure that they are using the latest version of all assessment forms by downloading forms from the ASOHNS website. Trainees must therefore ensure that they have an active ASOHNS username and password.

All assessments except the End-of-Term assessment are formative assessments, to guide trainees' development.

Supervisors play a crucial role in the continuing formative and summative assessments of Trainees. It is important to give care and attention to the identified competencies of each Trainee's performance.

Supervisors must inform trainees of concerns at an early stage. Supervisors should discuss their concerns with the trainee and should record the outcome of discussions or interviews they conduct.

Where specific deficiencies have been identified the outcome of discussions or interviews should result in a written OHNS Learning Action Plan being implemented. The Supervisor and Trainee must sign the Learning Action Plan and the Trainee must forward this to the SET Program Administrator or the RACS New Zealand office within 2 weeks of the interview being completed.

Verbal feedback must be provided to trainees as part of all assessments.

Trainees must choose a mix of assessors for each of the assessment types, except the Mid-Term and End-of-Term assessments in which all assessors must be involved.

One of the assessors for each assessment type in each rotation must be the trainee's current surgical supervisor.

All Australian assessors must be Fellows of RACS. In New Zealand assessors must have either a FRACS or vocationally registered.

Trainees must forward all signed original assessment forms, including the cover sheets, within two weeks of completing a rotation to:

- the SET Program Administrator, ASOHNS, or
- the Executive Officer, IMGs and Training, RACS New Zealand.

Receipt of documents will be acknowledged.

Trainees must retain signed copies of all completed assessment forms in their portfolios for review at the Mid-Term and End of Term Assessments and for future rotations.

Mini-Clinical Evaluation Exercise (MiniCEX)

The Mini-Clinical Evaluation Exercise (MiniCEX) is a work-based assessment to evaluate a trainee's skills as they conduct a consultation with a patient. The trainer or assessor observes the consultation and records their evaluation on a form to provide the trainee with structured feedback during debriefing. The aim of the MiniCEX is to guide trainees' learning, and to improve clinical performance in communication, history-taking and physical examination.

The areas of knowledge, skills and attitudes assessed by the MiniCEX include: consent, history taking, physical examination, professionalism, clinical judgement, communication skills, organisation, efficiency and overall clinical care.

Appropriate Assessment Process

- MiniCEX should be used in a variety of settings including outpatients, the ward and interviews with patients and/or relatives.
- Minimum 4 satisfactory per rotation for Novice and Intermediate Levels
- Supervisor and/or trainer and/or trainee instigates the assessment
- Supervisor and/or trainer and/or trainee selects the case
- It is the trainee's responsibility to take a proactive approach and to ensure that sufficient MiniCEX assessments are completed.

Suggested cases for MiniCEX assessment

This list is a guide to possible clinical assessments and is not exhaustive.

Otology

Hearing loss adult (acquired, conductive/ Sensorineural, unilateral/bilateral, sudden/ progressive)

- Sudden Sensorineural hearing loss
- Conductive hearing loss
- Hearing rehabilitation

Ear pain

Discharging ear

- Chronic suppurative otitis media with Cholesteatoma
- Chronic suppurative otitis media without Cholesteatoma

Blocked ear

Dizziness

- Otologic
- Non-otologic

Tinnitus

- pulsatile
- non-pulsatile

Facial weakness

- acute
- chronic

Ear trauma

- acoustic trauma
- penetrating trauma

Rhinology

Nasal obstruction

Nasal discharge

Abnormality of smell/taste

Epistaxis

Facial Pain

Epiphora

Posterior Rhinorrhea

Chronic cough

Head and Neck

Hoarse Voice

Swallowing difficulties

Lump in the Neck

Noisy breathing

Mouth Ulcers

Blood stained mucous or saliva

Red and White Mucosal Lesions

Cough

Snoring

Facial Plastics

Prominent ears

Nasal deformities

- Functional Rhinoplasty for acquired disorders e.g. trauma, iatrogenic

Nasal trauma

Facial trauma

Skin cancer

Surgery on soft tissue of the face – facial reconstruction

Reconstruction of facial defects

Aboriginal, Torres Strait Islander and Maori Health

Neck lump

Hoarse voice

Sore throat

Swallowing difficulties

Discharging ear

Dizziness

Hearing loss

Paediatrics

Otitis media with effusion/glue ear

Discharging ventilation tube

Aural atresia

Congenital hearing loss

Snotty nose

Epistaxis

Cleft palate

Stridor Abnormal cry

OSA



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Mini Clinical Evaluation Exercise (MiniCEX) Assessment Form

Last Name:				First Name:				
Assessment Date:				RACS ID:				
SET Level:		Competency: Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Competent <input type="checkbox"/>		Rotation:				
Hospital:								
Unit type	General:	<input type="checkbox"/>	Head and Neck:	<input type="checkbox"/>	Paediatric:	<input type="checkbox"/>		
Clinical Setting:	Outpatients:	<input type="checkbox"/>	Ward:	<input type="checkbox"/>	Emergency Department:	<input type="checkbox"/>	Other:	
Clinical Problem:								
Type of Case	New case:	<input type="checkbox"/>	Follow-up:	<input type="checkbox"/>				
Surgical Trainer (completing this form):								
Assessment Rating:				'S' = Satisfactory: Demonstrates required level				
'U' = Unsatisfactory: Performance does not meet expectations for level of training				'N/A' = Not assessed or observed				
Rate the knowledge and skills in the following areas:						RATING		
						U	S	N/A
Takes a relevant history								
Performs a targeted physical examination								
Recognises the symptoms and signs to make an accurate diagnosis or differential diagnosis								
Selects and justifies appropriate investigations								
Formulates a management plan that includes options and potential risks								
Communicates the diagnosis and management options to patients (and their family)								
Assists patients to consider options and make decisions								
Adjusts communication to accommodate the patient's cultural and linguistic background								
Initiates the management plan								
During the consultation the trainee demonstrates:								
Professionalism: ethical behaviour and respect for confidentiality								
Organisation and efficiency								

Overall Assessment Rating:

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
-----------------------	--------------------------	---------------------	--------------------------

Feedback
Verbal and written feedback is mandatory

General:

Suggestions for Development:

Agreed Action/s:

Trainee Self Reflection: What did you learn from this assessment?

Assessor's signature: _____ Date _____

Trainee's signature: _____ Date _____

Direct Observation of Procedural Skills (DOPS)

Direct Observation of Procedural Skills (DOPS) is used in clinical settings to help the teaching and assessment of particular clinical skills. DOPS are designed to focus on trainees' technical and professional skills in basic diagnostic and interventional procedures, or parts of procedures, and to provide structured indicators for teaching and feedback.

The assessment involves an assessor observing a trainee and providing feedback. The assessor's evaluation is recorded on a structured form that enables them to provide written and verbal developmental feedback to the trainee immediately after undertaking the assessment.

Appropriate Assessment Settings

- Outpatient departments
- Wards
- Accident and Emergency departments

Process

- Minimum 3 successful DOPS per rotation for Novice Level
- All topics must be satisfactorily completed to allow progression to Intermediate level of training
- Supervisor and/or trainer and/or trainee instigates the assessment
- Trainee selects the case from the prescribed list
- It is the trainee's responsibility to take a proactive approach and to ensure that all the DOPS are completed.

Designated procedures for DOPS

- Adult rigid nasal endoscopy
- Aural toilet and microscopy
- Biopsy of a small oral or skin lesion
- Changing a tracheostomy tube
- Drainage of a peritonsillar abscess
- Management of epistaxis
- Flexible endoscopic assessment of the upper aerodigestive tract
- Indirect laryngoscopy
- Diagnosis and management of BPPV
- Removal of foreign body from nose
- Removal of foreign body from ear
- Clinical assessment of hearing and assessment of an audiogram



Direct Observation of Procedural Skills (DOPS) Assessment Form

Last name:				First name:			
Assessment date:				RACS ID:			
SET Level:		Competency:		Novice <input type="checkbox"/>	Rotation:		
				Intermediate <input type="checkbox"/>			
				Competent <input type="checkbox"/>			
Hospital:							
Unit type:	General	<input type="checkbox"/>	Head & Neck	<input type="checkbox"/>	Paediatric	<input type="checkbox"/>	
Surgical Trainer (completing this form):							
Procedure Assessed:							
Assessment Rating:							
'S' = Satisfactory: Demonstrates required level				'D' = Development Required			
'U' = Unsatisfactory: Performance does not meet expectations for level of training				'N/A' = Not applicable or not observed			

Rate the knowledge & skills in the following areas				
	U	D	S	N/A
Describe the relevant anatomy to the assessor				
Describe the indications, contraindications and complications of the procedure to assessor				
Explains the procedure to the patient/relatives (and possible complications if indicated)				
Prepares for the procedure				
Administers effective analgesia / anaesthesia				
Demonstrates good asepsis and safe use of instruments and sharps				
Performs the technical aspects of the procedure correctly				
Deals with any unexpected event or seeks help when appropriate				
Completes required documentation (written or dictated)				
Communicates clearly with patient and staff throughout procedure				
Demonstrates professional behaviour throughout procedure				
Communicates outcomes clearly				

Overall Assessment Rating

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
-----------------------	--------------------------	---------------------	--------------------------

Feedback
Verbal and written feedback is mandatory

General:
Suggestions for Development:
Agreed Action/s:
Trainee Self Reflection: What did you learn from this assessment?

_____ **Date** _____
Assessor's signature:

_____ **Date** _____
Trainee's signature:

Procedure Based Assessment (PBA)

The Procedure Based Assessment (PBA) assesses the trainee's technical, operative and professional skills in a range of specialty procedures or parts of procedures during routine surgical practice up to the level of Fellowship. The PBAs are categorised into one of the five OHNS disciplined-specific modules and by their technical level – Novice, Intermediate or Competent. PBA's provide a framework to assess practice and facilitate feedback to direct learning.

There is a separate form for each of the designated 'index procedures'. These procedures have been selected because they:

- a) Represent the progression of technical skill development throughout training
- b) Together reflect the knowledge and skills required to safely perform most procedures in each discipline
- c) Are procedures that are likely to be available for training.

Process

- A minimum of 5 PBAs per rotation must be accepted by the surgical supervisor.
- Supervisor and/or trainer and/or trainee instigates the assessment.
- Supervisor and/or trainer and/or trainee selects the case from the prescribed list.
- To identify appropriate procedures for assessment (and domains within the PBAs) the Trainee and Supervisor need to review the Trainee's Logbook in relation to the case-mix in the clinical unit.
- It is the trainee's responsibility to take a proactive approach and to ensure that sufficient PBAs are completed.

Progression through Training

- Trainees must complete all the MANDATORY PBAs for their level of training to progress.
- Progress through the PBAs depends on the skills of trainees and the frequency of assessments on the 'index procedures'.
- It may be possible in rotations for certain disciplines (eg: paediatrics), for some trainees to complete PBAs at all levels (Novice, Intermediate and Competent).

PBA Acceptance and Competency Level Progression Requirements

There is no minimum number of PBAs attempted during a term. In order for a PBA to be accepted as one on the 5 for a given term it has to be completed to a level appropriate for the level of competence of a given trainee as determined by the surgical supervisor or trainer. For example, a Novice trainee can initiate a Mandatory Novice PBA for an Elective Tracheostomy and achieve a level 2 summary result, this PBA would be accepted for the rotation but will not count towards the trainee's competency progression. For the trainee to progress to the Intermediate Level they would need to complete ALL the Mandatory NOVICE PBAs to a Level 4. An Intermediate trainee is then required to complete the Mandatory Intermediate PBAs to a Level 4 to progress to the Competent level. And a Competent Trainee is required to complete all Mandatory PBA's to a Level 4 to complete the PBA Assessment Criteria.

Pre-2018 PBA Acceptance Criteria

If a trainee progressed to the next competency level at the beginning of 2018 the assumption is that the trainee has "completed" the PBAs appropriate for that previous level. For example, if a trainee moved from a novice to intermediate level then the assumption is that the trainee has "completed" the PBAs appropriate for the novice level. Trainees are encouraged though to complete all the PBA's

How do I complete a Mandatory PBA?

This assessment is divided into six components:

The first five relate to stages of the workflow: (Consent or Pre operative discussion; Pre operative Planning; Pre operative Preparation; Intraoperative Technique; and Post operative Management) in which the trainee is to be assessed as 'M' = Meets expectations' or 'F' = Fails to meet expectations. Most of the assessment criteria are common to all procedures, although a relatively small number, usually in Operative Technique, are specific to a particular procedure.

The sixth component is a global rating of the overall knowledge, skills and attitudes of the trainee in performing that procedure, on that specific occasion. The global statements relate to the extent of supervision the trainee was seen to require in that procedure on that occasion.

A mandatory PBA is deemed to be complete when the trainee has been assessed on, and met the expectations in all of the first five components and has been rated as performing at Level 4 – 'Competent to perform the procedure unsupervised' (as indicated on the PBA Assessment form).

Although the principal role of the PBA is to aid learning (formative), the summary evidence from many PBAs in conjunction with the logbook will be used to inform the end of term review process.

What does one completed PBA mean?

A completed mandatory PBA allows progression through training. Successful completion of a PBA on any one procedure does not 'licence' a trainee to perform the procedure unsupervised. The decision to permit a trainee to perform a procedure without supervision remains the prerogative of the **supervising consultant clinical supervisor** who has responsibility for patient care. This will depend on evidence from a number of PBAs (i.e. if the trainee has attained enough PBAs at Level 4 - Competent to perform the procedure independently). The number required to inform that decision will depend upon many factors, including the complexity of the procedure and the experience of the trainee. The evidence provided by the trainee's logbook therefore complements this process.

Can a trainee repeat the same PBA?

It is expected that a trainee would repeat PBAs both throughout training and through a given term. As they progress through a training period it is expected they would obtain higher summary levels. A repeated PBA that has already been graded to a level 4 will not be accepted.

For example, at the start of training it is expected a trainee would do part of tracheostomy under supervision (level 2), however to progress to intermediate the same PBA has to be completed to level 4.

It is expected that PBAs would be attempted over a wide range of the surgical spectrum so as to reflect a broad range of surgical training.

Feedback

Each PBA form is a completed record of a particular procedure. Any one assessment is not a pass or fail event; the primary purpose is to provide objective feedback to aid learning. The assessor should provide immediate feedback to the trainee in a debriefing session as per RACS guidelines. It is essential that trainees reflect on feedback and take a proactive approach to improving their practice.

Designated procedures for PBAs

- The following procedures have been identified as 'index procedures'.
- These common and important procedures are indicative of satisfactory performance in a range of other procedures.
- The procedures indicated in bold are mandatory for that level of training.

Facial plastics

Novice	Intermediate	Competent
Excision of skin lesion	Excision of skin lesion and local flap repair	Otoplasty
Repair of defect with full thickness skin grafts		Septorhinoplasty

Head and neck

Novice	Intermediate	Competent
Elective tracheostomy	Branchial arch cyst excision	Radical neck dissection
Neck surgery incisions	Submandibular gland excision	Selective neck dissection
Neck node excision	Thyroglossal cyst excision	Superficial parotidectomy
Partial glossectomy lesion less than 1cm	Tracheostomy under local	Total laryngectomy
Tonsillectomy	Modified radical neck dissection	Total thyroidectomy
		Hemithyroidectomy

Laryngology

Novice	Intermediate	Competent
Direct laryngoscopy	Microlaryngoscopy and excision of lesion	Endoscopic diverticulotomy pharyngeal pouch: laser or stapling
Microlaryngoscopy	Microlaryngoscopy and injection of vocal cord	Medialisation thyroplasty +/- arytenoid procedure
Microlaryngoscopy +/- Biopsy	Microlaryngoscopy and laser of benign vocal cord lesion	Microlaryngoscopy and laser of malignant vocal cord lesion
Oesophagoscopy	Oesophagoscopy and foreign body removal	

Paediatric

Novice	Intermediate	Competent
Adeno-Tonsillectomy	Oesophagoscopy and removal of foreign body	Bronchoscopy with removal of foreign body
Laryngoscopy	Thyroglossal duct cyst removal	Tracheostomy
Nasendoscopic adenoidectomy		
Oesophagoscopy		Cortical mastoidectomy

Otology

Novice	Intermediate	Competent
Myringotomy and insertion ventilation tube	Cortical mastoidectomy	Insertion of cochlear implant
Soft tissue incisions and approaches to the ear	Meatoplasty	*Intact canal wall mastoidectomy (Canal wall up)
	Myringoplasty	*Modified radical mastoidectomy (Canal wall down)
	Tympanotomy	Ossicular chain reconstruction
	Endoscopic examination of the middle ear	Removal of exostoses
		Stapedectomy
		Canalplasty
		Tympanoplasty

*Note: With the **either** *Canal Wall Up* or *Canal Wall down* will count as the Mandatory PBA.

Rhinology

Novice	Intermediate	Competent
Reduction inferior turbinates	Septoplasty	Septorhinoplasty
Preparation of the nose for endoscopic surgery	Endoscopic sinus surgery- Complete Sphenoethmoidectomy	Dacryocystorhinostomy
Closed reduction of fractured nose	Drainage of Orbital Subperiosteal Abscess (Endoscopic/Non Endoscopic)	Endoscopic sinus surgery- frontal sinusotomy
Endoscopic sinus surgery-uncinectomy and middle meatal antrostomy		Endoscopic Repair of CSF leak
Incision and drainage of Septal Abscess or Haematoma		Endoscopic Modified Medial Maxillectomy
		Sphenopalatine artery ligation

Emergency Procedures

Novice	Intermediate	Competent
Removal of foreign body from oropharynx	Adult bronchoscopy and removal foreign body	Endoscopic drainage of subperiosteal abscess
Drainage of superficial abscess – head and neck	Arrest of tonsillar haemorrhage	Ligation of ethmoid artery by external approach
	Insertion of tracheostomy under local for airway obstruction	Laryngeal and Neck Trauma
	Open drainage of subperiosteal abscess	
	Transcervical drainage of deep neck space infection	
	Sphenopalatine artery ligation	

Mandatory PBAs

Novice	Intermediate	Competent
<ol style="list-style-type: none"> 1. Emergency Procedures - Drainage of superficial abscess head & neck 2. Facial plastics - Excision of skin lesion 3. Head & Neck - Elective tracheostomy 4. Head & Neck - Tonsillectomy 5. Laryngology - Microlaryngoscopy 6. Laryngology - Oesophagoscopy 7. Otology - Myringotomy & insertion ventilation tube 8. Otology - Soft tissue incisions & approaches to the ear 9. Paediatric - Adeno-Tonsillectomy 10. Paediatric - Laryngoscopy 11. Rhinology - Closed reduction of fractured nose 12. Rhinology - Endoscopic sinus surgery-uncinectomy & middle meatal antrostomy 13. Rhinology - Preparation of the nose for endoscopic surgery 14. Rhinology - Reduction inferior turbinates 	<p>Head & Neck - Submandibular gland excision</p> <p>Laryngology - Microlaryngoscopy & excision of lesion</p> <p>Laryngology - Oesophagoscopy & foreign body removal</p> <p>Otology - Cortical mastoidectomy</p> <p>Otology - Myringoplasty</p> <p>Otology - Tympanotomy</p> <p>Rhinology - Septoplasty</p> <p>Rhinology - Endoscopic sinus surgery-Complete Sphenoethmoidectomy</p> <p>Paediatric - Arrest of tonsillar haemorrhage</p> <p>Emergency Procedures - Transcervical drainage of deep neck space infection</p>	<p>Head & Neck - Selective neck dissection</p> <p>Head & Neck - Superficial parotidectomy</p> <p>Otology - * Intact canal wall mastoidectomy (Canal wall up) -- OR</p> <p>Otology - * Modified radical mastoidectomy (Canal wall down)</p> <p>Otology - Canalplasty</p> <p>Paediatric - Cortical mastoidectomy</p> <p>Rhinology - Endoscopic sinus surgery-frontal sinusotomy</p> <p>Rhinology - Sphenopalatine artery ligation</p>

Case Based Discussion (CBD)

Case Based Discussion (CBD) assesses clinical judgement, decision-making and the application of medical knowledge in relation to patient care in cases for which the trainee has been directly responsible. CBD is designed to provide opportunities for in-depth discussion about specific patients, to test trainees' higher order thinking. Clinical cases that offer challenges beyond those found routinely stimulate trainees to discuss the complexities involved and the reasoning behind management decisions. It also enables discussion of ethical and legal frameworks of practice.

The purpose of CBD is for the Trainee to develop skills in concise presentation of a clinical case or scenario, to encourage higher-order thinking and the clear communication skills required for the Fellowship Examination.

CBDs present opportunities for Trainees to demonstrate and reflect on clinical decision-making skills and management options and to review their decisions. It also allows assessors to explore how trainees compile, prioritise and apply knowledge by talking through what occurred, and considerations and reasons for actions.

It is suggested that Intermediate and Competent trainees may present and discuss two or more cases by comparing and contrasting them instead of taking cases one at a time. Such discussions could include legal and ethical issues that arose or could have arisen. Competent trainees are required to continue to present increasingly complex CBDs.

Each CBD should represent a different clinical problem and be drawn from a range of clinical settings. The clinical problems should represent the scope of the topics and modules in the curriculum. CBD can be based on any of the following:

- Patients seen in the outpatient clinic
- Patients seen in A&E (especially if not admitted)
- Patients managed during nights on-call
- Critical incidents
- Can be on a very specific topic or take a more generalist in approach

Assessment settings

Trainees may present cases to a surgical supervisor or a trainer, or to a multidisciplinary clinical meeting.

CBD can incorporate patient records as a basis for dialogue, systematic assessment and structured feedback. The assessor may evaluate the quality of record keeping and the presentation of cases.

Frequency and considerations

- A minimum of 4 successful assessments per rotation to be conducted during Intermediate and Competent Levels (please refer to the OBD work based assessment).
- The Supervisor and/or Trainer selects the case to be presented in consultation with the Trainee
- It is the Trainee's responsibility to ensure that the minimum number of assessments is completed per rotation

Assessable components

A. Use case notes to explain

- information and data about the patient
 - assessment
 - signs and symptoms
 - investigations ordered
 - the greatest concerns of the patient
 - how the patient's needs were attended to
- what was interesting and what was challenging
- the decision making process – what was considered, what assumptions were made and the reasons for them
- the follow up of investigations, findings, management plan
- links that could be made to other cases
- other key people/roles the trainee involved and referrals made
- what the trainee would do differently
- evidence of adherence to ethical codes of practice

B. Self-evaluation of their overall performance

It is expected that the trainee will follow up the discussion with a post-meeting log that could be used as evidence of constructive reflection. Evidence of reflective practice should show that reflections have led to some new or progressive insight resulting in some new objectives to improve clinical practice.

Evaluation may include notes on:

- feedback received during the discussion
- quality and level of thought processes
- handling of data, information and people
- quality of record-keeping: were records complete, focused, logical, sequential, legible? Could records be used by others?

Feedback

Regardless of whether the CBD occurred in a group or one-on-one setting, the Feedback should be conducted in a suitable, quiet environment. The most important purpose of the assessment is to provide the trainee with formative feedback (i.e. information that forms and develops the trainee's practice). The assessor will summarise the discussion with agreed actions.

Ratings are used only to identify strengths and areas for improvement and to provide accurate feedback on that performance. Assessors should expand on the reasons for any ratings of 'Development required' and make practical suggestions for any remedial steps if it is felt that the rate of progress is insufficient.

Possible CBD topics

This topic list is a guide to focus discussions, it is not exhaustive. Supervisors and trainees may identify topics that are relevant to particular rotations and particular stages of training (novice to competent). Refer to curriculum modules and topics to guide the discussions.

Otology

- Hearing loss adult (acquired, conductive/ Sensorineural, unilateral/bilateral, sudden/ progressive)
 - Sudden Sensorineural hearing loss
 - Conductive hearing loss
 - Hearing rehabilitation
- Ear pain
- Discharging ear
- Cholesteatoma
- Blocked ear
- Dizziness (vestibular migraine, vestibular neuronitis, Meniere's disease, BPPV, chronic imbalance)
- Tinnitus (pulsatile, non-pulsatile)
- Otitis media (acute / chronic)
- Otalgia (otologic, non-otologic)
- Facial weakness (post-operative, acute, progressive)
- Ear trauma (penetrating ear trauma, blast and impulse trauma, head injury ear trauma, noise trauma, barotrauma)

Rhinology

- Blocked nose
- Discharging nose
- Change to the sense of smell
- Bleeding nose
- Facial pain, headache
- Watery eye
- Swollen eye (infection, tumour, thyroid eye disease, iatrogenic)

Head and neck

- Adjuvant treatment of cancer
- Non-pigmented skin lesion
- Pigmented skin lesion
- Mouth Ulcers – traumatic, inflammatory/autoimmune, systemic, malignant ulcers
- Painful tongue – nutritional problems, medication
- Loose teeth
- Sore throat
- Lump in throat
- Hoarse voice
- Shortness of breath
- Blood Stained Nasal Mucus and Saliva (malignant lesions, coagulopathies, vascular malformations, upper GI disorders, respiratory disorders)
- Swallowing Difficulties – Globus, CP dysfunction, pouches, foreign bodies, reflux, neurologic disorders
- Cough
- Lump in the Neck – Infective, congenital, neoplastic, systemic, traumatic
- Neck Pain (neck space infections, neurology, referred pain, e.g. cardiac)
- Head and neck trauma
- Snoring
- Skin cancer and skin lesions
- Noisy breathing
- Thyroid and parathyroid disorders
- White and red lesions (Leukoplakia, Lichen Planus, Candida, Hairy leukoplakia, Submucous Fibrosis etc)
- Facial swelling (cellulitis, angioedema, trauma, malignancy)
- Cancer biology and genetics
- Principles of head and neck reconstruction

Aboriginal, Torres Strait Islander and Maori topics

- Cultural awareness
- Social determinants of health
- Discharging ear
- Indigenous otitis media

Facial plastics

- Prominent ears
- Nasal deformities: functional Rhinoplasty for acquired disorders e.g. trauma, iatrogenic
- Nasal trauma
- Facial trauma
- Skin cancer
- Surgery on soft tissue of the face – facial reconstruction
- Reconstruction of facial defects

Paediatrics

- Deafness
- Hearing loss
- Discharging ear
- Ear pain
- Dizziness
- Sore throat
- Neck lumps – infective, congenital, neoplastic, systemic, traumatic
- Drooling child
- Snoring child
- Noisy breathing
- Hoarse voice
- Swallowing problems and feeding difficulty
- Runny nose
- Blocked nose
- Swollen eye (infection, tumour, thyroid eye disease, iatrogenic)
- Bleeding nose
- Failure to thrive
- Facial swelling
- Malformed ear

Minimum expectations to be applied to CBD assessments

The assessments are judged against the expected performance at completion of the stage of training (Intermediate, or Competent) as defined in the Modules and Topics, the End-of-Term Assessment form and the 'Training Standards for the Nine RACS Competencies'. One of the purposes of the assessment is to enable trainees to demonstrate to themselves, to trainers and to assessors that they are maintaining progress during the rotation and that they are on course to reach the expectations defined in the curriculum and their learning agreements for successful completion of the stage. Formative assessments also highlight any areas for performance improvement.



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Case-Based Discussion (CBD) Assessment Form

Last Name:				First Name:				
Assessment Date:				RACS ID:				
SET Level:		Competency:	Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Competent <input type="checkbox"/>	Rotation:				
Hospital:				Setting:	Individual <input type="checkbox"/>	Group <input type="checkbox"/>		
Unit type	General: <input type="checkbox"/>	Head and Neck: <input type="checkbox"/>		Paediatric: <input type="checkbox"/>				
Surgical Trainer (completing this form):								
Subject:								
Assessment Rating:				'S' = Satisfactory: Demonstrates required level				
'U' = Unsatisfactory: Performance does not meet expectations for level of training				'N/A' = Not assessed or observed				
Rate the knowledge and skills in the following areas:						RATING		
						U	S	N/A
Clinical Assessment								
Diagnostic Skills								
Underlying knowledge Base								
Communication								
Medical Record Keeping								
Management and Follow-up Planning								
Clinical Judgement and Decision Making								
Higher Order Thinking - Analysis								
Higher Order Thinking - Synthesis								
Higher Order Thinking - Evaluation								
Demonstration of reflection								

Overall Assessment Rating

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
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Feedback <i>Verbal and written feedback is mandatory</i>
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General:

Suggestions for Development:

Agreed Action/s:

Trainee Self Reflection: What did you learn from this assessment?
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Assessor's signature:

_____ Date _____

Trainee's signature:

_____ Date _____

ATSI Outreach Clinic Based Discussion (OBD)

An Outreach based discussion can be used as a CBD requirement for a given rotation. The OBD is completed by the trainee attending an Outreach Clinic in conjunction with a consultant.

The OBD exposes the trainee to the medical concerns associated with rural communities, and their specific health needs and the unique way in which quality medical care is delivered to these environments. It also provides an opportunity for the trainee to learn about the cultural differences in rural areas and to be involved in the Clinic in a culturally competent based framework.

The OBD form needs to be completed at conclusion of the Clinic and submitted to ASOHNS and managed as all other work-based assessments are during the course of the trainees training.

It is important for the trainee to reflect on the delivery of medicine to rural areas, the importance of practicing medicine in a culturally appropriate and culturally sensitive fashion.

BOARD OF OTOLARYNGOLOGY HEAD AND NECK SURGERY



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ATSI Outreach-Clinic-Based Discussion (OBD) Assessment Form

Last Name:				First Name:				
Assessment Date:				RACS ID:				
SET:		Competency Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Competent <input type="checkbox"/>		Rotation				
Name of Outreach Clinic: (Aboriginal Service Name)								
Location:				Number of Patients seen by trainee:				
Surgical Trainer (completing this form):								
Assessment Rating:				'S' = Satisfactory: Demonstrates required level				
'U' = Unsatisfactory: Performance does not meet expectations for level of training				'N/A' = Not assessed or observed				
Rate the knowledge and skills in the following areas:						RATING		
						U	S	N/A
Clinical Assessment								
Diagnostic Skills								
Underlying knowledge Base								
Communication								
Cultural Awareness								
Appropriate use of resources								
Medical Record Keeping								
Management and Follow-up Planning								
Clinical Judgement and Decision Making								
Appropriate modification of management for circumstances								
Higher Order Thinking - Analysis								
Higher Order Thinking - Synthesis								
Higher Order Thinking - Evaluation								
Demonstration of reflection particularly with regard to delivery of services to remote areas								

Overall Assessment Rating

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
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Feedback

Verbal and written feedback is mandatory

General:

Suggestions for Development:

Agreed Action/s:

Trainee Self Reflection: What did you learn from this assessment?

Assessor's signature: _____ Date _____

Trainee's signature: _____ Date _____

End of term assessment (EOTA)

At the end of each six-month rotation every trainee undergoing clinical training must be involved in the completion of an End of Term Assessment (EOTA) and Logbook review. Additional assessments may be undertaken more frequently at the request of the Board; or **at any time** as determined by the supervisor when a **deficiency is identified**.

Frequency

- Minimum 1 per term
- Undertaken throughout training
- Supervisor and/or trainee instigates the assessment

Assessors

- Trainees are required to complete a self assessment
- All Supervisors and Trainers in the unit/department are required to contribute to the assessment of all Trainees they have encountered during the rotation.

Criteria for Assessment

There are defined criteria for each level of training (Novice, Intermediate and Competent). The Trainee should be assessed against each criteria relevant to their level of training plus any lower level. For example, an Intermediate will be assessed against all of the Novice as well as the Intermediate criteria as either 'PC' or 'IR' 'PW' reflecting

- **'PC' Performance Concerns (Unsatisfactory)**: trainee performance does not meet the expectations for level of training in designated area or is unsafe.
- **'IR' Improvement Required**: Overall the trainee performance is satisfactory, however issues have been identified.
- **'PW' Progressing Well (Satisfactory)** correctly demonstrates required performance and meets expectations.

In the right-hand column supervisors should record the letter ('PC' or 'IR' or 'PW') that best reflects the Trainee's performance during the training period for each area within each competency.

Overall assessment

The overall outcome of this End of Term Assessment must be rated as either Performance Concerns (Unsatisfactory), Improvement Requires or Progressing Well (Satisfactory).

This decision will be based on the following criteria:

Unsatisfactory

- a) A rating of Performance Concerns in three (3) or more areas of Competencies and/or
- b) A Rating of Performance Concerns in all areas of one Competency
- c) One or more Performance Concerns ratings in any of the Essential Criteria, and/or
- d) Logbook rating of Unsatisfactory and/or
- e) Non-submission of the signed and dated EOTA form, logbook and any associated documentation within the required timeframe.

Probationary status and a Performance Management Plan will commence. Further action required.

Improvement Required

- a) A Rating of *Improvement Required* in **one (1) or more** of the Essential Criteria and/or
- b) A Rating of *Improvement Required* in **three (3) or more** areas of Competencies or **all areas** of one Competency

The rotation is Satisfactory, however issues have been identified. The trainee will be placed on a LAP and may remain at the same competency level if applicable.

Progressing Well (Satisfactory)

- a) Rating of *Progressing Well* in all the Essential Criteria and the majority of Competencies

The trainee has met the expected level of competence.

- o A rating of **Progressing Well** means the trainee has met the expected level of competence.



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End of Term Assessment

Date:					RACS ID:					
Surname:										
First Name:										
RTS Region:			Rotation 1	<input type="checkbox"/>	Rotation 2	<input type="checkbox"/>	Completed Rotations			
SET Year:			Competency Level:		Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Competent	<input type="checkbox"/>
Trainee on Learning Action Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Trainee on Probation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Hospital:									
Leave:	Total Days Absent:			Attached Hospital Leave Record	<input type="checkbox"/>	Approved by Supervisor	<input type="checkbox"/>		
OHNS Unit Type: Tick one box	General:	<input type="checkbox"/>	Head & Neck	<input type="checkbox"/>	Paediatric	<input type="checkbox"/>			

Trainees are required to do a minimum of one rotation in a Paediatric and a Head & Neck training unit. The definition of a Head & Neck and Paediatric unit are defined in the OHNS Hospital Accreditation Requirements.

Unit Head:										
Supervisor:										
Other FRACS Surgeons within the OHNS Unit:	1					7				
	2					8				
	3					9				
	4					10				
	5					11				
	6					12				

End of Term Assessment (EOTA)

The End of Term Assessment is summative, indicating whether a Trainee has demonstrated satisfactory performance in the listed competencies. Participation and completion of the assessment is required for consideration of accreditation of the rotation towards training. All Trainees, Surgical Supervisors and Trainers should familiarise themselves with the [Training Regulations](#), [OHNS Curriculum](#), [Assessment Guidelines](#) and the Clinical Competencies as outlined in 'Becoming a competent and proficient surgeon' accessible on the College [website](#).

End of Term Assessment Procedures:

- Every trainee participating in accredited training, must complete an End of Term Assessment (EOTA) and Logbook review at the end of each six-month rotation.
- Trainees must use the **latest version of all assessment forms** available from the ASOHNS website.
- **Trainees are entirely responsible** for sending the **original** signed EOTA form, Logbook and any other relevant documentation to the ASOHNS or RACS NZ office **within 2 weeks of the end of the rotation**. Electronically sent copies of assessment forms **will be accepted**.
- **Failure to submit accurate and fully completed forms may result in the rotation not being accredited.**
- Trainees are responsible for **retaining copies of all training documentation** for their own records.
- Trainees **must** include a) all assessment and activity records for the rotation (if not previously submitted) and b) hospital leave record.
- ASOHNS or the RACS NZ office will acknowledge, via email or SMS, acceptance or rejection of the forms within five working days of receipt.

Instructions for Trainees completing the End of Term Assessment form

- i) Trainees are to undertake a self-assessment of their performance and rate themselves on the form in every area within each Competency. It is expected that this will prompt the trainee to reflect upon their performance.
- ii) If a Trainee rates themselves as "Performance Concerns" in any area, the trainee should provide a written plan of how they will seek to improve their performance prior to their next EOTA.
- iii) Trainees should provide the form to their Supervisor at **least 24 hours prior** to their scheduled assessment meeting.

Responsibilities of Surgical Supervisors Evaluating and Managing Trainees:

- i) Supervisors play a crucial role in the continuing formative and summative assessment of Trainees. It is important to give care and attention to the identified competencies of a Trainee's performance.
- ii) If a Supervisor has **Performance Concerns** in any competency or criteria, they should a) notify the SET Program Administrator b) discuss their concerns with the trainee c) notify the SET Program Administrator the outcome of any interview and d) record all major and minor incidents **so emerging patterns are identified**.
- iii) Where **Improvement Requirements** have been identified but the overall outcome of the EOTA is Satisfactory a written Learning Action Plan (LAP) must be initiated to address the areas to be improved. Both the supervisor and trainee must sign the LAP. The Trainee must forward this to the SET Program Administrator or the RACS New Zealand office **within 1 week of the interview being conducted**.
- iv) If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion the supervisor must write to Regional Training Sub-committee (**RTS**) Chair and convey their concerns.

Instructions for Surgical Supervisors completing the End of Term Assessment (EOTA) form

- The Competencies being assessed have been identified as requirements for all trainees to become competent surgeons. Supervisors are to categorise a trainee's performance in each area in each competency using the descriptors – (Novice, Intermediate, Competent).
- **Performance Concerns "PC"**: the trainee has not satisfactorily met the expected level of competence.
- **Improvement Required "IR"**: the trainee is progressing towards but has not quite met the expected level of competence.
- **Progressing Well "PW"**: the trainee has met the expected level of competence.
- The Surgical Supervisor must verify that the assessment is a consensus of the Surgical Trainers who have direct contact with the trainee
- If a Trainee receives an overall rating of **Performance Concerns**, supporting documents must be submitted with this document.
- The overall rating of this End of Term Assessment must be either **Progressing Well**, **Improvement Required** or **Performance Concerns**.
This decision will be based on the following criteria:
 - **Performance Concerns** Rating of *Performance Concerns* in **one (1)** or more of the Essential Criteria
Rating of *Performance Concerns* in **three (3) or more** areas of Competencies
Rating of *Performance Concerns* in **all areas** of one Competency
An Unsatisfactory Logbook
 - **Improvement Required** Rating of *Improvement Required* in **one (1) or more** of the Essential Criteria
Rating of *Improvement Required* in **three (3) or more** areas of Competencies
Rating of *Improvement Required* in **all areas** of one Competency
 - **Progressing Well**: Rating of *Progressing Well* in all the Essential Criteria and the majority of Competencies.
 - Once the EOTA is completed members of the department are strongly discouraged from discussing the conclusion of the EOTA with the trainee.

A rating of **Performance Concerns** will mean that the rotation has not been satisfactorily completed. The trainee will be placed on a Probationary Training and a Performance Management Plan in the following Rotation.

A rating of **Improvement Required** will mean that the rotation has been satisfactorily completed, however there are issues that have been identified. The trainee will be placed on a Learning Action Plan and may remain at the same competency level if applicable.

A rating of **Progressing Well** means the trainee has met the expected level of competence.

Progression through training

Each competency level has a time limit expressed as the maximum/minimum number of satisfactory rotations:

- Maximum of four satisfactory rotations at novice level
- Maximum of six satisfactory rotations at intermediate level
- Minimum of two and a maximum of four satisfactory rotations at competent level

The maximum number of rotations a trainee is allowed to complete SET and be awarded RACS Fellowship is fourteen (14).

Trainees who fail to progress will be reviewed by the Board to assess their suitability for continuation in training.

Dismissal may occur under any one of the following situations:

- Three Performance Concerns and/or Unsatisfactory end of term ratings throughout training
- Two consecutive Performance Concerns and/or Unsatisfactory rotations throughout training
- Failure to progress after the maximum number of rotations at a competency level
- Or as per the RACS Dismissal from Surgical Training policy

*An assessment form will not be considered valid unless three (3) authorised signatories have signed this document.
The EOTA and Supporting Documentation are required to be sent to ASOHNS & the NZ RACS office within two (2) weeks following the End of the Rotation.*

Assessment of Competencies

Medical Expertise: Extensive depth, breadth and understanding of medical knowledge

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice: - Poor knowledge base. Allows deficiencies to persist - Struggles to apply scientific knowledge to patient care	Novice: - Studies to develop basic science knowledge relevant to common diseases / conditions - Applies knowledge to present a coherent assessment / management plan of patient with common diseases / conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Struggles to apply knowledge to the management of all patients in pre-and post op phases - Fails to anticipate change in pre-and post op phases	Intermediate: - Detailed knowledge for most common diseases / conditions - Applies knowledge in planning & performing common procedures - Anticipates changes in pre-intra-post op phases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Sometimes fails to anticipate changes in any phase (pre-intra-post op) or to act to minimise potential impact - Doesn't take responsibility for own errors	Competent: - Extensive breadth & depth of knowledge of common diseases / conditions - Accurately identifies anatomical variations & pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Poor knowledge of basic pharmacology of currently used medications	Novice: - Basic pharmacology of currently used medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Unable to identify risks, benefits of currently used medications	Intermediate: - Identifies risks, benefits of currently used medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: -Unable to discuss alternative medications as required	Competent: -Debates alternative medications as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Struggles to identify critical clinical events / areas of concern - Triage poorly	Novice: -Readily identifies critical clinical events & areas of concern - Triage at appropriate level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Has difficulty identifying clinical priorities - Fails to adapt management plan for treatment of common conditions for patient with co-morbidities	Intermediate: -Identifies clinical priorities - Looks for co-morbidities & potential problems & adapts patient management accordingly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Fails to adapt management plan for treatment of unusual conditions for patient with co-morbidities	Competent: - Adapts management plan for treatment of unusual conditions for patient with co-morbidities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Technical Expertise: Safely and effectively performing surgical procedures

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice: - Doesn't seek opportunities to learn new skills - Slow in learning new skills - Lacks attention to detail - Too hasty or too slow / hesitant - Rough with tissue &/or wound care	Novice: - Seeks opportunities to learn new skills - Learns new skills quickly - Appropriate attention to detail - Pace of surgery appropriate - Handles tissue well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate: - Poor manipulative skills - Poor hand-eye coordination - Has lapses in focus or concentration	Novice/ Intermediate: - Manual dexterity appropriate to procedure - Good hand-eye coordination - Able to maintain focus & concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Unable to / struggles to adapt skills & techniques	Intermediate: - Adapts skills in the context of each patient/ procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent: - Needs prompting to acknowledge/ follow up on problematic performance - Poor recognition of deficiencies in skills/ techniques - Ignores feedback - Doesn't seek supervision appropriately	Novice/ Intermediate/Competent: - Acknowledge/ follows up on problematic performance - Acknowledges & works within own technical limitations - Seeks & learns from feedback - Asks for supervision appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent - Inadequate skills for level of training in: Indicate area(s) - Endoscopic surgery <input type="checkbox"/> - Microscopic surgery <input type="checkbox"/> - Open surgery <input type="checkbox"/>	Novice/ Intermediate/Competent - Sound skills for level of training in: Indicate area(s) - Endoscopic surgery <input type="checkbox"/> - Microscopic surgery <input type="checkbox"/> - Open surgery <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent - Unable to complete PBAs to an expected level	Novice/ Intermediate/Competent - Completes PBAs to expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Has difficulty performing basic surgical tasks - Makes mistakes in the use of surgical instruments - Doesn't assist effectively at major or complex procedures - Not always recognise when need assistance - Fails to identify complications	Novice: - Safely & effectively carries out basic surgical tasks - Uses surgical instruments appropriately - Assists effectively at major or complex procedures - Anticipates when need assistance - Identifies complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Doesn't anticipate complications - Doesn't manage complication appropriately/ seek assistance	Intermediate: - Anticipates complications - Manages complications appropriately/ seeks assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Doesn't anticipate complications & take steps to avoid their occurrence - Overconfident/ Lacks confidence - Fails to recognise &/or acknowledge own limits - Doesn't adapt work to available facilities & staffing	Competent: - Anticipates complications & takes steps to avoid their occurrence - Acknowledge own limits & acts accordingly - Adapts work to available facilities & staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Doesn't maintain data on all procedures	Novice: - Maintains accurate data on all procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Lapses in data on all patients &/or lapses or errors in the analysis of own clinical performance	Intermediate: - Maintains accurate data on all patients & analyses own clinical performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Fails to use data on all patients & own clinical performance & outcomes for continuous improvement	Competent: - Maintains accurate data on all patients & analyses own clinical performance & outcomes for continuous improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Judgement: Making informed and timely decisions regarding assessment, diagnosis, surgical management and follow-up								
Concerning Indicators	Progressing Indicators	Trainee			Supervisor			
		PC	IR	PW	PC	IR	PW	
Novice: - Incomplete, inaccurate, or disorganised history - Poor examination technique - Doesn't makes a well-reasoned diagnosis - Inconsiderate of patient - Poor presentation/ discussion of clinical cases	Novice: - Accurately takes a complete history - Good examination technique - Makes a well-reasoned diagnosis - Considerate of patient comfort - Arrive at appropriate conclusion in case presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate: - Doesn't appropriately respond to uncertainty - Tends to ignore/ overlook cues that challenge the diagnosis - Fails, or slow, to call for assistance - Fails to appropriately organise referrals to other services	Intermediate: - Manages uncertainty appropriately - Recognises cues that challenge the diagnosis - Recognise need for senior input - Organises referral to other services as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent: - Doesn't recognise atypical situations / provide feasible alternatives & solutions	Competent: - Recognises atypical situations / provide feasible alternatives & solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novice: - Incomplete or inaccurate recognition of significant symptoms - Inaccuracies in diagnosis of common conditions - Sometimes confuses priorities	Novice: - Recognises significant symptoms & accurately diagnoses most common disorders - Prioritises well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate: - Doesn't formulate management plan including potential risks for the majority of conditions - Doesn't identify when a contingency plan may be required	Intermediate: - Formulate management plan including potential risks for majority of conditions - Identify when a contingency plan may be required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent: - Under estimates complexity &/or risk factors - Slow to respond to changing patient needs	Competent: - Deals with complexity according to each patient's need - Management plans include options & solutions to any potential problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novice: - Inadequate or inappropriate, or excessive selection of diagnostic tools - Unable to justify use of selected investigations	Novice: - Select most appropriate investigations, monitoring & imaging - Able to justify use of selected investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate: - Errors in interpretation of investigative findings	Intermediate: - Accurately interpret investigative findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent: - Doesn't appraise investigative findings & integrate to clinical picture - Fails to identify further investigations required	Competent: - Appraise investigative findings & integrate to clinical picture - Identify further investigations required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novice: - Records disorganised, irrelevant, illegible, not up to date - Poor documentation of clinical plan(s) - Operating lists poorly organised - Not comply with organisational requirements - Unreliable / inconsistent follow-up	Novice: - Contemporaneously maintain accurate, precise & complete clinical records - Good documentation of clinical plan(s) - Operating list well organised - Comply with organisational requirements - Conscientious & reliable follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate: - Doesn't identify need for risk management plan - Fails to adapt plans when required	Intermediate: - Identifies need for risk management plan - Adapts plans as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Judgement: Making informed and timely decisions regarding assessment, diagnosis, surgical management and follow-up							
Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Competent: - Unable to implement a risk management plan	Competent: - Implements a risk management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Copes poorly in situations of stress - Doesn't seek support as appropriate	Novice: - Maintains controlled approach in stressful situations - Seeks support as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Withdraws from stressful situations	Intermediate: - Remains engaged in stressful situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Copes poorly in situations of complexity - Judgement impacted on by stress &/or pressure - Collaboration impacted on by stress &/or pressure	Competent: - Demonstrate sound judgement during times of stress/ complexity - Continues to anticipate, think, & make correct decisions under pressure - Continues to collaborate under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Communication Gather, understand and interpret relevant information in order to communicate effectively with patients, families, carers, colleagues and other staff

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice: - Communicate poorly with patients & families - Bad listener tendency to disengage with patients - Limited discussion of informed consent - Increases patient anxieties - Fails to respect patient confidentiality, privacy & autonomy - Unable / unwilling to adapt communication style to patient &/or family - Doesn't demonstrates cultural awareness	Novice: - Communicate effectively with patients & families - Respond appropriately to patient & family - Obtains informed consent - Allays patients anxieties - Respects patient confidentiality, privacy & autonomy - Adapt communication style to patient &/or family - Demonstrates cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Contributes to communication problems - Fails to recognise the potential impact of 'bad news'	Intermediate: - Effectively interprets both verbal & non-verbal communication - Recognises 'bad news' for patients & families & modifies communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Struggles to deal with own or others' emotions - Unable to identify or addresses unspoken concerns	Competent: - Maintains own emotional balance & deals effectively with other's emotions - Identifies & addresses unspoken concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Limited range of information gathering - Limited sharing of information	Novice: - Elicits information from multiple sources - Shares information as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Fails to recognise &/or repair communication errors - Doesn't work effectively with interpreters & other support staff	Intermediate: - Reflects on accuracy of information to identify gaps / inconsistencies - Works effectively with interpreters & other support staff - Recognise and quickly repair communication errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Unable to clearly communicate information about complex cases	Competent: - Clearly communicate information about complex cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Collaboration: Effectively work with patients, families, carers and colleagues and other staff to ensure patient safety

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice: - Causes disruption or problems - May undermine team members or function - Fails to recognise own disruptive behaviour - Ignores or fails to acknowledge misunderstandings - Refuses to accept / acknowledge criticism - Blames others - Speaks or behaves inappropriately to others	Novice: - Works effectively as a team member - Develops positive relationships with all team members - Accepts responsibility for own roles & tasks - Accepts criticism positively - Takes steps to resolve simple conflicts & misunderstandings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Fails to recognise / assist when others are under pressure - Fails to avoid/ resolve conflict - Fails to keep other team members up-to-date on patient status / care plans &/or procedures	Intermediate: - Recognises when others are under pressure & steps in to help - Works co-operatively to avoid/ resolve conflict - Accepts responsibility to inform other team members about changes in patient status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Struggles to deal with own or others' emotions - Unable to identify or addresses unspoken concerns	Competent: - Initiates resolution of misunderstandings or disputes with colleagues & peers - Uses a variety of strategies to manage & resolve conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Ineffective handover - Reluctant/unable to work as a member of a multidisciplinary team. Fails to acknowledge contribution of others. - Self focused. Unreliable - Lacks understanding of the contribution of other professionals - Poor relationship with peers & other professionals - Reluctant to aid other team members	Novice: - Undertakes effective handover - Appreciates & respects opinions of multidisciplinary team - Willing to help - Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Works effectively with some team members but not others - Limited consultation of colleagues or other professionals - Limited discussion with team members - Slow in referring patients to other professionals - Needs prompting to refer patients	Intermediate: - Employs a consultative approach with colleagues & other professionals - Develops a patient care plan in collaboration with members of a multidisciplinary team - Collaborates with other professionals in the selection/use of various treatments - Facilitates the referral of patients to other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Doesn't communicate effectively & co-ordinate surgical team	Competent: - - Communicates effectively & co-ordinates surgical team Respects the expertise of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Management & Leadership: Demonstrate leadership, set and maintain high standards, and show consideration for all members of staff								
Concerning Indicators	Progressing Indicators	Trainee			Supervisor			
		PC	IR	PW	PC	IR	PW	
Novice: - Arrives late to theatre/ ward rounds - Unable to prioritise work to fit time - Poor delegation of work - Unwilling to assist / support peers	Novice: - Punctual - Good time management - Delegates tasks well - Supports & helps peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intermediate: - Poor interaction with &/or supervision of junior medical staff - Unwilling / unable to take initiative - Struggles to adapt to each new work environment - Doesn't assists others to understand & observe guidelines, protocols & checklists	Intermediate: - Directs & supervises junior medical staff effectively - Willing & able to take initiative when needed - Adapts to changing work environments - Assists others to understand & observe guidelines, protocols & checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competent: - Reluctant to take on any management responsibilities - Leadership style is not collaborative / consultative	Competent: - Willing to take on management responsibilities - Organise surgical team efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor Comments								
Trainee Comments								

Professionalism: Demonstrating commitment to patients, the community, and the profession through the ethical practice of surgery								
Concerning Indicators	Progressing Indicators	Trainee			Supervisor			
		PC	IR	PW	PC	IR	PW	
Novice/ Intermediate/ Competent: - Poor care of own health - Fails to recognise own stress/ manage this effectively - Doesn't communicates own health issues with team - Ignores or jeopardises colleagues' health or wellbeing - Not always at optimal level of performance when on call or on duty	Novice / Intermediate/ Competent: - Looks after own health - Recognise own stress/ manages this effectively - Communicates own health issues with team - Promotes health maintenance of colleagues - Always at optimal level of performance when on call or on duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novice: - Demonstrates poor behaviour - Disappears' when problems arise	Novice: - Consistently behaves well - Acts responsibly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Professionalism: Demonstrating commitment to patients, the community, and the profession through the ethical practice of surgery

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Intermediate: - Shows respect to only some colleagues &/or other health professionals - Struggles to show empathy &/or compassion	Intermediate: - Shows respect for all colleagues & other health professionals - Demonstrates empathy & compassion for patients, family & carers - Behaves & communicates respectfully, politely and non-discriminatory at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Little knowledge, interest in or understanding of ethical or medico-legal issues - Struggles to recognise lack of insight in others	Competent: - Identifies ethical dilemmas when encountered - Consistently manages situations of ethical uncertainty &/or conflicting values - Identifies a lack of insight in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/Intermediate - Offloads work to others - Difficult to contact / leaves tasks incomplete - Doesn't report information correctly	Novice/Intermediate: - Dependable, conscientious honest - Always completes tasks - Relates clinical assessments honestly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Unreliable reporting to staff members	Competent: - Accurately & honestly communicates with staff 100% of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/Intermediate: - Has problems acknowledging/ recognising own mistakes - Unable to accept criticism or only accepts criticism from some - Not taking responsibility for own decisions/ actions	Novice/Intermediate: - Willing to undergo scrutiny - Demonstrates insight and is able to acknowledge errors - Acknowledges & learns from mistakes - Responds positively to feedback & suggestions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/Intermediate: - Ignores or is unaware of their own limitations - Has inaccurate view of own performance - Struggles to identify learning goals - Overconfident - Rarely evaluates own performance	Novice/Intermediate: - Employs a critically reflective approach - Ensures performance meets expected standards - Recognises & acknowledges own limits - Has insight into improvement needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Doesn't always recognise when colleagues are in need of support - Unable to accept all criticisms - Responds negatively to complaints or incidents	Competent: - Recognises colleagues in need of assistance - Responds positively to all complaints and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Disregards / pays little attention to clinical audit - Poor understanding of audit - Doesn't participate in root cause analysis	Competent: - Actively undertakes open disclosure - Regularly participates in clinical audit - Understands cycle audit - Participates in root cause analysis & other methods to review incidents/ errors / adverse events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Health Advocacy: Responding appropriately to the health needs and expectations of individual patients, families, carers and communities

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice / Intermediate/ Competent: - Unaware of health resource constraints &/or expectations - Unable to prioritise health care needs & demands	Novice / Intermediate/ Competent: - Uses resources effectively for patient care balanced with system & patient n need - Applies a wide range of information to prioritise needs & demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Disinterested or indifferent approach to patients, their families &/or carers - Culturally unaware / ignorant - Fails to adjust to patient's social, cultural & psychological needs - Fails to recognise limits to the divulging of patient information in a clinical or other setting (including internet)	Novice: - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural & psychological needs - Recognises need to engage extended family in consent process in some cultures - Identifies gaps between management plan & patient's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Ignores or overlooks some patient's needs - or needs of some patients - Fails to discuss full range of risks / options with patient / family / carers - Fails to keep all relevant people informed of changes in management, care or condition of patient - Struggles to / unwilling to adapt plans in response to patient concerns / expectations	Intermediate: - Keeps all relevant people informed whilst maintaining patient confidentiality - Effectively schedules & prioritises surgery - Manages impact for patient & family or rescheduling - Adapts care according to patient concerns / expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Avoids dealing with conflicts &/or different expectations or concerns between patient /family	Competent: - Effectively adapts their approach to the needs, values & beliefs of all patients - Can manage patient/ family conflicts &/or different expectations or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Limited knowledge of causal issues relating to patient care - Takes little interest in patient health beyond surgery	Novice: - Discusses causal health issues with patients - Discusses wider health issues with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Limited knowledge of available support services	Intermediate: - Assists in arranging patients (family; carers) of available support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Avoids communication 'bad news' to patient or family - Provides little or no assistance advice to family or carers	Competent: - Can effectively communicate bad news in an appropriate manner - Organise appropriate settings to disclose confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Scholar & Teacher: Research, teaching, learning and assessment

Concerning Indicators	Progressing Indicators	Trainee			Supervisor		
		PC	IR	PW	PC	IR	PW
Novice: - Little evidence of self-directed learning - Lacks a systematic approach to learning - Has difficulty applying knowledge to practice	Novice: - Assumes responsibility for own learning - Clear study plan - Applies knowledge to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Fails to recognise & address gaps in own knowledge - Inadequate goal setting	Intermediate: - Accurately assess own learning - Addresses gaps in knowledge - Clear goal setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Poor knowledge of new trends - Clinical review inadequate	Competent: - Critically appraises new trends in OHNS surgery - Can undertake a clinical review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Avoids teaching if possible. Needs to be prompted to teach - Poorly prepared & poorly delivered - Ineffective as a teacher	Novice: - Lead a clinical ward round - Facilitates the learning of others - Competent & well prepared in teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Fails to recognise gaps in knowledge of junior staff - Struggles / fails to create a positive learning environment	Intermediate: - Recognise performance gaps in junior medical staff & encourages learning - Takes opportunities for teaching-on-the-run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Limited training &/or supervision activities - Avoids training in the non-technical competencies	Competent: - Can train & supervise across all nine competencies - Advises on how to meet the requirements of the non-technical competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Doesn't seek or respond to feedback	Novice: - Seeks & responds to feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Doesn't appraise different forms of feedback	Intermediate: - Appraises different forms of feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent: - Doesn't deliver accurate & effective feedback	Competent: - Delivers accurate & effective feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Trainee Comments

Essential Criteria *(Supervisor use only)*

Communication						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Poor communicator - Has difficulty developing rapport with patients - Increases patient anxiety		- Good communicator - Easily establishes patient rapport - Allays patient anxiety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Refuses to help - Poor relationship with peers & nursing staff - Doesn't work with the team		- Willing to help - Good rapport with nursing & other medical staff - A team player		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Motivation						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Idle - Lacking any work enthusiasm		- Hard working - Keen to learn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Poor time management - Forgets to do things - Unreliable - Behind with administrative tasks		- Dependable - Efficient in his/her use of time - Completes tasks & anticipates well - Up to date with administrative tasks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage Stress						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Copes poorly - Disappears when problems arise - May show aggression towards junior medical or nursing staff		- Copes very well - Responds appropriately - Seeks help when needed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Doesn't report information correctly - Covers up errors or blames others for problems - Untrustworthy		- Honest - Admits mistakes - Trustworthy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Relates poorly to patients & families - Arrogant		- Relates to patients & families in an appropriate manner - Empathic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Complaints frequently received from staff about the trainee - Doesn't work well with junior medical staff or peers		- Works well with medical & nursing staff - Regarded as a team player by nursing staff - Well respected by peers & junior medical staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight/Awareness						
Concerning Indicators		Progressing Indicators		PC	IR	PW
- Lacks insight into own performance - Fails to act on advice to improve performance - Does not reflect on performance		- Demonstrates insight into own performance - Addresses issues when advised - Self-critical & incisive - Reflects on performance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments

Mid Term Assessment (Mark x in the appropriate box)				
Was a Mid Term Assessment conducted?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Did the trainee receive an Unsatisfactory rating in any area?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Were any of those area(s) discussed with the Trainee?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Was a written Learning Action Plan undertaken?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have those concerns been addressed during the rotation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has there been a satisfactory improvement in performance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Supervisor Comments

Trainee Commentss

Work based assessments included with the submission of this EOTA	Number this rotation	Number in training
DOPS (Minimum 3 per rotation) Novice only		
Mini-CEX's (Minimum 4 per rotation) Novice & Intermediate		
CBDs (Minimum 4 per rotation) Intermediate & Competent		
PBAs (Minimum 5 acceptable PBA's per rotation) Novice, Intermediate and Competent Levels (acceptable is the level appropriate to the trainee's level of competence). A PBA is deemed <i>completed</i> if you receive a level four.		

PBA Mandatory Requirements		
Trainee Level	Mandatory Number to be completed to a level 4	Total Completed to a level 4 in SET
Novice	14	
Intermediate	10	
Competent	7	

Activity records		Outcome	
Tutorials: Minimum attendance 15 tutorials per rotation		Number of tutorials this rotation	
Attended Robert Guerin Meeting (compulsory unless passed FEX):		<input type="checkbox"/>	Passed SSE (Novice) <input type="checkbox"/> Yes <input type="checkbox"/> No
Attended 3 x AUS / NZ ASM	Date:	Date:	Date:
Frontiers in Otolaryngology Meeting (AUS trainees in lieu 1 x ASM)		Date Attended:	
Temporal Bone Dissection log (Total 60 exercises by Intermediate)		Number completed:	
Myringoplasty Audit (completed by Intermediate level)		Not Completed <input type="checkbox"/>	Completed <input type="checkbox"/>

Research	Title	Approved	Date
Pre-approval		<input type="checkbox"/>	
Published		<input type="checkbox"/>	
Published		<input type="checkbox"/>	43

Accredited OHNS Courses attended	Date Completed	City
Head and Neck		
Endoscopic Sinus Surgery (one to be completed at Novice level)		
Endoscopic Sinus Surgery		
Temporal Bone (one to be completed at Novice level)		
Temporal Bone		

Logbook Statistics (enter number of procedures performed)

Type A: Minimum of 25 cases in first 2 rotations or a paediatric rotation. Minimum of 60 cases per rotation thereafter.

	Number this Term	Number through SET		Number this Term	Number through SET:
S1 + S2 + S3 A			S1 + S2 +S3 B		

Logbook Statistics Rating Expectations

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
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Supervisor Comments

Trainee Commentss

Assessment Criteria:

Performance Concerns Rating of *Performance Concerns* in **one (1)** or more of the Essential Criteria
Rating of *Performance Concerns* in **three (3) or more** areas of Competencies or **all areas** of one Competency
An Unsatisfactory Logbook

Improvement Required Rating of *Improvement Required* in **one (1) or more** of the Essential Criteria
Rating of *Improvement Required* in **three (3) or more** areas of Competencies or **all areas** of one Competency

Progressing Well Rating of *Progressing Well* in all the Essential Criteria and the majority of Competencies (refer to below).

A rating of **Performance Concerns** will mean that the rotation has **not** been satisfactorily completed. The trainee will be placed on Probationary Training and a Performance Management Plan in the following rotation.

A rating of **Improvement Required** will mean that the rotation has been satisfactorily completed, however there are issues that have been identified. The trainee will be placed on a Learning Action Plan and may remain at the same competency level if applicable.

A rating of **Progressing Well** means the trainee has met the expected level of competence.

Outcome of this End of Term Assessment – (PERFORMANCE RATING)

Details of area(s) of Performance Concerns in the Assessment of Competencies or in the Essential Criteria MUST be fully documented and attached to this assessment form.

Performance Concerns <input type="checkbox"/> Non-accreditation of term and commencement of Probationary Training	Improvement Required <input type="checkbox"/> Learning Action Plan to be initiated for next Rotation	Progressing Well <input type="checkbox"/> Trainee progressing well through SET
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Recommended level at which trainee commences next rotation:	Novice:	<input type="checkbox"/>	Intermediate:	<input type="checkbox"/>	Competent:	<input type="checkbox"/>
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Notes Supporting Level Recommendation

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END OF TERM ASSESSMENT AUTHORISING SIGNATURES

a) Surgical Supervisor

I verify that this is a **consensus** of persons involved in surgical training on the unit; and the assessment and logbook data have been discussed with the trainee.

Print Name	Signature	Date

b) Trainee

I have sighted and discussed this assessment, and logbook data with my Surgical Supervisor

Yes

No

I agree with the outcome of this assessment

Yes

No

Print Name	Signature	Date

If a Trainee does not agree with the assessment on this form, they can summarise below and/or attach a written statement outlining the area/s of disagreement

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c) Regional Training Subcommittee Chair

	YES	NO
I have reviewed this assessment, and logbook data	<input type="checkbox"/>	<input type="checkbox"/>
I agree with this content of this assessment and its recommendation	<input type="checkbox"/>	<input type="checkbox"/>
Print Name	Signature	Date

If a Regional Training Chair does not agree with the assessment on this form they MUST attach a written statement outlining the area/s of disagreement.

Notes:

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Mid-term assessment (MTA)

The Mid-Term assessment is a formative assessment tool designed to provide the Trainee with feedback in their performance indicating their stage / level of training (Novice, Intermediate or Competent) across all of the nine competencies.

Frequency

- Minimum 1 per term
- Undertaken at the end of the first 3 months of a 6 month rotation
- Supervisor and/or trainer and/or trainee instigates the assessment
- It is mandatory for all Novice and Intermediate Trainees to undertake a Mid Term Assessment

Assessors

- Trainees are required to complete a self-assessment at least 24 hours prior to the meeting with the Surgical Supervisor
- All Supervisors and Trainers in the unit/department are required to contribute to the assessment of all Trainees they have encountered during the rotation.

Criteria for Assessment

There are defined criteria for each level of training (Novice, Intermediate and Competent). Progression through the Competency levels is cumulative. The Trainee should be assessed against each criteria relevant to their level of training plus any lower level. For example, an Intermediate will be assessed against all of the Novice as well as the Intermediate criteria as either 'U' or 'S' reflecting

- 'U' Unsatisfactory:** trainee performance does not meet the expectations for level of training in designated area, or is unsafe.
- 'S' Satisfactory:** correctly demonstrates required performance and meets expectations.

In the right-hand column supervisors should record the letter ('U' or 'S') that best reflects the Trainee's performance during the training period for each area within each competency.

Assessment

The trainee will complete a self-assessment at least 24 hours prior to meeting with the Surgical Supervisor. If the trainee's self-assessment is Unsatisfactory in any assessment area they are to provide a written plan to address the deficiencies identified.

The Surgical Supervisor must indicate on the MTA whether the trainee's performance is rated as Unsatisfactory or Satisfactory in **any area**.

If a trainee is rated as *Unsatisfactory* in **any area** the Supervisor must implement remedial action to address these concerns and document them on the MTA.

If a trainee has been rated as *Unsatisfactory* in **any** of the Essential Criteria OR in **all areas** of one Competency OR **three (3) or more areas in total** the trainee will be placed on a **Learning Action Plan**.

Supervisors must inform a trainee of concerns they have at an early stage. Supervisors should discuss their concerns with the trainee in a matter-of-fact and confidential manner, and must record the outcome of discussions or interviews they conduct. This record of interview must be forwarded to the SET Program Administrator or the RACS New Zealand Office.

Where deficiencies have been identified the outcome of discussions or interviews should result in a written Learning Action Plan to remedy any identified area(s) of concern. The **supervisor and Trainee must sign the Learning Action Plan** and this must be forwarded by the Trainee to the SET Program Administrator or the RACS New Zealand office **within 2 weeks of the interview being completed**.

Insufficient improvement in these criteria *may lead to* an 'Unsatisfactory' rotation in which case further action will be taken.



Mid-Term Assessment

Date:		RACS ID	
Family Name:			
Other Names:			
RTS Region:			
Level:	Novice <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Competent <input type="checkbox"/>
Start Year:			
SET Year:	Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	Total Days Absent: _____ (Please Attach Written Explanation)
Number of Rotations Successfully Completed:		Trainee on a LAP or Probation:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Hospital:			
Unit Type:	General OHNS: <input type="checkbox"/>	Head & Neck <input type="checkbox"/>	Paediatric OHNS <input type="checkbox"/>
Unit Head:			
Supervisor:			
Other FRACS Surgeons in the Unit:	1		7
	2		8
	3		9
	4		10
	5		11
	6		12

Mid Term Assessment (MTA)

The Mid Term Assessment is formative, aimed at identifying areas of satisfactory performance and areas of performance that require further improvement to reach competency. Formative assessments do not determine the final outcome of a rotation but provide opportunities to identify areas of concern. Trainees are required to fully participate in the Mid Term Assessment and failure to adhere to this process may result in the non-accreditation of the rotation.

SET Program References: OHNS SET Training Regulations; OHNS Curriculum; OHNS Assessment Guidelines; RACS Becoming a competent and proficient surgeon; RACS SET Policies; RACS A Guide to SET; OHNS Hospital Accreditation.

Mid Term Assessment Procedures:

1. The MTA is mandatory for all **Novice** and **Intermediate** trainees and is optional for **Competent** trainees at the discretion of the Surgical Supervisor.
2. Trainees must use the **latest version of all assessment forms** available from the ASOHNS, RACS and NZSOHNS websites.
3. **Trainees are entirely responsible** for sending the MTA and any other documentation to the ASOHNS or RACS NZ office **within 2 weeks of the mid-term date**.
4. **Trainees whose MTA's submissions are incomplete, inaccurate or overdue will be reported to the RTS Chair.**
5. Trainees are responsible for **retaining copies of all training documentation for their own records.**
6. You may email the completed form to the ASOHNS or the RACS NZ office who will acknowledge, via return email, acceptance or rejection of the MTA within five working days of receipt.

Responsibilities of Surgical Supervisors Evaluating and Managing Trainees:

- Supervisors play a crucial role in the continuing formative and summative assessment of Trainees. It is important to give care and attention to the identified competencies of a Trainee's performance.
- If a **Supervisor has concerns**, they must record these concerns at an early stage and ensure major and minor incidents are contemporaneously recorded, **so emerging patterns are identified**. Discuss these with the trainee and an opportunity provided for remedial action.

Instructions for Trainees completing the Mid Term Assessment form

1. Trainees are to undertake a self-assessment of their performance and rate themselves on the form in every area within each competency. It is expected that this will prompt the trainee to reflect upon their performance.
2. If a trainee rates themselves as "Unsatisfactory" in any assessment area, the Trainee is to write down on the form ways in which

they will seek to improve their performance for the remainder of the term.

3. In an attempt to undertake self-directed learning, trainees should write down any goals they wish to achieve even if they do not rank themselves as "Unsatisfactory".
4. Trainees are to provide the form to their Supervisor at **least 24 hours prior** to their scheduled assessment meeting.

Instructions for Surgical Supervisors completing the Mid-Term Assessment (MTA) form

1. The Competencies being assessed have been identified as requirements for all trainees to become competent surgeons. Supervisors are to categorise a trainee's performance in each area in each competency using the descriptors - (Novice, Intermediate, Competent).
2. **"S" Satisfactory:** The trainee has consistently met the expected level of competence.
3. **"U" Unsatisfactory:** The trainee has not consistently met the expected level of competence.
4. There is expected to be a progression within each competency. The supervisor and the trainers will assess the trainee's progression within the level in accordance with expectations.
5. The Surgical Supervisor must verify that the assessment is a consensus of those consultants and other staff who have had direct contact with the trainee.
6. If a trainee is rated as *Unsatisfactory* in **any area** the Supervisor must implement remedial action to address these concerns and document these on this form.
7. If a trainee has been rated as *Unsatisfactory* in **any** of the Essential Criteria OR in **all areas** of one Competency OR **three (3) or more areas in total** the trainee will be placed on a **Learning Action Plan**.

Assessment of Competencies

Medical Expertise		Assessment			
		Trainee		Supervisor	
		U	S	U	S
Unsatisfactory Novice: - Poor knowledge base. Allows deficiencies to persist. - Struggles to apply scientific knowledge to patient care. Intermediate: - Struggles to apply knowledge to the management of all patients in pre-and post op phases - Fails to anticipate change in pre-and post op phases Competent: - Sometimes fails to anticipate changes in any phase (pre-intra-post op) or to act to minimise potential Impact. - Does not take responsibility for own errors.	Satisfactory Novice: - Studies to develop basic science knowledge. relevant to common diseases / conditions - Applies knowledge to present a coherent assessment / management plan of patient with common diseases / conditions. Intermediate: - Detailed knowledge for most common diseases / conditions. - Applies knowledge in planning and performing common procedures. - Anticipates changes in pre-intra-post op phases Competent: - Extensive breadth and depth of knowledge of common diseases / conditions. - Accurately identifies anatomical variations and pathology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory Novice: - Poor knowledge of basic pharmacology of currently used medications. Intermediate: - Unable to identify risks, benefits of currently used medications. Competent: -Not able to discuss alternative medications as required.	Satisfactory Novice: - Basic pharmacology of currently used medications. Intermediate: - Identifies risks, benefits of currently used medications. Competent: -Debates alternative medications as required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory Novice: - Struggles to identify critical clinical events / areas of concern. - Triage poorly. Intermediate: - Has difficulty identifying clinical priorities - Fails to adapt management plan for treatment of common conditions for patient with co-morbidities Competent: - Fails to adapt management plan for treatment of unusual conditions for patient with co-morbidities.	Satisfactory Novice: -readily identifies critical clinical events and areas of concern Triage at appropriate level Intermediate: -Identifies clinical priorities. - Looks for co-morbidities and potential problems and adapts patient management accordingly. Competent: -Adapt management plan for treatment of unusual conditions for patient with co-morbidities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Expertise: Comment Section

Supervisor:

Trainee:

Technical Expertise		Assessment			
Unsatisfactory	Satisfactory	Trainee		Supervisor	
		U	S	U	S
Novice: - Does not seek opportunities to learn new skills - Slow in learning new skills - Lacks attention to detail - Too hasty or too slow / Hesitant - Rough with tissue and/or wound care	Novice: - Seeks opportunities to learn new skills - Learns new skills quickly - Appropriate attention to detail - Pace of surgery appropriate - Handles tissue well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate: - Poor manipulative skills - Poor hand-eye coordination - Has lapses in focus or concentration	Novice/ Intermediate: - Manual dexterity appropriate to procedure - Good hand-eye coordination - Able to maintain focus and concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate: - Unable to / struggles to adapt skills and techniques	Intermediate: - Adapts skills in the context of each patient / procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent: - Needs prompting to acknowledge/ follow up on problematic performance - Poor recognition of deficiencies in skills/ techniques - Ignores feedback - Does not seek supervision appropriately	Novice/ Intermediate/Competent: - Acknowledge/ follow up on problematic performance - Acknowledges & works within own technical limitations - Seeks and learns from feedback - Asks for supervision appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent - Inadequate skills for level of training in the following: - Endoscopic surgery <input type="checkbox"/> - Microscopic surgery <input type="checkbox"/> - Open surgery <input type="checkbox"/>	Novice/ Intermediate/Competent Sound skills for level of training in the following: - Endoscopic surgery <input type="checkbox"/> - Microscopic surgery <input type="checkbox"/> - Open surgery <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice/ Intermediate/Competent Unable to complete PBAs to an expected level	Novice/ Intermediate/Competent Completes PBAs to expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technical Expertise		Assessment			
Unsatisfactory	Satisfactory	Trainee		Supervisor	
		U	S	U	S
Novice: - Has difficulty performing basic surgical tasks - Makes mistakes in the use of surgical instruments - Doesn't assist effectively at major or complex procedures - Doesn't always recognise the need for assistance - Fails to identify complications Intermediate: - Does not anticipate complications - Does not manage complication appropriately/ seek assistance Competent: - Does not anticipate complications and take steps to avoid their occurrence - Overconfident/ Lacks confidence - Fails to recognise and/or acknowledge own limits - Does not adapt work to available facilities & staffing	Novice: - Safely & effectively carries out basic surgical tasks - Use surgical instruments appropriately - Assist effectively at major or complex procedures - Anticipate when they need assistance - Identifies complications Intermediate: - Anticipate complications - Manages complications appropriately/ seeks assistance Competent: - Anticipates complications and takes steps to avoid their occurrence - Acknowledge own limits and acts accordingly - Adapts work to available facilities & staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Does not maintain data on all procedures Intermediate: - Lapses in data on all patients and/or lapses or errors in the analysis of own clinical performance Competent: - Fails to use data on all patients and own clinical performance and outcomes for continuous improvement	Novice: - Maintains accurate data on all procedures Intermediate: - Maintains accurate data on all patients and analyses own clinical performance Competent: - Maintains accurate data on all patients and analyses own clinical performance and outcomes for continuous improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment Section

Supervisor:

Trainee:

Judgement		Assessment							
		Unsatisfactory		Satisfactory		Trainee		Supervisor	
						U	S	U	S
<p>Novice:</p> <ul style="list-style-type: none"> - Incomplete, inaccurate, or disorganised history - Poor examination technique - Does not makes a well-reasoned diagnosis - Inconsiderate of patient - Poor presentation/ discussion of clinical cases <p>Intermediate:</p> <ul style="list-style-type: none"> - Does not appropriately respond to uncertainty - Tends to ignore/ overlook cues that challenge the Diagnosis - Fails, or slow, to call for assistance - Fails to appropriately organise referrals to other services <p>Competent:</p> <ul style="list-style-type: none"> - Does not recognise atypical situations / provide feasible alternatives and solutions 	<p>Novice:</p> <ul style="list-style-type: none"> - Accurately takes a complete history - Good examination technique - Makes a well-reasoned diagnosis - Considerate of patient comfort - Arrives at appropriate conclusion in case presentations <p>Intermediate:</p> <ul style="list-style-type: none"> - Manages uncertainty appropriately - Recognises cues that challenge the diagnosis - Recognise need for senior input - Organises referral to other services as appropriate <p>Competent:</p> <ul style="list-style-type: none"> - Recognise atypical situations / provide feasible alternatives and solutions 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>Novice:</p> <ul style="list-style-type: none"> - Incomplete or inaccurate recognition of significant symptoms - Inaccuracies in diagnosis of common conditions - Sometimes confuses priorities <p>Intermediate:</p> <ul style="list-style-type: none"> - Doesn't formulate management plan including potential risks for the majority of conditions - Doesn't identify when a contingency plan may be required <p>Competent:</p> <ul style="list-style-type: none"> - Under estimates complexity and/or risk factors - Slow to respond to changing patient needs 	<p>Novice:</p> <ul style="list-style-type: none"> - Recognises significant symptoms and accurately diagnoses most common disorders -Prioritises well <p>Intermediate:</p> <ul style="list-style-type: none"> - Formulate management plan including potential risks for the majority of conditions - Identifies when a contingency plan may be required <p>Competent:</p> <ul style="list-style-type: none"> - Deals with complexity according to each patient's need - Management plans include options and solutions to any potential problems 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>Novice:</p> <ul style="list-style-type: none"> - Inadequate or inappropriate, or excessive selection of diagnostic tools - Unable to justify use of selected investigations <p>Intermediate:</p> <ul style="list-style-type: none"> - Errors in interpretation of investigative findings <p>Competent:</p> <ul style="list-style-type: none"> - Does not appraise investigative findings and integrate to clinical picture - Fails to identify further investigations required 	<p>Novice:</p> <ul style="list-style-type: none"> - Select most appropriate investigations, monitoring and imaging - Able to justify use of selected investigations <p>Intermediate:</p> <ul style="list-style-type: none"> - Accurately interpret investigative findings <p>Competent:</p> <ul style="list-style-type: none"> - Appraise investigative findings and integrate to clinical picture - Identify further investigations required 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>Novice:</p> <ul style="list-style-type: none"> - Records disorganised, irrelevant, illegible, not up-to-date - Poor documentation of clinical plan(s) -Operating lists poorly organised - Does not comply with organisational requirements - Unreliable / inconsistent follow-up <p>Intermediate:</p> <ul style="list-style-type: none"> - Does not identify need for risk management plan - Fails to adapt plans when required <p>Competent:</p> <ul style="list-style-type: none"> - Unable to implement a risk management plan 	<p>Novice:</p> <ul style="list-style-type: none"> - Contemporaneously maintain accurate, precise and complete clinical records - Good documentation of clinical plan(s) - Operating list well organised - Comply with organisational requirements - Conscientious and reliable follow-up <p>Intermediate:</p> <ul style="list-style-type: none"> - Identifies need for risk management plan - Adapts plans as required <p>Competent:</p> <ul style="list-style-type: none"> - Implements a risk management plan 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<p>Novice:</p> <ul style="list-style-type: none"> - Copes poorly in situations of stress - Does not seek support as appropriate <p>Intermediate:</p> <ul style="list-style-type: none"> - Withdraws from stressful situations <p>Competent:</p> <ul style="list-style-type: none"> -Copes poorly in situations of complexity - Judgement impacted on by stress and/or pressure - Collaboration impacted on by stress and/or pressure 	<p>Novice:</p> <ul style="list-style-type: none"> - Maintains controlled approach in stressful Situations - Seeks support as appropriate <p>Intermediate:</p> <ul style="list-style-type: none"> - Remains engaged in stressful situations <p>Competent:</p> <ul style="list-style-type: none"> - Demonstrate sound judgement during times of stress/ complexity - Continues to anticipate, think, and make correct decisions under pressure - Continues to collaborate under pressure 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Judgement Comment Section

Supervisor:

Trainee:

Management & Leadership		Assessment							
		Unsatisfactory		Satisfactory		Trainee		Supervisor	
		U	S	U	S	U	S		
Novice: - Arrives late to theatre/ ward rounds - Unable to prioritise work to fit time - Poor delegation of work - Unwilling to assist / support peers Intermediate: - Poor interaction with and/or supervision of junior medical staff - Unwilling / unable to take initiative - Struggles to adapt to each new work environment - Does not assist others to understand and observe guidelines, protocols & checklists Competent: - Reluctant to take on any management responsibilities - Leadership style is not collaborative / consultative	Novice: - Punctual - Good time management - Delegates tasks well - Supports and helps peers Intermediate: - Directs and supervises junior medical staff effectively - Willing and able to take initiative when needed - Adapts to changing work environments - Assists others to understand and observe guidelines, protocols & checklists Competent: - Willing to take on management responsibilities - Organise surgical team efficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comment Section

Supervisor:

Trainee:

Communication		Assessment			
Unsatisfactory	Satisfactory	Trainee		Supervisor	
		U	S	U	S
Novice: - Communicate poorly with patients and families - Bad listener Tendency to disengage with patients - Limited discussion of informed consent - Increases patient anxieties - Fails to respect patient confidentiality, privacy & autonomy - Unable / unwilling to adapt communication style to patient and/or family - Does not demonstrates cultural awareness Intermediate: - Contributes to communication problems - Fails to recognise the potential impact of 'bad news' Competent: - Struggles to deal with own or others' emotions - Not able to Identify or addresses unspoken concerns	Novice: - Communicate effectively with patients and families - Respond appropriately to patient and family - Obtains informed consent - Allays patient's anxieties - Respects patient confidentiality, privacy & autonomy - Adapts communication style to patient and/or family - Demonstrates cultural awareness Intermediate: - Effectively interprets both verbal and non-verbal communication - Recognises 'bad news' for patients and families and modifies communication Competent: - Maintains own emotional balance and deals effectively with other's emotions - Identifies and addresses unspoken concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Limited range of information gathering - Limited sharing of information Intermediate: - Fails to recognise and/or repair communication errors - Does not work effectively with interpreters and other support staff Competent: - Unable to clearly communicate information about complex cases	Novice: - Elicits information from multiple sources - Shares information as appropriate Intermediate: - Reflects on accuracy of information to identify gaps / inconsistencies - Works effectively with interpreters and other support staff Competent: -Clearly communicate information about complex cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment Section

Supervisor:

Trainee:

Health Advocacy		Assessment			
Unsatisfactory	Satisfactory	Trainee		Supervisor	
		U	S	U	S
Novice: - Disinterested or indifferent approach to patients, their families and/or carers - Culturally unaware / ignorant - Fails to adjust to patient's social, cultural and psychological needs - Fails to recognise limits to the divulging of patient information in a clinical or other setting (including internet) Intermediate: - Ignores or overlooks some patient's needs - or needs of some patients - Fails to discuss full range of risks / options with patient / family / carers - Fails to keep all relevant people informed of changes in management, care or condition of patient - Struggles to / unwilling to adapt plans in response to patient concerns / expectations Competent: - Avoids dealing with conflicts and/or different expectations or concerns between patient /family	Novice: - Manage patients in ways that demonstrate sensitivity to their physical, social, cultural and psychological needs - Recognises need to engage extended family in consent process in some cultures - Identifies gaps between management plan and patient's needs Intermediate: - Keeps all relevant people informed whilst maintaining patient confidentiality - Effectively schedules and prioritises surgery - Manages impact for patient and family of rescheduling - Adapts care according to patient concerns / expectations Competent: - Effectively adapts their approach to the needs, values and beliefs of all patients - Can manage patient/ family conflicts and/or different expectations or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice: - Limited knowledge of causal issues relating to patient care - Takes little interest in patient health beyond surgery Intermediate: - Limited knowledge of available support services Competent: - Avoids communication 'bad news' to patient or family - Provides little or no assistance advice to family or carers	Novice: - Discusses causal health issues with patients - Discusses wider health issues with patient Intermediate: - Assists in arranging patients (family; carers) of available support services Competent: - Can effectively communicate bad news in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment Section

Supervisor:

Trainee:

Professionalism		Assessment							
		Unsatisfactory		Satisfactory		Trainee		Supervisor	
						U	S	U	S
Novice/ Intermediate/ Competent: - Poor care of own health - Fails to recognise own stress/ manage this effectively - Does not communicate own health issues with team - Ignores or jeopardises colleagues' health or wellbeing - Not always at optimal level of performance on call / on duty Novice/ Intermediate/ Competent: - Unaware of health resource constraints and/or expectations - Unable to prioritise health care needs and demands	Novice/ Intermediate/ Competent: - Looks after own health - Recognise own stress/ manages this effectively - Communicates own health issues with team - Promotes health maintenance of colleagues - Ensures that they are at optimal level of performance whenever on call or on duty Novice/ Intermediate/ Competent: - Uses resources effectively for patient care balanced with system and patient need - Applies a wide range of information to prioritise needs and demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Novice: - Demonstrates poor behaviour - Disappears' when problems arise Intermediate: - Shows respect to only some colleagues and/or other health professionals - Struggles to show empathy and/or compassion Competent: - Little knowledge, interest in or understanding of ethical or medico-legal issues - Struggles to recognise lack of insight in others	Novice: - Consistently behaves well - Acts responsibly Intermediate: - Shows respect for colleagues and other health professionals - Demonstrates empathy and compassion for patients, family and carers Competent: - Identifies ethical dilemmas when encountered - Can consistently manage situations of ethical uncertainty and/or conflicting values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Novice: - Offloads work to others - Difficult to contact / leaves tasks incomplete	Novice: - Dependable, conscientious Honest - Always completes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Novice: - Has problems acknowledging/ recognising own mistakes - Unable to accept criticism or only accepts criticism from some - Not taking responsibility for own decisions/ actions	Novice: - Willing to undergo scrutiny - Acknowledges and learns from mistakes - Accountable for own decisions and actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Novice: - Ignores or is unaware of their own limitations - Has inaccurate view of own performance - Struggles to identify learning goals - Over confident - Rarely evaluates own performance	Novice: - Employs a critically reflective approach - Ensures performance meets expected standards - Recognises and acknowledges own limits - Has insight into what needs to be improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Competent: - Disregards audit / pays little attention to clinical audit - Poor understanding of audit - Responds negatively to complaints or incidents - Does not participate in root cause analysis	Competent: - Actively undertakes open disclosure - Regularly participates in clinical audit - Understands cycle audit - Participates in root cause analysis and other methods to review incidents/ errors / adverse events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comment Section

Supervisor:

Trainee:

ASSESSMENT: Essential Criteria (SUPERVISOR USE ONLY)

Communication		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Bad listener and communicator - Disliked by patients and/or nursing staff - Increases patient anxiety	- Listens well - Explains well - Trusted by the patient and nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Refuses to help out - Poor relationship with peers and nursing staff	- Willing to help - Good rapport with nursing and other medical staff - A team player	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Idle - Lacking any work enthusiasm - Behind with letters or summaries	- Hard working - Keen to learn - Self organises waiting list	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Poor time management - Forgets to do things - Unreliable - Does not heed advice	- Dependable - Efficient in his/her use of time - Completes tasks and anticipates well	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage Stress		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Copes poorly - Disappears when problems arise - May show aggression towards junior medical or nursing staff	- Copes very well - Responds appropriately - Seeks help when needed - Relaxed in a crisis - Not angry or aggressive	<input type="checkbox"/>	<input type="checkbox"/>
Honesty		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Lies to cover defects in work - Does not report information correctly - Covers up errors or blames others for problems - Untrustworthy	- Honest - Admits mistakes - Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>
Empathy		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Relates poorly to patients and families - Arrogant	- Relates to patients and families in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>
Team Work		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Fights with nursing staff or complaints frequently received from nursing staff about the trainee - Does not work well with junior medical staff or peers	- Works well with medical and nursing staff - Regarded as a team player by nursing staff - Well respected by peers and junior medical staff	<input type="checkbox"/>	<input type="checkbox"/>
Insight/Awareness		Rating	
U - Unsatisfactory	S - Satisfactory	U	S
- Lacks insight into own performance - Fails to take action or advice to improve performance - Denies there is an issue - Does not reflect upon performance	- Demonstrates insight into own performance - Addresses issues when advised - Self-critical and incisive - Reflects on their performance	<input type="checkbox"/>	<input type="checkbox"/>

Comment Section**Supervisor:****Trainee:**

MTA Outcome Requirements

1. If the trainee is rated as Satisfactory in all the Essential Criteria and all Competencies no further action is required.
2. If the trainee has been rated as Unsatisfactory in **any area** supportive documentation is required with this assessment and a remedial plan to put in place to address this concern.
3. If the trainee has been rated as *Unsatisfactory* in **any** of the Essential Criteria OR in **all areas** of one Competency OR **three (3) or more areas in total** the trainee will be placed on a Learning Action Plan.

Please contact the SET Program Administrator for assistance with the Learning Action Plan.

Probation Status

Trainee currently on a LAP or Probation:	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
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Work based assessments included with submission of this assessment form - (Mark (x) and number in the relevant boxes
Please note: You are not required to email your logbook to the Program Administrator's with the MTA

	Total		Total
DOPS (3 / rotation Novice Level)		MiniCEX (4 / rotation Novice & Intermediate Level)	
CBD/OBD (4 / rotation Intermediate & Competent Level)		PBA's (5 acceptable / rotation)	

This assessment

Has the trainee been rated as "Unsatisfactory" in any area?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Has a remedial plan been discussed and documented on this form?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Has the trainee been reviewed as Unsatisfactory in any of the Essential Criteria OR in all areas of one Competency OR three (3) or more areas in total	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Has remedial action commenced with the implementation a Learning Action Plan and documented on this form?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

Logbook Review

Unsatisfactory	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>
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Comment Section

Supervisor:

Trainee:

AUTHORISING SIGNATURES

a) Surgical Supervisor

I verify that this assessment and logbook data have been discussed with the trainee.

Print Name	Signature	Date

b) Trainee

I have sighted and discussed this assessment with my Surgical Supervisor:

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

I disagree with an outcome rating and have documented this below.

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

Print Name	Signature	Date

Comment Section

Supervisor:

Trainee:

PLEASE NOTE: An assessment form will not be considered valid unless two (2) authorised signatories have signed this document prior to the assessment being forwarded to the SET Program Administrator, ASOHNS or the RACS NZ office. The MTA is required within two (2) weeks following the Mid Term Date.