EARLY SET Trainee Assessment Form

I rainee Information						
Trainee Name:	Training Period	: From	_ To:			
SET Level:						
Early SET 1 Rotation: 1 2	3 4					
Early SET 2 Rotation:	Assessment Ty	/pe: 🛛 Mid-Term	End of Term			
Hospital Information						
Hospital Name:						
Surgical Supervisor:						
Names of Surgical Trainers that contributed	to this assessment:					
Name		Name				
Please list any Consultants away on leave below:						
Signatures (Forms will be deemed inva	alid if this section is not compl	atad				
Signature – Surgical Supervisor I hereby verify that I have documented the c the assessment and logbook data has been	contribution of all Surgical Trainer discussed with the Trainee.	s in the unit that have o	contributed to this assessment and			
Name:	Signature:	Date:				
Signature – Trainee						
Name:	Signature:	Date:				
I have sighted the assessment on this for	rm and discussed the assessm	ent with my Supervis	sor: 🛛 Yes 🗌 No			
I agree with the assessment on this form	:		□ Yes □ No			

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

Current Learning Goals

ASSESSMENT

A. MEDICAL EXPERTISE: ACQUISITION AND APPLICATION									
Basic Science and clinical knowledge									
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY				
Poor reader of basic science					Is developing a knowledge of anatomy, physiology, and pathology relating to the common disease processes of most common paediatric surgical conditions.				
Poor knowledge of common paediatric surgical conditions					Basic knowledge of paediatric surgical conditions – can discuss key points of most conditions.				
Lacks appropriate basic science knowledge to explain common elective paediatric surgical conditions.					Can explain the basic science basis for most common elective paediatric surgical conditions.				
Struggles to accumulate knowledge					Demonstrates mechanisms to correct knowledge deficits, seldom says "I don't know" to the same question when asked on another occasion.				
Limited knowledge of texts or journals					Demonstrates familiarity with common paediatric surgical texts and journals during discussions with trainers.				
Fails to apply knowledge to clinical problems					Routinely utilises knowledge together with results of investigations to explain clinical manifestations of common elective paediatric surgical conditions.				

Global Assessment of Basic Clinical Science Knowledge: Acquisition and Application *Tick the descriptor that best describes the Trainees overall global progress in Basic Clinical Science Knowledge*

Not showing	Showing progression	Has achieved all Early	Achieved Early SET	Achieved Early SET
satisfactory aptitude	towards critical	SET One critical	One critical	critical competencies
for achieving Early	competencies in	competencies in	competencies and	and progressing in
SET One	Clinical Science	Clinical Science	progressing well in	Mid-SET in Clinical
competencies In	Knowledge but needs	Knowledge	Early SET Two in	Science
Clinical Science	further training and	_	Clinical Science	Knowledge
Knowledge	study		Knowledge	

A. MEDICAL EXPERTISE								
	Ν	В	s	Е	EARLY SET CRITICAL COMPETENCY			
Verbal description of clinical assessment / Case Presentations								
History taking deficient, sketchy					Takes a comprehensive and pertinent history			
Jumbled/Disorganised Much irrelevant information					Organised in standard format.			
Inability to discuss relevance of signs					Able to discuss clinical relevance of clinical signs.			
Written record of clinical assessment								
Inadequate, inaccurate or incomplete medical records					Maintains adequate, accurate and complete medical records			
Illegible					Legible			

	1	1	1	1	1				
Jumbled recording of thoughts and findings.					Evidence of reasonable organisation of				
					thoughts and findings				
Eliciting Clinical Findings									
Superficial in examination, misses details					Thorough examination				
Poor ability to elicit symptoms & signs in most situations					Competent when eliciting symptoms and signs in a cooperative patient in a controlled environment.				
Demonstrates no regard for cultural and social factors when taking a history					Obtains clinical information in a manner cognisant of cultural and social factors				
Demonstration of Clinical Competence in Diagnosis									
Poor interpretation of clinical features. Fails to associate and prioritise details in straightforward situations.					Good interpretation of clinical features. Readily recognises and manages straightforward clinical situations.				
Fails to learn from experience					Has situational awareness of having encountered new clinical situations.				
Fails to apply knowledge in analysis of clinical findings					Uses knowledge to analyse clinical findings				
Fails to recognise common paediatric surgical issues					Recognises most common issues of paediatric surgical significance				
Post-operative care									
Lacks interest					Fully involved in post-op care				
Late to notice complications					Recognises complications early				
Happy to leave post-operative care to others					"Hands-on" approach to post-operative care				
Inappropriate /deficient involvement of other relevant personnel					Appropriate co-ordination and use of other personnel				

Global Assessment of Medical Expertise

Tick the descriptor that best describes the Trainees overall global progress in Medical Expertise:

Not showing satisfactory aptitude for achieving Early SET One competencies In Medical Expertise in Paediatric Surgery	Showing progression towards critical competencies In Medical Expertise but needs further training and study	Has achieved all Early SET One critical competencies in Medical Expertise	Achieved Early SET One critical competencies and progressing well in Early SET Two in Medical Expertise	Achieved Early SET critical competencies and progressing in Mid-SET in Medical Expertise

B. JUDGEMENT – CLINICAL DECISION-MAKING Application of knowledge, clinical information, and signs elicited to form a management plan								
	EARLY SET CRITICAL COMPETENCY							
Clinical Judgement	1							
Fails to grasp significance of findings. Appears out-of-depth					Recognises significance of clinical findings. Appropriately seeks guidance to manage the clinical situation.			
Unable to distinguish specific paediatric needs					Recognises and responds to needs specific in paediatric patients			
Unaware of limitations					Aware of limitations			
Inappropriate reaction to emergencies					Appropriate reaction to emergencies, can initiate first response to most common paediatric surgical emergencies.			
Reluctant to seek advice appropriately					Seeks advice appropriately			
Use of investigations								
Inappropriate selection and use of investigative tools.					Protocol-appropriate selection and use of investigative tools			
Exhibits no regard for patient needs in planning investigations					Aware of how the usefulness of most common investigations can be limited by commonly evident patient factors.			
Limited ability to interpret					Can interpret common investigations, seeks expert mentoring of interpreting unfamiliar investigations			
Clinical Care	-	-	-					
Fails to develop a management plan					A structured management plan is always put forward.			
Poor understanding of treatment options					Aware of treatment options used for common paediatric elective surgical presentations.			
Reluctant to admit patient complications					Prompt flagging of patient complications			
Unaware of patient needs					Manages patients with sensitivity to physical, social, cultural and psychological needs			
Unable to recognise risks					Identifies and manages risks by seeking appropriate advice and authorisation.			

Global Assessment of Clinical Judgement *Tick the descriptor that best describes the Trainees overall global progress in Clinical Judgement*

Not showing satisfactory aptitude for achieving Early SET One competencies in Clinical Judgement in Paediatric Surgery	Showing progression towards critical Competencies In Clinical Judgement but needs further training and study	Has achieved all Early SET One critical competencies in Clinical Judgement	Achieved Early SET One critical competencies and progressing well in Early SET Two in Clinical Judgement	Achieved Early SET critical competencies and progressing in Mid-SET in Clinical Judgement

C. TECHNICAL SKILLS

		-			
	Ν	В	S	Ε	EARLY SET CRITICAL COMPETENCY
Operative Ability					
Lacks interest Reluctant to be taught					Highly motivated Learns avidly
Does not ensure that team and equipment are ready. Often arrives to theatre late.					Ensures team works efficiently by organising activities in a timely manner
Fails to learn techniques shown					Able to deconstruct observed technical skills and cognitively rehearse and then practice them.
Poor hand-eye co-ordination					Competent hand-eye co-ordination
No effort made to understand procedure prior to surgery. Does not have necessary information for safe conduct of procedure.					Excellent pre-operative preparation and demonstrates procedural knowledge of most elective procedures encountered.
Fails to observe standard protocols					Follows theatre protocols
No appreciation of how different techniques can produce the same outcome.					Identifies that different techniques are observed and notes the advantages and disadvantages of differing approaches.
Slow and inefficient Appears to struggle surgically Ergonomically inefficient					Can sequentially talk through the steps of common elective procedures and anticipate the instruments required for each
Rough tissue handling					Delicate with tissue handling
Ties knots poorly					All knot tying secure
Little attention to detail					Meticulous technique while still making progress. Understands that most operations are well-performed simple skills applied in a sequential pattern.
No ability to adapt skills to operative requirements					Recognises the level of skill required differs in different stages of a procedure and differs in different patients according to anatomy, pathology and comorbidity.
Shows poor knowledge of anatomy					Safe and constantly improving knowledge of anatomy of common elective procedures
Poor surgical judgement					Verbally demonstrates improved surgical judgement during procedures
Does not seek assistance appropriately					Seeks assistance appropriately
Panics in emergency					In control of self in emergency
Unable to complete surgical tasks when under pressure					Able to maintain surgical judgement and safely complete surgical procedures under pressure while supervised
Poor situational awareness. Unable to accept that a deviation to the operative plan might be desirable.					Can follow and understand changes in operative plan made by Consultant and can readily discuss factors contributing to the need for a change in plan.

Global Assessment of Technical Competencies Tick the descriptor that best describes the Trainees overall global progress in Technical Competencies

Not showing satisfactory aptitude for achieving Early SET One technical competencies in Paediatric Surgery	Showing progression towards critical technical competencies but needs further training and study	Has achieved all Early SET One critical technical competencies	Achieved Early SET One critical competencies and progressing well in Early SET Two with technical competencies	Achieved Early SET critical competencies and progressing in Mid-SET with technical competencies

D. SCHOLAR AND TEACHER								
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY			
Teaching and Learning								
Willing to teach basic principles and skills already acquired					Demonstrates a genuine interest in ad hoc and structured teaching			
Poorly prepared and delivered presentations (e.g. mandatory presentations in workbook)					Well prepared presentations delivered clearly and logically			
Shows no interest in preparing for the RACS Clinical Examination					Clear study plan and preparation for the RACS Clinical Examination			
Shows no interest in preparing for the Anatomy and Embryology Examination					Clear study plan and preparation for the Anatomy and Embryology Examination			
Unable to supervise junior medical officers					Recognises performance gaps in junior medical officers			
Unable to reflect on performance and determine what can be improved					Reflects on own performance and improvement and demonstrates this to mentors by inquiry and seeking feedback			
Research Ability								
Exhibits no interest					Shows and interest in learning through research			
Unaware of research influence on clinical practice					Recognises value of research knowledge applied to clinical practice			
No inclination/skills shown					Flair to research			
Needs help throughout					Shows initiative and independence			
Does not complete project					Completes project			
Poor grasp of statistics and research method					Good grasp of statistics and research method			
Publications		-	-	-				
No publication in preparation					Active in publication			
Little interest in audit					Conscientious with audit			
Reluctant to present at meetings					Keen to present at meetings			

Global Assessment of Scholar and Teacher Competency

Tick the descriptor that best describes the Trainees overall global progress in Scholar and Teacher

Not showing satisfactory aptitude for achieving Early SET One Scholar and Teacher competencies in Paediatric Surgery	Showing progression towards critical competencies in Scholar and Teacher but needs further training and study	Has achieved all Early SET One critical competencies in Scholar and Teacher	Achieved Early SET One critical competencies and progressing well in Early SET Two in Scholar and Teacher	Achieved Early SET critical competencies and progressing in Mid-SET in Scholar and Teacher

E. MEDICAL COMMUNICATION SKILLS								
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY			
Poor listener					Attentively listens to patients and their families, peers and colleagues.			
Rarely picks up cues of concern from patient or family					Sensitive to verbal and non-verbal cues received from patients and families especially regarding their serious concerns and can relay these to their senior colleagues			
Reluctant/inappropriate in communication with patient					Communicates with children in a way appropriate to developmental level			
Unable to obtain informed consent for procedures documented in Early SET One workbook					Provides information enabling informed consent for procedures in Early SET One workbook and appropriate Early SET conditions			

F. COLLABORATION AND TEAMWORK

	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY
Refuses to help out					Always willing to help, even if personally inconvenient
Poor relationship with peers, and may undermine others. Magnifies and allows misunderstandings to escalate					Good rapport with peers, initiates resolution of misunderstanding
Poor relationship with junior staff					Supportive and good relationship with junior staff
Often creates problems					Skilled at defusing problems in surgical team
Unaware of opinions and involvement of nursing and ancillary staff caring for own patients					Actively seeks opinions of nursing and ancillary staff about concerns for patients
G. MANAGEMENT AND LEADERSHIP			-	-	
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY
Can only work alone					Functions well as member of team, takes responsibility for allocated role
No consultation with others					Consults well with colleagues and other professionals
Unable to prioritise patient care					Is able to review ward patients and be ready for theatre on time.

them with patient needs

Wasteful of resources

Uses resources effectively for patient care and balances

Board of Paediatric Surgery Royal Australasian College of Surgeons

No interest in health services management			Willing to contribute to health services management

Global Assessment of Medical Communication Skills

Tick the descriptor that best describes the Trainees overall global progress in Medical Communication Skills

Not showing satisfactory aptitude for achieving Early SET One Medical Communication competencies in Paediatric Surgery	Showing progression towards critical competencies in Medical Communication but needs further training	Has achieved all Early SET One critical competencies in Medical Communication	Achieved Early SET One critical competencies and progressing well in Early SET Two in Medical Communication	Achieved Early SET critical competencies and progressing in Mid-SET in Medical Communication

H. HEALTH ADVOCACY						
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY	
Unable to cope with the challenges presented by different value systems					Consistently deals with the challenges presented by different value systems	
Fails to inform patients and families as to their options					Assists patients and families to consider options and make decisions	
Unable to identify the need for family and carers to have information updates. May need prompting at times to do it.					Keeps family and carers informed about current status and next steps. Advises families and patients on relevant risk factors.	
Unable to identify gaps between management plan and patient wishes. Unable to effectively schedule and prioritise patients for surgery.					Recognises the impact on families and carers of rescheduling surgery.	
Fails to recognise key differences in culture and expression within the community					Recognises key health issues arising from the different cultural values. Identifies vulnerable populations that may have limited access to health care resources.	

Global Assessment of Health Advocacy Competency *Tick the descriptor that best describes the Trainees overall global progress in Health Advocacy*

Not showing satisfactory aptitude for achieving Early SET One Health advocacy competencies in Paediatric Surgery	Showing progression towards critical health advocacy competencies but needs further training	Has achieved all Early SET One critical competencies in Health Advocacy	Achieved Early SET One critical competencies and progressing well in Early SET Two in Health Advocacy	Achieved Early SET critical competencies and progressing in Mid-SET in Health Advocacy

I. PROFESSIONALISM AND ETHICS							
	Ν	В	S	Е	EARLY SET CRITICAL COMPETENCY		
Self-Motivation							
Lacks initiative					Displays initiative		
Late for sessions					Punctual		
Behind with letters or summaries					Up to date with work		
Disorganised					Well organised		
Difficult to obtain on call					Ready accessibility		
Incomplete tasks					Always completes tasks on time		
Unreliable					Reliable and dependable		
Inefficient in work practices					Efficient, anticipates well		
Has little interest in sick children					Strong advocate for the sick child		
Stress Response							
Copes poorly					Copes well		
"Disappears" when problems arise					Responds well to problems		
Does not seek help when required					Seeks help when required		
Decompensates with critical situation					In control in critical situation		
Tends to blame others for mistakes					Accepts responsibility for mistakes		
Covers up mistakes					Openly learns from errors		
Professionalism				1			
Ethical ideals inconsistent with paediatric issues					Identifies and applies ethical principles related to paediatric surgery		
Little comprehension of medicolegal issues related to children					Recognises medicolegal implications of paediatric surgical issues		
Cannot accept responsibility for own decisions/actions					Readily accountable for own decisions/actions		
Totally unable to accept criticism					Responds constructively to criticism		
Completely self-focussed					Supports colleagues and junior staff		
Has a totally inaccurate view of own performance					Demonstrates insight into own performance		
Unaware of own limitations					Identifies and applies ethical principles related to paediatric surgery		

Does not recognise defects in work. Does not report information correctly. Covers up errors or blames others for problems.			Honest. Admits mistakes.
Does not realise significance of omission or mistake in clinical work or judgment.			Keen to rectify deficiencies. Proactive in organising own remedial programme if needed. Minimises own mistakes
Repeats same errors or deficient performance through lack of insight into own performance. Fails to take action or advice to improve performance. Denies there is an issue.			Demonstrates insight into own performance. Does not repeat errors and addresses issues when advised. Self-critical and incisive.
Does not attend to personal health issues that may impinge on patient safety			Demonstrates self-health advocacy and prioritises patient and personal safety

Global Assessment of Professionalism and Ethics Competency *Tick the descriptor that best describes the Trainees overall global progress in Professionalism and Ethics*

Not showing satisfactory aptitude for achieving Early SET One Professionalism and Ethics competencies in Paediatric Surgery	Showing progression towards critical competencies in Professionalism and Ethics but needs further training	Has achieved all Early SET One Professionalism and Ethics competencies	Achieved Early SET One critical competencies and progressing well in Early SET Two in Professionalism and Ethics	Achieved Early SET critical competencies and progressing in Mid-SET in Professionalism and Ethics

H. OVERVIEW.COMMENTS

General Comments:

Please identify two positive attributes of the trainee:

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

Not applicable

1.

2.

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

1.

2.

Please return form to:	
Executive Officer, Board of Paediatric S	urgery
Ph: +61 (0)3 9276 7416	
Email: paediatric.board@surgeons.org	Website: <u>www.surgeons.org</u>

Instructions (Do not submit instruction page with Assessments)

At all times refer to the Board of Paediatric Surgery Training Regulations

Instructions on Completing this Form - Supervisor

The Training Supervisor, or a delegate, must seek the input of all Surgical Trainers of the Unit to reach consensus in the assessment of each of the competencies listed on the form. Other Consultants/FRACS surgeons who have had contact with the Trainee may also be approached to contribute to the assessment. A dissenting view is permitted in these evaluations and should be documented; however Departmental members are encouraged to try to reach a consensus. The Supervisor must subsequently meet with the Trainee to discuss the assessment and to review the logbook data.

Supervisors are asked to place an "X" in the box for each specified attribute that best reflects the trainees' performance in one of the four marking columns taking into account the Trainee's level of training (**N**,**B**,**S**,**E**). It is expected that the vast majority of Trainees would fall into the 'satisfactory' category (i.e. achieving the expected competencies of their year of training).

The Global Assessment box for each competency area must be completed to aid planning of training goals and determine progression in training.

Clear progression with critical competencies at Early SET One level must be evident by end of six months in order for the Board to allocate an Early SET Two training post for the following year. This decision will be made in conjunction with consideration of Early SET Two compulsory assessments, courses, examinations and required competencies. Achievement of all required Early SET One competencies will be required by the end of the Early SET One year in order for the trainee to progress to Early SET Two.

The overview comments section should be filled in as descriptively and accurately as possible. The filling in of attribute boxes will be supported by these comments. Precision in comments will aid the trainee by encouraging progress, recording exceptional attributes and/or identifying areas which can be addressed with remedial or performance learning plans. Lack of significant improvement in performance or behaviour despite formative feedback and assessment, or a recurrence of poor performance or behaviour after a period of improvement should be reflected in the assessment.

Responsibilities of Training Supervisor in Managing Trainees

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

Early SET One Summative Assessments

Early SET One Trainees do not have mid-term formative assessments and instead have four summative assessments. The summative assessment is aimed at indicating whether a Trainee has demonstrated satisfactory performances in the listed competencies. The assessment will be used to determine if the term may be accredited towards training.

Early SET Two End-of-Term Assessment versus Mid-Term Assessment

The mid-term in-training assessment is **formative**, aimed at identifying areas of good performance and areas of performance that require further improvement to reach competency. Formative assessments do not determine the final outcome of the term but provide opportunities to improve performance. Trainees are required to fully participate in the mid-term assessment and failure to adhere to this process will result in non-accreditation of the term.

The end of term in-training assessment is **summative**, aimed at indicating whether a Trainee has demonstrated satisfactory performances in the listed competencies. The assessment will be used to determine if the term may be accredited towards training.