

Subject:	360 Degree Evaluation Survey	Board of Paediatric Surgery
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**BOARD OF PAEDIATRIC SURGERY
360 DEGREE EVALUATION SURVEY INSTRUCTIONS**

1. INTRODUCTION

The Board of Paediatric Surgery (the Board), in conjunction with the Royal Australasian College of Surgeons Education Development and Research Department, has developed this appraisal system for Paediatric Surgery Trainees in recognition that honest and structured feedback is essential for ongoing professional development at all stages of professional life. Unless we seek understanding from others of our personal shortcomings of which we are unaware, we cannot remediate these shortcomings.

The 360 Degree Evaluation Form supports the current forms of assessment in the Paediatric Surgery Training Program, including the Logbook, Trainee Assessment Form, Progressive Non-Operative Logbook, Critical Appraisal Tasks (CATs), Directed Online Group Studies (DOGS) and work-based assessments such as Mini-CEX and MOUSEs.

The 360 Degree Evaluation survey is the most reliable work place assessment tool for detecting underperformance when compared to DOPS and Mini-CEX (Davies et al. (2009), work place assessment tool for detecting underperformance when compProgramme (2009), al. (2009), work place)

The 360 Degree Evaluation survey is a technique used to document opinions formed from direct observation of observed performance from those who work with the Trainee, such as other medical colleagues, nurses, administrators and patients.

The 360 Degree Evaluation provides Trainees with information that is immediately useful in targeting areas for improvement, especially within the “non-technical” competencies recognised by the College. The results are de-identified and pooled before review by the Trainee. After due reflection and action, it is expected that subsequent 360 Degree Evaluation surveys will demonstrate improvement in areas identified as being weaker than others. Each Trainee and the Board will be grateful for the honest and thoughtful feedback that is provided in good faith.

2. PROCESS

- 2.1. The 360 Degree Evaluation Form is distributed by the Executive Officer, Board of Paediatric Surgery to the following hospital staff. A minimum of eight (8) contacts with a minimum of one from each of the following positions:
 - Registrar at the same level as the Trainee
 - Registrar from another specialty
 - Resident
 - Medical Nursing
 - Administration staff (non-medical)
- 2.2. Participants in the evaluation are asked to return the evaluation form to the Executive Officer within two weeks.
- 2.3. The Board corresponds with the Trainee and Surgical Supervisor to provide the pooled results and to outline a professional development plan of action if needed.
- 2.4. The Board will consider all assessment tasks to determine a global outcome for each training period.

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3. INSTRUCTIONS FOR EVALUATORS

- 3.1. The form asks appraisers to rate the Trainee on Technical Expertise, Communication, Collaboration, Management and Leadership, Health Advocacy, Scholar and Teacher and Professionalism.
- 3.2. Please rate this person in comparison to other Trainees with whom you have worked. Circle one response per item. Circle the appropriate number between 1 and 7, where 1 is the lowest rating and 7 is the highest rating.

***Example:** a score of 1 would indicate that this doctor is the worst with whom you have worked in the characteristic in question; a score of 2 would indicate that s/he is among the bottom few with whom you have worked. Conversely, a score of 6 would indicate that this doctor is among the best, and a score of 7 would indicate that this doctor is the best with whom you have worked in his/her ability in this characteristic.*

- 3.3. If you are unable to evaluate in a particular category, for example because you are not qualified to understand that aspect of the doctor's work, or you have insufficient contact with him or her to evaluate a particular characteristic, select UE (unable to evaluate).
- 3.4. Please be candid when completing the Evaluation Form. Individual feedback will not be made available to any person other than the Executive Officer, for the administrative purpose only of following-up forms not returned. Your responses will help the doctor gain understanding of his/her strengths and development opportunities. The focus of this process is for feedback, development and improvement.
- 3.5. Rate the Trainee on their *typical* performance and behaviour. Do not let recent events overshadow your ratings – either positively or negatively.
- 3.6. Don't let a single incident or experience disproportionately affect the rating you give.
- 3.7. Focus on actual performance. Avoid giving higher ratings to a Trainee because of personal friendship, or lower ratings because of personal dislike.
- 3.8. Avoid rating a Trainee lower than s/he deserves because you have perfectionist standards for yourself.
- 3.9. Avoid rating someone with a pleasing manner and personality higher than they deserve on everything; rather than just on people skills.
- 3.10. Remember it is your own personal view that should be reflected.

4. INSTRUCTIONS FOR TRAINEES

- 4.1. Forward nominated hospital contact details to the Executive Officer by the due date published on the training calendar.
- 4.2. Complete a self-evaluation and rate yourself on Technical Expertise, Communication, Collaboration, Management and Leadership, Health Advocacy, Scholar and Teacher and Professionalism.
- 4.3. Circle one response per item. Circle the appropriate number between 1 and 7, where 1 is the lowest rating and 7 is the highest rating.