



Board of Vascular Surgery

Royal Australasian College of Surgeons, Australian and New Zealand Society for Vascular Surgery



This 360° Assessment Form should be filled in by the trainee's supervisor, allied specialty consultants, peers, charge nurses in the ward and operating theatre. The purpose of the form is to assess the non-technical capabilities of the trainee, in particular leadership, teamwork, ethics, communication and teachings skills.

Trainees who receive an unsatisfactory assessment from their supervisor of training will be required to complete a 360 degree assessment. This is also available to supervisors who believe their trainee is satisfactory but wish to perform the 360 degree assessment to broaden the trainee's awareness of other aspects that are not covered in the current assessment form.

Trainee's Surname
Forename
Hospital
Year of Training

How do you rate this trainee in their: (Tick ✓ Box)	Below Expectations		Border-line		Above Expectations		N/A
	1	2	3	4	5	6	
Teamwork / Working with Colleagues							
Verbal Communication							
Written Communication							
Ability to recognise and value the contribution of others in the team							
Reliability/ Accessibility							
Relationship with Patients							
Communication with patients							
Communication with relatives and / or carers							
Awareness of patients' rights and cultural issues							
Leadership Skills							
Organisation of the ward and unit activities							
Theatre lists and acute patient journey							
Communication with junior staff and professional guidance							

Ability to be a team leader							
Teaching and Time Management							
Willingness and effectiveness to teach junior staff and students							
Ability to manage time and prioritise							
Listening skills							
Overall, how does this trainee compare to a doctor at his/her level of training?							

Any further comments? In particular positive comments.

Describe any behaviour that has raised concern and should be a focus for development. Include an explanation of any rating, e.g. "Below expectations"

Any concerns about this trainee's probity or health?

Yes No.

If yes, please state your concerns.

Environment Observed (Tick ✓ Box)	<input type="checkbox"/> Inpatient setting <input type="checkbox"/> Outpatient setting <input type="checkbox"/> Both Inpatient and Outpatient <input type="checkbox"/> Other (please specify) :	<input type="checkbox"/> Operating Theatre <input type="checkbox"/> A&E / Admissions <input type="checkbox"/> Intensive Care
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Your Position (Tick ✓ Box)	<input type="checkbox"/> Consultant <input type="checkbox"/> House Surgeon / Officer <input type="checkbox"/> Other (please specify) :	<input type="checkbox"/> Training Registrar <input type="checkbox"/> Nurse	<input type="checkbox"/> Non- Training Registrar <input type="checkbox"/> Health Professional
How many minutes did it take for you to complete this form? _____ Minutes			
Assessor Satisfaction with 360° Assessment. (Tick ✓ Box)			
(Not at all) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 (Highly)			

Assessor's Details	
Name	
Email Address	
Date:	Signature