Board in General Surgery
Royal Australasian College of Surgeons, General Surgeons Australia & New Zealand Association of General Surgeons





rainee Information			
Trainee Name:		Training Period: From	To:
Assessment Type:	d-Term	Probationary Term:	Yes No
Days Absent:	Reason: 🗌 Anr	nual Leave 🗌 Exam 🗌 Sick	Study Other:
ospital Information			
Hospital Name:		Name of Unit:	
No: of Consultants:		Training Coordinator:	
Note: All consultants on the unit	mbers of unit consulted for this t are required to reach consensus in the to officially record the assessment.		eed.
Name	Position	Name	Position
	nd Signature (SUPERVISC N for Performance Rating and C		PDINATOR TO COMPLETE)
Logbook Rating: Performance Rating:	rated as	nee has received a number of Bo	rderlines in the Competencies but has been his box to indicated that a Performance
	Unsatisfactory		
	Note: An unsatisfactory end of ten Regional Subcommittee.	m rating will results in a Perform	ance Management Meeting organised throug
Signature - Training Co I hereby verify that all co data has been discussed v	nsultants on the unit have cont	tributed to this assessment ar	nd that the assessment and logbook
Name:	Signatur	re:	Date:
Signature - Trainee			
I have sighted the assess	ment on this form:	Yes No	
have discussed the asse	essment with my co-ordinator:	☐ Yes ☐ No	
agree with the assessme	ent on this form:	Yes No	
Name:	Signatur	re:	Date:
Signature - Hospital Su I have sighted the assess	ipervisor ment and I am satisfied the Tra	ainee has participated in the a	assessment process.
		•	
Name:	Signatur	re:	Date:

B - Borderline	C - Competent	E - Excellent			As	sses	sme	nt	
			N	В	С	E	N	В	С
owledge to clinical practice			7	Γrai	inee	1	S	uper	visor
- Needs direction to study - Struggles to correctly/ accurately	Maintains currency of knowledge Applies scientific knowledge to	Outstanding knowledge Knows common areas in depth							
apply sciéntific knowledge to patient care	patient care - Reads appropriately, asks for information, and follows-up - Recognises and solves reallife problems	- Aware of the unusual - Excellent application of knowledge in clinical situation							
comments (include goals a	and methods of improving	if rating is Borderline or	Not	-Co	mpe	etent	t)		
clude goals and methods	of improving if rating is B	orderline or Not-Compete	ent)						
		<u> </u>							
			N	В	С	E	N	В	CE
n appropriate surgical proced	dures			Tra	aine	e	Sı	ıperv	isor
Is inconsistent in retaining procedural knowledge/skills Lacks attention to detail Hesitant	- Consistently demonstrates acquisition, practice, and retention of sound procedural knowledge, surgical skills and techniques for level of training	Excellent and specialist abilities in procedures and techniques Excellent pre-operative preparation							
Slow in learning new skills Lapses in dexterity	Demonstrates manual dexterity required to carry out procedures Good hand-eye coordination	- Outstanding technician - Fluent and always in control - Meticulous							
Ongoing weaknesses Struggles to adapt skills to different contexts	- Adapts their skills in the context of each patient and procedure	Extremely good at adapting skills for varying operative situations Excellent surgical judgement							
Failes to improve skills and/or learn from experience	Maintains skillsEffective in learning new skills	- Seeks opportunities to learn new skills							
Requires close supervision	- Approaches and carries out procedures with due attention	- Outstanding clinician - Constantly aware and	+						+
'Near enough is good enough' approahc	to safety of patient, self, and others	responds to patient, self, and team members - Exellent attention to detail							
	to safety of patient, self, and	responds to patient, self, and team members							
	Needs direction to study Struggles to correctly/ accurately apply scientific knowledge to patient care Comments (include goals and methods appropriate surgical procedural knowledge/skills Lacks attention to detail Hesitant Slow in learning new skills Lapses in dexterity Ongoing weaknesses Struggles to adapt skills to different contexts Failes to improve skills and/or	- Needs direction to study - Struggles to correctly/ accurately accurately apply scientific knowledge to patient care - Reads appropriately, asks for information, and follows-up - Recognises and solves real- life problems - Comments (include goals and methods of improving if rating is Benefit and the solves are solved in the solves and solves real- life problems - Comments (include goals and methods of improving if rating is Benefit and methods of improving is Benefit and methods	- Needs direction to study - Struggles to correctly/ apply scientific knowledge to patient care - Reads appropriately, asks for information, and follows-up - 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N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assess			essment					
Judgement				N	В	С	Е		N	В	С	Е
Clincial decision making, org	anise diagnostic testing, ima	ging, and consultation as nee	ded	7	Γrai	nee	es		S	ире	rvis	or
Incomplete or inaccurate history Disorganised history and examination technique	 Hesitant or inconsiderate of patient Lacks attention to detail in history and examination 	Takes a history, performs an examination, and arrives at a well-reasoned diagnosis Efficiently and effectively examines the patient	Precise, thorough and perceptive Probes for extra relevant information]				
- Incomplete/inaccurate recognition of significant symptoms - Significant errors/omissions in diagnosis - Frequent inaccuracies history, signs, or diagnosis	 Poor presentation/discussion of clinical cases Occasional inaccuracies in diagnosis Sometimes confuses priorities 	Recognises symptoms, accurately diagnose, and manages common disorders Differentiates those conditions amenable to operative and non-operative treatment Concise and correct on clinical details Arrives at appropriate conclusions in case presentations	Accurate and efficient Considers a wide range of symptoms and factors Insightful perspective in case discussions									
- Inadequate or inappropriate, poor selection and/or interpretation of investigations - Disregards patient's needs or circumstances	 Unable to appropriately justify use of selected investigations Occasional errors in interpretation that could lead to patient problems Disregards system needs 	- Selects appropriate investigative tools and monitoring techniques costeffectively - Appraises and interprets results of investigations against patient's needs in the planning of treatment	Always selects optimal investigations Excellent interpretation Safe, efficient, and cost effective approach to use of investigations Critically evaluates the advantages and disadvantages of different investigative modalities									
- Unable to make a decision - Unable to suggest alternative interpretations - Struggles to construct a differential diagnosis	- Some suggested alternatives are inappropriate - Ignores data that does not fit interpretation - Presentation unclear and disorganised	Formulates a differential diagnosis based on investigative findings Evaluates the significance of data Indicates appropriate alternatives in the process of interpreting investigations and in decision making Clear and concise presentation of findings	Precise, well organised, thorough, systematic, and focused presentation of findings Decisions based on data Comprehensive differential diagnosis constructed									
Poor record keeping Incomplete, disorganised, Irrelevant, illegible, not up-to date	- Records difficult for others to follow - Poor clinical plan documented	Contemporaneously maintains accurate and complete clinical records Precise and focused Complies with required organisational structure	Perceptive of relevant information/data for documentation Records very easily accessible Comprehensive plan documented									
- Disinterested or indifferent approach to patients - Fails to grasp significance of patients social, cultural and psychological needs	- Culturally incompetent - Ignores/overlooks some patient's needs	 Manages patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs Considers all issues relevant to the patient 	developed ability to manage & interact with patients and to anticipate and/or respond to									
- Copes poorly in situations of stress and/or complexity - Under or over reacts	- Can show signs of stress when managing trauma patients	- Effectively manages the care of patients with trauma including multiple system trauma - Maintains controlled approach & demonstrates sound judgement during times of stress/complexity	 Anticipates possible risks and/ or complications In stressful situations always maintains orderly approach and demonstrates sound judgment 									
- Inadequate planning - Inadequate involvement in pre & post-operative care - Fails to grasp significance of complications and manage them - Fails to call for assistance	- Slow to anticipate/ manage complications - Slow to call for assistance - Under estimates complexity and/or risk factors	- Plans, and where necessary implements a risk management plan - Conscientious and reliable follow-up - Effectively manage complications, operative procedures & underlying disease process - Identifies and manages risk - Manages complexity and uncertainty	- Outstanding clinician who anticipates possible risks/ complications - Identifies problems early - Follows-up meticulously - Coordinates and uses other personnel effectively]				
	Comments (include goals a		·			mp	ete	ent)				

N - Not Competent	B - Borderline	C - Competent	E - Excellent			A	sses	sine	nτ	
Communication				B.	В			P.		<u> </u>
Communication				N	В		E	N	В	CE
Communicate effectively		,		1	rai	nee		S	upei	visor
Disliked by patients because of poor interpersonal skills Bad listener Poor communicator Increases patient anxieties Patients remain confused or unclear and/or unable to follow instructions	patients around issues of informed consent and/or treatment options - Tendency to disengage with patients	- Trusted by patients - Listens well - Communicates with patients (and family) about procedures, potentialities and risks assocated with surgery in ways that encourage their participation in informed decision making - Communicates with patients (and family) the treatment options, potentials, complications and risks associated with all treatment modalities - Recognises 'bad news' for patients and relatives & modifies communication	 Possesses excellent interpersonal skills Develops excellent rapport with patients & team members Inspires confidence Patients delighted to be looked after by this trainee Demonstrates empathy appropriately 							
- Unaware of patient's needs - Unable to communicate under varying conditions/situations	- Limited perception of patient's perspective or communication needs	- Appropriately adjusts the way	- Always interacts effectively with patients according to their social and health needs							
Supervisors Comments (i	nclude goals and methods	s of improving if rating is I	Borderline or Not-Compet	ent)					
- Unaware of management constraints and/or expectations - Reluctant to take on any management responsibility - Wasteful of resources	- Lacks insight into the impact of system demands - Poor interaction with and/or supervision and management of junior medical staff	- Identifies and differentiates between resources of the health care delivery system and individual patient needs - Effectively assesses and manages systemic risk factors - Applies a wide range of information to prioritise needs and demands - Directs and supervises junior medical staff effectively	e and system demands - Willing to contribute to health services management - Uses resources very effectively for patient care balanced with patient need - Excellent role model for junior medical staff - Always offers support for junior medical staff	N	B Frai	Cinee	E	N Su		C E
L	1	l	1	1						
		and methods of improving				omp	etent			

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Asses	sment
Collaboration				N B C E	N B C E
Work in collaboration with m	embers of an interdisciplinary	y team where appropriate		Trainee	Supervisor
Refuses to facilitate team function Does not acknowledge the contributions of others May undermine team members or function	- Poor relationship with peers and other professionals - Reluctant to offer assistance to other team members	 Good rapport with nursing and other medical staff. Willing to help Employs a consultative approach with colleagues and other professionals Communicates effectively with and co-ordinates surgical teams to achieve an optimal surgical environment 	personally inconvenient - Excellent working relationship with other professionals - Always supports colleagues and junior staff		
- Causes disruption/problems - Fails to recognise own disruptive behaviour	- Ignores or fails to acknowledge misunderstandings	- Initiates the resolution of misunderstandings or disputes with peers, colleagues, and others	- Effectively diffuses any problems in the surgical team		
- Reluctant/unable to work as a multi-disciplinary team member - Self-focused - Unreliable - Fails to seek assistance with issues of patient care - Ignores or is unaware of their own limitations	- Lacks understanding of contributions of other professionals to patient care - Works effectively with some team members but not others - Slow in referring patients to other professionals - Needs prompting to refer patients	Respectful of and appreciates different kinds of knowledge and expertise which contribute to effective functioning of a clinical team Develops a patient care plan in collaboration with members of an interdisciplinary team Collaborates with other professionals in the selection/ use of various treatments assessing the effectiveness of options Recognises and facilitates referral of patients to other professionals	- Excellent team member - Extremely knowledgeable about the contribution of different fields of care - Aware of and seeks the contribution of different fields and refers patients in a timely and appropriate manner		
Supervisors Comments (ii	nclude goals and methods	of improving if rating is B	orderline or Not-Compete	ent)	
Health Advocacy				N B C E	N B C E
- Ignores/jeopardises own or colleagues health or well-being	- Poor care of own health	Promotes health maintenance of colleagues Looks after own health	- Maintains high level of fitness and encourages others	Trainee	Supervisor
- Takes little interest in patient health beyond surgery	- Limited knowledge of causal issues relating to patient health	- Advocates patient health - Discusses causal health issues with patient	- Very knowledgeable and active in advocating patient health including preventative measures		
Trainee Self Assessment (Comments (include goals a	and methods of improving	if rating is Borderline or	Not-Competen	t)
Supervisors Comments (ii	nclude goals and methods	of improving if rating is B	orderline or Not-Compete	ent)	

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Asses	ssment
Scholar and Teacher				N B C E	N B C E
Recognise the value of know	ledge and research, and its a	pplication to clinical practice		Trainee	Supervisor
Little evidence of reading texts or journals Needs repeated direction to study	s - Reading of research/texts is random - Has difficulty apply knowledge to practice	Assumes responsibility for own learning Draws on different kinds of knowledge in order to weigh up patient's problems - context, issues, needs and consequences Critically appraises new trends in General Surgery	Always keen to discover new knowledge Takes extra courses and learning opportunities		
Avoids teaching if possible Poorly prepared and poorly delivered	- Ineffective as a teacher - Needs to be prompted to teach	- Facilitates the learning of others - Competent and well prepared in teaching others	- Enthusiastic/inspring teacher - Logical and clear - Excellent teaching skills		
Trainee Self Assessment	Comments (include goals a	and methods of improving	if rating is Borderline or	Not-Competen	it)
Supervisors Comments (i	nclude goals and methods	of improving if rating is B	orderline or Not-Compete	ent)	
Professionalism Appreciate the ethical issues - Behaviour inconsistent with	s associated with General Surg F Little knowledge/interest in	gery F Consistently applies ethical	F Highly conscientious	N B C E	N B C E Supervisor
ethical ideals	ethical or medico-legal issues	principles - Identifies ethical expectations that impinge on common medico-legal issues	- Anticipates areas where medico-legal issues may arise		
- Late, idle, unreliable, forgetful - Off-loads work onto others	Occasionally difficult to contact or leaves tasks incomplete	- Dependable, conscientious - Always completes tasks	- Applies self beyond the 'call of duty'		
 Copes poorly under stress Disappears when problems arise 	- Struggles under stress	Willing to undergo close scrutiny Responds appropriately to stress	Anticipates and remains efficient "when the going gets tough" Seems to thrive on pressure		
 Has problems acknowledging/ recognising mistakes Unable to accept criticism 	- Only accepts criticism from some	 Acknowledges and learns from mistakes Accountable for own decisions/actions Recognises and acknowledges their limits 	Prompt response to criticism Marked improvement and positive change		
- Has inaccurate view of own performance	- Over confident	- Employs a critically reflective approach	- Has great insight into their level of performance		
- Disregards audit - No interest in quality of care	Pays little regard to clinical audit Poor understanding of audit	- Regularly participates in clinical audit - Understands audit cycle	Proactive with clinical audit Applied audit cycle to personal and unit activity		
	Comments (include goals a			·	t)

ommunication Bad listener and communicator. Disliked by patients and/or nursing staff Increases patient anxieties o-operation Refuses to help out Poor relationship with peers and nursing staff elf-motivation Idle Lacking in any work enthusiasm Behind with letters or summaries /ork Ethic Poor time management Forgets to do things Unreliable Does not heed advice bility to Manage Stress Copes poorly	Listens well Explains well Trusted by the patient and the nursing staff Good rapport with nursing and other medical staff Willing to help A team player Hard-working Keen to learn Self organises waiting list Dependable Efficient in use of his/her time Completes tasks and anticipates well	U	s s S
Bad listener and communicator. Disliked by patients and/or nursing staff Increases patient anxieties O-operation Refuses to help out Poor relationship with peers and nursing staff elf-motivation Idle Lacking in any work enthusiasm Behind with letters or summaries Vork Ethic Poor time management Forgets to do things Unreliable Does not heed advice bility to Manage Stress	- Explains well - Trusted by the patient and the nursing staff - Good rapport with nursing and other medical staff - Willing to help - A team player - Hard-working - Keen to learn - Self organises waiting list - Dependable - Efficient in use of his/her time	U	S
Disliked by patients and/or nursing staff Increases patient anxieties O-operation Refuses to help out Poor relationship with peers and nursing staff elf-motivation Idle Lacking in any work enthusiasm Behind with letters or summaries Vork Ethic Poor time management Forgets to do things Unreliable Does not heed advice bility to Manage Stress	- Explains well - Trusted by the patient and the nursing staff - Good rapport with nursing and other medical staff - Willing to help - A team player - Hard-working - Keen to learn - Self organises waiting list - Dependable - Efficient in use of his/her time		
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Idle Lacking in any work enthusiasm Behind with letters or summaries /ork Ethic Poor time management Forgets to do things Unreliable Does not heed advice bility to Manage Stress	- Keen to learn - Self organises waiting list - Dependable - Efficient in use of his/her time	U	S
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Poor time management Forgets to do things Unreliable Does not heed advice bility to Manage Stress	- Efficient in use of his/her time		
Forgets to do things Unreliable Does not heed advice bility to Manage Stress	- Efficient in use of his/her time	U	S
	- Completes tasks and anticipates well		
Conos poorly		U	s
Disappears when problems arise May show aggression towards junior medical or nursing staff	- Responds appropriately - Seeks help when needed - Copes very well - Relaxed in a crisis - Not angry nor aggressive		
onesty		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		
mpathy Relates poorly to patients and families Arrogant	- Relates to patients and families in an appropriate manner	U	S
eamwork		U	S
Fights with nursing staff or complaints frequently received from nursing staff about the trainee Does not work well with junior staff or peers	- Works well with medical staff - Regarded as a team player by nursing staff - Well respected by peers and junior medical staff		
nsight/Self Awareness		U	s
Lacks insight into own poor performance Fails to take action or advice to improve performance Denies there is an issue	- Demonstrates insight into own performance - Addresses issues when advised - Self critical and incisive		
EASE NOTE: The Board considers satisfactory grades in the and Director of Medical Services may be necessary to gain know		discus	sion wit
ND OF TERM: The receipt of a U (unsatisfactory) in any of the rainee. A term may also be deemed unsatisfactory if the competent ratings in the Competency Criteria.			
the Trainee is already on Probation, their continuation in the	training program will be reviewed.		
ID-TERM: The receipt of a `U' in any of the above categories Identify areas of concern and agreement upon steps as to how Determine performance outcomes as indicators of satisfactory Arrange for regular reviews to monitor progress Indicate if performance has reached a satisfactory level on the	w the Trainee is to improve performance y performance		
upervisors Comments			
•			

Research Activities During Current Term	
Tick appropriate statement and attach relevant documentation to verify satisfactory completion of research requirem	ient
Project Not Commenced or in Progress	
☐ No project commenced or completed	
Project in progress NOTE TO TRAINEES: Please ensure that you have completed and submitted a Research Pre-approval Form and have your proposal apply the Regional Subcommittee.	oproved
Project Completed and Awaiting Presentation/Publication	
Project being prepared for presentation and/or publication	
NOTE TO TRAINEES: Once you have published and/or presented your research please ensure you submit an Online Trainee Request to officially approved by your Regional Subcommittee and the Board in General Surgery. THE RESEARCH REQUIRE CONSIDERED APPROVED UNTIL THIS PROCESS IS COMPLETED.	
Project Completed and Presented/Published	
Project completed prior to current term	
Project completed and presented and/or published or accepted for publication	
NOTE TO TRAINEES: Please ensure you submit an Online Trainee Request to have it officially approved by your Regional Subcommitt Board in General Surgery. THE RESEARCH REQUIREMENT IS NOT CONSIDERED APPROVED UNTIL THIS PROCESS	
Courses Satisfactorily Completed During Current Term	
Tick courses completed and attach relevant documentation/certificate to verify satisfactory completion of course	
ASSET CCrISP FLS CLEAR EMST DST	С
OTHER	
Mid-Term Assessment (DO NOT COMPLETE IF THIS IS A MID-TERM ASSESSMENT)	
Only complete when undertaking End-of-Term Assessments	
Was a Mid-Term Assessment completed?	
Was remedial training required? If yes attach copy of plan Yes No	
Has there been significant improvement as a result of remediation?	
Competency	
Has the trainee been rated less than competent in any areas?	
Has each of the areas been discussed with the Trainee?	
Please provide further information on the areas rated less than competent (if insufficient space please attach separated less than competent (if insufficient space please attach separated less than competent (if insufficient space please attach separated less than competent (if insufficient space please attach separated less less than competent (if insufficient space please attach separated less less less less less less less le	ed to this

Instructions on Completing Form - Trainee

Trainees are to undertake a self assessment of their performance and rank themselves on the form (except for the Essential Criteria). If the trainee ranks themselves as Borderline or Not-competent for any of the assessment, the trainee is to write down on the form ways in which they will seek to improve their performance for either the remainder of the term (if completing for a mid-term assessment) or the following term (if completing for an end of term assessment).

Trainees should write down any goals they wish to achieve even if they do not rank themselves as Borderline or Not-competent in an attempt to undertake self-directed learning.

Trainees are to provide the form to their Supervisor/Training Coordinator at least one week before their schedule assessment meeting.

The supervisor and trainee should meet to discuss the assessment and goals to achieve.

Instructions on Completing Form - Training Coordinator

The Training Coordinator on the Unit, or a delegate, must seek the input of ALL consultant members of the Unit to reach consensus in the assessment of each of the competencies listed on the form. This might best be achieved at a face-to-face meeting of all consultants. Other persons who have had contact with the Trainee may also be approached to contribute to the assessment.

The competencies listed in the `Competent' column are those which have been identified as being required of all Trainees prior to being awarded the Fellowship. Coordinators are to categorise each Trainee's performance against each specified competence and against one of the four descriptors taking into account the Trainee's level of training.

- N Not Competent is lacking in competence in the designated area or is unsafe
- B Borderline not yet competent, requires additional time, experience and/or additional training to improve;
 C Competent correctly demonstrates required competence meets expected standard;
- E Excellent consistently demonstrates an unusually high level of performance

It is expected that the majority of Trainees will fall in the `competent' category for most competencies. Coordinators are asked to write in the right hand column the letter N, B, C, E that best reflects the Trainee's performance during the training period for each specified competency. The 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 summative assessment.

Although the assessment form may be filled out in the absence of the Trainee, the Coordinator must subsequently meet with the Trainee to discuss the assessment and to review the logbook data. Following this, the Trainee is required to sign the form and forward it together with the logbook summary to the GSA Office (Australian Trainees) or RACS Office (NZ Trainees). Both forms must be returned within 2 weeks of the end of term date. The Coordinator is advised to retain a copy of the assessment for future reference.

Responsibilities of Training Coordinator in Managing Trainees

Training Coordinators play a crucial role in the continuing formative assessment of trainees. It is important that care and attention be given to Trainee's performance of the identified competencies throughout their training.

If a Coordinator is concerned about a trainee they are advised to record these concerns at an early stage and to ensure that both major and minor incidents are contemporaneously recorded so that any emerging pattern may be identified.

Coordinators are obliged to inform a Trainee at an early stage of any concerns they might have. Coordinators 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 Coordinator and Trainee.

If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion the Coordinator must convey their concerns in writing to the Trainee, to the Hospital Supervisor and to the Chairman of the Regional Board.

Probationary Training

If a Trainee's overall performance is rated `unsatisfactory' at the end of term assessment, in accordance with the General Surgery Regulations, the Trainee is immediately placed on probationary training for a minimum of 6 months, and pending further review by the Regional Subcommittee of the Board in General Surgery.

Should a Trainee's overall performance be rated `unsatisfactory' at the end of term, whilst on probationary training or having previously been on probationary training, this will constitute grounds for considering dismissal, in accordance with the College's Dismissal Policy.

Regulations and policies relating to probationary training and dismissal are available on the College website.

End-of-Term versus Mid-Term Assessment

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. Trainees are required to fully participate in the end of term assessment and failure to adhere to this process will result in non-accreditation of the term and the immediate commencement of Probationary Training.

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.

Responsibility of Trainees

The Regional Office must receive completed assessment forms with any relevant documentation no later than two weeks after the midterm date. Failure to sign and submit these forms within two weeks will result in non-accreditation of the term and the immediate commencement of Probationary Training for End-of-Term Assessments. IT IS THE TRAINEES RESPONSIBILITY TO **ENSURE FORMS ARE RETURNED ON TIME.**

NSW & ACT Trainees send forms to:

General Surgeons Australia NSW Regional Office 177A Albion Street SURRY HILLS NSW 2010 Tel: +61 2 8353 7415 Fax: +61 2 8354 0094

Email: marlene.valliere@surgeons.org

VIC & TAS Trainees send forms to:

General Surgeons Australia Vic Regional Office 250 - 290 Spring Street EAST MELBOURNE VIC 3000 Tel: +61 3 9249 1142 Fax: +61 3 9249 1257

Email: sallv.erickson@surgeons.org

QLD Trainees send forms to:

General Surgeons Australia QLD Regional Office 50 Water Street SPRING HILL QLD 4004 Tel: +61 7 3835 8600 Fax: +61 7 3832 5001

Email: rachel.craddock@surgeons.org

WA Trainees send forms to:

General Surgeons Australia SA Regional Office 51-54 Palmer Place NORTH ADELAIDE SA 5006 Tel: +61 8 8239 0822

Fax: +61 8 8239 2395

Email: natasha.pawlowsky@surgeons.org

SA Trainees send forms to:

General Surgeons Australia SA Regional Office 51-54 Palmer Place NORTH ADELAIDE SA 5006 Tel: +61 8 8239 0822 Fax: +61 8 8239 2395

Email: natasha.pawlowsky@surgeons.org

NZTrainees send forms to:

RACS - NZ Regional Office Elliot House 43 Kent Terrace

WELLINGTON SOUTH nz Tel: +64 4 385 8247 Fax: +64 4 385 8873

Email: college.nz@surgeons.org

NT Trainees - please send forms to the Regional Office responsible for the Trainee's hospital position

It is the Trainee's responsibility to participate in the assessment process and to have the assessment form completed on time.

The Trainee must arrange to meet with the Training Coordinator to discuss the assessment and to have the logbook data reviewed. Sufficient notice must be given to allow all consultants on the Unit to meet and discuss the assessment prior to the Trainee and Coordinator meeting. If the Coordinator is to be on leave during this time, arrangements should be made to complete the form at an earlier stage

The Trainee must sign and return the form and logbook summary to the Regional Office no later than two weeks after the end of term

Non-submission of a signed form with any relevant documentation within the two-week time frame will result in automatic PROBATION for a minimum period of 6 months and possible non-accreditation of the term. Trainees are required to retain a copy of this form in their

Trainees must complete and sign this form with reference to the following Section 7 of the Regulations.