

In-Training Assessment Form

ITA

1. PERSONAL INFORMATION

ANZCA ID:

Family Name:

First Name:

2. CONTACT INFORMATION

Postal Address:

Suburb/City:

State:

Postcode:

Country:

Home Phone: Country Area Local

Mobile Phone: Country

Email Address:

Please go to ANZCA online and verify that your contact details are up-to-date.

3. APPROVED TRAINING

Please indicate the Trainee's Rotation Status, i.e., rotation name or Independent if not in a rotation. An example might be NSW-John Hunter, or VIC-Independent.

Country
OR State (if Australia)

Rotation Name
OR Independent

Note: An Independent trainee is one who is currently not in a training rotation.

Please select Trainee's current Training Year.

	Basic		Advanced		Provisional Fellowship
BTY1	<input type="checkbox"/>		ATY1	<input type="checkbox"/>	PFP <input type="checkbox"/>
BTY2	<input type="checkbox"/>		ATY2	<input type="checkbox"/>	
			ATY3	<input type="checkbox"/>	

4. TRAINING DETAILS

Hospital:

Start Date: (DD/MM/YYYY)

End Date: (DD/MM/YYYY)

Full Time: Part Time:

Please indicate the proportion of time e.g., 0.6

TYPE OF EXPERIENCE

Please indicate the type and duration of experience (elapsed weeks) gained during the term.

Anaesthesia Weeks

Intensive Care Weeks

Other* (specify): Weeks

Total No of Weeks (in above total):

Leave (wks):

*Other includes Clinical Medicine, Research, Emergency Medicine.

5. INITIAL INTERVIEW

Please discuss and document agreed objectives, covering relevant areas such as:

- Examinations
- Welfare issues
- Courses
- Clinical experience including modules
- Self-assessed level of clinical independence and procedural skills
- Expectations outlined

Date:

Day	Month	Year

6. MID-TERM INTERVIEW (if required)

Please document issues discussed and agreed objectives for the remainder of the term.

Date:

Day	Month	Year

7. SOURCE OF INFORMATION FOR END-OF-TERM ASSESSMENT

Compulsory Assessments	Other Assessment Tools (optional)	
	Type (Please tick.)	Number
ITA Short Form (ITA-SF) completed by: • 3 senior staff <input type="checkbox"/> OR • Consensus of senior staff <input type="checkbox"/>	<input type="checkbox"/> Portfolio review	
	<input type="checkbox"/> Log book review	
	Direct Observations: Clinical (e.g., Mini-CEX)	
	Direct Observations: Procedural (e.g., DOPS)	
	Case-based discussions	
	Multisource feedback	
	Other (specify)	

8. END-OF-TERM ASSESSMENT

Date :

Day	Month	Year

Attributes for each of the roles below should be assessed according to the stage of training. All ratings with asterisks should be supported with comments.

EXPECTATIONS					
Rarely meets*	Inconsistently meets*	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to comment

ROLE A: MEDICAL EXPERT					
CLINICAL KNOWLEDGE: Possesses the relevant knowledge and understanding pertaining to clinical practice.					
PATIENT ASSESSMENT: Assesses patients appropriately, identifies relevant issues and requirements.					
PLANNING: Formulates appropriate clinical plans.					
TIME MANAGEMENT: Uses time effectively and efficiently (prepares and prioritises) to optimise professional performance.					
VIGILANCE: Demonstrates vigilance in the workplace (i.e., awareness of the status of the patient including current and impending problems).					
PROBLEM SOLVING/DECISION MAKING: Manages problems effectively through sound judgment and decision making.					
INSIGHT: Demonstrates an awareness of own limitations and capabilities. Seeks advice, takes on clinical responsibility and shows initiative as appropriate.					
TECHNICAL PROFICIENCY: Demonstrates technical skills and procedural competence in the following:					
♦ Airway management					
♦ Neuraxial block					
♦ Other regional procedures					
♦ Resuscitation					
♦ Invasive monitoring procedures					

Comments: _____

ROLE B: COMMUNICATOR					
RELATIONSHIPS: Establishes rapport, trust and ethical relationships with patients and families with parents and families.					
PATIENT COMMUNICATION: Elicits and conveys information in a clear and concise manner to promote a common understanding of issues and develop a shared plan of care.					
STAFF COMMUNICATION: Establishes appropriate working relationships with peers and other health professionals. Effectively provides and receives both information and advice.					
DOCUMENTATION: Documents accurately, concisely and legibly.					

Comments: _____

Attributes for each of the roles below should be assessed according to the stage of training. All ratings with asterisks should be supported with comments.

EXPECTATIONS						
Rarely meets*	Inconsistently meets*	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to comment	

ROLE C: COLLABORATOR						
CONFLICT MANAGEMENT: Prevents and manages interpersonal conflict. Assesses, understands and respects others' roles and capabilities.						
TEAMWORK: Participates effectively and appropriately in an interprofessional team.						

Comments: _____

ROLE D: MANAGER						
WORKLOAD: Manages his/her workload and career effectively.						
RESOURCE MANAGEMENT: Identifies and utilises resources, and delegates tasks effectively.						
COST EFFICIENCY: Makes cost effective use of health care resources while maintaining optimal patient care.						

Comments: _____

ROLE E: HEALTH ADVOCATE						
PATIENT FOCUS: Recognises patients as individuals and represents their interests as required particularly with regard to their safety.						
QA PARTICIPATION: Participates in quality-assurance activities to maintain and improve own and institutional patient care outcomes.						

Comments: _____

ROLE F: SCHOLAR						
LEARNING: Demonstrates a commitment to ongoing learning from clinical practice and application to ensure practice based on best available evidence.						
TEACHING: Understands the principles of adult learning and helps others learn through effective teaching, and by providing guidance, supervision and constructive feedback.						

Comments: _____

ANZCA ID: _____

10. TRAINEE DECLARATION

I have sighted the assessment on this form; have discussed the assessment with the Supervisor of Training; and am aware that this assessment will form part of any training record.

I agree with the assessment on this form: Yes No

Trainee's comments:

Trainee's Name: _____ Signature: _____ Date: _____

11. SUPERVISOR OF TRAINING DECLARATION

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Supervisor's Name: _____ Signature: _____ Date: _____

In-Training Assessment Form (Notes)

The In-Training Assessment (ITA) process has four principle purposes:

- Facilitate discussion and the setting of appropriate clinical and educational goals for the training term, between the trainee and supervisor of training.
- Assess the trainee's progress towards obtaining these goals.
- Provide regular, constructive feedback., and
- Identify and develop any remedial activities that may be required.

The trainee is required to verify, by his/her signature, that the assessment has been discussed and feedback obtained in the course of a face-to-face meeting.

Hard-copy assessments will be transcribed online. **PLEASE WRITE CLEARLY.**

Instructions for Completing the In Training Assessment form (ITA)

2. Contact Information

Please verify that the trainee's mobile number and email address are current. These are the principal means the College has for contacting the trainee.

3. Rotation Status

We would like to verify whether the trainee is currently within a rotation, i.e., training in a hospital accredited by ANZCA with an agreement that he/she will be rotated to other hospitals that make up the rotation, in order to complete required clinical training. (Trainees who are not part of a rotation are considered Independent trainees.)

The **Rotation Status** has two components:

- **State** (if Australia) OR **Country** (if outside Australia)
- **Name of Rotation** OR **Independent** (leave this blank if training in Malaysia or Singapore)

An example might be NSW-John Hunter, or NZ-Southern. The name of rotations can be found at www.anzca.edu.au/trainees/supervisory-roles.

An **Independent** trainee is one who has not yet been accepted into a rotation for the duration of the training.

4. Training Details

Start and End Dates: Please use the DD/MM/YY format.

Full/Part Time: Indicate whether the trainee is/was full or part time during the hospital term. Part-time training must be at least 0.5 full-time equivalent.

Type of Experience: Select from:

- Anaesthesia
- Intensive Care
- Clinical Medicine
- Emergency Medicine
- Intensive Care - not core
- Neonatal Intensive Care
- Clinical Medicine Paediatrics

- Pain Medicine
- Pulmonary Physiology
- Formal Research Program
- Retrieval Medicine
- Other Specialty

Leave: Leave should be expressed in weeks and included in total clinical time, e.g., if a trainee undertakes a 26-week term in anaesthesia and takes 3 weeks leave in that period, the amount of training is 26 weeks and the amount of leave is 3 weeks (NOT 23 and 3 respectively).

5. Initial Interview

The initial interview should be undertaken within two weeks of the start of the hospital term. The interview is used to discuss the learning objectives for the course of the term, and to identify any modules, courses or examinations that will be undertaken in the course of the term.

6. Mid-term Interview

Mid-term interviews are only required if there is a need to provide additional feedback or guidance to the trainee. They should be undertaken if the trainee is experiencing personal or professional difficulties; not meeting expected standards of performance or if initiated by the trainee. The interview should clearly map out a proposed course of action for the remainder of the term.

8. End-of-term Assessment

If you have assessed the trainee as 'Rarely meets' or 'Inconsistently meets' expectations, we ask that you add a comment in the Comments field that provides additional feedback to the trainee.

9. End-of-term Interview and Global Assessment

Please ensure that one of the Global Assessment boxes has been ticked.

10. Trainee Declaration

The trainee must sign and date this section to confirm that the content of the ITA form has been discussed. If the trainee disagrees with the assessment (i.e., ticks the No box of this section), he/she must describe why in the comments section.

In-Training Assessment Form (Notes)

11. Supervisor of Training Declaration

Please sign and date the form. This should then be returned to the College at:

ANZCA
c/o Records Management Unit
PO BOX 6095
St Kilda Road Central
Vic 8008 Australia

fax: +61 3 8517 5362
email: records@anzca.edu.au