**Consultant Trainers Report (BST 1-3)**

For Completion by Basic Training in Surgical Ophthalmology **Consultant Trainer(s)**

Following completion, forward to Irish College of Ophthalmologists, 121 St Stephen’s Green, Dublin 2 (Ph: 01-402 2777)

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| **Trainee Name:** |  | **Hospital, Specialty & Consultant Trainer(s):** |  |
| **Programme Year:** |  | **Rotation Start Date:****Rotation End Date:** |  | **Sick Leave/ Absence:** |  |
| * More than one trainer during assessment period: Consensus opinion on the form, signed by all the trainers.
* Place an ‘X’ in one box against each assessment. “Meets Expectations,” means trainee met reasonable expectations but no better or worse than average. Most trainees expected to score “Meets Expectations.”
* Trainer should consider the trainees’ performance in all domains, i.e. elective work on wards, emergency work (on-call) in the ED, and work in out-patients clinic, operating theatre, specialist areas (e.g. endoscopy).
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| **A. Clinical Skills**  | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional. Capable of performing independently** |
| **1.History Taking**  | Misses important information, inefficient, disorganised; fails to check findings. |  | Misses some minor facts but relatively precise, logical, purposeful & efficient. |  | Precise, logical, purposeful & efficient; skilful at checking findings. |
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| **2.Ophthalmic Examination**  | Poor technique, inefficient, omits many key elements & signs. |  | Good technique, reasonably efficient; omits some key elements & signs. |  | Excellent technique, thorough, efficient; picks up key signs. |
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| **3.Diagnostic Skills & Investigations** | Haphazard or inappropriate ordering of diagnostic tests. Frequently fails to diagnose common surgical conditions & complications. |  | Requires some direction to order appropriate lab & imaging investigations & to diagnose common surgical conditions & complications. |  | Consistently orders most appropriate lab & imaging investigations. Demonstrates a logical approach to diagnosing common surgical conditions & complications. |
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| **4.Clinical Judgement** | Fails to recognise obvious clinical conditions or misjudges severity. Does not use an evidence based approach to make or confirm a diagnosis. |  | Recognises obvious symptom patterns & generally uses an evidence based approach to make or confirm a diagnosis. |  | Recognises symptom patterns, effectively gathers information & takes an evidence based approach to make or confirm a diagnosis. |
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| **5. Surgical Skills** | Lacks decision making, technical & forward planning skills. |  | Demonstrates decision making, technical, & forward planning skills. |  | Demonstrates exceptional decision making, technical & forward planning skills.  |
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| **6. Post-operative Management** | Requires constant oversight to ensure completion of operation notes & post-operative orders as well as appropriate post-operative patient management. |  | Requires some direction to complete operation notes & post-operative orders & to manage post-operative patients. Generally anticipates complications. |  | Efficiently completes operation notes & post-operative orders. Manages post-operative patients in a conscientious manner & anticipates complications, without prompting. |
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| **7. Follow-Up Planning** | Seldom anticipates or communicates patient discharge needs without prompting. |  | Usually anticipates patient discharge needs & communicates these needs in a timely manner. |  | Consistently anticipates patient discharge needs & communicates these in a timely manner. |
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| B. Professional Development | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional. Capable of performing independently** |
| 8. Teaching Activities  | Avoids teaching, & contributes little to the education of students & interns. |  | Seldom volunteers to teach but will complete teaching assignments in an effective manner. |  | Excellent, enthusiastic teacher. Seldom misses an opportunity to teach students or interns.  |
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| 9. Clinical Audit  | Very little participation in clinical audit.  |  | Participates occasionally in clinical audit. |  | Participates actively in collection & evaluation of clinical audit data. |
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| 10. Presentations  | Presentations are inadequately researched & presented in a haphazard manner. |  | Presentations are adequately researched & well presented. |  | Presentations are thoroughly researched & presented in an organized & clear manner. |
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| 11. Research  | Does not perform research.  |  | Performs research under direction.  |  | Independently performs research using the literature. Appropriate statistical & research methods. |
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| **C. Personal Skills** | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional. Capable of performing independently** |
| 12. Communication*Especially relating to elderly patients or paediatric patients*  | Explanations to patients are often incorrect, confusing. Often treats nurses & colleagues with disdain & has generated a number of complaints. |  | Good rapport with most patients & usually answers questions clearly. Communicates & works well with nursing staff & colleagues.  |  | Excellent patient rapport, answers patient's questions clearly & accurately. Treats nursing staff & colleagues with respect & is respected in turn. |
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| 13. Teamwork & Leadership*Managing rotas & clinic numbers. Assisting team when manpower is reduced. Contributes to team morale, is collegial* | Poor team player; works alone, does not support or assist colleagues even when numbers reduced. Very limited leadership ability. Poor management of rotas, surgical lists. |  | Good team player, but average leader. Demonstrates excellence in some leadership skills but not others. Manages rotas, surgical lists well but doesn’t always identify or flag problems / issues in advance. Assists team when numbers reduced. |  | Works well with team members; offers support, coaching and/or feedback & resolves conflict.Exceptional ability to direct / team activities. Assesses needs, allocates tasks, motivates, organises, & maintains a positive team environment. Identifies and flags issues well in advance. |
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| 14. Self-Awareness & Reliability  | Little or no understanding of own limitations or deficiencies & does not respond to feedback.No inclination to organize work, needs to be pushed constantly, Sloppy in appearance & work manner. |  | Demonstrates some insight into strengths & weaknesses & generally responds well to feedback.Does not seek opportunities to learn but accepts these when offered.Generally presents himself/ herselfin a professional manner. |  | Recognises own deficiencies & makes appropriate changes. Responds well to feedback. Actively seeks opportunities to advance. Presents himself/ herself in a professional manner at all times. |
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| **15. Management & Organization** | Constantly disorganised, does not identify priorities, always behind in tasks. Tends to panic in a crisis & is unable to deal with emergencies.Unreliable, frequently forgets significant patient duties / tasks. Does not seek senior opinion appropriately. |  | Generally prioritises appropriately & is efficient. Usually calm at time of crises. Occasionally needs to be reminded of duties but generally dependable.Generally seeks second/ senior opinion when appropriate. |  | Exceptionally well-organized. Identifies priorities & remains calm in a crisis. Is able to deal with emergencies. Reliable & seldom forgets significant patient duties / tasks.Always seeks second/ senior opinion appropriately. |
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| **16. Motivation & Drive** | Not actively involved in teaching, misses allocated teaching sessions, does not avail of clinical teaching opportunites, shows poor commitment despite prompting to self-directed learning and keeping abreast of literature. Fails to get involved in opportunites to write up case reports or audit. |  | Involved in teaching, volunteers to present, rarely misses allocated teaching sessions. Avails of clinical teaching opportunites. Self-directed learning, with occasional priompting, keeping abreast of main RCTs in relevant field. Gets involved in opportunites to write up case reports or audit. |  | Actively organises teaching and volunteers to present at allocated teaching sessions. Actively avails of clinical teaching opportunites. Strong evidence of unprompted self-directed learning beyond the main RCTs in relevant field. Questions with constant reference to evidence base. Does not miss opportunites to write up case reports or audit. |
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| B. Relationships | **Very poor.****Unacceptable for level of training** | **Below expectations for level of training** | **Meets expectations for level of training** | **Above** **expectations for level of training** | **Exceptional for level of training** |
| 17. Medical Colleagues |  |  |  |  |  |
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| 18. Nursing and Paramedical Staff |  |  |  |  |  |
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| 19. Patients and Relatives  |  |  |  |  |  |
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**Please identify the specific areas of training that this trainee needs to pay particular attention to in future training posts.** *These areas will be specifically addressed by the next consultant trainer(s)***:**

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**Final Assessment:**

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| 1. Suited for further training
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| 1. Successful further training depends on appropriate attention to areas of need highlighted above
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**Consultant Trainer(s) Signature(s):**

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