

**HIGHER SURGICAL TRAINING**

*Trainer Assessment Form*

For Completion by Higher Surgical Training **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:** |  |
| 1. Audit is compulsory for HSTs – one per year which must be publicly presented (local or national)2. Publication of one peer reviewed paper and presentation at one international meeting is a requirement for CCST3. The following are mandatory for each six months of training:• Local presentation of Clinical case discussions• Presentation of major clinical topics, nationally and or locally.• Assessment of non-technical skills  |

**Timetable:** Please fill in the details of your timetable and in-house teaching: Please clearly state the name of the Consultant Trainer and clinical content (gen vs subsp) of the OPD

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| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* | *In-house teaching Time:**Consultant:* |
| *AM* | *AM* | *AM* | *AM* | *AM* |
|  |  |  |  |  |
| *PM*  | *PM* | *PM* | *PM* | *PM* |
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| **A. Clinical Skills**Trainees must be assessed at three core clinical competencies during each six months rotation (interaction with patient, establishing diagnosis, outlining treatment plan). Ideally within first month, at third and sixth month.Please indicate competency assessed and date of assessment | **Competent** | **Not****Competent** |
| 1.Clinical CompetencyDate |  |  |
| 2. Clinical CompetencyDate |  |  |
| 2. Clinical CompetencyDate |  |  |

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| **B. Professional Development**1. Audit is compulsory for HSTs – one per year which must be publicly presented2. Publication of one peer reviewed paper and presentation at one international meeting is a requirement for CCST3. The following are mandatory for each six months of training:• Local presentation of Clinical case based discussions (3 per six months)• Presentation of major clinical topics (nationally and or locally, 3 per six months) | **Complete** | **Not****Complete** |
| 1. Audit TitleDetailsPresented |  |  |
| 2. Peer Reviewed paperDetails |  |  |
| 3. International presentationDetails |  |  |
| 4. Local Presentation of Clinical Case Based DiscussionDetails |  |  |
| 5. Presentation of Major Clinical Topic (Locally/ Nationally)Details |  |  |
| 6. Teaching ActivitiesDetails |  |  |

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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** |
| 1. 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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| 2. 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. Very limited leadership ability. |  | Good team player, but average leader. Demonstrates excellence in some leadership skills but not others. |  | 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. |
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| 3. 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 feedbackActively seeks opportunities to advance. Presents himself/ herself in a professional manner at all times. |
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| **4. 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 second/ senior opinion when appropriate. |  | Generally prioritises appropriately & is efficient. Usually calm at time of crises. Occasionally needs to be reminded of duties but generally dependable.In general, seeks second/ senior opinion appropriately. |  | 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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| **5. 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. Activelt pursues 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 |  |  |  |  |  |
| 18. Nursing/ Paramedical Staff |  |  |  |  |  |
| 19. Patients and Relatives |  |  |  |  |  |

**Comments**

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

Hospital

Stamp

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|  **At CAPA Session: Programme Director/Dean Signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |