**HIGHER SURGICAL TRAINING**

*Trainers Assessment Form*

# 

**Trainee name:**

**Hospital, Specialty & Consultant Trainer(s):**

**Programme Year: Rotation Start Date: End Date:**

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 CCST

3. 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

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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 Competency  Date |  |  |
| 2. Clinical Competency  Date |  |  |
| 2. Clinical Competency  Date |  |  |

|  |  |  |
| --- | --- | --- |
| **B. Professional Development**  1. Audit is compulsory for HSTs – one per year which must be publicly presented  2. Publication of one peer reviewed paper and presentation at one international meeting is a requirement for CCST  3. 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 Title  Details  Presented |  |  |
| 2. Peer Reviewed paper  Details |  |  |
| 3. International presentation  Details |  |  |
| 4. Local Presentation of Clinical Case Based Discussion  Details |  |  |
| 5. Presentation of Major Clinical Topic ( Locally/ Nationally)  Details |  |  |
| 6. Teaching Activities  Details |  |  |

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| **C. Personal Skills.** | **Poor** | **Deficient** | **Satisfactory** | **Above Average** | **Excellent** |
| Communication |  |  |  |  |  |
| Teamwork |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Self Awareness and Insight |  |  |  |  |  |
| Motivation and Drive |  |  |  |  |  |
| Disposition and Appearance |  |  |  |  |  |
| Management of Stress and Workload |  |  |  |  |  |
| Management of Crises |  |  |  |  |  |
| Reliability |  |  |  |  |  |

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| **D. Relationships** | **Poor** | **Deficient** | **Satisfactory** | **Above Average** | **Excellent** |
| Medical Colleagues |  |  |  |  |  |
| Nursing and Paramedical Staff |  |  |  |  |  |
| Patients and Relatives |  |  |  |  |  |

**Comments**

**Please identify the specific areas of training to which this trainee needs to pay particular attention in his / her 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** |  |  |

**Consultant Trainer(s) Signature(s):**

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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**