**Board of Cardiothoracic Surgery**

**Trainee EValuation form**

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| **PERIOD FROM: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ TO \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_** |
| **NAME OF TRAINEE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NUMBER OF DAYS ABSENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME OF SURGICAL SUPERVISOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HOSPITAL FOR THIS PERIOD OF TRAINING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Notes to Surgical Supervisors on completing Trainee Evaluation Forms:**

* Care and attention should be taken when completing the Trainee Evaluation Forms for Specialist Trainees.
* It is expected that the majority of trainees would fall into the ‘satisfactory’ category. Supervisors are asked to place an **“x”** in the box for each specified attribute that best reflects the trainees’ performance (Specialist trainees’ performance is: likely to be a problem/needs attention/satisfactory/well above average).
* Trainee Evaluation Forms should be completed at a Unit/Departmental meeting in the absence of the trainee. A dissenting view is permitted in these evaluations; however Unit/Department members are encouraged to try to reach a consensus in their review.

**Notes on the Responsibilities of Surgical Supervisors in Managing Trainees**

* Surgical Supervisors play a critical role in the continuing formative assessment of trainees throughout the training programme.
* If a supervisor 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 easily identified.
* Surgical Supervisors are obliged to inform a trainee at an early stage of any concerns they might have. Supervisors should engage trainees in a matter-of-fact manner and should record the outcome of any discussions or interviews they conduct.
* Good communication between the trainee, the surgical supervisors and other members of the department is crucial

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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| **A. CLINICAL KNOWLEDGE/MEDICAL EXPERTISE: ACQUISITION AND APPLICATION** |

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***ACQUISITION 1. Basic Science and clinical knowledge*** |
| Poor reader of basic science |  |  |  |  | Outstanding knowledge of basic sciences |
| Poor knowledge of common cardiothoracic surgical conditions |  |  |  |  | Comprehensive knowledge of cardiothoracic surgical conditions |
| Lacks appropriate knowledge to construct diagnosis in cardiothoracic surgical patients |  |  |  |  | Outstanding knowledge, can “spot the unusual” correctly |
| Poor perspective of cardiothoracic subjects |  |  |  |  | Knowledge in perspective, aware of the unusual |
| Struggles to accumulate knowledge |  |  |  |  | Acquires knowledge easily |
| Limited knowledge of texts or journals |  |  |  |  | Good knowledge of literature |
| Allows deficiencies to persist |  |  |  |  | Quick to correct exposed deficiencies |
| ***APPLICATION 2. Basic Science and clinical knowledge*** |
| Fails to apply knowledge to clinical problems |  |  |  |  | Excellent application of knowledge to clinical situation in cardiothoracic surgery |
| Fails to recognise specific cardiothoracic surgical issues |  |  |  |  | Clearly differentiates issues of cardiothoracic surgical significance |
| Needs encouragement to study |  |  |  |  | Enthusiastic learner takes extra courses etc. |
| No initiative |  |  |  |  | Considerable initiative |
| Requires direction and guidance |  |  |  |  | Pro-active |
| Appears out-of-depth |  |  |  |  | In command and control of situation |
| Fails to learn from experience |  |  |  |  | Experience retained, ongoing performance improvement |
| ***APPLICATION 2A. Case Presentations*** |
| Wordy or inaccurate |  |  |  |  | Accurate and succinct |
| Much material irrelevant |  |  |  |  | Presentation relevant |
| Inability to discuss relevance of signs |  |  |  |  | Good perspective |

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| **B. CLINICAL SKILLS: ACQUISITION AND APPLICATION OF CLINICAL INFORMATION** |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Verbal description of clinical assessment*** |
| History taking deficient, sketchy |  |  |  |  | Takes a comprehensive and pertinent history |
| Jumbled/Disorganised |  |  |  |  | Well organised |
| Much irrelevant information |  |  |  |  | Focused, relevant |
| Unsystematic |  |  |  |  | Systematic in presentation |
| ***2. Written record of clinical assessment*** |
| Inadequate or incomplete |  |  |  |  | Adequate and complete |
| Medical records inaccurate |  |  |  |  | Maintains accurate medical records |
| Illegible |  |  |  |  | Legible |
| Not focused, specific |  |  |  |  | Precise and perceptive |
| ***3. Eliciting Clinical Findings*** |
| Superficial in examination, misses details |  |  |  |  | Thorough, focussed and relevant examination |
| Poor ability to elicit symptoms & signs |  |  |  |  | Excellent clinical assessment |
| Demonstrates no regard for cultural and social factors when taking a history |  |  |  |  | Obtains clinical information in a manner cognisant of cultural and social factors |
| ***4. Demonstration of Clinical Competence in Diagnosis*** |
| Poor interpretation of clinical features |  |  |  |  | Excellent interpretation of clinical features |
| Fails to associate details in complex situations |  |  |  |  | Readily recognises clinical complexities |
| Fails to apply knowledge in analysis of clinical findings |  |  |  |  | Uses knowledge to analyse clinical findings |
| Does not differentiate cardiothoracic conditions amenable to surgical treatment |  |  |  |  | Accurately differentiates cardiothoracic conditions amenable to surgical management |
| ***5. Post-operative care*** |
| Lacks interest |  |  |  |  | Fully involved in post-op care |
| Late to notice complications |  |  |  |  | Recognises complications early |
| Happy to leave post-operative care to others |  |  |  |  | “Hands-on” approach to post-operative care |
| Inappropriate /deficient involvement of other relevant personnel |  |  |  |  | Appropriate co-ordination and use of other personnel |

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| **C. CLINICAL DECISION-MAKING:***Application of knowledge, clinical information and signs elicited to form a management plan* |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Clinical Judgement*** |
| Fails to grasp significance of findings |  |  |  |  | Recognises significance of clinical findings |
| Fails to respond to significant clinical findings |  |  |  |  | Responds rapidly & appropriately to significant clinical findings |
| Unable to distinguish specific cardiothoracic needs  |  |  |  |  | Recognises and responds to needs specific to cardiothoracic patients |
| Unaware of limitations |  |  |  |  | Aware of limitations |
| Inappropriate reaction to emergencies |  |  |  |  | Appropriate reaction to emergencies |
| Reluctant to seek advice appropriately |  |  |  |  | Seeks advice appropriately |
| ***2. Use of investigations*** |
| Inappropriate |  |  |  |  | Appropriate selection and use of investigative tools |
| Exhibits no regard for patient needs in planning investigations |  |  |  |  | Critically evaluates the advantages and disadvantages of each investigative modality as applied to patient needs |
| Poor ability to select investigations |  |  |  |  | Safe and efficient and cost-effective choice of investigations |
| Limited ability to interpret |  |  |  |  | Excellent at interpretation |
| ***3. Clinical Care*** |
| Fails to develop an appropriate management plan  |  |  |  |  | Uses all information to develop an efficient and logical management plan |
| Poor understanding of treatment options |  |  |  |  | Accurately identifies the risks, benefits and mechanisms of action of medications and other treatment options  |
| Ignores/avoids managing complications |  |  |  |  | Recognises early and manages complications effectively |
| Unaware of patient needs |  |  |  |  | Manages patients with sensitivity to physical, social, cultural and psychological needs |
| Unable to recognise risks |  |  |  |  | Identifies and manages risks and can implement a risk management plan  |

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| **D. TECHNICAL SKILLS** |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Operative Ability*** |
| Lacks interest |  |  |  |  | Highly motivated |
| Reluctant to be taught |  |  |  |  | Learns avidly |
| Fails to learn techniques shown |  |  |  |  | Excellent ability to learn new techniques |
| Poor hand-eye co-ordination |  |  |  |  | Excellent hand-eye co-ordination |
| No effort made to understand procedure prior to surgery |  |  |  |  | Excellent pre-operative preparation and demonstrates procedural knowledge |
| No appreciation of own technique  |  |  |  |  | Analyses own technique as part of quality improvement process |
| Slow and inefficient |  |  |  |  | Accurate and efficient |
| Shows poor knowledge of anatomy |  |  |  |  | Excellent knowledge of anatomy |
| Appears to struggle surgically |  |  |  |  | Fluent and in control |
| Rough |  |  |  |  | Delicate with tissues |
| Ties knots poorly |  |  |  |  | All knot tying secure |
| No ability to adapt skills to operative requirements |  |  |  |  | Adapts skills to operative requirements in each patient |
| Ergonomically inefficient |  |  |  |  | Ergonomically efficient |
| Poor surgical judgement |  |  |  |  | Excellent surgical judgement |
| Does not seek assistance appropriately |  |  |  |  | Seeks assistance appropriately |
| Little attention to detail |  |  |  |  | Meticulous technique |
| Panics in emergency |  |  |  |  | In control in emergency |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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| **E. SCHOLARSHIP** |

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Teaching and Learning*** |
| Gives low priority |  |  |  |  | High priority |
| Poorly prepared |  |  |  |  | Well prepared |
| Poorly delivered |  |  |  |  | Logical and clear, can inspire |
| Does not assist others in learning  |  |  |  |  | Facilitates learning in others |
| Unable to critically evaluate a new technique |  |  |  |  | Critically appraises new trends and techniques |
| ***2. Research ability*** |
| Exhibits no interest |  |  |  |  | Shows and interest in learning through research |
| Unaware of research influence on clinical practice |  |  |  |  | Recognises value of research knowledge applied to clinical practice |
| No inclination/skills shown |  |  |  |  | Flair to research |
| No ideas |  |  |  |  | Original ideas |
| Needs help throughout |  |  |  |  | Shows initiative and independence |
| Does not complete project |  |  |  |  | Completes project |
| Poor grasp of statistics & Research method |  |  |  |  | Good grasp of statistics and research method |
| ***3. Publications*** |
| No publication in preparation |  |  |  |  | Active in publication |
| Little interest in audit |  |  |  |  | Conscientious with audit |
| Reluctant to present at meetings |  |  |  |  | Keen to present at meetings |

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| **F. MEDICAL COMMUNICATION SKILLS** |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfactory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Communication with patients*** |
| Poor listener |  |  |  |  | Listens well |
| Ignores family  |  |  |  |  | Recognises importance of communication with family |
| Disliked by patients |  |  |  |  | Liked by patients |
| Increases patient anxieties |  |  |  |  | Inspires confidence |
| Reluctant/inappropriate in communication with patient |  |  |  |  | Communicates with patients in a way appropriate to level of understanding  |
| Unable to obtain informed consent |  |  |  |  | Provides information enabling informed consent |
| Inadequate in sharing relevant information with family |  |  |  |  | Communicates information about investigations, treatment options and risks in a way that is understandable to the family |
| ***2. Cooperation with staff*** |
| Refuses to help out |  |  |  |  | Always willing to help, even if personally inconvenient |
| Poor relationship with peers, and may undermine |  |  |  |  | Good rapport with peers |
| Magnifies and allows misunderstandings to escalate |  |  |  |  | Initiates resolution of misunderstanding |
| Poor relationship with staff junior |  |  |  |  | Supportive and good relationship with junior staff |
| Often creates problems |  |  |  |  | Skilled at defusing problems in surgical team |
| Just does what is required |  |  |  |  | Keen enthusiastic |
| ***3. Leadership and Management*** |
| Can only work alone |  |  |  |  | Functions well as member of team |
| No consultation with others |  |  |  |  | Consults well with colleagues and other professionals |
| Unable to prioritise patient care  |  |  |  |  | Applies a wide range of information to prioritise provision of patient care |
| Wasteful of resources |  |  |  |  | Uses resources effectively for patient care and balances them with patient needs  |
| No interest in health services management |  |  |  |  | Willing to contribute to health services management |

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| **G. ATTITUDE** |

Place an **“x”** in the box that best reflects the specified attribute of the trainee

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|  | **SPECIALIST TRAINEE’S PERFORMANCE IS**: |  |
|  | **Unsatisfacory** | **Needs attention** | **Satisfactory** | **Well above average** |  |
| ***1. Self-motivation*** |
| Idle |  |  |  |  | Full of energy |
| Late for sessions |  |  |  |  | Punctual |
| Behind with letters or summaries |  |  |  |  | Up to date with work |
| Disorganised |  |  |  |  | Well organised |
| Off-loads work onto colleagues |  |  |  |  | Performances go beyond the “call of duty” |
| Difficult to obtain on call |  |  |  |  | Ready accessibility |
| Forgets to do things |  |  |  |  | Always completes tasks on time |
| Unreliable |  |  |  |  | Reliable and dependable |
| Inefficient in work practices |  |  |  |  | Efficient, anticipates well |
| Has little interest in sick patients |  |  |  |  | Strong advocate for the sick patient  |
| ***2. Stress response*** |
| Copes poorly |  |  |  |  | Copes well |
| “Disappears” when problems arise |  |  |  |  | Responds well to problems |
| Does not seek help when required |  |  |  |  | Seeks help when required |
| Decompensates with critical situation |  |  |  |  | In command in critical situation |
| Panics |  |  |  |  | Does not panic |
| Tends to blame others for mistakes |  |  |  |  | Accepts responsibility for mistakes |
| Covers up mistakes |  |  |  |  | Openly learns from errors |
| Does not enjoy surgery |  |  |  |  | Happy in work |
| ***3. Professionalism*** |
| Ethical ideals inconsistent with cardiothoracic issues |  |  |  |  | Identifies and applies ethical principles related to cardiothoracic surgery |
| Little comprehension of medico legal issues related to cardiothoracic patients |  |  |  |  | Recognises medico legal implications of cardiothoracic surgical issues |
| Cannot accept responsibility for own decisions/actions |  |  |  |  | Readily accountable for own decisions/actions |
| Totally unable to accept criticism |  |  |  |  | Responds constructively to criticism  |
| Completely self-focussed |  |  |  |  | Supports colleagues and junior staff |
| Has a totally inaccurate view of own performance |  |  |  |  | Demonstrates insight into own performance |
| Unaware of own limitations |  |  |  |  | Aware of own limitations  |

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| **H. OVERVIEW/COMMENTS** |
| **General Comments:** |
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| **Please identify two positive attributes of the trainee:** |
| **1.** |
|  |
| **2.** |
|  |
| **Please identify two areas in which the trainee may require improvement:** |
| **1.** |
|  |
| **2.** |
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**Signature of Department Members:**

**Name: Signature: Date:**

**Name: Signature: Date:**

**Name: Signature: Date:**

**Name: Signature: Date:**

**Name: Signature: Date:**

**Name: Signature: Date:**

**Signature Supervisor Date**

**Signature Trainee Date**