General Surgeons Australia

Post-Fellowship Education & Training Program in Trauma Surgery

In Training Assessment Form

PFET Trainee Information

Name: _____ ID Number: _____

Year: ☐ One ☐ Two

Assessment Type: ☐ Mid-Year ☐ End-of-Year

Hospital Information

Hospital Name: _____ Name of Unit: _____

Supervisor: _____

Name and position of members of unit consulted for this assessment.
Note: All Consultants on the unit are required to reach consensus in the assessment. Only one (1) form is to be used to officially record the assessment.

Name	Position

Name	Position

Overall Assessment and Signature (SUPERVISOR TO COMPLETE)

Please select ONE RATING (Satisfactory or Unsatisfactory) for Performance Rating and ONE RATING (Satisfactory or Unsatisfactory) for Logbook (Core Competencies) Rating.

FORMS WILL BE DEEMED INVALID IF THIS SECTION IS NOT COMPLETED. The form will be returned to the Trainee for correction by the Supervisor.

Logbook Rating: ☐ Satisfactory ☐ Unsatisfactory

Performance Rating: ☐ Satisfactory ☐ Unsatisfactory *Note: An Unsatisfactory rating will result in a Performance Management Meeting organised through the GSA Trauma Training Committee*

PMP Required: ☐ Please tick this box to indicate that a Performance Management plan is required.
Note: Trainees who receive an Unsatisfactory Performance Rating will automatically be requested to attend a Counselling session and be placed on a PMP.

(ONLY COMPLETE IF THIS IS AN END-YEAR ASSESSMENT FOR SECOND YEAR TRAINEE)

Function Independently: The Trainee is capable of practicing independently as a Trauma Surgeon within a Trauma Unit ☐ Yes ☐ No

Signature - PFET Trainee

I have sighted the assessment on this form: ☐ Yes ☐ No

I have discussed the assessment with my Supervisor: ☐ Yes ☐ No

I agree with the assessment on this form: ☐ Yes ☐ No

Name: _____ Signature: _____ Date: _____

Signature - Supervisor

I have sighted the assessment and I am satisfied the Trainee has participated in the assessment process.

I hereby verify that all Consultants on the unit have contributed to this assessment and that the assessment and logbook (Core Competencies) data has been discussed with the Trainee.

Name: _____ Signature: _____ Date: _____

Assessment:

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Medical Expertise Access and apply relevant knowledge to clinical practice				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Poor knowledge base - Significant deficiencies or poor perspective - Allows deficiencies to persist	- Needs direction to study - Struggles to correctly/ accurately apply scientific knowledge to patient care	- Maintains currency of knowledge - Applies scientific knowledge to patient care - Reads appropriately, asks for information, and follows-up - Recognises and solves real-life problems	- Outstanding knowledge - Knows common areas in depth - Aware of the unusual - Excellent application of knowledge in clinical situation	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Technical Expertise Safely and effectively perform appropriate surgical procedures				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Fails to acquire appropriate skills despite repeated instruction or practice - Too hasty or too slow - Rough with tissue	- Is inconsistent in retaining procedural knowledge/skills - Lacks attention to detail - Hesitant	- Consistently demonstrates acquisition, practice, and retention of sound procedural knowledge, surgical skills and techniques for level of training	- Excellent and specialist abilities in procedures and techniques - Excellent pre-operative preparation	☐	☐	☐	☐	☐	☐	☐	☐
- Poor manipulative skills - Poor hand-eye coordination	- Slow in learning new skills - Lapses in dexterity	- Demonstrates manual dexterity required to carry out procedures - Good hand-eye coordination	- Outstanding technician - Fluent and always in control - Meticulous	☐	☐	☐	☐	☐	☐	☐	☐
- Unable to adapt skills and techniques - Skill transfer not apparent	- Ongoing weaknesses - Struggles to adapt skills to different contexts	- Adapts their skills in the context of each patient and procedure	- Extremely good at adapting skills for varying operative situations - Excellent surgical judgement	☐	☐	☐	☐	☐	☐	☐	☐
- Lacks enthusiasm and/or initiative to participate and/or learn	- Fails to improve skills and/or learn from experience	- Maintains skills - Effective in learning new skills	- Seeks opportunities to learn new skills	☐	☐	☐	☐	☐	☐	☐	☐
- Lacks care and diligence in approach	- Requires close supervision - 'Near enough is good enough' approach	- Approaches and carries out procedures with due attention to safety of patient, self, and others	- Outstanding clinician - Constantly aware and responds to patient, self, and team members - Excellent attention to detail	☐	☐	☐	☐	☐	☐	☐	☐
- As surgical assistant fails to follow operation - Obstructive to operative progress	- Has lapses in concentration - Needs to be prompted to assist effectively	- Follows the operation with guidance from the operator	- Anticipates the needs of the operator and responds accordingly	☐	☐	☐	☐	☐	☐	☐	☐
- Ignores/fails to follow up problematic performance - Little recognition of deficiencies in skills or techniques	- Occasionally acknowledges/ follows up on problematic performance - Ignores feedback	- Consistently analyses their own clinical performance for continuous improvement - Learns from feedback from others	- Accurate in self-appraisal - Excellent insight - Seeks and accepts criticism and responds appropriately - aware of own skill limitations	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Judgement				**N**	**B**	**C**	**E**	**N**	**B**	**C**	**E**
Clinical decision making, organise diagnostic testing, imaging, and consultation as needed				**Trainee**				**Supervisor**			
- Incomplete or inaccurate history - Disorganised history and examination technique	- Hesitant or inconsiderate of patient - Lacks attention to detail in history and examination	- Takes a history, performs an examination, and arrives at a well-reasoned diagnosis - Efficiently and effectively examines the patient	- Precise, thorough and perceptive - Probes for extra relevant information	☐	☐	☐	☐	☐	☐	☐	☐
- Incomplete/inaccurate recognition of significant symptoms - Significant errors/omissions in diagnosis - Frequent inaccuracies history, signs, or diagnosis	- Poor presentation/discussion of clinical cases - Occasional inaccuracies in diagnosis - Sometimes confuses priorities	- Recognises symptoms, accurately diagnose, and manages common disorders - Differentiates those conditions amenable to operative and non-operative treatment - Concise and correct on clinical details - Arrives at appropriate conclusions in case presentations	- Accurate and efficient - Considers a wide range of symptoms and factors - Insightful perspective in case discussions	☐	☐	☐	☐	☐	☐	☐	☐
- Inadequate or inappropriate, poor selection and/or interpretation of investigations - Disregards patient's needs or circumstances	- Unable to appropriately justify use of selected investigations - Occasional errors in interpretation that could lead to patient problems - Disregards system needs	- Selects appropriate investigative tools and monitoring techniques cost-effectively - Appraises and interprets results of investigations against patient's needs in the planning of treatment	- Always selects optimal investigations - Excellent interpretation - Safe, efficient, and cost effective approach to use of investigations - Critically evaluates the advantages and disadvantages of different investigative modalities	☐	☐	☐	☐	☐	☐	☐	☐
- Unable to make a decision - Unable to suggest alternative interpretations - Struggles to construct a differential diagnosis	- Some suggested alternatives are inappropriate - Ignores data that does not fit interpretation - Presentation unclear and disorganised	- Formulates a differential diagnosis based on investigative findings - Evaluates the significance of data - Indicates appropriate alternatives in the process of interpreting investigations and in decision making - Clear and concise presentation of findings	- Precise, well organised, thorough, systematic, and focused presentation of findings - Decisions based on data - Comprehensive differential diagnosis constructed	☐	☐	☐	☐	☐	☐	☐	☐
- Poor record keeping - Incomplete, disorganised, irrelevant, illegible, not up-to date	- Records difficult for others to follow - Poor clinical plan documented	- Contemporaneously maintains accurate and complete clinical records - Precise and focused - Complies with required organisational structure	- Perceptive of relevant information/data for documentation - Records very easily accessible - Comprehensive plan documented	☐	☐	☐	☐	☐	☐	☐	☐
- Disinterested or indifferent approach to patients - Fails to grasp significance of patient's social, cultural and psychological needs	- Culturally incompetent - Ignores/overlooks some patient's needs	- Manages patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs - Considers all issues relevant to the patient	- Excellent and highly developed ability to manage & interact with patients and to anticipate and/or respond to their needs	☐	☐	☐	☐	☐	☐	☐	☐
- Copes poorly in situations of stress and/or complexity - Under or over reacts	- Can show signs of stress when managing trauma patients	- Maintains controlled approach & demonstrates sound judgement during times of stress/complexity	- Anticipates possible risks and/ or complications - In stressful situations always maintains orderly approach and demonstrates sound judgment	☐	☐	☐	☐	☐	☐	☐	☐
- Inadequate planning - Inadequate involvement in pre & post-operative care - Fails to grasp significance of complications and manage them - Fails to call for assistance	- Slow to anticipate/ manage complications - Slow to call for assistance - Under estimates complexity and/or risk factors	- Plans, and where necessary implements a risk management plan - Conscientious and reliable follow-up - Effectively manage complications, operative procedures & underlying disease process - Identifies and manages risk - Manages complexity and uncertainty	- Outstanding clinician who anticipates possible risks/ complications - Identifies problems early - Follows-up meticulously - Coordinates and uses other personnel effectively	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Communication				N	B	C	E	N	B	C	E
Communicate effectively				Trainee				Supervisor			
- Disliked by patients because of poor interpersonal skills - Bad listener - Poor communicator - Increases patient anxieties - Patients remain confused or unclear and/or unable to follow instructions	- Limited discussion with patients around issues of informed consent and/or treatment options - Tendency to disengage with patients - Patients and families doubtful after discussion with trainee	- Trusted by patients - Listens well - Communicates with patients (and family) about procedures, potentialities and risks associated with surgery in ways that encourage their participation in informed decision making - Communicates with patients (and family) the treatment options, potentials, complications and risks associated with all treatment modalities - Recognises 'bad news' for patients and relatives & modifies communication	- Possesses excellent interpersonal skills - Develops excellent rapport with patients & team members - Inspires confidence - Patients delighted to be looked after by this trainee - Demonstrates empathy appropriately	☐	☐	☐	☐	☐	☐	☐	☐
- Unaware of patient's needs - Unable to communicate under varying conditions/situations	- Limited perception of patient's perspective or communication needs	- Appropriately adjusts the way they communicate with patients & relatives to accommodate cultural & linguistic differences and emotional status	- Always interacts effectively with patients according to their social and health needs	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Management and Leadership Effectively use resources to balance patient care and system demands				N Trainee	B	C	E	N Supervisor	B	C	E
- Unaware of management constraints and/or expectations - Reluctant to take on any management responsibility - Wasteful of resources	- Lacks insight into the impact of system demands - Poor interaction with and/or supervision and management of junior medical staff	- Identifies and differentiates between resources of the health care delivery system and individual patient needs - Effectively assesses and manages systemic risk factors - Applies a wide range of information to prioritise needs and demands - Directs and supervises junior medical staff effectively	- Willing to contribute to health services management - Uses resources very effectively for patient care balanced with patient need - Excellent role model for junior medical staff - Always offers support for junior medical staff	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Collaboration Work in collaboration with members of an interdisciplinary team where appropriate				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Refuses to facilitate team function - Does not acknowledge the contributions of others - May undermine team members or function	- Poor relationship with peers and other professionals - Reluctant to offer assistance to other team members	- Good rapport with nursing and other medical staff. - Willing to help - Employs a consultative approach with colleagues and other professionals - Communicates effectively with and co-ordinates surgical teams to achieve an optimal surgical environment	- Always willing to help even if personally inconvenient - Excellent working relationship with other professionals - Always supports colleagues and junior staff	☐	☐	☐	☐	☐	☐	☐	☐
- Causes disruption/problems - Fails to recognise own disruptive behaviour	- Ignores or fails to acknowledge misunderstandings	- Initiates the resolution of misunderstandings or disputes with peers, colleagues, and others	- Effectively diffuses any problems in the surgical team	☐	☐	☐	☐	☐	☐	☐	☐
- Reluctant/unable to work as a multi-disciplinary team member - Self-focused - Unreliable - Fails to seek assistance with issues of patient care - Ignores or is unaware of their own limitations	- Lacks understanding of contributions of other professionals to patient care - Works effectively with some team members but not others - Slow in referring patients to other professionals - Needs prompting to refer patients	- Respectful of and appreciates different kinds of knowledge and expertise which contribute to effective functioning of a clinical team - Develops a patient care plan in collaboration with members of an interdisciplinary team - Collaborates with other professionals in the selection/ use of various treatments assessing the effectiveness of options - Recognises and facilitates referral of patients to other professionals	- Excellent team member - Extremely knowledgeable about the contribution of different fields of care - Aware of and seeks the contribution of different fields and refers patients in a timely and appropriate manner	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Health Advocacy Advocate for improvements in health care				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Ignores/jeopardises own or colleagues health or well-being	- Poor care of own health	- Promotes health maintenance of colleagues - Looks after own health	- Maintains high level of fitness and encourages others	☐	☐	☐	☐	☐	☐	☐	☐
- Takes little interest in patient health beyond surgery	- Limited knowledge of causal issues relating to patient health	- Advocates patient health - Discusses causal health issues with patient	- Very knowledgeable and active in advocating patient health including preventative measures	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Scholar and Teacher Recognise the value of knowledge and research, and its application to clinical practice				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Little evidence of reading texts or journals - Needs repeated direction to study	- Reading of research/texts is random - Has difficulty apply knowledge to practice	- Assumes responsibility for own learning - Draws on different kinds of knowledge in order to weigh up patient's problems - context, issues, needs and consequences - Critically appraises new trends in General Surgery	- Always keen to discover new knowledge - Takes extra courses and learning opportunities	☐	☐	☐	☐	☐	☐	☐	☐
- Avoids teaching if possible - Poorly prepared and poorly delivered	- Ineffective as a teacher - Needs to be prompted to teach	- Facilitates the learning of others - Competent and well prepared in teaching others	- Enthusiastic/inspiring teacher - Logical and clear - Excellent teaching skills	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

N - Not Competent	B - Borderline	C - Competent	E - Excellent	Assessment							
Professionalism Appreciate the ethical issues associated with Trauma Surgery				N	B	C	E	N	B	C	E
				Trainee				Supervisor			
- Behaviour inconsistent with ethical ideals	- Little knowledge/interest in ethical or medico-legal issues	- Consistently applies ethical principles - Identifies ethical expectations that impinge on common medico-legal issues	- Highly conscientious - Anticipates areas where medico-legal issues may arise	☐	☐	☐	☐	☐	☐	☐	☐
- Late, idle, unreliable, forgetful - Off-loads work onto others	- Occasionally difficult to contact or leaves tasks incomplete	- Acts responsibly - Dependable, conscientious - Always completes tasks	- Applies self beyond the 'call of duty'	☐	☐	☐	☐	☐	☐	☐	☐
- Copes poorly under stress - Disappears when problems arise	- Struggles under stress	- Willing to undergo close scrutiny - Responds appropriately to stress	- Anticipates and remains efficient "when the going gets tough" - Seems to thrive on pressure	☐	☐	☐	☐	☐	☐	☐	☐
- Has problems acknowledging/ recognising mistakes - Unable to accept criticism	- Only accepts criticism from some	- Acknowledges and learns from mistakes - Accountable for own decisions/actions - Recognises and acknowledges their limits	- Prompt response to criticism - Marked improvement and positive change	☐	☐	☐	☐	☐	☐	☐	☐
- Has inaccurate view of own performance	- Over confident	- Employs a critically reflective approach	- Has great insight into their level of performance	☐	☐	☐	☐	☐	☐	☐	☐
- Disregards audit - No interest in quality of care	- Pays little regard to clinical audit - Poor understanding of audit	- Regularly participates in clinical audit - Understands audit cycle	- Proactive with clinical audit - Applied audit cycle to personal and unit activity	☐	☐	☐	☐	☐	☐	☐	☐

Trainee Self Assessment Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Supervisor's Comments (include goals and methods of improving if rating is Borderline or Not Competent)

Assessment: Essential Criteria (Supervisor to complete only)

U - Unsatisfactory	S - Satisfactory	Rating	
Communication		**U**	**S**
- Bad listener and communicator - Disliked by patients and/or nursing staff - Increases patient anxieties	- Listens well - Explains well - Trusted by the patient and the nursing staff	☐	☐
Co-operation		**U**	**S**
- Refuses to help out - Poor relationship with peers and nursing staff	- Good rapport with nursing and other medical staff - Willing to help - A team player	☐	☐
Self-motivation		**U**	**S**
- Idle - Lacking in any work enthusiasm - Behind with letters or summaries	- Hard-working - Keen to learn - Self organises waiting list	☐	☐
Work Ethic		**U**	**S**
- Poor time management - Forgets to do things - Unreliable - Does not heed advice	- Dependable - Efficient in use of his/her time - Completes tasks and anticipates well	☐	☐
Ability to Manage Stress		**U**	**S**
- Copes poorly - Disappears when problems arise - May show aggression towards junior medical or nursing staff	- Responds appropriately - Seeks help when needed - Copes very well - Relaxed in a crisis - Not angry nor aggressive	☐	☐
Honesty		**U**	**S**
- Lies to cover defects in work - Does not report information correctly - Covers up errors or blames others for problems - Untrustworthy	- Honest - Admits mistakes - Trustworthy	☐	☐
Empathy		**U**	**S**
- Relates poorly to patients and families - Arrogant	- Relates to patients and families in an appropriate manner	☐	☐
Teamwork		**U**	**S**
- Fights with nursing staff or complaints frequently received from nursing staff about the trainee - Does not work well with junior staff or peers	- Works well with medical staff - Regarded as a team player by nursing staff - Well respected by peers and junior medical staff	☐	☐
Insight/Self Awareness		**U**	**S**
- Lacks insight into own poor performance - Fails to take action or advice to improve performance - Denies there is an issue	- Demonstrates insight into own performance - Addresses issues when advised - Self critical and incisive	☐	☐

PLEASE NOTE: The GSA Trauma Committee considers satisfactory grades in the above non-technical criteria essential for a career as a Trauma Surgeon. A discussion with the Director of Medical Services may be necessary to gain knowledge of any staff or patient complaints received.

END OF YEAR: The receipt of a 'U' (Unsatisfactory) in any of the above categories at the end-of-year will result in immediate Probation for the Trainee. A training period may also be deemed unsatisfactory if the Essential Criteria are Satisfactory but the Trainee has received Borderline and Not Competent ratings in the Competency Criteria.

If the Trainee is already on Probation, their continuation in the training program will be reviewed.

MID-YEAR: The receipt of a 'U' (Unsatisfactory) in any of the above categories at mid-year must result in an interview with the Trainee to:

- Identify areas of concern and agreement upon steps as to how the Trainee is to improve performance
- Determine performance outcomes as indicators of satisfactory performance
- Arrange for regular reviews to monitor progress
- Indicate if performance has reached a satisfactory level on the end-of-year assessment.

Supervisor's Comments

Research Activities During Training Period

Tick appropriate statement and attach relevant documentation to verify satisfactory completion of research requirement.

Project Not Commenced or in Progress

- ☐ No project commenced or completed
- ☐ Project in progress

Project Completed, awaiting Presentation/Publication

- ☐ Project being prepared for presentation
- ☐ Project being prepared for publication

Project Completed and Presented/Published

- ☐ Project completed prior to current training period
- ☐ Project completed and presented
- ☐ Project completed and published

Continuing Professional Development

During the two-year PFET Program in Trauma Surgery the trainee will be required to both present a paper relevant to Trauma Surgery at a National or International Scientific meeting (e.g. RACS Annual Scientific Congress) and to have authored and publish a relevant article in a peer reviewed scientific journal or book chapter relevant to Trauma (at least accepted for publication)

Courses

Prior to or during Year 1 of the PFET Program in Trauma Surgery, the trainee will be required to satisfactorily complete the EMST Provider or Refresher course. It is recommended that trainees complete the Definitive Surgical Trauma Care (DSTC) Course in the first year of training, if not completed at the time of application to training.

Tick completed courses as appropriate:

- ☐ EMST Provider or Refresher Course — Date Completed:
- ☐ Definitive Surgical Trauma Care Course — Date Completed:

Mid-Year Assessment (DO NOT COMPLETE IF THIS IS A MID-YEAR ASSESSMENT)

Only complete when undertaking end-of-year assessments

Was a mid-year assessment completed?	☐ Yes	☐ No
Was remedial training required? *If yes attach copy of plan*	☐ Yes	☐ No
Has there been significant improvement as a result of remediation?	☐ Yes	☐ No

Competency

Has the Trainee been rated less than competent in any areas? **If yes please answer next question**	☐ Yes	☐ No
If the trainee has been rated less than competent in any areas has each of the areas been discussed with the Trainee?	☐ Yes	☐ No

Please provide further information on the areas rated less than competent (if insufficient space please attach separate page)

Note: Details of 'Borderline', 'Not Competent' or 'Unsatisfactory' performance must be fully documented and attached to this assessment form, in addition to copies of minutes or notes from discussions, meetings or counselling sessions for performance related issues.

Instructions on Completing Form - PFET Trainee

Trainees are to undertake a self assessment of their performance and rank themselves on the form (except for the Essential Criteria). If the Trainee ranks themselves as **Borderline** or **Not Competent** for any of the assessment, the Trainee is to write down on the form ways in which they will seek to improve their performance for either the remainder of the year (if completing for a mid-year assessment) or the following year (if completing for an end-of-year assessment).

Trainees should write down any goals they wish to achieve even if they do not rank themselves as Borderline or Not Competent in an attempt to undertake self-directed learning.

Trainees are to provide the form to their Supervisor at least one week before their scheduled assessment meeting. The Supervisor and Trainee should meet to discuss the assessment and goals to achieve.

Instructions on Completing Form - Supervisor

The Supervisor must seek the input of ALL Consultant members of the Unit to reach **consensus in the assessment** of each of the competencies listed on the form. This might best be achieved at a face-to-face meeting of all Consultants. Other persons who have had contact with the Trainee may also be approached to contribute to the assessment.

The competencies listed in the 'Competent' column are those which have been identified as being required of all Trainees prior to completion of the PFET Program in Trauma Surgery.

Supervisors are to categorise each Trainee's performance against each specified competence and against one of the four descriptors taking into account the Trainee's level of training.

N - Not Competent - is lacking in competence in the designated area or is unsafe;
B - Borderline - not yet competent, requires additional time, experience and/or additional training to improve;
C - Competent - correctly demonstrates required competence - meets expected standard; or
E - Excellent - consistently demonstrates an unusually high level of performance

It is expected that the majority of Trainees will fall in the 'Competent' category for most competencies. Supervisors are asked to tick in the right hand column under the letter **N, B, C, E** the rating that best reflects the Trainee's performance during the training period for each specified competency. The lack of significant improvement in performance or behaviour despite formative feedback and assessment, or a recurrence of poor performance or behaviour after a period of improvement, should be reflected in the summative assessment.

Although the assessment form may be filled out in the absence of the Trainee, the Supervisor must subsequently meet with the Trainee to discuss the assessment and to review the logbook (Core Competencies) data. Following this, the Trainee is required to sign the form and forward it together with the Core Competencies summary to the GSA Trauma Training Committee. Both documents must be returned within two (2) weeks of signing. The Supervisor is advised to retain a copy of the assessment for future reference.

Responsibilities of Supervisor in Managing Trainees

Supervisors play a crucial role in the continuing formative assessment of Trainees. It is important that care and attention be given to Trainee's performance of the identified competencies throughout their training.

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 identified.

Supervisors are obliged to inform a Trainee at an early stage of any concerns they might have. Supervisors should discuss their concerns with the Trainee in a matter-of-fact and confidential manner, and record the outcome of any discussions or interviews they might conduct.

The outcome of such discussions or interviews should be a written plan of action to remedy the identified area(s) of concern, signed by both the Supervisor and Trainee.

If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion, the Supervisor must convey their concerns in writing to the Trainee and to the Chairman of the GSA Trauma Training Committee.

Probationary Training

If a Trainee's overall performance is rated 'Unsatisfactory' at the end-of-year assessment, in accordance with the Regulations, the Trainee is **immediately placed on Probationary Training** for a minimum of six (6) months, and pending further review by the GSA Trauma Training Committee.

Should a Trainee's subsequent overall performance be rated 'Unsatisfactory' whilst on probationary training or having previously been on probationary training, this will constitute grounds for considering dismissal, in accordance with the GSA PFET Dismissal from Training Policy.

Regulations and policies relating to probationary training and dismissal are available on the GSA website.

End-of-Year versus Mid-Year Assessment

The end-of-year in-training assessment is SUMMATIVE, aimed at indicating whether a Trainee has demonstrated satisfactory performance in the listed competencies. The assessment will be used to determine if the training period may be accredited towards successful completion of the program. Trainees are required to fully participate in the end-of-year assessment and failure to adhere to this process will result in non-accreditation of the training period and the immediate commencement of Probationary Training.

The mid-year in-training assessment is FORMATIVE, aimed at identifying areas of good performance and areas of performance that require further improvement to reach competency. Formative assessments do not determine the final outcome of the training period but provide opportunities to improve performance. Trainees are required to fully participate in the mid-year assessment and failure to adhere to this process may result in non-accreditation of the training period.

Responsibility of PFET Trainees

The GSA Trauma Training Committee must receive completed assessment forms with any relevant documentation no later than two (2) weeks after the mid-year or end-of-year date.

Failure to sign and submit these forms within two (2) weeks may result in non-accreditation of the training period and the immediate commencement of Probationary Training for end-of-year assessments.

IT IS THE TRAINEE'S RESPONSIBILITY TO ENSURE THAT FORMS ARE RETURNED ON TIME.

Return completed forms to:
Elizabeth Pedersen
Executive Officer - Post-Fellowship Education & Training
General Surgeons Australia
Suite 29, 213 Greenhill Road
EASTWOOD SA 5063

P +61 8 8229 6210
E: pfet@generalsurgeons.com.au

It is the Trainee's responsibility to participate in the assessment process and to have the assessment form completed on time.

The Trainee must arrange to meet with the Supervisor to discuss the assessment and to have the Core Competencies data reviewed. Sufficient notice must be given to allow all Consultants on the unit to meet and discuss the assessment prior to the Trainee and Supervisor meeting. If the Supervisor is to be on leave during this time, arrangements should be made to complete the form at an earlier stage.

The Trainee must sign and return the form and Core Competencies summary to the GSA Trauma Training Committee no later than **two (2) weeks** after the end of the training period.

Non-submission of a signed form with any relevant documentation within the two (2) week timeframe may result in automatic **PROBATION** for a minimum period of six (6) months and possible non-accreditation of the training period. Trainees are required to **retain a copy** of this form in their portfolio records.

Trainees must complete and sign this form with reference to the Regulations.