**REGISTRAR/SRMO TERM ASSESSMENT FORM – 2022**

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| **Trainee Name:**  | **Speciality/Unit/Term:**  |
| **Rotation Date:** | **Hospital:** |

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| **Guidelines for Unit Surgeon:** Please enter a number (scored 1-5) in the “SCORE – ASSESSOR ” column, which best reflects your assessment using the prompts below as a guide. Each row must contain a number or indicate unable to assess by writing “N/A”. It is expected that the majority of trainees would fall into the” satisfactory” category 3. **Guidelines for Trainee:** Please enter a number (scored 1-5) in the “SCORE –TRAINEE” column, which best reflects your self-assessment of term performance using the prompts below as a guide. Each row must contain a number or indicate unable to assess by writing “N/A”.You are required to complete one DOPS and Mini-CEX per mid/end of term assessment. You are required to organise this and it can be signed off by a supervising consultant, fellow or senior registrar.**Prompts:** **EXCELLENT = 5, ABOVE AVERAGE = 4, SATISFACTORY = 3, DEFICIENT = 2, POOR= 1** |
| **DOMAIN** | **SCORE – TRAINEE** | **SCORE - ASSESSOR** | **POOR** | **SATISFACTORY** | **EXCELLENT** |
| **A. CLINICAL SKILLS** |
| **Assessment History Examinations** |  |  | Incomplete or inaccurate. Poorly recorded. Poor basic skills. | Usually complete, orderly and systematic. | Precise, thorough and perceptive. |
| **Oral Presentation** |  |  | Jumbled/disorganised. | Usually satisfactory. | Well organised. Systematic/focused. |
| **Use of investigations** |  |  | Inappropriate, poor ability to select/interpret. | Usually appropriate. Selective. Can read x-rays/understand results. | Almost always best choice of tests. Excellent at interpretation. |
| **Judgement** |  |  | Fails to grasp significance of findings or respond accordingly. Under or overreacts to emergencies. | Reliable. Competent under pressure. Asks for advice appropriately. | Outstanding clinician, who is aware of his/her limits. |
| **Post-operative Care** |  |  | Disinterested. Fails to notice complications and act appropriately. | Conscientious. Good awareness of complications. Reliable follow-up. | Excellent care. Notices problems early. Outstanding in follow-up. |
| **B. TECHNICAL SKILLS** **(Please show completed DOPS and Mini-CEX to term supervisor, 1 each required per mid/end of term assessment. This can be signed off by a supervising consultant, fellow or senior registrar.)**  |
| **Surgical Laparoscopy/ Endoscopy** |  |  | Too hasty or too slow. Slow learner. Poor hand/eye coordination. | Good hand/eye coordination. Sound skills for level of training. | Excellent and unusual ability at access procedures and endoscopic technique. |
| **Open Surgery** |  |  | Rough with tissues. “Near enough is good enough”. Hesitant. | Mastered basic skills. Well-ordered approach, careful with tissues.  | Outstanding technician. |
| **As Surgical Assistant** |  |  | Fails to follow the operation. | Follows the operation with guidance from the operator. | Anticipates the needs of the operator. |
| **C. ACADEMIC PERFORMANCE** |
| **Knowledge of Subject** |  |  | Poor knowledge base. Significant deficiencies or poor perspective. | Adequate fund of knowledge and relates it satisfactorily to patient care. | Outstanding knowledge of the subject. Knows common areas in depth. Aware of the unusual. |
| **Case Presentations** |  |  | Wordy or inaccurate on history, signs or diagnosis. Poor discussion. | Competent, concise and correct on clinical details. Good deductions. | Accurate and succinct case presentation, good perspective in case discussions. |
| **Learning** |  |  | Little evidence of reading texts or journals. Needs direction to study. | Reads appropriately, asks for information and follows-up. | Always keen to discover new knowledge. Takes extra courses. |
| **Teaching** |  |  | Avoids if possible. Poorly prepared, poorly delivered. | Competent and well prepared in teaching others. | Enthusiastic teacher. Logical and clear. Can inspire. |
| **D. ATTITUDE** |
| **Communication with Patients** |  |  | Bad listener and communicator. Disliked by patients. Increases patient anxieties. | Listens well, explains well. Trusted by patient. | Excellent rapport. Inspires confidence. Patients delighted to be looked after by him/her. |
| **Cooperation with Staff** |  |  | Refuses to help out. Poor relationship with peers and may undermine. | Good rapport with nursing and other medical staff. Willing to help. | Always willing to help even if personally inconvenient. Diffuses any problems in the surgical team. |
| **Self Motivation/ Organisation** |  |  | Idle, lacking in any work enthusiasm. Behind with letters or summaries. | Hard-working, keen to learn, self-organises waiting list. | Full of energy. Performances go far beyond the “call of duty”. |
| **Reliability Punctuality** |  |  | Poor time management. Forgets to do things. Unreliable. | Dependable. Efficient in use of his/her time. | Highly conscientious. Always completes tasks, anticipates well. |
| **Stress Response** |  |  | Copes poorly. “Disappears” when problems arise. | Responds appropriately, seeks help when needed, copes well. | Thinks ahead, still efficient when the going gets tough. |
| **Acceptance of Criticism/Feedback** |  |  | Responds poorly to criticism. Angry. “Turns off”. | Adequate response. Work to correct the problem area. | Prompt response, marked improvement and positive change. |

**ACTIVITIES DURING CURRENT TERM (circle appropriate)**

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| 1) Presentations/Teaching 1. No current teaching or presentations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Teaching/presentations being prepared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Active teacher/presenter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2) Continuing research 1. No research project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Research project in progress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Active researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3) Publications 1. No current project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Project being prepared for submission for publication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Article(s) accepted for publication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4) Clinical Development 1. 1 x Mini-CEX completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. 1 x DOPS completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OVERALL PERFORMANCE RATING:**

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| **POOR****1** | **DEFICIENT****2** | **SATISFACTORY****3** | **ABOVE AVERAGE****4** | **EXCELLENT****5** |

**Additional/Explanatory Comments** (If insufficient space, attach separate document)

**Were deficiencies identified?** YES / NO

*If Yes*

Have the identified deficiencies been discussed with the trainees? YES / NO

Have the identified deficiencies during the term been corrected? YES / NO

**Recommendations regarding future training/employment** (Circle appropriate number)

1. Trainee should pursue training position or continued employment.
2. Obtaining position in training program needs identified deficiencies to be addressed.

**SURGEON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**TRAINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** I have sighted this assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

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| **IMPORTANT: This form is invalid if not signed by both the Surgeon and Registrar/SRMO** |