#### **CONFIDENTIAL**

# JOINT COMMITTEE ON SURGICAL TRAINING TRAINING POST ASSESSMENT FORM

### (FOR COMPLETION BY HIGHER SURGICAL TRAINEES)

**This is an official document.** The original is the property of the JCST. After completion it should be passed to the Training Programme Director/Chair of the Regional Training Committee who will collate and scrutinise all reports relating to the programme, before making them available to the Regional Postgraduate Dean. The Training Programme Director/Chair of the Regional Training Committee will retain copies, submitting originals to the JCST Office at The Royal College of Surgeons of England, 35/43 Lincoln's Inn Fields, London WC2A 3PE for scrutiny by the SACs.

TRAINEE NAME:	DATE: DATE STARTED:				
HOSPITAL BEING ASSESSED:					
REGION:		NTN/VTN/FTN or LAT			
CONSULTANTS:		FROM: TO:			
SPECIALTY:	,	SPECIAL INTEREST(S):			
CLINICAL TRAINING	Deficient	Satisfactory	Good	Comments	
Out Patients					
Special Clinics					
Ward Rounds					
Surgical Meeting					
Audit					
Journal Review					
OPERATIVE TEACHING		•			
Adequate Opportunity to Operate					
Demonstration of Techniques					
Supervision in Theatre					
Communication / Rapport with Consultant					
RESEARCH		1	L		
Opportunity					
(Detail Sessions					
Encouragement					
CAREER ADVICE					
CLINICAL MANAGEMENT					
Did the consultants allow adequate responsibility for patient management?					
Did you have adequate support with Emergency cases?					
a) in theatre					
b) advice					
FEEDBACK		l	1	<u>L</u>	
Did the Consultant provide you with appropriate feedback of your performance?					

GENER	AL							
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0)	Wooknoo	sses of firm:						
2)	vveakiles	5565 OI IIIIII.						
•								
3)	Suggesti	ons for improve	ment:					
•								
4) Did	this place	ement fulfil your	expectations?					
	Defi	cient		Satisfactory			God	od
				,				
OVERALL RATING								
TRAIN	IEE'S TIN	<b>IETABLE</b>						
		Monday	Tuesday	Wednesday	Thurso	day	Friday	Saturday
		Worlday	racoday	Wednesday	- marek	lay	Tiday	Galarday
	metable current)							
\	,							
On Call DOTA Time at HOT								
On Call – ROTA Tiers e.g. HST ADH's SHO								
			PRHO					
COURSES & MEETINGS ATTENDED IN LAST 12 MONTHS								
Title			Date			Locat	ion	
Number of days Study Leave granted								
Course/meeting fee paid? YES/NO								
Incidental expenses paid? YES/NO  YES/NO								
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These forms are strictly confidential. Completion and return will greatly facilitate the Department's activities.

### NOTES TO ACCOMPANY JCST TRAINING POST ASSESSMENT FORM

- 1. Assessment Form is **CONFIDENTIAL** once completed, and must be handled accordingly.
- 2. The following guidelines are for trainees completing the form.
  - a. Complete as fully as possible the post details at the top of the form.
  - b. Complete assessment by placing an 'X' in one box only against each criterion, with comments if desired. The following guidelines are offered for use in grading criteria.

3 3	DEFICIENT	SATISFACTORY	GOOD
CLINICAL TRAINING			
Out patients	Do not see new patients. No time for / interest in discussion with consultant. Large number of patients. Poor organisation.	•	See new & old patients. Time for discussion with consultant. Reasonable time with patient. Well organised.
Special Clinics	As above. Do not learn / use any special investigations / techniques. Often work alone.	•	As above. Opportunity to learn special investigations / techniques. Often work with consultant. Multi disciplinary.
Ward Rounds	Rarely consultant led. Rapid decisions, little discussion. Junior views not listened to.	•	Usually consultant led. Indepth presentation / discussion of patients. Adequate time allowed.
Surgical Meetings	Poor consultant support. Badly attended. Rigid non- innovative programme. Not multi-disciplinary. Held outside normal working hours. Little input from consultants.	•	Consultant led. Well attended by all grades. Varied programme. Often multi- disciplinary. Regularly held in normal session time. Juniors encouraged to present / take part.
Audit	Morbidity / mortality only. No in-depth review of clinical practice / problems. Does not lead to change in clinical practice. Retrospective data. Juniors expected to collect all data. Non constructive / threatening atmosphere.	•	Proper audit cycle utilised. Leads to change in clinical practice. Prospective data collection. Juniors assisted with data collection. Friendly, non-confrontational atmosphere.
Journal Review	Juniors expected to do all reviewing. Poor consultant attendance. Didactic discussion?	•	Equal consultant / junior participation. Articles precied and discussed.
OPERATIVE TEACHING	ì		
Opportunity	Usually left to do minor surgery. More than 5 elective sessions / week. Only assists and rarely performs more major cases.	•	Mix of Major & minor elective surgery. At least 3 elective sessions / week. Exposure to day surgery, and minimal invasive surgery.

#### Teaching Works on own. Poor senior Taken through procedures. Shares cases with consultant. support. Not shown / taught Video teaching films. new or more advanced Anastomotic and new techniques. technique workshops / courses encouraged. Supervision Consultant rarely present in Consultant usually present in same or adjoining theatre. same or adjoining theatre. Own lists. Cannot readily Assistance at senior level summon senior assistance if readily available. Given clear in difficulty. No clear guidelines as to when to call / inform / discuss with guidelines. consultant. RESEARCH **Opportunity** No fixed time allowed. Any Fixed session / protected time identified time often not taken allocated. Arrangements due to other pressures. made to free trainee of some Clinical work precludes time clinical work to allow research for research. activity. Encouragement No interest shown by Able to discuss / plan ideas with consultants. Directed to consultants. No ideas or stimulation. appropriate sources for information / opportunities / funding. **CAREER ADVICE** Consultant not interested in Consultant offers advice / help. trainee or his career. Directs trainee to source of advice / help. **CLINICAL MANAGEMENT** Patient Management No guidelines. No trust. Consultant readily offers help / Consultant questions all advice. Trainee given decisions. Consultant does guidelines. Trusted to use own not back trainee. initiative / judgement. Consultant backs trainee. Emergency Operating Advice / help not easy to Advice / help readily available. obtain. Consultant difficult to Consultant always happy to be find / contact. Also not keen phoned / consulted / give to come in / assist. advice. Feedback Poor or absent appraisal. No Regular appraisals sessions in specified protected time for clearly specified time. discussion of trainee's Consultants open about performance. Consultant not strengths / weaknesses / areas

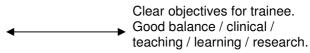
## **GENERAL**

No objectives. All clinical work. Poor education / learning.

frank about performance.

Mainly critical. Rarely

praises.



for improvement.