

**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.

<b>TRAINEE NAME:</b>	.....	<b>DATE:</b>	.....
<b>HOSPITAL BEING ASSESSED:</b>	.....	<b>DATE STARTED:</b>	.....
<b>REGION:</b>	.....	<b>NTN/VTN/FTN or LAT</b>	.....
<b>CONSULTANTS:</b>	.....	<b>FROM:</b>	<b>TO:</b>
<b>SPECIALTY:</b>	.....	<b>SPECIAL INTEREST(S):</b>	.....

<b>CLINICAL TRAINING</b>	<b>Deficient</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Comments</b>
Out Patients				
Special Clinics				
Ward Rounds				
Surgical Meeting				
Audit				
Journal Review				
<b>OPERATIVE TEACHING</b>				
Adequate Opportunity to Operate				
Demonstration of Techniques				
Supervision in Theatre				
Communication / Rapport with Consultant				
<b>RESEARCH</b>				
Opportunity				
(Detail Sessions..... .....)				
Encouragement				
<b>CAREER ADVICE</b>				
<b>CLINICAL MANAGEMENT</b>				
1) Did the consultants allow adequate responsibility for patient management?				
2) Did you have adequate support with Emergency cases?				
a) in theatre				
b) advice				
<b>FEEDBACK</b>				
Did the Consultant provide you with appropriate feedback of your performance?				

<b>GENERAL</b>				
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- 1) Strengths of firm:  
 .....  
 .....  
 .....
- 2) Weaknesses of firm:  
 .....  
 .....  
 .....
- 3) Suggestions for improvement:  
 .....  
 .....  
 .....

4) Did this placement fulfil your expectations?

<b>Deficient</b>	<b>Satisfactory</b>	<b>Good</b>

**OVERALL RATING**

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**TRAINEE'S TIMETABLE**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Timetable (current)						

On Call – ROTA                      Tiers e.g. HST  
 ADH's                                      SHO  
     PRHO

**COURSES & MEETINGS ATTENDED IN LAST 12 MONTHS**

Title	Date	Location
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Number of days Study Leave granted .....

Course/meeting fee paid?        **YES/NO**

Incidental expenses paid?       **YES/NO**

*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.

	<b>DEFICIENT</b>	<b>SATISFACTORY</b>	<b>GOOD</b>
<b>CLINICAL TRAINING</b>			
<b><i>Out patients</i></b>	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.
<b><i>Special Clinics</i></b>	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.
<b><i>Ward Rounds</i></b>	Rarely consultant led. Rapid decisions, little discussion. Junior views not listened to.	←————→	Usually consultant led. In-depth presentation / discussion of patients. Adequate time allowed.
<b><i>Surgical Meetings</i></b>	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.
<b><i>Audit</i></b>	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.
<b><i>Journal Review</i></b>	Juniors expected to do all reviewing. Poor consultant attendance. Didactic discussion?	←————→	Equal consultant / junior participation. Articles pre-cied and discussed.
<b>OPERATIVE TEACHING</b>			
<b><i>Opportunity</i></b>	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.

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