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:** .....

HOSPITAL BEING ASSESSED: ..... **DATE STARTED:** .....

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				
Opportunity				
(Detail Sessions……)				
Encouragement				
CAREER ADVICE				
CLINICAL MANAGEMENT				
1) Did the consultants allow adequate responsibility for patient management?				
2) Did you have adequate support with Emergency cases?				
a) in theatre				
b) advice				
FEEDBACK				
Did the Consultant provide you with appropriate feedback of your performance?				

GENERAL				

1) Strengths of firm:

2) Weaknesses of firm:

3) Suggestions for improvement:

4) Did this placement fulfil your expectations?

Deficient	**Satisfactory**	**Good**

OVERALL RATING

TRAINEE'S TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Timetable (current)						

On Call – ROTA
ADH's

Tiers e.g. HST
SHO
PRHO

COURSES & MEETINGS ATTENDED IN LAST 12 MONTHS

Title	Date	Location

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.

	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. In-depth 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			
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 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.
Supervision	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.
RESEARCH			
Opportunity	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.
Encouragement	No interest shown by consultants. No ideas or stimulation.	⟷	Able to discuss / plan ideas with consultants. Directed to appropriate sources for information / opportunities / funding.
CAREER ADVICE			
	Consultant not interested in trainee or their career.	⟷	Consultant offers advice / help. Directs trainee to source of advice / help.
CLINICAL MANAGEMENT			
Patient Management	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.
Emergency Operating	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.
Feedback	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.
GENERAL			
	No objectives. All clinical work. Poor education / learning.	⟷	Clear objectives for trainee. Good balance / clinical / teaching / learning / research.