

JOINT COMMITTEE ON SURGICAL TRAINING

TRAINEE ASSESSMENT FORM

This is an official document. A separate form is to be completed at the end of a placement by each trainer (forms are to be completed every 6 months and must be completed within a month of finishing the placement). The original is the property of the JCST. Signed and completed forms are to be returned to the JCST offices with a copy going to the Programme Director and Postgraduate Dean.

Guidance notes on the completion of this form are available on the JCST web site, www.jcst.org from the Postgraduate Dean or Programme Director.

General Information

(to be completed in block capitals by trainee before handing to trainer for completion)

Form completed by (Name of trainer) _____

Name of trainee _____

Programme Director _____

Specialty _____

Training Number
(NTN/VTN/FTN or LAT) _____

Expected CCT date (if applicable) _____

GMC Number _____

Post and Trust/Hospital
(Number if known) _____

Assessment period From: _____ To: _____

Sick Leave
Duration of absence due to sick leave during this period _____

Duration of sick leave since entering SpR training _____

Trainer Signature _____ Date _____

Trainee Signature _____ Date _____

To be completed by trainer

Year of SpR training (please circle) 6 mths 1 2 3 4 5 6

CRITERIA	unsatisfactory needs to repeat training in this area RITA E	needs targeted training in this area RITA D	satisfactory RITA C	COMMENTS
A. Clinical Skills				
History Taking				
Physical Exam				
Investigations				
Diagnosis				
Judgement				
Operative skill				
After care				

B. Knowledge				
Basic Science				
Clinical				

C. Postgraduate Activities				
Teaching				
Lecturing				
Case presentation				
Publications				
Learning skills				
Research				
Audit				

CRITERIA	unsatisfactory needs to repeat training in this area RITA E	needs targeted training in this area RITA D	Satisfactory RITA C	COMMENTS
D. Attitudes				
Reliability				
Self Motivation				
Leadership				
Team working				
Administration				
Relationships & Communication With:				
a) Colleagues				
b) Patients				
c) Other staff				
Communication skills:-				
a) informed consent				
b) Bereavement				
c) Breaking bad news				

Comments from trainer (please extend to an attached sheet if necessary – each attached sheet must be signed and dated by trainer and trainee)

Summary conclusion

- Satisfactory in all respects to proceed

- Satisfactory to proceed, but the following areas for improvement have been identified and must be addressed in the next placement (detail areas for improvement - please extend to an attached sheet if necessary –attached sheets must be signed and dated by trainer and trainee)

- Unsatisfactory to proceed and the training placement needs to be repeated

- Unsatisfactory and should be referred for advice to Postgraduate Dean / Programme Director about choosing an alternative career pathway

Comments from Trainee (please extend to an attached sheet if necessary – each attached sheet must be signed and dated by trainer and trainee)
