



**College of Intensive Care Medicine  
Of Australia and New Zealand**

**CLINICAL ANAESTHESIA TRAINING**

**IN-TRAINING ASSESSMENT FORM**

TO BE COMPLETED BY SUPERVISOR OF TRAINING FOR ANAESTHESIA

**SECTION A**

**THIS FORM IS IMPORTANT.** In-training assessments of College Trainees must be conducted at six monthly intervals from the commencement of the Trainee’s employment year, or in the case of a shorter attachment, at the conclusion of the attachment, in accordance with Document T-12 “Guidelines for the In-Training Assessment of Trainees in Intensive Care Medicine”.

Assessments are completed by the Supervisor of Training based on the consensus views of the majority of senior staff in the Department. Participating staff must have a personal knowledge of the trainee. This assessment should be signed by the Trainee following discussion of the assessment with the Supervisor of Training.

When completed, the Supervisor must also sign this form before forwarding it to the Administrative Officer for Training within 2 weeks. The Trainee must retain a copy of the signed form within their training portfolio. Trainees have the right of appeal with regards to matters of process.

Name of Trainee

Surname	Other names (in full)
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Report covers period	From	/	/	To	/	/
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Details of any leave taken	Annual:	_____	week (s)	Study:	_____	week (s)
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Sick:	_____	week (s)	Conference:	_____	week (s)
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Other:	_____	week (s)	Specify:	_____	_____
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Supervisor

Surname	Other names (in full)
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Hospital

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**Training Discipline:** ANAESTHESIA

**SECTION B**

**SUMMARY**

a) **Have you been satisfied with the overall professional performance of the Trainee during the period covered by this report?** Yes  No

b) **Would you recommend that this period of training be fully accredited?** Yes  No

**If No, what proportion of the year or training period would you recommend to be accredited?**

3 Months  Nil  Other . . . . .

c) **Has the Trainee satisfied the aims of the Anaesthesia term (as set out in the *Objectives of Training – The Anaesthesia Term* document)?**

Yes  No

**SECTION C****ASSESSMENT OF THE CURRENT PERIOD OF TRAINING**

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

**Interpretation of the Rating Scale**

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<p><b>Medical Knowledge related to peri-operative medicine</b> Demonstrates up-to-date knowledge required to manage a range of patients peri-operatively</p>
	<p><b>Application of Medical Knowledge</b> Shows ability to use the knowledge and other derived evidence based information</p>
	<p><b>Procedural Skills</b> Demonstrates ability to perform the range of procedures relevant to anaesthesia</p>
	<p><b>Interpersonal/Communication Skills</b> Demonstrates ability to relate to and communicate with colleagues and other staff</p>
	<p><b>Clinical Judgement</b> Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions</p>
	<p><b>Responsibility</b> Accepts responsibility for own actions and understands the limitations of own knowledge and experience</p>
	<p><b>Problem Solving Skills</b> Critically assesses information, identifies major issues, makes timely decisions and acts upon them</p>
	<p><b>Humanistic Qualities</b> Demonstrates integrity and compassion in patient care</p>
	<p><b>Respect</b> Shows personal commitment to honouring the choices and rights of other persons; shows cultural sensitivity</p>
	<p><b>Moral and Ethical Behaviour</b> Exhibits high standards of moral and ethical behaviour towards patients and families</p>
	<p><b>Professional Attitudes and Behaviour</b> Shows honesty at all times in their work; puts patient welfare ahead of personal consideration</p>
	<p><b>Patient Management</b> Shows wisdom in selecting treatment; adapts management to different circumstances</p>

Please rate the trainee's performance for each topic area by placing a rating of 1-5 in the box next to each topic area.

**Interpretation of the Rating Scale**

- ① Falls far short of expected standards
- ② Falls short of expected standards
- ③ Consistent with level of training
- ④ Better than expected standards
- ⑤ Exceptional performance

	<b>Initiative</b> Shows initiative in care of patients and development of anaesthetic plans
	<b>Reliability, dependability</b> Is steadfast in undertaking duties and responsibilities applicable to role
	<b>Ordiliness and tidiness</b> Maintains an organised, clean and safe work environment
	<b>Quality Assurance</b> Demonstrates an understanding of anaesthesia Quality Assurance measures
	<b>Record Keeping</b> Maintains complete and orderly anaesthetic records and (where necessary) up-to-date progress notes
	<b>Handover</b> Ensures that all problems are explained during handover to colleagues and other staff
	<b>Crisis management</b> Demonstrates an ability to recognise and appropriately respond to emergency situations and to coordinate the emergency response as required.
	<b>Relationships with Medical Staff</b> Maintains the respect of his/her colleagues
	<b>Relationships with Health Professionals</b> Demonstrates ability to work well and efficiently in the health care team; values the experience of others
	<b>Enthusiasm</b> Demonstrates a willingness and keenness to participate in all aspects of anaesthetic practice.
	<b>Organisation Skills</b> Demonstrates ability to plan, coordinate and complete tasks associated with anaesthetic care
	<b>Self Assessment</b> Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism
	<b>Continuing Education</b> Shows a resourceful attitude towards continuing education to enhance quality of care

**SECTION D**

**SUPERVISOR'S COMMENTS** *(including strong points and weak points)*

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**TRAINEE'S COMMENTS:**

*I have discussed this assessment with the Supervisor of Training for the anaesthesia term. I am aware that this assessment will form part of my training record and that it will be considered by the College in respect of a decision to award Fellowship. I make the following comments:*

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**Signature of Trainee:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPERVISOR'S ADDITIONAL COMMENTS:**

*In light of discussion with the Trainee, I note the following:*

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**Signature of Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

SATISFACTORY

UNSATISFACTORY

***Please forward the original, signed copy to the Administrative Officer for Training within 2 weeks. Copies of the completed form should be retained by the Supervisor and the trainee.***