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**BOARD OF UROLOGY  
IN-TRAINING ASSESSMENT FORM  
nSET1 TRAINEE**

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**TRAINEE INFORMATION**

Name:

Assessment Period:            Q1        Q2        Q3        Q4            Calendar Year:

No. Days Absent:    Annual Leave                  Exam                  Sick                  Study                  Other

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**HOSPITAL INFORMATION**

Hospital Name:

No. of Consultants:                                  Training Supervisor:

- Only 1 form should be used to record the assessment.
- The Training Supervisor must complete the report following discussion with other consultants in the Unit.

**Names of all consultants who contributed to this assessment (to be completed by the Training Supervisor)**

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**DECLARATION BY TRAINING SUPERVISOR**

I verify that this assessment report has been completed following discussion with the abovementioned consultants and that the assessment and logbook data have been discussed with the trainee.

Name:    Signature:    Date:

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**DECLARATION BY TRAINEE (These statements must be answered prior to submission)**

I have sighted the assessment on this form	Yes	No
I have discussed the assessment with my Training Supervisor	Yes	No
I have emailed the assessment to the abovementioned consultants	Yes	No
I agree with the assessment on this form	Yes	No

Name:    Signature:    Date:

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**SECTION 1 – to be completed BEFORE Assessment Meeting**

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**COURSES OR EXAMS COMPLETED THIS YEAR**

ASSET                      CCrISP                      EMST                      CLEAR                      CE                      SSE (Urology)

**MEETINGS ATTENDED THIS YEAR**

Induction Course                      USANZ ASM                      USANZ Section Meeting                      USANZ Trainee Week

Name the scientific meeting you have attended or will attend this year to comply with the requirement of attending one conference (additional to your Section Meeting) in nSET1.

**WORKSHOPS CONFERENCES OR MEETINGS ATTENDED – TECHNICAL SKILLS**

(medical knowledge, surgical skills, etc) **this term only**

**WORKSHOPS CONFERENCES OR MEETINGS ATTENDED – NON-TECHNICAL SKILLS**

(Teamwork, Communication, Leadership, Management, etc) **this term only**

**PRESENTATIONS GIVEN** (within hospital network) **this term only**

**PRESENTATIONS GIVEN** (outside hospital network) **this term only**

**RESEARCH** (include all commenced, completed, or contributed to) **this term only**



**TEACHING RESPONSIBILITIES AND OPPORTUNITIES PROVIDED (this term only)**

Provide details of any teaching you have provided to medical students, nurses, junior doctors, or allied health professionals.

Outline the teaching simulation workshop program your hospital network made available to you in the non-technical competencies (teamwork, communication, leadership, management etc).

Outline the teaching simulation workshop program your hospital network made available to you in the technical competencies (surgical skills, etc).

Outline the structured education program in surgery provided by your hospital network which was directed to you, and you were able to attend during this term. This may be scheduled for all junior surgical trainees, or all junior general surgery trainees.

List the mini-CEXs you have undertaken with one of your trainers this assessment period

List the DOPS you have undertaken with one of your trainers this assessment period



**SECTION 2 – TO BE COMPLETED BY TRAINING SUPERVISOR**

**KNOWLEDGE, SKILLS AND APPLICATION (Medical Knowledge)**

*Provides an assessment of the trainee’s knowledge of the basic sciences (anatomy, physiology, pathology), their efforts to improve knowledge during the term, and their ability to apply their knowledge appropriately in the clinical setting.*

**EXPLANATION OF RATINGS**

<b>M</b>	<b>MET</b> expectations; performed in a manner expected for SET level
<b>JB</b>	<b>Just below</b> expectations; repeated mild deficiency, and need for some improvement
<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee’s performance regarding the following:</i>	<b>M</b>	<b>JB</b>	<b>SB</b>
1. <b>Surgical and basic scientific knowledge</b> , including the physiology, microbiology and pharmacology relevant to surgical practice.			
2. Improvements in <b>knowledge and skills</b> during the term.			
3. Application of <b>newly learnt knowledge</b> to the clinical setting.			
4. <b>Interest in learning</b> and following a <b>reading program</b> .			

**Comments**



**KNOWLEDGE, SKILLS AND APPLICATION (Judgement)**

*Provides an assessment of the trainee's interpretation of clinical situations, their use and interpretation of investigations, and the application of their knowledge to individual cases.*

**EXPLANATION OF RATINGS**

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<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	Accurately elicited and interpreted <b>symptoms and signs</b> and selected the suitable investigation(s) to use.			
2.	Delivery of <b>case presentations</b> , particularly in hand-over or when getting advice by telephone – presentations were succinct and inclusive of all relevant information, with the important issues highlighted.			
3.	Made appropriate <b>independent decisions</b> and guided inpatient management.			
4.	<b>Clinical judgement</b> - astute in recognising early signs of complication, early signs of clinical deterioration, and accurate when suggesting urgent intervention.			

**Comments**



**KNOWLEDGE, SKILLS AND APPLICATION (Surgical Skill)**

*Provides an assessment of the trainee's potential to learn the skills to perform safe surgery, and show an awareness of the responsibility a surgeon has to self, patients, and others*

**EXPLANATION OF RATINGS**

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<b>JB</b>	<b>Just below</b> expectations; repeated mild deficiency, and need for some improvement
<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	<b>Preparation for procedures</b> – checked equipment and reviewed the steps of any procedure prior to commencing.			
2.	<b>Demonstrated a thorough knowledge of patients</b> and appropriate perioperative care for them.			
3.	<b>Knowledge of needles and instruments</b> – made the right selection for the task and knew why their choice was the most appropriate.			
4.	<b>Effective and safe use of intraoperative equipment</b> (including diathermy, fluoroscopy and laser) demonstrating awareness of their potential risks.			
5.	<b>Manipulative skills and dexterity</b> - appropriate and developing at the expected rate.			
6.	<b>Approach to human tissue</b> - handled tissue gently, avoiding force or careless tissue damage.			
7.	Knowledge of <b>surgical anatomy</b> , anatomical relations, and the physical properties of different tissues as they were necessary to perform safe surgery.			
8.	Accepted and implemented surgical <b>instruction and advice</b> .			

**Comments**



## SUMMARY OF PROCEDURES AND EXPECTED EXPOSURE & COMPETENCE

### KEY TO RATINGS

- 1 Limited experience at this stage, acquiring introductory skills
- 2 Consistently undertaking aspects of the procedure
- 3 Fluent with principles but at this stage unable to complete independently
- 4 Able to perform straightforward cases but requires assistance with the difficult or complex
- 5 Able to perform independently and competently
- N/A Unable to assess due to lack of exposure during this term

<i>Rate trainee's performance regarding the following:</i>	1	2	3	4	5	N/A
1. Endoscopy (sound spatial orientation and endoscopic manipulation).						
2. Safe suturing and knot tying.						
3. Safe surgical dissection and haemostasis.						
4. Safe open surgical access to the abdomen and/or pelvis.						
5. Familiarity with the surgical anatomy, orientation, and relations of the abdominal contents.						
6. Ability to differentiate healthy from diseased abdominal organs.						
7. Familiarity with intra-abdominal and pelvic vascular anatomy.						
8. Familiarity with urological endoscopic instruments.						
9. Safe and thorough cystoscopic evaluation and simple manipulation (including biopsy, diathermy fulguration and stent removal).						
10. Safe use of stapling devices.						
11. Safe layered closure of an abdominal wound.						
12. Safe laparoscopic access to the abdomen.						
13. Safe basic laparoscopic dissection.						
14. Urethral dilatation and Suprapubic Catheter Insertion.						
15. Basic penile and Inguino scrotal surgery (e.g. dorsal slit, hydrocele repair).						
16. Prostate Biopsy.						

### Comments



## PROFESSIONALISM

*Professionalism includes such issues as conduct, presentation, respecting confidentiality, and maintaining open disclosure, as well as learning ethical principles, always acting within personal capabilities, accepting responsibility for own actions, and continually striving for self-improvement.*

### EXPLANATION OF RATINGS

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<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	<b>Recognised</b> the limits of their ability, and reliably asked for advice or assistance when appropriate.			
2.	<b>Dependable, contactable</b> , and completed tasks in good time.			
3.	<b>Accepted responsibility</b> for their actions, learnt from events without making excuses and deflecting blame.			
4.	<b>Punctuality, personal presentation, and general enthusiasm</b> in the workplace.			
5.	<b>Obtained informed consent</b> by fully explaining the nature and risks of interventions.			
6.	<b>Behaved</b> reasonably in times of stress, frustration, or conflict.			
7.	<b>Reaction to feedback or criticism.</b> Constructively used the information to measure and improve their performance rather than denying events or challenging them.			

### Comments





## COLLABORATION

A team structure is needed to provide quality health care, and each team member must respect others and be co-operative. The contributions of all team members must be valued. Opinions of medical, nursing, and allied health colleagues may help you form your opinions in this assessment.

### EXPLANATION OF RATINGS

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<b>JB</b>	<b>Just below</b> expectations; repeated mild deficiency, and need for some improvement
<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

Rate trainee's performance regarding the following:		M	JB	SB
1.	Provided <b>timely and constructive</b> consults or advice when asked by other disciplines.			
2.	Treated <b>juniors</b> and non-medical (clerical) staff in the same manner they treated peers or seniors.			
3.	<b>Co-operated with peers</b> when organising leave, rosters, clinical and unit administrative duties.			
4.	Performance in the clinical team. Made a <b>positive and constructive contribution</b> , rather than being disruptive and giving personal needs priority.			
5.	Interactions with <b>other disciplines, including ED and ICU</b> . Respectful and positive, demonstrating insight regarding the usefulness of consultation or advice from other teams.			

### Comments



### MANAGEMENT AND LEADERSHIP

*In their role as senior clinicians, surgeons are required to provide leadership, provide advice on the need for and distribution of health care resources, and be a role model and mentor to junior doctors and other health care professionals. Junior Trainees should be starting to understand these concepts.*

#### EXPLANATION OF RATINGS

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<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	Made themselves <b>available</b> to junior team members, to give advice, guidance and feedback.			
2.	Quality and timeliness of <b>medical records</b> (operation reports, letters, and inpatient notes).			
3.	Performance in undertaking the essential <b>non-clinical</b> (organisational) tasks of the Unit.			

#### Comments



## HEALTH ADVOCACY

*A doctor must be aware of the factors that affect the health of our community, how a patient's personal beliefs may influence their treatment choice, how allocating funds to one area of health care can reduce the resources available for other areas, and how the personal health of a doctor can affect the quality of the health care he or she provides.*

### EXPLANATION OF RATINGS

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<b>JB</b>	<b>Just below</b> expectations; repeated mild deficiency, and need for some improvement
<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

Rate trainee's performance regarding the following:		M	JB	SB
1.	Aware of <b>refraining</b> from working when impaired and understood that their health affects their performance.			
2.	Aware that <b>economic factors</b> need to be considered when ordering tests and choosing treatment.			
3.	Recognised and respected <b>patient factors and wishes</b> when choosing treatments for individuals.			
4.	Showed cultural competence ( <b>knowledge, skills, attitudes</b> ) when dealing with diversity.			
5.	Complied with <b>safe work hours</b> , recognising the impact long hours can have on their ability to perform safely.			
6.	Complied with <b>Unit policies and protocols</b> , which are systems in place to improve consistency and patient safety. Trainees sometimes want to use the protocols they are used to, and such changes increase the risk of error.			

### Comments



## COMMUNICATION

A doctor must develop positive relationships with others, respecting confidentiality and autonomy. Efforts must be made to adjust the manner and language of communication to suit the needs of each individual, and their manner must encourage questioning.

### EXPLANATION OF RATINGS

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<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	<b>Communication with patients</b> and their relatives. Pitched their language to the level of each patient and remained receptive to questions.			
2.	<b>Communication with work colleagues.</b> Pitched their communication appropriately so they were understood and was open to constructive dialogue.			
3.	General <b>reputation</b> for accessibility, attitude, cooperation and communication within the workplace.			
4.	<b>Responded appropriately when challenged</b> with criticism, questioning, or even frank aggression.			

### Comments



### SCHOLAR AND TEACHER

*A surgeon is expected to be keen to learn, to know how to access and interpret information, and be committed to teach others and improve their own teaching skills.*

### EXPLANATION OF RATINGS

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<b>JB</b>	<b>Just below</b> expectations; repeated mild deficiency, and need for some improvement
<b>SB</b>	<b>Significantly below</b> expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance regarding the following:</i>		<b>M</b>	<b>JB</b>	<b>SB</b>
1.	Addressed <b>knowledge gaps</b> - promptly read up on topics.			
2.	Attended <b>teaching sessions</b> - participated in discussions and optimised learning by pre-reading the topics.			
3.	Readiness to <b>teach others</b> (undergraduates, junior medical staff, nurses etc) – was prepared and delivered teaching sessions well.			
4.	Understood <b>research and statistics</b> and was able to critically appraise new studies and publications.			
5.	<b>Contributed to research</b> during this term.			

### Comments

## OVERALL ASSESSMENT

Has the trainee been rated 'just below' or 'significantly below' in any areas? Yes No

If yes, have these areas been discussed with the trainee? Yes No

Please provide further information on the areas rated 'just below' or 'significantly below'  
(if insufficient space please attach separate page)

*Note: Details of 'just below', 'significantly below' performance must be fully documented and attached to this assessment form, in addition to copies of minutes or notes from discussions, meetings or counselling sessions for performance related issues.*

Please determine whether the trainee has gained the skills and competencies expected to be acquired during this term and provide a rating of their overall performance:

Satisfactory

Unsatisfactory

Borderline (includes slow to progress)

- **Satisfactory** must not be ticked if there is doubt.
- If there are doubts, consider **Borderline**. It means that the trainee has not performed to the satisfaction of the unit in some areas. The specific issues will need to be outlined and discussed with the trainee, as well as, at the Regional Training Committee meeting that follows. Two Borderline assessments can lead to Probation and/or Extension of training, or other remedial measures.
- Details of overall **Unsatisfactory** performance must be fully documented and attached to this assessment form, in addition to copies of minutes or notes from discussions, meetings or counselling sessions for performance related issues.

Provide any general comments, or recommendations regarding this trainee, and their progress in training.

## PROBATIONARY STATUS/REMEDIATION TRAINING

Is the trainee currently on Probation? Yes No

Is the trainee currently on Extension? Yes No

Was a remedial training plan required following the last assessment report?  
*If yes, attach copy of plan* Yes No

Has there been significant improvement as a result of remediation? Yes No N/A