

**BOARD OF UROLOGY  
IN-TRAINING ASSESSMENT FORM  
nSET2 → nSET5/SET6 TRAINEE**

**TRAINEE INFORMATION**

Name: nSET: nSET2 nSET3 nSET4 nSET5  
SET: SET3 SET4 SET5 SET6

Assessment Period: Q1      Q2      Q3      Q4      Calendar Year:

No. Days Absent: Annual Leave      Exam      Sick      Study      Other

**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)**

**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:

**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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With the exception of CLEAR, all parts of this section refer to **THIS YEAR ONLY**.

**COURSES OR EXAMS COMPLETED THIS YEAR**

CLEAR                                      SSE (Urology)                                      Fellowship Exam

**COMPULSORY MEETINGS ATTENDED THIS YEAR**

USANZ ASM                                      Section Meeting                                      USANZ Trainee Week

**OTHER WORKSHOPS CONFERENCES OR MEETINGS ATTENDED - TECHNICAL SKILLS**

(medical knowledge, surgical skills, etc.)

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

(Teamwork, Communication, Leadership, Management, etc.)

**PRESENTATIONS GIVEN** (within Unit)

**PRESENTATIONS GIVEN** (outside hospital network)

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

**TEACHING RESPONSIBILITIES** - Details of any teaching you provided to medical students, nurses, junior doctors, or allied health professionals.

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

List any 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)**

*It is intended here to provide an assessment of the trainee's clinical and theoretical urological knowledge, 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.	Demonstrated appropriate <b>clinical and practical urological knowledge</b> .			
2.	Demonstrated appropriate <b>theoretical book and journal knowledge</b> .			
3.	Demonstrated appropriate and discriminate application of <b>newly learnt knowledge</b> to the clinical setting.			
4.	Followed a <b>reading program</b> .			

**Comments**

### KNOWLEDGE, SKILLS AND APPLICATION (Judgement)

*It is intended the following provides an assessment of this trainee's interpretation of clinical situations, their use and interpretation of investigations, and the application of their knowledge to individual cases.*

#### 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. Accurately elicited and interpreted <b>symptoms and signs</b> and treated or investigated appropriately.			
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. Able to make independent <b>clinical assessments</b> and decisions.			
4. <b>Clinical judgement</b> – able to accurately assess the clinical condition of patients, recognise complications early, and know when treatment was urgent.			
5. Able to select and interpret common urological <b>investigations</b> .			

**Comments**

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

*It is intended the following 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

<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>Preparation for procedures</b> – met patients beforehand, had all results available, and pre-read or reviewed surgical techniques before attempting them.			
2.	<b>Surgical technique</b> was measured, logical, showing purpose and progress in actions performed.			
3.	<b>Manipulative skills and dexterity</b> were appropriate and developing at the expected rate.			
4.	<b>Handling of tissues</b> was careful, and appropriate for the situation.			
5.	Knowledge of <b>surgical anatomy</b> , anatomical relations, and their approach to safe dissection.			
6.	<b>Surgical assistant ability</b> – was able to anticipate the surgeon's needs, provide exposure, and assist.			
7.	Listened to and followed intra-operative <b>instruction and advice</b> .			
8.	Diligently followed the clinical <b>progress and outcomes</b> of the operations they performed.			

#### Comments

## SUMMARY OF UROLOGICAL PROCEDURES AND EXPECTED 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>Trainees must enter the number of each procedure undertaken during the quarter in the first column before giving report to their supervisor</i>	No of Procedures	1	2	3	4	5	N/A
Simple lower urinary tract endoscopy (biopsy, stent, etc.)							
Complex lower urinary tract endoscopy [TUR(BT), difficult litholopaxy, etc.]							
TURP/other surgical BPH Rx - basic aspects							
TURP/other surgical BPH Rx - advanced aspects							
Ureteroscopy - basic aspects							
Ureteroscopy – complex (including use of laser)							
Percutaneous access to the kidney							
Percutaneous renal surgery - advanced (e.g. nephroscopy, orientation, biopsy or stone treatment)							
Inguinal-scrotal/penile surgery							
Open renal surgery – exposure, mobilisation and closure							
Open renal surgery – vascular and complex dissection							
Open abdomino-pelvic surgery – basic including exposure and dissection of the bladder							
Open abdomino-pelvic surgery - intermediate including cystectomy & lymphadenectomy							
Open abdomino-pelvic surgery – advanced including fistula, trauma & neo-bladder							
Continence surgery – vaginal dissections etc.							
Continence surgery – minimally invasive including slings, injections & botox							
Radical prostatectomy basic exposure							
Radical prostatectomy - advanced (dissection and reconstruction)							
Laparoscopy - basic (positioning, port placement, orientation, etc.)							
Laparoscopy - intermediate (renal cyst, simple nephrectomy or total nephrectomy for small tumour)							
Laparoscopy - advanced (complex dissection, mobilisation, resection, suturing, etc.)							
Trans-rectal ultrasound and biopsy prostate							
Video Urodynamics							
Flexible Cystoscopy							

### 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** expectations; needs immediate and substantial remedial attention.

Rate trainee's performance regarding the following:	M	JB	SB
1. Reliably <b>worked within their capability</b> and asked for advice or help when needed.			
2. Well <b>organised</b> , efficient, and was readily contactable.			
3. Consistently accepted the <b>responsibility</b> for the outcomes of their actions.			
4. Arrived on <b>time</b> , was well presented and prepared, and reliably completed tasks.			
5. Obtained <b>informed consent</b> by open disclosure and presented a balanced view to the patient.			
6. <b>Behaved</b> reasonably in times of stress, frustration, or conflict.			
7. <b>Reacted appropriately to feedback</b> or criticism. Constructively used the information to gauge themselves and improve. Did not rebut or challenge the content.			

### 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** expectations; needs immediate and substantial remedial attention.

Rate trainee's performance regarding the following:		M	JB	SB
1.	Treated <b>juniors</b> and non-medical staff in the same manner they treated peers or seniors.			
2.	<b>Considered peers</b> when organising leave, rosters, cover, clinical, and administrative Unit duties.			
3.	Performance in the <b>clinical team</b> . Made a <b>positive and constructive contribution</b> and gave credit where it was due.			
4.	Dealings with <b>other disciplines</b> – asked and provided consults and respected their value and perspective. This includes interactions with other departments (e.g. Medical, ED, ICU)			

### 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** 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. Performance as a mentor, role model, and advisor to junior staff.			
2. Quality and timeliness of <b>medical records</b> (operation reports, letters, and inpatient notes).			
3. Commitment to complete the essential <b>non-clinical</b> (organisational, administrative) tasks of the Unit.			
4. Aware that <b>economic factors</b> can be important when organising or recommending patient care.			

### 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance:</i>	<b>M</b>	<b>JB</b>	<b>SB</b>
1. <b>Aware of</b> only working when physically or mentally able.			
2. Recognised the impact of overly long work periods and complied with <b>safe work hours</b> and practice.			
3. Showed cultural competence ( <b>knowledge, skills, attitudes</b> ) when dealing with diversity & incorporates cultural factors when negotiating patient focused care.			
4. Employed, or helped improve, existing Unit <b>protocols</b> because they understood consistent protocols are important for patient safety.			
5. Aware of <b>risk factors</b> for illness and contributed to patient education and disease prevention.			

### 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance:</i>	<b>M</b>	<b>JB</b>	<b>SB</b>
1. <b>Communication with patients and their relatives.</b> Pitched their language to the level of each patient so they were understood and was open 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, doubts, persistent 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

**MET** expectations; performed in a manner expected for SET level

**Just below** expectations; repeated mild deficiency, and need for some improvement

**Significantly below** expectations; needs immediate and substantial remedial attention.

<i>Rate trainee's performance:</i>	<b>M</b>	<b>JB</b>	<b>SB</b>
1. When a gap was found in <b>knowledge</b> , promptly read the topic, and knew the answer next time.			
2. Attendance at <b>teaching sessions</b> - preparation, participation, and understanding in sessions.			
3. Readiness to <b>teach others</b> (undergraduates, junior staff, nurses, etc.), and the quality of their teaching.			
4. Understanding of <b>new research</b> , and their ability to critically appraise the conclusions and applicability.			
5. <b>Contribution to research</b> during this term.			

***This section is to be completed for trainees in nSET3 and above (pre-exam)***

Please document the trainee's current state of preparation for the Fellowship Examination

## 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/REMEDIAL 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