

# **Trainee Assessment Report**

# WBA FORM 01

#### Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees. Trainees should refer to relevant sections of the <u>Handbook for Accredited Training in OMS</u> detailing requirements for trainee assessments.
- Please complete this form and email to <u>omstrainee@racds.org</u> within two weeks of your midterm meeting (for borderline or unsatisfactory reports only) or by the six-monthly assessment report deadline 15 February and 15 August of each year.

Trainee Details									
Trainee name		Training	year OMS 1	OMS 2	OMS 3	OMS 4			
Training centre		Training period	Feb to Aug		Aug to Feb				
Training post/hospital									
Supervisor of Training	r of Training								
Director of Training									
Type of assessment	Midterm		Six-monthly						

Supervisor of Training – Assessment of Trainee's Performance							
the right	Please consider the trainee's performance in general terms against the criteria provided. Initial the box on the right to confirm you have consulted your colleagues, junior medical staff, and allied health personnel prior to completing this report.						
Key							
1	Unsatisfactory – performs significantly below that generally observed for this level of experience						
2	Below expectation – requires further development						
3	3 Meets expectation – performs at a satisfactory level						
4	Above expectation – performs at a level better than that which would be expected for the level of experience						
5	<b>Exceptional</b> – performs at a level beyond that which would be expected for the level of experience						
N/O Not observed							
Clini	linical Knowledge 1 2 3 4 5 N/O						
1	<b>Clinical knowledge of subject</b> (perspective to patient care, appropriate investigations, post-operative care)						
2	<b>Professional knowledge</b> (knowledge of hospital procedures, policy, medico legal aspects)						
3	<b>Clinical clerking</b> (adequacy of detail in written records, legibility, accurate drug charting)						
4	<b>History taking</b> (ability to take history and perform physical examination, obtains pertinent information, perceptive, thorough)						



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Procedural Skills		1	2	3	4	5	N/O
5	<b>Anatomical knowledge</b> (demonstrates adequate knowledge of anatomy during planning & procedures)						
6	<b>Surgical technique</b> (demonstrates good surgical technique, tissue & instrument handling, suturing & wound care)						
7	Adaptive skills (adapts techniques to the requirements of the situation)						
8	<b>Surgical judgment</b> (demonstrates adequate surgical judgment during procedures)						
9	<b>Surgical development</b> (analyses own technique & demonstrates quality improvement)						
10	<b>Ergonomics</b> (demonstrates efficiency with maintenance of technique and standards)						
11	Assistance (seeks assistance appropriately and timely)						
12	<b>Operative complications</b> (satisfactory response, in control – if not observed N/O)						
Clinic	cal Judgement	1	2	3	4	5	N/O
13	<b>Diagnostic skills</b> (identifies and prioritises patient problems, selects appropriate tests, understands and can interpret results)						
14	<b>Patient management</b> (synthesises data, makes appropriate management decisions, responds appropriately to call outs and provides emergency care as required)						
15	<b>Time management</b> (plans and organises work, sets goals and meets them, prioritises calls, seeks advice on priorities if needed)						
16	<b>Recognising limits</b> (accurate assessment of own skills, refers and consults with others as required, takes responsibility for actions)						
17	Ethical Skills (shows understanding and judgement of ethical issues)						
Com	nunication	1	2	3	4	5	N/O
18	<b>Communication skills</b> (communicates effectively in English, with clarity, logic of expression, etc.)						
19	<b>Ability to communicate with patients and families</b> (listening skills, respect, avoidance of jargon, coping with antagonism, responsive to patient's concerns)						
20	<b>Sensitivity and ethical awareness</b> (is aware of options and networks available to patients, treats patients as individuals, recognises and values differences)						
Cooperation and Teamwork		1	2	3	4	5	N/O
21	Ability to co-operate with other healthcare professionals (ability to work in a multidisciplinary team and with all team members irrespective of gender/culture, contributes effectively to teamwork, case presentations)						
22	<b>Initiative and enthusiasm</b> (gets involved, self-motivated, able to identify needs of the job, follows up without being prompted, thinks and plans ahead, shows commitment, asks questions of supervisors)						
23	<b>Takes responsibility for own learning</b> (evidence of reading up on cases, attends seminars and teaching sessions, asks questions, keen to discover new knowledge)						
24	24 <b>Motivation to teach</b> (medical staff, nurses, other health professionals)						



Professional Attitudes and Behaviour		1	2	3	4	5	N/O
25	<b>Reliability and dependability</b> (punctual, carries out instructions, fulfils obligations, complies with hospital policies, keeps up to date with work including letters, arranging meetings, notifies staff if expecting to be absent from duty)						
26	Ability to cope with stress, emotional demands and emergency situations (reports when stressed, asks for help when needed, shows coping skills)						
27	Personal manner (approachability, warmth, openness, rapport etc.)						

### Supervisor of Training – Assessment of Trainee's Progress on Assessments

Research activities during period (please tick)								
No progress		Research in progress		Study completed				
Clinical training and assessment (CTA)								
Case presentation plus discussion Assessment of operative process (AOP)								
Number completed Number completed								
Presentation of paper (please list)								

## Supervisor of Training – Feedback and Assessment

Trainee strengths and weaknesses

### Areas for improvement



As the supervisor of Training, I have determined the overall performance of the trainee in this period has been:								
Satisfactory								
Borderline								
Unsat	sfactory							
Supervisor of Training De	eclaration							
Name	Name							
Signature	Signature							
Trainee Declaration								
I discussed this assessment w	vith my Supervisor of Training							
I completed the mandatory six	-monthly trainee survey online							
I understand the RACDS <u>Tra</u> the <u>Reconsideration</u> , <u>Review</u> the <u>Trainee Support Program</u>	inees Requiring Assistance Poli and Appeals Policy and I am av	<mark>cy</mark> and ware of						
Name								
Signature			Date					
Director of Training Decla	aration							
This report has been confirme	d as:							
Satisfactory								
Borderline		٨	lote: Please	e contact the College if borderline or unsatisfactory.				
Unsatisfactory								
The logbook has been confirm								
Satisfactory		Note: Please contact the College if borderline or unsatisfactory.						
Borderline								
Unsatisfactory								
Name								
Signature			Date					