LondonDeanery Form - Surgical Training Record

NHS London

Assessment period: From …… To ……

*This is an official School of Surgery document for training programmes managed by the London Deanery. A form is to be completed at the end of each placement by the trainee and trainer, and then **signed by at least 3 departmental consultants**. Signed & completed forms are to be presented by the trainee to the ARCP panel.*

General Information

This form should be completed by the trainee before handing to trainer for completion.

Name of Trainee		**Form completed by (Name of Trainer):**	
Training number		ST Year *Please circle*	**ST 1 2** / **SpR n/a** — **3 4 5 6 7 8** / **1 2 3 4 5 6**
Current year of training:	1 2 3 4 5 6	Expected CCT date: *Where applicable*	
Current Post and Hospital (Please indicate % of time if not 100%)		Duration of absence due to sick leave / maternity leave during assessment period:	
Educational Supervisor:		Training Programme Director:	
Other training consultants on firm:			

Training to date	Grade	Unit	% Time if not 100%	Months equiv	Total months
Time off/ not counted					
Time left	6 year training = 72 months, 4.5 year training = 54 months				

Trainee: Please detail below your typical weekly activities including your on-call commitments and the consultants you work with:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
AM					
PM					

Consultant 1 signature (Educational Supervisor):		*Date:*	

Consultant 2 signature (Clinical Supervisor):		*Date:*	
Consultant 3 signature:		*Date:*	
Consultant 4 signature:		*Date:*	
Trainee signature:		*Date:*	

Assessment

To be completed by trainer:

Criteria		Please indicate specific areas where this trainee is deficient, where targeted training or repeat training may be required, or where the trainee excels. Where grading is C or U, an explanation must be given. ***Please include a detailed letter to STC if there are several areas of concern.***	***Grading:*** ***E=Excellent*** *A=Acceptable* *C=Cause for concern* *U=Unacceptable*
Knowledge	Scientific		
	Clinical		
Clinical competence	History Taking		
	Physical Examinations		
	Investigation		
	Diagnosis		
	Management		
	Judgement		
Surgical & Practical Skills	Planning		
	Dexterity		
	Technical Ability		
Working methods	Prioritisation of work		
	Organisational ability		
	Insight to seek help		
Communication skills	Team working		
	Relationship with patients		
	Relationship with colleagues		
	Relationship with other staff		
	Informed consent		
	Breaking bad news / Bereavement		
Attitude	Commitment / Motivation		
	Leadership		

	Take responsibility		
	Flexibility		
	Cope under Pressure		
	Reliability		

Markers of Achievement *(for this assessment period only)*

Trainee: Please detail below the postgraduate activities you have taken part in during this placement / period of assessment *(Please extend to an attached sheet (signed) if necessary).*

Presentations / Posters / Abstracts	Titles & authors	Date
International		
National		

Published Work	Journal Title Full Citation inc Pub Med number	Date
Peer Review Papers		
Case Report		
Book Chapter		

Higher Degrees Obtained / Examinations Taken	Full name of institution	Pass Credit / Merit Distinction	Date

Teaching during this Placement *Please indicate if you have designed/ led teaching programmes or if you have undergone formal training in teaching methods.*	Regionally Nationally Internationally

Quality Improvement during this Placement	Within the department

Please indicate if your audit findings led to changes that have improved the quality of patient care.	Within the Trust Nationally Internationally

Other Markers of Achievement during this Placement *(eg Grants / Fellowships awarded – National / International)*	Value of award

Summary Conclusion

To be completed by trainer:

Outcome	Clinical	Academic
Progress to next phase of training *Expected rate of progression and development of competencies achieved for level of training*		
Targeted training required - no additional time *Need to achieve specific objectives to attain required standard for year of training*		
Additional time required *Inadequate progress made by trainee. Specific objectives needed to attain required standard for year of training*		
Incomplete evidence		

Strengths	Plans for further development
Areas for improvement	**Action plan**
Additional comments from trainer *(please extend to an attached sheet (signed) if necessary)*	

Comments from other departmental consultants *(Consultants with additional or dissenting opinions should attach a letter with full explanation)*

To be completed by trainee:

Trainee's comments *(please extend to an attached sheet (signed) if necessary)*