



New Zealand Orthopaedic Association *Mid-term/Training Days Assessment*

Trainee Name: XXXX has/has not successfully completed the Training Days requirements

Year of Training:

Date of Training Days:

| | Struggling | Satisfactory | Excellent | Comments |
|------------------------------------|------------|--------------|-----------|----------|
| Clinical Knowledge | | | | |
| Patient Assessment | | | | |
| Judgement / decision making | | | | |
| Communication | | | | |
| Professionalism | | | | |

Additional Committee comments/issues for attention:

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Trainee comments:

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Education Committee representative Signature: Date:

Trainee Signature: Date:.....