



New Zealand Orthopaedic Association Mid Term/End of Term Assessment



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|--|-------------------------------|--|
| TRAINING PERIOD | FROM: / / | TO: / / |
| NAME OF TRAINEE | PROBATIONARY TERM YES / NO | |
| No. DAYS ABSENT | | REASON (eg. holiday/exam/study/illness): |
| HOSPITAL | | |
| NAME OF UNIT | | No. SURGEONS ON UNIT: |
| SURGICAL SUPERVISOR | | |
| <p>NAME & POSITION OF MEMBERS OF UNIT CONSULTED FOR THIS ASSESSMENT (eg. consultants, nurses, allied health)</p> <p>NB: Input is required from ALL surgeons on the Unit to reach consensus in the assessment.</p> | | |

The NZOA Office must receive completed end of term assessment forms no later than two weeks after the assessment is completed. **Failure to sign and submit these forms within two weeks could result in the term not being accredited and possible commencement of Probationary Training. The Mid term assessment is due in the NZOA office on 15 March and 15 September each year.**

Trainees send forms to:
 New Zealand Orthopaedic Association
 PO Box 5545
 Wellington 6140

Phone: 04 913 9898
 Email: prue@nzoa.org.nz
 Fax: 04 913 9890

Notes to Surgical Supervisor on completing this form

- The Surgical Supervisor on the Unit, or a delegate, must seek the input of ALL consultant members of the Unit to reach **consensus in the assessment** of each of the competencies listed on the form. This might best be achieved at a face-to-face meeting of all consultants. Other persons who have had contact with the Trainee may also be approached to contribute to the assessment.
- The competencies listed in the 'Competent' column are those which have been identified as being required of all Trainees prior to graduation. Assessors are to categorise each Trainee's performance against each specified competence and against one of the four descriptors taking into account the Trainee's level of training.
 - N - Not Competent** – is lacking in competence in the designated area or is unsafe
 - B - Borderline** – not yet competent, requires additional time, experience and/or additional training to improve;
 - C - Competent** correctly demonstrates required competence - meets expected standard;
 - E - Excellent** – consistently demonstrates an unusually high level of performance
- It is expected that the majority of Trainees will fall in the 'competent' category for most competencies. Assessors are asked to write in the right hand column the letter **N, B, C, E** that best reflects the Trainee's performance during the training period for each specified competency.
- Although the assessment form may be filled out in the absence of the Trainee, the Supervisor must subsequently meet with the Trainee to discuss the assessment and to review the logbook data. Following this, the Trainee is required to sign the form and forward it together with the logbook summary to the NZOA Office. Both forms must be returned within 2 weeks of the end of term date. The Supervisor is advised to retain a copy of the assessment for future reference.

Notes on the responsibilities of Surgical Supervisors in managing Trainees

- Surgical Supervisors play a crucial role in the continuing formative assessment of trainees. It is important that care and attention be given to Trainee's performance of the identified competencies throughout their training.
- If a Supervisor is concerned about a trainee they are advised to record these concerns at an early stage and to ensure that both major and minor incidents are contemporaneously recorded so that any emerging pattern may be identified.
- Surgical Supervisors are obliged to inform a Trainee at an early stage of any concerns they might have. Supervisors should discuss their concerns with the Trainee in a matter-of-fact and confidential manner, and record the outcome of any discussions or interviews they might conduct.
- The outcome of such discussions or interviews should be a written plan of action to remedy the identified area(s) of concern, signed by both the Supervisor and Trainee.
- If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion the Supervisor must convey their concerns in writing to the Trainee and to the Chair of the Education Committee.

Notes on the Mid term assessment

- The Mid term assessment is formative and will not result in probation or affect a trainees progress through SET
- The purpose is to flag any issues so that these can be addressed for the remainder of the rotation and a remedial plan put in place if necessary

Notes on the responsibilities of Trainees in participating in end of term assessment and logbook review

- It is the Trainee's responsibility to participate in the assessment process and to have the assessment form completed on time.
- The Trainee must arrange to meet with the Surgical Supervisor to discuss the assessment and to have the logbook data reviewed. Sufficient notice must be given to allow all consultants on the Unit to meet and discuss the assessment prior to the Trainee and Supervisor meeting. If the Surgical Supervisor is to be on leave during this time, arrangements should be made to complete the form at an earlier stage
- The Trainee must sign and return the form and logbook summary to the **NZOA Office** no later than **two weeks** after the end of term date. Please see the front page for contact details of the NZOA office.
- Non-submission of a signed form within the two-week time frame may result in **PROBATION** for a minimum period of 6 months and possible non-accreditation of the term. Trainees are required to **retain a copy** of this form in their portfolio records.

Notes on probationary training

- If the end of term assessment is rated 'unsatisfactory', in accordance with the NZOA Regulations, the Trainee is **immediately placed on probationary training** for a minimum of 6 months, and pending further review by the NZOA Education Committee.
- Should a Trainee's overall performance be rated 'unsatisfactory' at the end of term, while on probationary training, this may constitute grounds for considering dismissal, in accordance with the College's Dismissal Policy.
- Regulations and policies relating to probationary training and dismissal are available on the College website.

Specialist Training In Orthopaedics

| Not Competent (N) | Borderline (B) | Competent (C) | Excellent (E) | Rating |
|---|--|---|--|--------|
| MEDICAL EXPERTISE – access and apply relevant knowledge to clinical practice | | | | |
| Poor knowledge base Significant deficiencies or poor perspective Allows deficiencies to persist | Needs direction to study Struggles to correctly/accurately apply scientific knowledge to patient care | Maintains currency of knowledge Applies scientific knowledge to patient care Reads appropriately, asks for information and follows-up Recognises and solves real-life problems | Outstanding knowledge Knows common areas in depth Aware of the unusual Excellent application of knowledge in clinical situation | |

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| TECHNICAL EXPERTISE – safely and effectively perform appropriate surgical procedures | | | | |
| Fails to acquire appropriate skills despite repeated instruction/practice. Too hasty or too slow. Rough with tissue. | Is inconsistent in retaining procedural knowledge/ skills Lacks attention to detail. Hesitant. | Consistently demonstrates acquisition, practice and retention of sound procedural knowledge, surgical skills and techniques for level of training | Excellent and SPECIALIST abilities in procedures and techniques Excellent pre-operative preparation | |
| Poor manipulative skills Poor hand/eye coordination | Slow in learning new skills Lapses in dexterity | Demonstrates manual dexterity required to carry out procedures Good hand/eye coordination | Outstanding technician Fluent and always in control Meticulous | |
| Unable to adapt skills and techniques | Ongoing weaknesses Struggles to adapt skills to different contexts | Adapts their skills in the context of each patient—each procedure | Extremely good at adapting skills for varying operative situations Excellent surgical judgement | |
| Lacks enthusiasm and/or initiative to participate and/or learn | Fails to improve skills and/or learn from experience | Maintains skills Effective in learning new skills | Seeks opportunities to learn new skills. | |
| Lacks care and diligence in approach 'Near enough is good enough' | Requires close supervision | Approaches and carries out procedures with due attention to safety of patient, self, and others | Outstanding clinician Constantly aware and responds to patient, self and team members | |
| As surgical assistant fails to follow operation | Has lapses of concentration | Follows the operation with guidance from the operator | Anticipates the needs of the operator & responds accordingly | |
| Ignores/fails to follow up problematic performance Little recognition of deficiencies in skills or techniques | Occasionally acknowledges/ follows up on problematic performance Ignores feedback | Consistently analyses their own clinical performance for continuous improvement Learns from feedback from others | Accurate in self-appraisal, excellent insight Seeks and accepts criticism & responds appropriately Aware of own skill limitations | |

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|--|--|--|--|--|
| JUDGEMENT – clinical decision making/organise diagnostic testing, imaging and consultation as needed | | | | |
| Incomplete or inaccurate Poor basic skills | Hesitant or inconsiderate of patient Lacks attention to detail. | Takes a history, performs an examination, and arrives at a well-reasoned diagnosis Efficiently and effectively examines the patient | Precise, thorough and perceptive | |
| Incomplete/inaccurate recognition of significant symptoms Significant errors/ omissions in diagnosis Frequent inaccuracies history, signs or diagnosis | Poor presentation/discussion of clinical cases Occasional inaccuracies in diagnosis Sometimes confuses priorities | Recognises symptoms, accurately diagnose, and manages common disorders Differentiates those conditions amenable to operative and non-operative treatment Concise and correct on clinical details Arrives at appropriate conclusions in case presentations | Accurate and efficient Considers a wide range of symptoms and factors Insightful perspective in case discussions | |
| Inadequate or Inappropriate, poor selection and/or interpretation Disregards patient's needs or circumstances | Unable to appropriately justify use of selected investigations Occasional errors in interpretation that could lead to patient problems Disregards system needs | Selects appropriate investigative tools and monitoring techniques cost-effectively Appraises and interprets results of investigations against patient's needs in the planning of treatment Critically evaluates the advantages and disadvantages of different investigative modalities | Always selects optimal investigations Excellent interpretation Safe, efficient and cost effective approach to use of investigations | |
| Unable to make a decision Unable to suggest alternative interpretations | Some suggested alternatives are inappropriate Ignores data that does not fit interpretation Presentation unclear, disorganised | Formulates a differential diagnosis based on investigative findings Evaluates the significance of data Indicates appropriate alternatives in the process of interpreting investigations and in decision making Clear & concise presentation of findings | Precise, well organised, thorough, systematic, focused - Presentation of findings - Indicates relevant alternatives - Decisions based on data | |

| Not Competent (N) | Borderline (B) | Competent (C) | Excellent (E) | Rating |
|--|---|---|---|--------|
| JUDGEMENT – continued | | | | |
| Poor record keeping – incomplete, disorganised, irrelevant, illegible – not up-to date | Records difficult for others to follow | Contemporaneously maintains accurate and complete clinical records Precise and focused Complies with required organisational structure | Perceptive of relevant information / data for documentation Records very easily accessible | |
| Disinterested or indifferent approach to patients Fails to grasp significance or respond accordingly | Culturally incompetent Ignores/overlooks some patient's needs | Manages patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs Considers all issues relevant to the patient | Excellent and highly developed ability to manage & interact with patients and to anticipate and/or respond to their needs | |
| Copes poorly in situations of stress and/or complexity Under or over reacts | Can show signs of stress when managing trauma patients | Effectively manages the care of patients with trauma including multiple system trauma Maintains controlled approach & demonstrates sound judgement during times of stress/complexity | Anticipates possible risks and/or complications In stressful situations always maintains orderly approach and demonstrates sound judgment | |
| Inadequate planning Inadequate involvement in pre & post-operative care Fails to grasp significance of symptoms or respond accordingly | Slow to anticipate/ manage complications Slow to call for assistance Under estimates complexity and/or risk factors | Plans, and where necessary implements a risk management plan. Conscientious and reliable follow-up Effectively manage complications— operative procedures & underlying disease process Identifies and manages risk Manages complexity and uncertainty | Outstanding clinician who - anticipates possible risks/complications - identifies problems early - follows-up meticulously - coordinates and uses other personnel effectively | |

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| COMMUNICATION – communicate effectively | | | | |
| Disliked by patients because of poor interpersonal skills Bad listener Poor communicator Increases patient anxieties Patients remain confused or unclear and/or unable to follow instructions | Limited discussion with patients around issues of informed consent and/or treatment options | Trusted by patients. Listens well Communicates with patients (and family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making Communicates with patients (and family) the treatment options, potentials, complications, and risks associated with all treatment modalities Recognises 'bad news' for patients and relatives & modifies communicates | Possesses excellent interpersonal skills Develops excellent rapport with patients & team members Inspires confidence Patients delighted to be looked after by this trainee Demonstrates empathy appropriately | |
| Unaware of patient's needs Unable to communicate under varying conditions/situations | Limited perception of patient's perspective or communication needs | Appropriately adjusts the way they communicate with patients & relatives to accommodate cultural and linguistic differences and emotional status | Always interacts effectively with patients according to their social & health needs | |
| COLLABORATION - work in collaboration with members of an interdisciplinary team where appropriate | | | | |
| Refuses to facilitate team function Does not acknowledge the contributions of others May undermine team members or function | Poor relationship with peers and other professionals Reluctant to offer assistance to other team members | Good rapport with nursing and other medical staff. Willing to help Employs a consultative approach with colleagues and other professionals Communicates effectively with and co-ordinate surgical teams to achieve an optimal surgical environment | Always willing to help even if personally inconvenient Excellent working relationship with other professionals Always supports colleagues and junior staff | |
| Causes disruption/problems Fails to recognise own disruptive behaviour | Ignores or fails to acknowledge misunderstandings | Initiates the resolution of misunderstandings or disputes with peers, colleagues, and others | Effectively diffuses any problems in the surgical team | |
| Reluctant/unable to work as a multi-discipline team member Self-focused Unreliable Fails to seek assistance with issues of patient care Ignores or is unaware of their own limitations | Lacks understanding of contributions of other professionals to patient care Works effectively with some team members but not others Slow in referring patients to other professionals | Respectful of & appreciates different kinds of knowledge and expertise which contribute to effective functioning of a clinical team Develops a patient care plan in collaboration with members of an interdisciplinary team Collaborates with other professionals in the selection/ use of various treatments assessing the effectiveness of options Recognises and facilitates referral of patients to other professionals | Excellent team member Extremely knowledgeable about the contribution of different fields of care Aware of and seeks the contribution of different fields and refers patients in a timely and appropriate manner | |

| Not Competent (N) | Borderline (B) | Competent (C) | Excellent (E) | Rating |
|--|--|--|---|--------|
| MANAGEMENT and LEADERSHIP – effectively use resources to balance patient care and system demands | | | | |
| Unaware of management constraints and/or expectations Reluctant to take on any management responsibility Wasteful of resources | Lacks insight into the impact of system demands Poor interaction with and/or supervision and management of junior medical staff | Identifies and differentiates between resources of the health care delivery system and individual patient needs. Effectively assesses and manages systemic risk factors Applies a wide range of information to prioritise needs and demands Directs and supervises junior medical staff effectively | Willing to contribute to health services management Uses resources very effectively for patient care balanced with patient need Excellent role model for junior medical staff, all ways offers support for junior medical staff | |
| HEALTH ADVOCACY | | | | |
| Ignores/jeopardises own or colleagues health or well-being | Poor care of own health | Promotes health maintenance of colleagues Looks after own health | Maintains high level of fitness and encourages others | |
| Takes little interest in patient health beyond surgery | Limited knowledge of causal issues relating to patient health | Advocates patient health Discusses causal health issues with patient | Very knowledgeable and active in advocating patient health including preventative measures | |
| SCHOLAR and TEACHER – recognise the value of knowledge and research and its application to clinical practice | | | | |
| Little evidence of reading texts or journals Needs direction to study | Reading of research /texts is undirected Has difficulty applying knowledge to practice | Assumes responsibility for own learning Draws on different kinds of knowledge in order to weigh up patient’s problems-context, issues, needs & consequences Critically appraises new trends in Orthopaedic Surgery | Always keen to discover new knowledge Takes extra courses & learning opportunities | |
| Avoids teaching if possible. Poorly prepared, poorly delivered | Ineffective as a teacher | Facilitates the learning of others Competent and well prepared in teaching others | Enthusiastic/inspiring teacher Logical and clear Excellent teaching skills | |
| PROFESSIONALISM – appreciate the ethical issues associated with Orthopaedic Surgery | | | | |
| Behaviour inconsistent with ethical ideals | Little knowledge / interest in ethical or medico-legal issues | Consistently applies ethical principles Identifies ethical expectations that impinge on common medico-legal issues | Highly conscientious Anticipates areas where medico-legal issues may arise | |
| Late, idle, unreliable, forgetful Off-loads work onto others | Occasionally difficult to contact or leaves tasks incomplete | Acts responsibly Dependable, conscientious Always completes tasks | Applies self beyond the ‘call of duty’ | |
| Copes poorly under stress ‘Disappears’ when problems arise | Pays little regard to clinical audit | Regularly participates in clinical audit Willing to undergo close scrutiny Responds appropriately to stress | Anticipates and remains efficient “when the going gets tough” Seems to thrive on pressure | |
| Has problems acknowledging/ recognising mistakes Unable to accept criticism | Only accepts criticism from some | Acknowledges & learns from mistakes Accountable for own decisions/actions Recognises & acknowledges their limits | Prompt response to criticism marked improvement and positive change | |
| Has inaccurate view of own performance | Over confident | Employs a critically reflective approach | Has great insight into their level of performance | |

Supervisor comments on competencies:-

| ESSENTIAL CRITERIA | UNSATISFACTORY =U | SATISFACTORY =S | Please Write a 'U' or 'S' below for each criteria. |
|--------------------------|--|--|--|
| Communication | Bad listener and communicator. Disliked by patients and/or nursing staff. Increases patient anxieties. | Listens well, explains well. Trusted by the patient and the nursing staff. | <input type="checkbox"/> |
| Co-operation | Refuses to help out. Poor relationship with peers and nursing staff. | Good rapport with nursing and other medical staff. Willing to help. A team player. | <input type="checkbox"/> |
| Self-motivation | Idle, lacking in any work enthusiasm. Behind with letters or summaries. | Hard-working, keen to learn, self organises waiting list. | <input type="checkbox"/> |
| Work Ethic | Poor time management. Forgets to do things. Unreliable. Does not heed advice. | Dependable. Efficient in use of his/her time. Completes tasks and anticipates well. | <input type="checkbox"/> |
| Ability to Manage Stress | Copes poorly. "Disappears" when problems arise. May show aggression towards junior medical or nursing staff. | Responds appropriately, seeks help when needed, Copes very well. Always relaxed in a crisis. Never angry nor aggressive. | <input type="checkbox"/> |
| Honesty | Lies to cover defects in work. Does not report information correctly. Covers up errors or blames others for problems. Untrustworthy. | Honest. Admits mistakes. Trustworthy. | <input type="checkbox"/> |
| Empathy | Relates poorly to patients and families. Arrogant. | Relates to patients and families in an appropriate manner. | <input type="checkbox"/> |
| Teamwork | Fights with nursing staff or complaints frequently received from nursing staff about the trainee. Does not work well with junior staff or peers. | Works well with medical staff. Regarded as a team player by nursing staff. Well respected by peers and junior medical staff. | <input type="checkbox"/> |
| Insight/Self Awareness | Lacks insight into own poor performance. Fails to take action or advice to improve performance. Denies there is an issue. | Demonstrates insight into own performance. Addresses issues when advised. Self critical and incisive. | <input type="checkbox"/> |

PLEASE NOTE: The Board considers satisfactory grades in the above non-technical criteria essential for a surgical career. A discussion with the Director of Medical Services may be necessary to gain knowledge of any staff or patient complaints received. The receipt of a 'U' in any of the above categories **may** result in immediate Probation for this trainee. If the trainee is already on Probation, their continuation in the training program will be discussed.

Supervisor comments on essential criteria:-

| | | | | |
|---|------------------------------|---|--|--------------------|
| RESEARCH ACTIVITIES DURING CURRENT TERM: please circle appropriate statement | | | | |
| No current project | Research project in progress | Project being prepared for submission for publication | Article(s) accepted for publication and/or published | Research completed |

| | | | |
|---|---|-----|----|
| HAS THE TRAINEE BEEN RATED LESS THAN 'COMPETENT' IN ANY AREAS? (please circle – if YES, this must correlate with ratings given on the form) | YES | NO | |
| | ■ Has each of the areas been discussed with the Trainee? | YES | NO |
| | ■ Has a remedial plan been discussed and instigated with the Trainee? | YES | NO |

PLEASE PROVIDE FURTHER INFORMATION ON THE AREAS RATED LESS THAN 'COMPETENT' (if insufficient space please attach separate document).

Note: Details of area(s) of less than competent performance must be fully documented and attached to this assessment form in addition to copies of counselling session minutes/notes from performance related discussions or meetings that have been held in the hospital

RATING OF LOGBOOK DATA (please check major cases, primary operator rates) Note only required for the End of Term Assessment

▪ **Satisfactory**

▪ **Unsatisfactory**

Fill out either Mid Term or End of Term Option below

OVERALL RATING OF TRAINING ROTATION at MID TERM

▪ **Satisfactory**

▪ **Unsatisfactory** Discuss with trainee and document an action plan for the rest of the term.

OVERALL RATING OF TRAINING ROTATION at END OF TERM

▪ **Satisfactory** This training period will be accredited towards SET.

▪ **Unsatisfactory** This training period will NOT be accredited towards SET. The Trainee will immediately commence on probationary training pending a review by the Regional Chair.

SIGNATURE OF SURGICAL SUPERVISOR

I hereby verify that all consultants on the Unit have contributed to this assessment and that the assessment and logbook data has been discussed with the Trainee.

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

SIGNATURE OF TRAINEE

I have sighted the assessment on this form: (please circle) YES / NO

I have discussed the assessment with my Supervisor: (please circle) YES / NO

I agree with the assessment on this form: (please circle) YES / NO

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

The NZOA Office must receive completed assessment forms no later than two weeks after the end of the training rotation. **Failure to sign and submit these forms within two weeks may result in the term not being accredited and the possible commencement of Probationary Training.**

The Mid term assessment must be received no later than either 15 March or 15 September.