Board of Vascular Surgery

Royal Australasian College of Surgeons, Australian and New Zealand Society for Vascular Surgery

In-Training Assessment Form

Supervisors and Trainees please refer to instructions below

This form replaces the Trainee Assessment Form: Specialist Surgical Training Assessment Form (Dec 2005).

Trainees are assessed against the specified logbook and research requirements, and the nine RACS competencies for surgery. All sections of this form are to be completed.

The form is intended for use as an In-Training or Mid-Run (Formative) assessment tool as well as an End-of-Term (Summative) assessment tool. The Board requires that Trainees submit this completed form to the Board three times per 12 months, but the Board encourages its use by Trainees and Supervisors more frequently than this.

The terminology used had been adapted to conform to the NOTSS terminology in describing cognitive and behavioural aspects of performance and aligned with performance descriptors from the RACS Competency Standards. Trainees are assessed against the performance descriptors appropriate to their level in the SET program. Trainees applying for the Part II Examination are assessed against the SET5+ level.

For most Competency Categories the following four point grading system is used:
Exceeds (Performance was of a consistently high standard and well above the trainee's current level within the SET program),
Achieved (Performance was of a satisfactory standard or of a satisfactory standard but could be improved in certain non-critical aspects),
Borderline (Competency not yet achieved and improvement is needed. It is considered trainee will achieve competency in time),
Not Achieved (Performance endangered or potentially endangered patient safety, and serious remedial action is required).
A middle or average grade has been intentionally omitted.

For the Competency Categories both the Trainee and the Supervisor are to enter Scores. These Competencies have individual "Elements" or sub-descriptors. These are to be scored individually. ***The Trainee should enter all their scores before the Supervisor.*** *The purpose of this is to indicate the degree of trainee insight into their training progress.*

The Supervisor is to derive an overall score based on the Supervisor score for individual elements for each of the Competency categories specified.

Some Competencies constitute "Essential Criteria" which the Supervisor alone will score. These are indicators of minimum behaviour standards for Surgeons and Trainees.

Space for Supervisor and Trainee Comment and Overall Recommendations is provided near the end of the form. Comments must be made.

The Supervisor is to provide an overall assessment (page 12) based on the Trainee's performance in each of the Competencies and Essential Criteria. A Not Achieved overall rating in any Competency or Not Achieved rating in any Essential Criteria will result in an Not Achieved overall assessment. A Borderline overall rating in two or more Competencies will result in a Borderline overall assessment.

Supervisors are strongly encouraged to consult widely in compiling this form and to maintain documentation of trainee performance (e.g. DOPS, MiniCEX and Problem Based Discussions).

Trainee Information

Trainee Name: _____ Training Period: From: _____ To: _____

Assessment Type: ☐ Mid-term ☐ End of Term Probationary Term: ☐ Yes ☐ No

Days Absent: _____ Absence Type: ☐ Annual Leave ☐ Exam ☐ Study ☐ Sick ☐ Other

SET Level: _____

Hospital Information

Hospital Name: _____ Name of Unit: _____

Numbers of Consultants: _____ Training Supervisor: _____

Name and position of members of unit consulted for this Assessment
Note: All consultants on the unit are required to reach consensus for each competency listed.
Only one form is to be submitted to record the assessment

Name	**Position**

Courses, Workshops or Examinations completed this term

Course Name	**Dates**

Open Surgery & Endovascular Logbooks

Open Surgery and Central (aortic/visceral/carotid) Endovascular Cases The expected standard is that a trainee will participate in at least 100 Major Vascular Procedures per year of SET 1-5 and at least 600 Major Vascular Procedures overall in this same period.

Number of Major Vascular Procedures **this term**: _____/100 Overall Number of Major Vascular Procedures in **Logbooks:** _____/600
Total Number of Major Vascular Procedures **this year**: _____/100

Percentage Primary Operator in Major Vascular Procedures **this term:** _____%

Endovascular Cases The expected standard is that a trainee will have performed at least 100 Peripheral Endovascular Therapeutic (PET) procedures as Primary Surgeon (this fulfils the case requirements for recognition in training by the Conjoint Committee in Peripheral Endovascular Therapy) and has participated in at least 150 cases by the completion of SET5

Overall Number of PET Procedures Performed as Primary Surgeon **this year**: _____ Total Number of PET Procedures Performed as Primary Surgeon **in Logbooks:** _____/100

Overall Number of PET Procedures **this year**: _____ Overall Number of PET Procedures **in Logbooks**: _____/150

Conjoint Committee training requirements:

☐ Complete ☐ Incomplete

Ultrasound Logbook and Case Reports

Vascular Laboratory and Ultrasound The expected standard is 100 hours of experience over SET 1-5 with the additional requirement that this be fulfilled prior to and as a condition for application for the Fellowship Examination. No more than 20 hours of therapeutic ultrasound (EVLA, ultrasound-guided puncture, etc.) will be accepted.

Number of Ultrasound hours completed: _____/100

☐ Complete ☐ Incomplete

Ultrasound requirements need to be completed to be eligible for application for the RACS Vascular Part 2 Examination,

Ultrasound Case Reports 10 Case reports are to be compiled and submitted to the Board over SET 1-5 with the additional requirement that this be fulfilled prior to and as a condition for application for the Fellowship Examination.

Number of Case Reports completed: _____/10

☐ Complete ☐ Incomplete

Case Report requirements need to be completed to be eligible for application for the RACS Vascular Part 2 Examination,

Research

Research Requirement A minimum requirement of 5 points are to be met prior to completion of SET5. Points are accrued as follows: Presentation at State Registrar meeting 1 point, Presentation at ANZSVS meeting or RACS ASC 2 points (Max. 4 points), Poster presentation at ANZSVS or RACS ASC 1 point (Max. 2 points), Publication in refereed medical journal 2 points (Max. 4 points), Higher Degree (MS) 2 points, Higher Degree (PhD, MD) 3 points, Publication in non-refereed journal/online article 1 point, 0.5 of a point for publication of a case study. Additionally, at least one publication or presentation must be completed during the course of vascular training.

Presentation or Publication	Points

☐ Complete ☐ Incomplete

Research requirements need to be completed to be eligible for application for the RACS Vascular Part 2 Examination.

Supervisor Comments

Trainee Comments

Section 1. Technical Expertise Competency - Surgical & Endovascular Skills

General Technical Skills. The trainee's general dexterity, tissue/instrument/wire/catheter handling, familiarity with instruments and materials, consistency of skill, techniques employed, and overall efficiency.

Primary Operator Experience. Refers not only to the trainee's experience as primary operator but also to level of direct supervision required and the capacity to deal with increased levels of case complexity.

Scope of Procedures Performed. The supervisor observed ability to safely complete indicative operative procedures specified in the Operative Competency Matrix (pages 12 & 13) according to the trainee's SET Level.

	Technical Competency Standard		
	General Technical Skills	**Primary Operator Experience**	**Scope of Procedure Performed**
SET 1-2	Has basic tissue/instrument/wire/catheter handling skills. Familiar with common instruments and materials. Some clumsiness and slowness expected.	Most procedures require supervision and direction. Primary operator experience 20-50%. Trainee may become “stuck” at times and may often require redirection.	See Matrix (page 12).
SET 3-4	Familiar with a broad range of techniques, instrumentation and materials. Adapts technique to the requirements of the situation with prompting or after failed attempts.	Minor procedures can be performed safely and reliably without direct supervision. Sequence and execution of common procedures is understood. More complex procedures may still require direction. Primary operator experience 30-50%%.	See Matrix (page 12).
PART II EXAM & SET 5+	Precise tissue/instrument/wire/catheter handling. Efficient technique. Anticipates adaptations of technique for special situations and enacts these automatically	The trainee safely and reliably executes all procedures enabling indirect supervision in most circumstances. Primary operator experience 60%+	See Matrix (page 12).

Exceeds	Achieved	Borderline	Not achieved	Assessment							
Surgical/Endovascular Skill				E	A	B	N	E	A	B	N
				Trainee				Supervisor			
General Technique				☐	☐	☐	☐	☐	☐	☐	☐
Primary Operator Experience				☐	☐	☐	☐	☐	☐	☐	☐
Scope of Procedures Performed				☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)								☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 2. Medical Expertise Competency - Core Knowledge

Basic Surgical Sciences: Generic Anatomy, Physiology and Pathology common to all surgical disciplines.

Level 1 Curriculum Topics: Anatomical Approaches in Vascular Surgery, Principles of Imaging, Pathophysiology of Aneurysm Disease, Professionalism and Ethics, Pre- and Peri-operative Assessment, Wound Healing, Ischaemia/Reperfusion, Endothelium and Vessel Wall, Haemodynamics and Biomaterials, Venous Thrombosis, Haemostasis and Thrombophilia.

Level 2 Curriculum Topics: Carotid and Vertebral Artery Disease, Lower Limb Arterial Disease, Thoracic and Abdominal Aortic Disease, Lower Limb Venous Disease, Other Vascular Conditions of the Abdomen and Thorax, Upper Extremity Disorders, Clinical Infection in Vascular Surgery, Vascular Medicine, and Miscellaneous Vascular Disorders (Lymphoedema and AV Malformations).

	Competency Standard		
	Basis Surgical Sciences	**Level 1 Curriculum Topics**	**Level 2 Curriculum Topics**
SET 1-2	Has an in-depth knowledge of the Basic Surgical Sciences	Has an understanding of the specific applied anatomy, pathophysiology, clinical features and management principles. Knowledge may still be patchy.	Understands relevant applied anatomy, pathophysiology, clinical features, imaging features and principles and management options of common clinical conditions. Includes knowledge of common procedures and techniques Gaps in detail expected.
SET 3-4	Has an in-depth knowledge of the Basic Surgical Sciences and can readily apply this to clinical situations	Knowledge to greater depth and breadth. There should be no major gaps in knowledge. Aware of relevant data from clinical trials.	Has a broader understanding including less common conditions. Knowledge of common conditions to greater depth. Aware of clinical study data. Some gaps in detail still expected.
PART II EXAM & SET 5+	Has an in-depth knowledge of the Basic Surgical Sciences and can readily apply this to clinical situations	Understands relevant clinical study data, its applicability to practice, and strengths and weakness	No significant gaps in knowledge. Understands relevant clinical study data, its applicability to practice, and strengths and weakness

Exceeds Achieved Borderline Not achieved Assessment

Core Knowledge	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Basic Surgical Sciences	☐	☐	☐	☐	☐	☐	☐	☐
Level 1 Curriculum Topics	☐	☐	☐	☐	☐	☐	☐	☐
Level 2 Curriculum Topics	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 3a. Judgement & Clinical Decision Making Competency - The Trainee's Independent Assessment of Patients

The trainee's ability to formulate and maintain a dynamic awareness of patents' clinical situation based on the trainees own assembled data (from history, physical examination, investigations and other sources), the understanding of what the data means, and the ability to think about what may happen next as assessed by their communication with consultant staff.

Gathering Information The trainee's ability to succinctly and precisely elicit history and examination findings, their use of investigations, and the use of resources and opportunities gather information.

Understanding Information The trainee's interpretation of the information gathered including the ability to detect match or mismatch between gathered information.

Projecting and Anticipating Future State The trainee's ability to predict what may happen to a patent in the near future as a result possible actions, interventions and non-action.

	Trainee's Independent Assessment of Patients Competency Standard		
	Information Gathering	**Understanding Information**	**Projecting and Anticipating Future State**
SET 1-2	Can organise information gathered from history and examination, and uses test appropriately. May miss some critical details. History taking may not always be efficient or timely. Examination technique may lack precision. May need guidance selecting the most appropriate investigations.	Can independently arrive at a well-reasoned diagnosis for common problems Can interpret test results but relies heavily of reports rather than the trainee's own independent interpretation of results. Not necessarily sensitive to mismatching information. Decisions are sometimes wrong. Understanding limited by core knowledge deficiencies	Recognises common conditions that may deteriorate and makes allowances for this in management plans. Does not necessarily recognise all possible contingencies.
SET 3-4	Can more efficiently gather information from a focused clinical assessment of patients with common conditions. Diagnostic choices focus on key attributes of patient's condition. Chooses the most appropriate diagnostic tests.	Efficiently processes history and examination results. Can accurately interpret results of diagnostic investigations. Makes reliable independent interpretation of test results. May still lack confidence in own judgement.	Can anticipate complications or failures and project likely outcomes. Can formulate management plans including potential risks for the majority of surgical conditions. May need assistance to devise alternative strategies in a timely manner. Can identify when a contingency (backup), exit plan may be required
PART II EXAM & SET 5+	Conducts an effective, efficient and focused history and examination of patients with complex conditions. Time utilization matches the needs of the situation.	Sees situations holistically rather than in terms of single components and deals with deviations according to the patient's needs. Identifies what is most important in each clinical situation. Can recognise information mismatch and is sensitive to outliers/feasible alternative diagnoses.	Sensitive to complexity and uncertainty. Plans for changing patient needs or circumstances. Can devise alternative strategies in a timely manner. Has insight as to when to involve other teams or support of colleagues.

Exceeds | Achieved | Borderline | Not achieved | Assessment

Trainees Independent Assessment of Patients	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Information Gathering (Clinical Assessment)	☐	☐	☐	☐	☐	☐	☐	☐
Understanding Information (Diagnostic Acumen)	☐	☐	☐	☐	☐	☐	☐	☐
Projecting and Anticipating Future State	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 3b. Judgement & Clinical Decision Making Competency - Patient Management Decisions

Considering Options. Generating alternative possibilities or courses of action to solve a problem. Assessing the hazards and weighing up the threats and benefits of potential options.

Selecting and Communicating Options. Choosing a solution to a problem and letting all relevant personnel know the chosen option.

Implementing and Reviewing Decisions. Undertaking the chosen course of action and continually reviewing its suitability in light of changes in the patient clinical situation. Showing flexibility and changing plans if required to cope with changing circumstances to ensure that goals are met.

	Clinical Decision Making Competency Standard		
	Considering Options	**Selecting and Communicating Options**	**Implementing and Reviewing Decisions**
SET 1-2	Aware of the range of management options, but may be limited by deficient core knowledge. Able to identify and plan for some of the most common problems and options. May miss some critical details. The process may not be time efficient.	Management plans are usually simple/uni-dimensional and/or protocol driven. Can prepare for an operating list. Can obtained informed consent for common elective and emergency conditions. May have difficulty communicating complex plans. May overlook some critical details. May not be the ideal/best plan for the situation May be indecisive at times.	Implements non-operative management of common clinical problems effectively, including management of common peri-operative problems. Can recognise when a plan of management is failing but cannot not always devise an alternative in a reasonable timeframe May miss some critical details or subtle details.
SET 3-4	Can more efficiently gather decision making information from a focused clinical assessment of patients with common conditions Diagnostic choices focusing on key attributes of patient's condition Chooses the most appropriate diagnostic tools Can accurately interpret results of diagnostic investigations	Can formulate management plans including potential risks for the majority of surgical conditions Can identify when a contingency (backup), exit plan may be required Can constructively participate in M&Ms	Implements patient management in complicated clinical situations effectively. Can recognise complications or failures and project likely outcomes May need assistance to devise alternative strategies in a timely manner. May still not be sensitive to management subtleties.
PART II EXAM & SET 5+	Conducts an effective, efficient and focused examination of patients with complex conditions. Identifies what is most important in each clinical situation. Can recognise mismatch and is sensitive to outliers/feasible alternative diagnoses, and recognises what does not fit.	Sees situations holistically rather than in terms of single components and deals with deviations according to the patient's needs. Management plans include potential options, problems and solutions.	Manages complexity and uncertainty. Adapts appropriately to changing patient needs or circumstances and sensitive to early subtle changes in the clinical situation. Can devise alternative strategies in a timely manner. Have insight as to when to involve other teams or support of colleagues.

Exceeds | Achieved | Borderline | Not achieved | Assessment

Clinical Decision Making	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Considering Management Options	☐	☐	☐	☐	☐	☐	☐	☐
Selecting and Communicating Option	☐	☐	☐	☐	☐	☐	☐	☐
Implementing and Reviewing Decisions	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 4. Communication Competency - Patient Communication

Exchanging Information Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding.

Establishing a Shared Understanding Ensuring that the patient not only has necessary and relevant information to make decisions, but that they understand it and that an acceptable shared 'big picture' of the situation is held by the patient

Communicates Effectively. Information exchanged is sensitive to social, cultural and educational influences and the communication medium (verbal, written, non-verbal) is appropriate to the circumstances.

	Communication Competency Standard		
	Exchanging information	**Establishing a Shared Understanding**	**Communicates Effectively**
SET 1-2	Sets an appropriate `tone' for any communication with patients (their families), peers and colleagues. Elicits information from patients with a combination of open and closed questions	Ensure patients are fully informed, and fully understand, prior to giving consent.	Identify potential areas where communication may break-down and take action to avoid problems of mis-communication. Communication difficulties at times.
SET 3-4	Recognises and adapts communication to potential perception of differing status relationships. Effectively interprets both verbal and non-verbal forms of communication.	Recognises and adapts communication to potential bad news situations. Respond appropriately to patient (family) questions. Recognize limits of own knowledge and willing to refer to other members of the health care team.	Recognises and adapts communication to potential perception of differing status relationships.
PART II EXAM & SET 5+	Sensitive to, and effectively manages stressful situations. Maintains emotional balance.	Identify and address un-spoken concerns when appropriate Know who to provide information to, and when	Recognises and repair communication errors quickly Ensure that all parties in a communication process achieve their goals

Exceeds Achieved Borderline Not achieved Assessment

Patient Communication	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Exchanging Information	☐	☐	☐	☐	☐	☐	☐	☐
Establishing a Shared Understanding	☐	☐	☐	☐	☐	☐	☐	☐
Communicates Effectively	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 5. Teamwork & Collaboration Competency

Exchanging Information Giving and receiving knowledge and information in a timely manner to aid establishment of a shared understanding amongst team members.

Establishing a Shared Understanding. Ensuring that the team not only has necessary and relevant information to work effectively, but that they understand it and that an acceptable shared 'big picture' of the situation is held by individual team members, relative to their capabilities and role.

Plays an Active Role in the Clinical Team.

	Teamwork & Collaboration Competency Standard		
	Exchanging Information	**Establishing a Shared Understanding**	**Plays an Active Role in the Clinical Team**
SET 1-2	Freely exchanges information Applies a wide range of information to prioritise needs and demands Plan relevant elements of health care delivery (work schedules, coordination of patient information)	Identify the feelings and needs of other people, and compare these with their own responses	Takes appropriate steps to resolve simple conflicts Identifies and accepts that there are consequences for their actions, both for themselves and for others Accurately evaluates their own contribution towards the team progress towards achievement of agreed goals
SET 3-4	Respects other team members and ensures an open exchange of information	Accepts responsibility for own roles and tasks and recognises roles and areas of expertise of others	Maintains positive relationships with all members in all working teams Works with others to reduce, avoid and resolve conflict. Develops and implements strategies for improving their own contribution to achieving team goals
PART II EXAM & SET 5+	Supports others by encouraging the sharing of information and offering assistance	Works effectively in different teams, takes on a variety of roles to complete tasks of varying length and complexity Respects the expertise of others	Identifies and uses a variety of strategies to manage and resolve conflict Evaluates their own and the team's performance and provides appropriate feedback to others

Exceeds	Achieved	Borderline	Not achieved	Assessment

Interaction with Consultant, Registrars and Residents	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Exchanging Information	☐	☐	☐	☐	☐	☐	☐	☐
Establishing a Shared Understanding	☐	☐	☐	☐	☐	☐	☐	☐
Plays an Active Role in the Clinical Team	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Interaction with Nursing and Other Hospital Staff	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Exchanging Information	☐	☐	☐	☐	☐	☐	☐	☐
Establishing a Shared Understanding	☐	☐	☐	☐	☐	☐	☐	☐
Plays an Active Role in the Clinical Team	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Section 6. Leadership and Task Management Competency

Setting and Maintaining Standards. Supporting safety and quality by adhering to acceptable principles of surgery, following codes of good clinical practice, and following theatre protocols.

Manages Resources Effectively. The ability to effectively make use of the teams members and attributes, to allocate tasks appropriately, and to coordinate activities in a timely fashion.

Supports Others. Providing cognitive and emotional help to team members. Judging different team members' abilities and tailoring one's style of leadership accordingly.

	Leadership and Task Management Competency Standard		
	Setting and Maintaining Standards	**Manages Resources Effectively**	**Supporting Others**
SET 1-2	Monitors self and others to ensure standards and protocols are clearly followed	Willing and able to take initiative when needed Can continue to make decisions under pressure Generally allocates tasks and coordinates activities appropriately. Sometime may delegate inappropriately.	Monitors work environment and can anticipate potential difficulties May at times be insensitive to needs of other team members.
SET 3-4	Co-ordinates surgical teams to achieve an optimal surgical environment	Effectively manages resources and people to get things done (within the context of the unit and institution) Can continue to anticipate, think, and make decisions under pressure	Can critically evaluate common work practices and identify potential areas for improvement and sources of constraint (political; social; personal) Provides constructive feedback to team members
PART II EXAM & SET 5+	Supports safety and quality by adhering to acceptable principles of surgery, following codes of good clinical practice, and following hospital and theatre protocols	Takes responsibility to identify key issues / problems, conduct a SWOT analysis, and develop a strategic plan to improve patient care within the unit Retains a calm demeanor when under pressure and emphasises to the team that he/she is under control of a high pressure situation.	Provides cognitive and emotional help to team members as appropriate Judges different team member's abilities and tailors their style of leadership accordingly Can adapt a suitably forceful manner if appropriate without undermining the role of other team members

Exceeds Achieved Borderline Not achieved Assessment

Leadership and Task Management	E	A	B	N	E	A	B	N
	Trainee				**Supervisor**			
Setting and Maintaining Standards	☐	☐	☐	☐	☐	☐	☐	☐
Manages Resources Effectively	☐	☐	☐	☐	☐	☐	☐	☐
Supports Others	☐	☐	☐	☐	☐	☐	☐	☐
Overall Rating (Supervisor Only)					☐	☐	☐	☐

Supervisor Comments

Trainee Comments

Essential Criteria

Professionalism and Ethics (Essential Criteria - Supervisor Only)

The trainee acts honestly and does not attempt to conceal errors or oversights (to the detriment of patient care).

☐ Achieved ☐ Not Achieved

The trainee's behaviour conforms to prescribed standards with respect to Medical Ethics, Bullying, Sexual Harassment, etc.

☐ Achieved ☐ Not Achieved

Scholarship and Teaching (Essential Criteria - Supervisor Only)

The trainee actively engages in learning opportunities and is committed to a lifelong learning process.

☐ Achieved ☐ Not Achieved

The trainee engages in teaching opportunities and recognises that this is a fundamental aspect of surgical practice.

☐ Achieved ☐ Not Achieved

Health Advocacy (Essential Criteria - Supervisor Only)

The trainee provides care with compassion and respect for patient rights and attempts to meet patient, carer, family, cultural and community needs.

☐ Achieved ☐ Not Achieved

The trainee is cognisant of the health needs of him/herself and colleagues.

☐ Achieved ☐ Not Achieved

Supervisor Comments

Trainee Comments

General Comments and Recommendations (Supervisor Only) including Trainee Insight and Motivation, and engagement with the performance review and feedback process.

Supervisor Comments

Overall Performance and Supervisor Recommendation

Performance Rating (Supervisor Only)

Guidance for Supervisors completing the final assessment

The Supervisor is to provide an overall assessment based on the Trainee's performance in each of the Competencies and Essential Criteria. A Not Achieved overall rating in any Competency or Not Achieved rating in any Essential Criteria will result in an Not Achieved overall assessment.

	Exceeds -Performance is well above the expected standard for the Trainee's SET Level; trainees in this category could be considered for reduced length of training. The assessment period is rated as Satisfactory.
	Achieved - Performance is at the expected standard for the trainee's SET Level; there may be some areas which are better than expected OR some areas which can be improved on but these are expected to improve with ongoing training and/or experience and the improvements required are minor. The assessment period is rated as Satisfactory.
	Borderline - Performance is just below the expected standard for the trainee's SET Level but there is an expectation that with additional training performance can be improved and that the trainee can ultimately perform at the required standard; trainees with an end of term assessment rated as Borderline are required to repeat a year of training. The assessment period is rated as Unsatisfactory.
	Not Achieved - Performance is significantly below the standard expected for the trainee's SET Level, Not Achieved in Essential Criteria, and/or the trainee's capacity to improve their performance is considered unlikely; trainees with an end of term assessment rated as Not Achieved will be required to repeat a year of training and go onto a period of Probationary Training.

Signature - Training Supervisor

Name		Signature		Date	

I verify that all consultants of this unit have contributed to this assessment and that the assessment and logbook data has been discussed with the trainee.

Signature - Trainee

Name		Signature		Date	

I have discussed this assessment with my supervisor (please tick or initial either Yes or No)		Yes		No
I agree with the assessment and recommendations (please tick or initial either Yes or No)		Yes		No
For mid-term assessment, I had a trainee orientation with my supervisor, including a detailed learning plan and objectives for the training year.		Yes		No
I have been provided with a dosimeter.		Yes		No

Signature - Other Unit Surgeons

Name		Signature		Date	

I verify that I have contributed to this assessment and logbook data has been discussed with the trainee.

Acknowledgements

Terminology for non-technical competencies has been derived from The NOTSS Handbook, University of Aberdeen, Version 1.2, May 2006.

Terminology for many of the competency standard descriptors has been derived or modified from RACS Competency Standards (Draft), April 2011, Department of Education & Training, RACS Melbourne.

Responsibility of Trainees

The office of the ANZSVS must receive completed assessment forms with any relevant documentation in conjunction with section 3 of the Training Program Regulations **on or before the following due dates**
30 April
31 July
31 January

Failure to sign and submit these forms by the due date will result in non-accreditation of the term and the immediate commencement of probation.

IT IS THE TRAINEES RESPONSIBILITY TO ENSURE FORMS ARE RETURNED ON TIME.

Please ensure you follow the instructions provided on this form. 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 Supervisor of Training to discuss the assessment and to have the logbook data reviewed. Sufficient notice must be given to allow consultants on the Unit opportunity to meet and discuss the assessment prior to the Trainee meeting. If the 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 to the office of the ANZSVS before or on the due date.

Trainees are required to retain a copy of this form for their records.

OPERATIVE PROCEDURES MATRIX BY SET LEVEL

The matrix provides an indicative but not exhaustive list of procedures that a trainee is able to perform under direct supervision to achieve the Technical Expertise competency standard.

LEVEL	LOWER LIMB	CAROTID	AORTIC	ENDOVASCULAR	VASCULAR ACCESS
SET 1	• Positions patient appropriately on operating table, preps and drapes, and can commence • Can harvest most of venous conduit for bypass grafting • Closes skin & fascia • Handles instruments correctly • Performs knot tying • Performs skin lesion excision/wound debridement/minor amputations • Performs Split Skin Graft • Performs sapheno-femoral junction dissection, ligation & GSV stripping	• Positions patient appropriately on operating table, preps and drapes, and can commence dissection • Closes skin and fascia • Handles instruments correctly	• Positions patient appropriately on operating table, preps and drapes, and can commence dissection • Closes skin and facia • Handles instruments correctly	• Performs percutaneous central venous cannulation • Performs retrograde CFA puncture & inserts sheath • Performs diagnostic angiogram	• Performs Vascath insertion • Can begin exposure of artery and vein • Closes skin and fascia • Handles instruments correctly
SET 2	• Performs femoral artery dissection & anastomosis (e.g. Top end of FPBG) • Performs major amputations and debridements (e.g. TMA, BKA, AKA) • Performs on-table angiogram	• (As Above)	• Performs laparotomy & evaluation of abdominal viscera • Closes laparotomy	• Performs simple iliac or femoral angioplasty	• Dissects and mobilises venous conduit • Performs brachial artery dissection & anastomosis
SET 3	• Performs popliteal artery dissection & anastomosis • Performs femoral endarterectomy • Performs femoral thrombectomy • Performs sapheno-popliteal junction ligation	• Dissects out carotid bifurcation	• Exposes infra-renal abdominal aorta • Applies vascular control • Performs distal anastomosis for aneurysmorraphy	• Performs selective angiography (e.g. femoral angiogram via contralateral access) • Performs part of EVAR (e.g. femoral artery exposure & cannulation, limb deployment)	• Performs radial artery dissection & anastomosis • Performs arm or leg AV Fistula with prosthetic graft.
SET 4	• Performs tibial artery dissection & anastomosis • Dissects out iliac vessels via retroperitoneal approach • Dissects out axillary vessels • Performs re-do groin dissection for arterial and venous surgery	• Performs endarterectomy • Inserts vascular shunt • Performs patch angioplasty or carotid anastomosis • Performs simple carotid endarterectomy (lesion not high or low)	• Performs simple infrarenal AAA repair (tube graft)	• Performs antegrade CFA puncture • Performs US-guided arterial puncture • Performs majority of simple aortic stent-graft (e.g. exposure, cannulation, main body deployment ,contra-	• Performs transposition AV Fistula (e.g. Brachio-basilic transposition) • Performs re-do brachial or radial artery dissection and anastomosis
SET 5	• Performs femoro-distal or popliteal-pedal bypass • Perform supra-inguinal bypass • Perform re-do popliteal or distal bypass	• Performs complex carotid operations (e.g. CEA with high lesion, carotid-subclavian bypass)	• Performs juxtarenal AAA repair • Performs bifurcated aortic graft	• Performs complex endoluminal stent-graft (e.g. iliac embolization coiling, conduit for access, conversion, AUI) • Performs simulated renal artery stent • Performs simulated carotid artery stent • Performs simulated thoracic stent graft	• (As above)