



ANZCA

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Training Assessment

Clinical Placement Review

CPR

This form is to be completed for trainees who are training overseas or outside of clinical anaesthesia. The clinical placement plan (section 3) should be completed at the start of the training placement. The interim CPR is optional and may be completed at any time during the placement. The feedback CPR should be completed at the end of the term. If the term is more than six months, additional CPRs must be completed. If you require more space than has been provided, please attach additional comments on a separate page.

The nominated ANZCA SOT should be available to provide support and advice to the trainee and to the supervising consultant during this term, and should sign the completed CPR form before it is submitted to the College.

Trainees please note: You should retain a copy of this form for your records.

1. PERSONAL INFORMATION

ANZCA ID:

Family name:

First Name:

2. TRAINING DETAILS

To be completed by the supervisor

Training site:

I have reviewed the time entered on the TPS and confirm the following:

Start Date: Day Month Year

Placement should start on a Monday.

End Date: Day Month Year

Placement should end on a Sunday.

Full Time:

Part Time:

Please indicate the proportion of time e.g., 0.6

TYPE OF EXPERIENCE

Please acknowledge the number of weeks the trainee has spent in your unit, including Normal Leave

Anaesthesia: weeks

Intensive Care: weeks

Other* (specify): weeks

*includes pain medicine, retrieval medicine, general medicine, etc.

Total number of weeks in above total:

Normal leave: weeks

3. CLINICAL PLACEMENT PLAN

This is to be completed by the trainee and discussed with the supervisor during the planning CPR.

Date of assessment: Day Month Year

Based on previous clinical placements and opportunities this current placement will provide, which aspects of the ANZCA Curriculum do you intend to focus on? Refer to Curriculum section 2 – Clinical Fundamentals and section 3 – Specialised Study Units.

In what areas do you plan to specifically address volume of practice cases and procedures?

ANZCA ID: | | | | | | | | | |

Which WBAs are you intending to complete? Mini-CEX, DOPS, Cbd, MsF.

Which scholar role activities do you intend on making progress?

What exams do you intend to prepare for during the placement?

When are you intending to sit the exam?

What courses do you intend on completing and when?

What case complexity do you plan to manage independently by the end of the clinical placement?

Is there anything else you wish to achieve by the end of the placement?

4. INTERIM CPR

Informal interim CPRs may be conducted at various intervals. At the time of each meeting, the supervisor should write a brief summary including: the date, who was present, the issues discussed and any plans for change, if required.

Date of assessment: | | | | | | | | | |
Day Month Year

5. FEEDBACK CPR*To be completed by the training site supervisor.*Date of assessment: | | | | | | | | | |
Day Month Year

Are there any aspects of the clinical placement plan that the trainee did not achieve and why?

6. COMPLETION INTERVIEW QUESTIONS*Please ask up to three questions and indicate if the question needs to be asked again. For more information see page 60 of the ANZCA Handbook for Training and Accreditation.*

Questions	Ask again?	
1. Tell me about a challenging communication or relationship issue with another team member you have faced and how you managed it.	Y	N
2. Outline where conflict has arisen during the term and discuss an effective strategy for management.	Y	N
3. Tell me about a time when you witnessed another team member behave unprofessionally and outline the best way to approach this.	Y	N
4. Considering your own teamwork and communication skills, what has worked well and what has worked poorly?	Y	N
5. Have you made any errors or potential errors during this term? How did you/ should you respond to clinical error?	Y	N
6. Have you collaborated on any research, educational, quality and/ or administrative task? What did you learn from the experience?	Y	N
7. Have you participated on any committees or meetings during this term? What was your role?	Y	N
8. How have you advocated for patients' health and safety as a group?	Y	N
9. What administrative activities have you contributed to and how did this make the department more effective?	Y	N
10. How have you participated in the quality assurance activities within your department?	Y	N
11. What quality assurance activities do you undertake to maintain and improve your own patient care outcomes?	Y	N
12. Can you describe any situations where a conflict of interest has arisen and how it was managed?	Y	N
13. Can you give an example of where culture, language, personal or religious beliefs have been important in/ or influenced the working environment or management of a patient and how that was addressed?	Y	N
14. Have you looked after any indigenous patients during this term? How was your interaction with them modified to facilitate clinical care and why?	Y	N
15. What ethical issues have arisen during the term? How did you apply your theoretical knowledge of medical ethics to a clinical situation?	Y	N
16. What is the meaning of the following term(s) when describing ethical principles (Autonomy, Beneficence, Non-maleficence, Fidelity, Utility)	Y	N
17. How are patients who are anaesthetised or sedated vulnerable? During this term, how have you helped protect them?	Y	N
18. Can you outline an example of altruism or promotion of social justices during the term?	Y	N
19. Do you think this hospital's method of managing controlled drugs is effective in preventing misuse by anaesthetists and why? What signs would you look for to detect drug dependency in a colleague?	Y	N
20. What strategy do you have for maintaining your own physical and mental wellbeing and effectively balancing work requirements, outside activities and personal life?	Y	N
21. What particular stressors are inherent in anaesthetic practice? What options are available to support to you?	Y	N

Questions	Ask again?	
22. Did you have any adverse events or 'near misses' in this placement? What system and human factors do you think contributed?	Y	N
23. Are you aware of an example of how the increased amount of electronic clinical data collection or health informatics has assisted in a quality improvement activity?	Y	N
24. Highlight a policy or process during this placement that you feel needs to change to improve patient experience or safety? Describe principles of change management and steps to drive such a change.	Y	N
25. Describe a situation where you advocated for the care of a patient while efficiently managing limited resources to benefit multiple patients. How did you manage these competing priorities?	Y	N

7. FEEDBACK SUMMARY

Taking into account all the information gained from the submitted WBA's during the clinical placement and the SOT interview

Levels of independence exhibited for degree of complexity regarding cases, procedures, skills, behaviours & attributes:

Areas that still need supervisory input:

Suggestions for gaining greater independence:

Aspects from the clinical placement plan that need to be carried over to the next CPR:

8. GLOBAL ASSESSMENT

At what level do you think the trainee is performing?

- | | | |
|---------------------------------|--------------------------------|--|
| Introductory training | <input type="checkbox"/> Early | <input type="checkbox"/> Late |
| Basic training | <input type="checkbox"/> Early | <input type="checkbox"/> Mid <input type="checkbox"/> Late |
| Advanced training | <input type="checkbox"/> Early | <input type="checkbox"/> Mid <input type="checkbox"/> Late |
| Provisional Fellowship training | <input type="checkbox"/> Early | <input type="checkbox"/> Late |

ANZCA ID: | | | | | | | | | |

Overall the trainee meets the expectations of his/her level of training: Yes Borderline No

Supervisor comments:

9. TRAINEE RESPONSE

I have sighted the assessment on this form; have discussed the assessment with the Supervisor; and am aware that this assessment will form part of my training record.

I agree with the assessment on this form: Yes No

Trainee's comments:

Trainee's
Name:

Signature:

Day Month Year

10. SUPERVISOR DECLARATION

I hereby verify that this assessment has been informed by the sources as stated and that the assessment has been discussed with the trainee.

Supervisor's
Name:

Signature:

Day Month Year

11. ANZCA SOT VALIDATION

This assessment must be validated by the nominated ANZCA SOT.

SOT ID:

SOT's
Name:

Signature:

Day Month Year

Please send the completed form to:
Training Assessment unit
Fax: +61 3 8517 5362
Email: training@anzca.edu.au