

In-Training Assessment Short Form

ITA-SF

Trainee's Name: _____ Hospital Name: _____

Select Current Training Year.

BTY1 BTY2

Assessor's Name: _____

ATY1 ATY2

OBSERVATION PERIOD

ATY3 PFP

Start Date: _____ End Date: _____

Number of times worked with the Trainee (approx.) _____

Attributes for each of the roles below should be assessed according to the stage of training. All ratings with asterisks should be supported with comments.

	EXPECTATIONS					
	Rarely meets*	Inconsistently meets*	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to comment
ROLE A: MEDICAL EXPERT						
CLINICAL KNOWLEDGE						
PATIENT ASSESSMENT						
PLANNING						
TIME MANAGEMENT						
VIGILANCE						
PROBLEM SOLVING/DECISION MAKING						
INSIGHT						
TECHNICAL PROFICIENCY						
◆ Airway management						
◆ Neuraxial block						
◆ Other regional procedures						
◆ Resuscitation						
◆ Invasive monitoring procedures						

Comments: _____

Attributes for each of the roles below should be assessed according to the stage of training. All ratings with asterisks should be supported with comments.

	EXPECTATIONS					
	Rarely meets*	Inconsistently meets*	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to comment
ROLE B: COMMUNICATOR						
RELATIONSHIPS						
PATIENT COMMUNICATION						
STAFF COMMUNICATION						
DOCUMENTATION						

Comments: _____

ROLE C: COLLABORATOR						
CONFLICT MANAGEMENT						
TEAMWORK						

Comments: _____

ROLE D: MANAGER						
WORKLOAD						
RESOURCE MANAGEMENT						
COST EFFICIENCY						

Comments: _____

Attributes for each of the roles below should be assessed according to the stage of training. All ratings with asterisks should be supported with comments.

EXPECTATIONS					
Rarely meets*	Inconsistently meets*	Meets expectations	Sometimes exceeds	Consistently exceeds	Unable to comment

ROLE E: HEALTH ADVOCATE					
PATIENT FOCUS					
QA PARTICIPATION					

Comments: _____

ROLE F: SCHOLAR					
LEARNING					
TEACHING					

Comments: _____

ROLE G: PROFESSIONAL					
INTEGRITY					
EMPATHY					
ETHICAL BEHAVIOUR					
SELF CARE					

Comments: _____

GLOBAL ASSESSMENT

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

Signature: _____ Date: _____

ITA Short Form (Notes)

1. Please complete the ITA-SF on the basis of what you have directly observed of the Trainee's performance, i.e., your ratings should not be based on behaviour, skills or attributes reported to you by others.

This may mean that you are not able to complete a rating for all attributes in every role. Use the '*Unable to Comment*' field in these cases.
2. You are asked to provide comments on each occasion that you select '*Rarely Meets*' or '*Inconsistently Meets*'.

Please consider your written comments carefully. Trainees and SOTs alike find comments with practical suggestions for change useful in planning appropriate goals for learning and remediation (if required).
3. When you have completed the form, please sign and date the form and send your response to the Supervisor of Training no later than one week after the end of the hospital term.

NOTE: Further details of the new ITA process can be found on the ANZCA website at www.anzca.edu.au/trainees/faqs-for-the-new-ita.html.

If you have comments or suggestions for improving the ITA process or form please send an email to newITA@anzca.edu.au.