

Clinical placement review – clinical anaesthesia time

This form should be used by trainees who are completing approved training overseas.

Personal details

College ID

First name

Surname

Personal details

(To be completed by the supervisor)

Training site

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

Start date	<input type="text"/>	Anaesthesia	<input type="text"/> weeks
End date	<input type="text"/>	Leave	<input type="text"/> weeks
Full time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Other (specify)	<input type="text"/> weeks
		Total	<input type="text"/> weeks

Planning clinical placement review

(To be completed by the trainee in conjunction with their supervisor)

Date of assessment

Have you been absent from anaesthesia practice for more than 26 weeks (BT trainees) or more than 52 weeks (AT and PFT trainees)?

☐ Yes ☐ No

If you answered yes, please read the guidelines on re-entry to training in clinical anaesthesia for trainees following an absence from anaesthesia practice. Your clinical placement plan must incorporate a re-entry to practice plan.

Trainees should consider the curriculum learning outcomes that are required for future anaesthesia practice in order to determine any gaps in competencies.

Learning needs	How these learning needs will be addressed	Timeframe, success indicator(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

When trainees return to work after a period of absence, ANZCA expects that trainees will have support and supervision for safe practice. Describe how the supervision will take place and the level of supervision that will be provided.

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?

Which WBAs are you intending to complete during the placement? Mini-CEX, DOPS, CbD, MsF.

Which scholar role activities do you intend on making progress during the placement?

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 or attending 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?



Interim clinical placement review (if required)

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 _____

The following question is only applicable if the trainee is required to complete a return to practice plan.

Has the return to practice plan been completed satisfactorily? ☐ Yes ☐ No

If the trainee is yet to complete their return to practice plan, this will need to be confirmed at the time of the feedback clinical placement review.

Comments

Overall the trainee is performing at a level expected for their experience

If the trainee is not performing at the expected level, you will need to initiate a trainee experiencing difficulty process. If the trainee is borderline, consider if initiating a trainee experiencing difficulty process is required.

Feedback clinical placement review

To be completed by the training site supervisor.

Date of assessment _____

The following question is only applicable if the trainee is required to complete a return to practice plan and it has not been previously marked as satisfactorily completed.

Has the return to practice plan been completed satisfactorily? ☐ Yes ☐ No

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

Completion interview questions

Questions <i>(Please ask up to three questions and indicate if the question needs to be asked again)</i>		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 <input type="checkbox"/>	N <input type="checkbox"/>
2.	Outline where conflict has arisen during the term and discuss an effective strategy for management	Y <input type="checkbox"/>	N <input type="checkbox"/>
3.	Tell me about a time when you witnessed another team member behave unprofessionally and outline the best way to approach this.	Y <input type="checkbox"/>	N <input type="checkbox"/>
4.	Considering your own teamwork and communication skills, what has worked well and what has worked poorly?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5.	Have you made any errors or potential errors during this term? How did you/ should you respond to clinical error?	Y <input type="checkbox"/>	N <input type="checkbox"/>
6.	Have you collaborated on any research, educational, quality and/ or administrative task? What did you learn from the experience?	Y <input type="checkbox"/>	N <input type="checkbox"/>
7.	Have you participated on any committees or meetings during this term? What was your role?	Y <input type="checkbox"/>	N <input type="checkbox"/>
8.	How have you advocated for patients' health and safety as a group?	Y <input type="checkbox"/>	N <input type="checkbox"/>
9.	What administrative activities have you contributed to and how did this make the department more effective?	Y <input type="checkbox"/>	N <input type="checkbox"/>
10.	How have you participated in the quality assurance activities within your department?	Y <input type="checkbox"/>	N <input type="checkbox"/>
11.	What quality assurance activities do you undertake to maintain and improve your own patient care outcomes?	Y <input type="checkbox"/>	N <input type="checkbox"/>
12.	Can you describe any situations where a conflict of interest has arisen and how it was managed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
15.	What ethical issues have arisen during the term? How did you apply your theoretical knowledge of medical ethics to a clinical situation?	Y <input type="checkbox"/>	N <input type="checkbox"/>
16.	What is the meaning of the following term(s) when describing ethical principles (Autonomy, Beneficence, Non-maleficence, Fidelity, Utility)	Y <input type="checkbox"/>	N <input type="checkbox"/>
17.	How are patients who are anaesthetised or sedated vulnerable? During this term, how have you helped protect them?	Y <input type="checkbox"/>	N <input type="checkbox"/>
18.	Can you outline an example of altruism or promotion of social justices during the term?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
21.	What particular stressors are inherent in anaesthetic practice? What options are available to support to you?	Y <input type="checkbox"/>	N <input type="checkbox"/>
22.	Did you have any adverse events or 'near misses' in this placement? What system and human factors do you think contributed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>

Feedback summary

Taking into account all the information gained from the submitted WBAs during the clinical placement and the SOT interview.

Levels of independence exhibited for degree of complexity regarding cases, procedures, skills, behaviours and 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

Global assessment

At what level do you think the trainee is performing?

Overall the trainee meets the expectations of his/her placement

If the trainee is not performing at the expected level, you will need to initiate a trainee experiencing difficulty process. If the trainee is borderline, consider if initiating a trainee experiencing difficulty process is required.

Supervisor comments

Trainee reflection and comments

I agree with the assessment on this form

☐ Yes

☐ No

Trainee reflection and comments

Trainee action plan

Based on my reflection and the feedback I have received I intend to:

Trainee signature

Date

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.

Name of supervisor

Signature

Date

Please send your completed form to the college:

ANZCA Training

Email: Training@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.