

**FACULTY OF PAIN MEDICINE**

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS**

**SUPERVISOR OF TRAINING**

**QUARTERLY IN-TRAINING ASSESSMENT REPORT**

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The following is a proforma for the Multidisciplinary Pain Centre's Supervisor of Training (SOT) Quarterly In-Training Assessment Report. This should be completed, discussed at an In-Training Assessment (ITA) interview, and submitted at approximately 3-monthly intervals irrespective of part-time training.

Sections 1 and 2 are formative assessments. Section 3 is formative during early stages of training but later becomes summative. Specifically, the Trainee is expected to attain at least a satisfactory level ("consistent performance") in all domains in Section 3 of the final ITA submitted before admission to Fellowship.

Prior to the ITA interview:

- 1) The Trainee should complete Sections 1 and 2 of the form and bring it to the interview;
- 2) Independently, the SOT should complete Section 3 (on a separate form) based on a synthesis of in-training assessments undertaken by the SOT and by other senior staff involved in the Trainee's clinical supervision.

At the ITA interview:

- 1) The Trainee and SOT should discuss the experience gained this quarter (Section 1), identify clinical and educational activities which may need future focus, and discuss learning plans for the next quarter;
- 2) The SOT should transpose their ITA assessment into Section 3 of this form;
- 3) The Trainee and SOT should discuss any differences between the Trainee's self-evaluation (Section 2) and the ITA (Section 3) and add comments as necessary;
- 4) The SOT should complete and sign Section 4 if appropriate; and
- 5) Both the Trainee and SOT must sign the declaration to confirm that the above process was undertaken.
- 6) The Trainee must be given a copy of the report before this form is forwarded to the Faculty.

**Trainee's Name:** \_\_\_\_\_

**Training Centre:** \_\_\_\_\_

**Supervisor of Training:** \_\_\_\_\_

**Director of Unit:** \_\_\_\_\_

**Date of this Report:** \_\_\_\_\_

**Quarterly Report for the period:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Full-time / Part-time)

**Leave taken this quarter:** \_\_\_\_\_ to \_\_\_\_\_

**Purpose (please circle):** *Recreational / Sickness / Exam / Course/Conference / Personal*

## **SECTION 1 – Experience gained this quarter**

### **Notes on completing Section 1:**

- To be completed by the Trainee.
- During the 6 month period of logging cases, use your logbook as the source. If not logging during this quarter, give reliable estimates (eg. based on audit data / average cases per session).
- These numbers do not form part of summative assessment.
- The list serves as a tool to help you and your SOT to review your workload, case-mix and educational opportunities, to identify strengths and potential weaknesses, and to plan remedial clinical activities.
- You can also consult Section 5.1 of your Trainee Support Kit for a guide to the numbers thought to represent adequate clinical exposure in preparing for the Faculty examination.

Number of **Acute Pain (perioperative / trauma / medical)** cases: \_\_\_\_\_

Number of **Cancer-related Pain** cases: \_\_\_\_\_

Number of **Persistent Non-cancer Pain** cases: \_\_\_\_\_

Number of **Psychiatry and/or Psychology** sessions attended: \_\_\_\_\_

Number of **CBT Program** sessions attended: \_\_\_\_\_

Number of **Radiology** sessions attended: \_\_\_\_\_

Number of **Procedures** observed: \_\_\_\_\_

Number of **Procedures** performed: \_\_\_\_\_

Number of **Formal Interdisciplinary Case Conferences** attended: \_\_\_\_\_

Number of **Audit and Clinical Review** sessions attended: \_\_\_\_\_

Number of **Supervised Long Cases** under Faculty exam conditions: \_\_\_\_\_

Number of **Tutorials** attended: \_\_\_\_\_

**Case Report** progress: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other** relevant experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SECTION 2 – Trainee’s self-evaluation**

### **Notes on completing Section 2:**

- To be completed by the Trainee.
- Clinical professionals need to be skilled in self-evaluation so they can identify their strengths and limitations, and plan their personal continuing professional education.
- By comparing your self-evaluations with those of your SOT regularly throughout your training, it is hoped that your self-evaluation skills might be enhanced.

### **For your level of experience**

	Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
<b>Knowledge</b> relevant to Pain Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abilities in medical <b>history taking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abilities in <b>psychosocial assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abilities in <b>physical examination</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abilities in planning and interpretation of <b>investigations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate <b>technical skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills in <b>communication with patients</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills in <b>written communication</b> with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to <b>Multidisciplinary Team-work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate / constructive <b>staff interactions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress with preparation of <b>case report</b>	_____				
	_____				
	_____				

**Other attributes** appropriate for multidisciplinary pain management / other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SECTION 3 – In-Training Assessment**

### **Notes on completing Section 3:**

- To be completed by the Supervisor of Training.
- Assessment should be based on personal supervision together with discussion with other senior staff involved in clinical supervision of this Trainee during the quarter.
- After completing this section, it should be compared with the Trainee’s self-evaluation (Section 2) and any discrepancies discussed. Add comments after each domain as necessary.
- Please note that this section forms part of summative assessment in that, in order to be eligible for admission to Fellowship, the Trainee must attain at least a satisfactory level (“consistent performance”) in all domains of Section 3 on their final ITA report.

### **For this Trainee’s level of training**

Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
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**Knowledge** relevant to Pain Medicine

Comment / plans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abilities in medical **history taking**

Comment / plans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abilities in **psychosocial assessment**

Comment / plans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Abilities in **physical examination**

Comment / plans: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For this Trainee's level of training

Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
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Abilities in planning and interpretation of **investigations**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

Appropriate **technical skills**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

Skills in **communication with patients**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

Skills in **written communication** with colleagues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

Contribution to **Multidisciplinary Team-work**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

Appropriate / constructive **staff interactions**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment / plans: \_\_\_\_\_

\_\_\_\_\_

**For this Trainee's level of training**

Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
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Overall evaluation of performance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Progress with preparation of **case report** (include topic(s) chosen to assist in identification of case report examiners): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other attributes** appropriate for multidisciplinary pain management / other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 – Logbook review**

**Notes on completing Section 4:**

- To be completed and signed by the Supervisor of Training only if the Trainee has logged cases during this quarter.

I certify that I have viewed the Log Book of this Trainee containing cases between the dates of

\_\_\_\_\_ and \_\_\_\_\_ Signed \_\_\_\_\_  
(Supervisor or Training)

**DECLARATION**

**Sections 1-4 of this report have been completed in accordance with the instructions, and the Trainee and Supervisor of Training have discussed the material herein during an In-Training Assessment Interview.**

Signature of Unit Director: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor of Training: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Trainee: \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to the Executive Officer, Faculty of Pain Medicine, ANZCA, 630 St Kilda Road, Melbourne, Vic 3004 at the completion of each quarter.*

*Please note: Prior to a Trainee's eligibility for admission to Fellowship, the requisite number of Quarterly ITA reports must have been submitted and at least the final report must have been assessed as satisfactory.*

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**FOR FACULTY USE ONLY**

I certify that I have read this Quarterly Report for:

.....

(Name of Trainee)

.....

(Faculty Staff)

.....

(Date)

.....