

Guidance for trainee assessment form

General:

Thank you for taking part in this assessment process. These multi-source assessments help inform each trainee's appraisal. Multi-source assessment has been found to be more objective in assessing performance than the more traditional assessment by a senior alone.

During appraisal each trainee reflects upon their current practice and identifies areas where they may need to focus their efforts for developing further.

The focus is on providing constructive criticism to aid this development. Any major difficulties with a trainee's practice should have been identified and fed back through the nurse-consultant buddy system long before the assessment process. If for any reason you feel you are unable to assess a trainee fairly please tell the co-ordinator who will then not allocate the trainee to you. The nursing staff may find it useful to discuss the trainee they have been asked to assess with the nurse buddy for that trainee. If there any doubts as to who that may be Paula Smith has the list and it should also be in the hot office on the wall.

In a recent survey of 30 trainees who had had this assessment, 95% found it helped them focus on a particular area of performance – so this can be a really useful process!

Who completes the forms:

Each trainee is assessed by a consultant (who is not their clinical supervisor), a sister or charge nurse and a fellow registrar. Each assessor is randomly picked by the co-ordinator and is anonymous. Each assessor must have worked at least two shifts with the trainee over the previous month

The following gives guidance on how to complete each section of the form:

The form is divided into 3 sections and each section has a number of skills which you are asked to grade as "Often Inadequate", "Sometimes Inadequate", "As Expected", "Consistently Good" or "Outstanding". The explanation for each is described below.

Personal Attributes

1. Reliability
 - a. **Often inadequate:** Often unreliable; likely to fail to do things to the detriment of the patients.
 - b. **Sometimes inadequate:** Occasionally unreliable; may forget to do things to the detriment of the patients
 - c. **As Expected:** Normally reliable without reminding
 - d. **Consistently good:** Dependable and conscientious
 - e. **Outstanding:** Always dependable and very conscientious.
2. Initiative
 - a. **Often inadequate:** Rarely takes initiative; gives confusing instructions.

- b. **Sometimes inadequate:** Needs pushing and may fail to show initiative.
 - c. **As Expected:** Usually shows initiative and takes responsibility.
 - d. **Consistently good:** Shows initiative and takes responsibility.
 - e. **Outstanding:** Shows initiative at all opportunities and highly responsible.
3. Reflective practice, seeks help
- a. **Often inadequate:** Unrealistic assessment of own capabilities; fails to call for help.
 - b. **Sometimes inadequate:** Rarely reflects on experience and sometimes fail to call for help to detriment of patients.
 - c. **As Expected:** Usually reflects on experience; usually recognises own level of competence and usually calls for help appropriately.
 - d. **Consistently good:** Reflects on experience formally and informally. Recognition of level of competence and calls for help appropriately.
 - e. **Outstanding:** Clearly learns from clinical experience, teaching and up to date reading. Clearly knows own limits and always calls for help appropriately.
4. Motivation
- a. **Often inadequate:** Often disinterested and lacking motivation.
 - b. **Sometimes Inadequate:** Sometimes appears disinterested and lacking in motivation.
 - c. **As Expected:** Usually motivated and interested.
 - d. **Consistently Good:** Always motivated and interested.
 - e. **Outstanding:** Highly motivated, enthusiastic and interested.
5. Task Prioritisation
- a. **Often Inadequate:** Poorly organised, late performing tasks to detriment of patients.
 - b. **Sometimes Inadequate:** Often late and disinterested in routine tasks.
 - c. **As Expected:** Normally organised; deals with routine work fairly promptly; always lets colleagues know if late.
 - d. **Consistently Good:** Punctual and reliable; well organised.
 - e. **Outstanding:** Always able to effectively prioritise jobs on ICU correctly and timely.
6. Learning Skills
- a. **Often Inadequate:** Limited, does not study independently or show initiative.
 - b. **Sometimes Inadequate:** Needs pushing to study and learn
 - c. **As Expected:** Studies independently and can apply some skills.
 - d. **Consistently Good:** Studies independently, identifies learning points.
 - e. **Outstanding:** Studies literature independently applies and shares knowledge; identifies and addresses any deficiencies quickly.

Interpersonal Skills

1. Patient and Parent Communication
- a. **Often Inadequate:** May increase parental or child's anxiety; unfriendly.
 - b. **Sometimes Inadequate:** Failure to put parents or children at ease; may not communicate in an age appropriate way.
 - c. **As Expected:** Caring attitude; normally allays fears of parents and children.
 - d. **Consistently Good:** Good rapport with parents and children; communicates well.
 - e. **Outstanding:** Engages parents with caring and compassionate attitude; family centred approach.

2. Relationship with juniors and peers
 - a. **Often Inadequate:** Disrespectful of juniors and peers; may undermine juniors.
 - b. **Sometimes Inadequate:** Not always available when juniors need support and may show disinterest.
 - c. **As Expected:** Usually supportive of peers and juniors.
 - d. **Consistently Good:** Very supportive of junior colleagues.
 - e. **Outstanding:** Supportive and able to inspire loyalty and enthusiasm.
3. Team Working
 - a. **Often Inadequate:** Does not try and work with the team. Rude and arrogant and likely to cause problems.
 - b. **Sometimes Inadequate:** May have difficulty fitting in with other members of the team; may generate rather than solve problems.
 - c. **As Expected:** Most relationships with other team members are good.
 - d. **Consistently Good:** Adapts well to the team and the ways in which they work.
 - e. **Outstanding:** Fits smoothly into team and able to defuse problems and enhance team working.

Clinical Skills

1. Patient Assessment
 - a. **Often Inadequate:** History incomplete, inaccuracies; often misses or misinterprets physical signs.
 - b. **Sometimes Inadequate:** History sometimes incomplete and lacks basic examination skills; may miss or misinterprets physical signs.
 - c. **As Expected:** Usually complete history and finds appropriate physical signs.
 - d. **Consistently Good:** Good history, thorough examination
 - e. **Outstanding:** Excellent history taking and elicitation clinical findings.
2. Clinical Judgement
 - a. **Often Inadequate:** Often unreliable; fails to grasp significance of findings
 - b. **Sometimes Inadequate:** Sometimes unreliable and may fail to grasp significance of findings or take appropriate action.
 - c. **As Expected:** Normally reliable and seeks advice appropriately.
 - d. **Consistently Good:** Consistently good clinician; aware of limits.
 - e. **Outstanding:** Excellent diagnostic skills based on good clinical judgement.
3. Patient Management
 - a. **Often Inadequate:** Often fails to institute appropriate management; does not call for help.
 - b. **Sometimes Inadequate:** Sometimes fails to institute appropriate management and may not call for help>
 - c. **As Expected:** Usually able to initiate appropriate management plan; knows when to call for help.
 - d. **Consistently Good:** Good management plan and knows limitations.
 - e. **Outstanding:** Excellent management plans with advice drawn from senior team members as appropriate.

4. Practical Skills

- a. **Often Inadequate:** Difficulty even with simple routine procedures
- b. **Sometimes Inadequate:** May be clumsy and have difficulty with routine technical tasks
- c. **As Expected:** Usually technically competent
- d. **Consistently Good:** Good practical abilities consistently.
- e. **Outstanding:** Practical skills above the standard normally expected.

5. Emergency Management

- a. **Often Inadequate:** Failure to respond to emergency alarms or panic in this situation.
- b. **Sometimes Inadequate:** Disorganised in emergency setting, failure to team lead.
- c. **As Expected:** Responds to calls in a timely fashion; usually competent.
- d. **Consistently Good:** Responds promptly and leads team in resuscitation.
- e. **Outstanding:** Prompt response to emergency calls, clear team leading in appropriate manner and calls for help appropriately.

Freeform Text:

There is a space at the end of the form for comments. This is greatly valued by the trainees so please make any appropriate comments on the trainee's performance.

Anonymity:

The trainees do not know who is assessing them and on recent survey they felt on the whole that this was a fair method. However if there is a particular dispute over results the assessor may be approached by the co-ordinator to discuss the results; on occasion (2 so far) the co-ordinator may ask the assessor to speak to the trainee where appropriate. This applies to consultant and nurse assessors only. The peer review is anonymous. If results are disputed a number of assessors from within each group will be approached to obtain a broader based assessment.

Once again thank you for participating in this assessment and if you have any questions please feel free to ask

Sophie Skellett