



Director of Training Assessment Form

This form is to be completed by the Director of Training (DoT) and discussed with the trainee. Please refer to the Director of Training Assessment Instructions on the College website for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its Privacy Policy.

The Director of Training is to send the completed assessment form directly to the College to CRtraining@ranzcr.edu.au

Full Name of Trainee:

Training Site:

Training Network:

DoT Name:

State:

Country:

Report covers period:

From

To

Year of Training:

1st

2nd

3rd

4th

5th

Period of Assessment:

Half-Yearly (6 months)

Yearly (12 months)

Training Status:

Full Time

Part-Time

If Part-Time (FTE)

Would you recommend that the period the report covers be fully accredited?

Yes

No

If no, what percentage of the period the report covers should be accredited?

%





Assessment of the Current Period of Training

Please rate the trainee's performance by placing a rating of 1 – 5 in the box next to each topic area.

Interpretation of Rating Scale

- a) 1 – Falls far short of expected standards
- b) 2 – Falls short of expected standards
- c) 3 – Consistent with level of training
- d) 4 – Better than expected standards
- e) 5 – Exceptional performance

Medical Expert	
	Radiological Knowledge: Demonstrates up-to-date knowledge, consistent with stage of training, and information required to manage patients
	Reports: Completes succinct and accurate reports without delay; communicates with referring practitioner for continuing care consistent with stage of training
	Procedural Skills: Demonstrates ability to perform practical/technical procedures consistent with stage of training
	Problem Solving Skills: Critically assesses information, identifies major issues, makes timely decisions and acts upon them
	Clinical Judgement: Demonstrates ability to consider alternatives in making diagnostic and therapeutic decisions consistent with stage of training
Communication Skills	
	Interpersonal/Communication Skills: Demonstrates ability to relate to and communicate with patients
Teamwork	
	Relationships with Medical Staff: Maintains the respect of his/her colleagues
	Relationships with Health Professionals: Demonstrates ability to work well and efficiently in the health care team; values the experience of others
	Relationships with Clerical Staff: Relates easily to members of staff; maintains team spirit and encourages cooperation
Patient Support and Advocacy	
	Humanistic Qualities: Demonstrates integrity and compassion in management of patients during diagnostic and therapeutic procedures
Professionalism	
	Responsibility and Self-Assessment: Prioritises the interests of patients. Accepts responsibility for own actions and recognises the limitations of own knowledge and experience; seeks advice and assistance when appropriate; accepts criticism.
	Quality Assurance: Demonstrates ability to initiate and evaluate Quality Assurance programs
Management and Administrative Skills	
	Organisation Skills: Demonstrates competence in workload management; demonstrates ability to plan, coordinate and complete administrative tasks associated with radiological care
Research and Education	
	Research: Demonstrates knowledge and application of scientific methodology; participates in research studies by formulating and testing hypotheses and analysing the results
	Ongoing Education: Shows a resourceful attitude towards continuing education to enhance quality of patient care. Effectively manages their own learning and applies this to their clinical decision making



Please comment on any **STRENGTHS** that the trainee displays in regard to the above topic areas.

Please comment on any **WEAKNESSES** that the trainee displays in regard to the above topic areas.

I have reviewed this trainee's learning portfolio:

Yes No

I have concerns about this trainee's progression:

Yes No

I have concerns about this trainee's performance:

Yes No

Signature of Director of Training

Date

Signature of Clinical Supervisor (if applicable)

Date

Signature of Trainee

Date