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 to the College at ROtraining@ranzcr.edu.au.

Full Name of Trainee: 

Training Site: 

Training Network: 

DoT Name: 

State: 

Country: 

Report covers period: From DD/MM/YYYY To DD/MM/YYYY 

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 short of expected standards
- b) 2 – Meets expected standard
- c) 3 – Exceeds expected standard
- d) N/A – Not applicable at this assessment

<table>
<thead>
<tr>
<th><strong>Medical Expert</strong></th>
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<tbody>
<tr>
<td><strong>Oncology Knowledge:</strong> Demonstrates knowledge of important science and clinical oncology principles</td>
</tr>
<tr>
<td><strong>Clinical Assessment:</strong> Performs complete new patient, follow-up, and inpatient assessments. Competently identifies acute and late radiation toxicity; recommends appropriate investigations</td>
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<tr>
<td><strong>Clinical Judgement and decision making:</strong> Demonstrates a systematic approach to clinical problem solving and setting management priorities; can discuss the general principles of treatment; can discuss management options, then make timely and appropriate decisions; aware of the side effects of proposed therapies</td>
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<tr>
<td><strong>Procedural Skills:</strong> Undertakes or participates in procedures competently in a variety of settings and Clinical situations</td>
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<tr>
<td><strong>Patient Management:</strong> Manages patients competently in a variety of settings and clinical situations</td>
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<tr>
<td><strong>RT technique and RT planning:</strong> Regularly attends planning sessions; takes initiative in developing and Critically reviewing treatment plans; demonstrates understanding of important planning issues</td>
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**Overall Rating**

<table>
<thead>
<tr>
<th><strong>Communicator</strong></th>
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<tbody>
<tr>
<td><strong>Demonstrates effective communication with patients and significant others:</strong> Establishes rapport; encourages participation in decision-making; provides clear instructions to patient/family; provides clear information and checks understanding</td>
</tr>
<tr>
<td><strong>Demonstrates effective communication with other health professionals and hospital staff:</strong> Presents patient problems clearly and concisely; maintains effective written communication</td>
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**Overall Rating**

<table>
<thead>
<tr>
<th><strong>Collaborator</strong></th>
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<tbody>
<tr>
<td><strong>Multi-disciplinary clinical teams:</strong> Establishes and maintains interpersonal and co-operative Relationships with various other health care providers</td>
</tr>
<tr>
<td><strong>Research and/or educational groups:</strong> Participates in research and/or educational group activities</td>
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**Overall Rating**

<table>
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<tr>
<th><strong>Manager</strong></th>
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<tr>
<td><strong>Resources:</strong> Demonstrates ability to manage resources and shows understanding of wider resource issues</td>
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### People:
Demonstrates ability to act in leadership roles

### Technologies:
Shows awareness of new technologies and attempts to integrate their use appropriately

### Overall Rating

### Health Advocate

**Applies expertise and influence to improve cancer services in relation to:** Individual patients and/or community groups

### Overall Rating

### Scholar

**Teaching others:** Shows interest and aptitude in education of others

**Lifelong learning:** Shows a resourceful attitude towards continuing education to enhance quality of patient care; develops and acts on personal learning goals; accepts and acts on constructive feedback

**Evidence-based practice:** Takes evidence-based approach to patient management; demonstrates ability to critically appraise published literature; integrates emerging evidence into clinical practice

**Research activity:** Understands scientific methodology; participates in research and audit activities

### Overall Rating

### Professional

**Empathic and ethical behaviour:** Demonstrates compassion in management of patients, demonstrates respect for patient confidentiality, privacy, and autonomy

**Professional behaviour:** Displays professional attitudes and integrity; demonstrates initiative, reliability, and availability

**Organisational skills:** Demonstrates ability to plan, coordinate and complete administrative tasks in a timely manner; assumes appropriate responsibility for day-to-day activities

**Quality assurance and risk management:** Demonstrates ability to initiate and evaluate Quality Assurance programs; demonstrates importance of patient safety

**Responsibly and self-assessment:** Accepts responsibility for own actions; accepts the limit of own competence, and functions within own capabilities; seeks advice and assistance when appropriate

### Overall Rating
Have any areas of WEAKNESS in previous DoT assessments been addressed? Please explain.

Please comment on any STRENGTHS that the trainee is demonstrating.

What should the trainee work on in the next few months?

Please provide any other comments about the progress of the trainee.

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

Signature of Clinical Supervisor (if applicable)

Signature of Trainee