

The Faculty of Radiation Oncology

## **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 <u>Director of Training Assessment Instructions</u> on the <u>College website</u> for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its <u>Privacy Policy</u>.

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:	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>
Period of Assessment:	Half-YearlyYearly(6 months)(12 months)
Training Status:	Full Time Part-Time If Part-Time (FTE)
Yes No	the period the report covers be fully 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

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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
Schola	ar
	Teaching others: Shows interest and aptitude in education of others
	<b>Lifelong learning:</b> Shows a resourceful attitude towards to continuing education to enhance quality of patient care; develops and acts on personal learning goals; accepts and acts on constructive feedback
	<b>Evidence-based practice:</b> Takes evidence-based approach to patient management; demonstrates abilit to critically appraise published literature; integrates emerging evidence into clinical practice
	Research activity: Understands scientific methodology; participates in research and audit activities
	Overall Rating
Profes	sional
	<b>Empathic and ethical behaviour:</b> Demonstrates compassion in management of patients, demonstrates respect for patient confidentiality, privacy, and autonomy
	<b>Professional behaviour:</b> Displays professional attitudes and integrity; demonstrates initiative, reliability, and availability
	<b>Organisational skills:</b> 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 Assurant programs; demonstrates importance of patient safety
	<b>Responsibly and self-assessment:</b> Accepts responsibility for own actions; accepts the limit of own competence, and functions within own capabilities; seeks advice and assistance when appropriate



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
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I have concerns about this trainee's progression:

□ Yes □ No

I have concerns about this trainee's performance:

🗌 Yes	🗆 No
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Signature of Director of Training

Signature of Clinical Supervisor (if applicable)

Signature of Trainee

