**Trainee Assessment Sheet**

This is to be completed by the lead supervisor at each 50-case interval of the 200 cases required prior to presenting for ANZCP certification exams. All skills must be ranked average or better for the trainee to be eligible for examination.

Please indicate (X) to represent the trainees’ ability and professional competence with respect to the skill level you believe them to have achieved at this time of their clinical training. This should consider the level of clinical competence at which the trainee is expected to be at in the point of their traineeship. A below average rating indicates that the minimum standard required has not been achieved.

This assessment must be discussed with the trainee and signed off by both the trainee and the supervisor. A copy of must be included in the trainees’ portfolio upon application for ANZBP certification exams.

**Assessment Period**

 50 cases  100 Cases  150 Cases  200 Cases

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skill | 1 | 2 | 3 | 4 | 5 |
| Scientific principles |  |  |  |  |  |
| Perfusion knowledge |  |  |  |  |  |
| Performance under stress |  |  |  |  |  |
| Motivation and seriousness of purpose |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |
| Analytical skills |  |  |  |  |  |
| Communication skills |  |  |  |  |  |

1 = Exceptional 2 = Very good 3 = Above average 4 = Average 5 = Below average

**Comments:**

**Name of trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: Signature:**

**Date of assessment discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**