TRAI **TRAINEE ASSESSMENT REPORT (TAR)**

**Trainee Name: Trainer Name:**

**Hospital: Specialty:**

**Year: Rotation Date:**

**Please note the TAR is completed by your current Trainer or those trainers you worked with in the recent past as listed on your clinical experience.**

**Performance Ratings Scale**

1. **Very Poor** – Performs below standards and expectations / warrants immediate performance management / remediation action.
2. **Below Expectations** – Has met some performance objectives, but overall failed to meet performance standards on some key dimensions.
3. **Meets Expectations** – Successfully meets performance standards and expectations.
4. **Above Expectations** – Performance consistently meets and sometimes exceeds standards and expectations. Performance is frequently above expectation.
5. **Exceptional** – Performance consistently exceeds all standards and expectations, in conjunction with all areas of personal skills, relationship management and communications skills.

**Please mark all sections**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Clinical Skills** | **1** | **2** | **3** | **4** | **5** |
| **History Taking** |  |  |  |  |  |
| **Physical Examination** |  |  |  |  |  |
| **Diagnostic Investigations (Lab / Imaging)** |  |  |  |  |  |
| **Diagnostic Skills** |  |  |  |  |  |
| **Clinical Judgement** |  |  |  |  |  |
| **Operative Skills** |  |  |  |  |  |
| **Post-operative Management** |  |  |  |  |  |
| **Follow-up Planning** |  |  |  |  |  |
| **B. Professional Development** |  |  |  |  |  |
| **Teaching Activities** |  |  |  |  |  |
| **Clinical Audit** |  |  |  |  |  |
| **Presentations** |  |  |  |  |  |
| **Research** |  |  |  |  |  |
| **C. Personal Skills** |  |  |  |  |  |
| **Communication** |  |  |  |  |  |
| **Teamwork** |  |  |  |  |  |
| **Leadership** |  |  |  |  |  |
| **Self-Awareness and Insight** |  |  |  |  |  |
| **Motivation and Drive** |  |  |  |  |  |
| **Disposition and Appearance** |  |  |  |  |  |
| **Management of Stress and Workload** |  |  |  |  |  |
| **Management of Crises** |  |  |  |  |  |
| **Reliability** |  |  |  |  |  |
| **Time Management** |  |  |  |  |  |
| **D. Relationships** |  |  |  |  |  |
| **Medical Colleagues** |  |  |  |  |  |
| **Nursing and Paramedical Staff** |  |  |  |  |  |
| **Patients and Relatives** |  |  |  |  |  |

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| **Ratings 1 and 2 are deemed Below Expectations, and require further detail and proposed action to address.** |

**Assessor’s Signature: …….........................................…………………**

**Assessor’s Name (Print): ………….............................…………………**

**Assessor’s IMC/GMC number….….............................…………………**

**Date: ……………………………………..**