Trauma and Orthopaedic Surgery 2016 National Recruitment



Personal Skills Assessment

Instructions for Applicants

The Personal Skills Assessment (PSA) component is a small, but important element of the application because it gives some external professional opinion. Three completed PSA forms, within the specific time must be submitted. If you do not submit all three forms your application will not be progressed in the absence of an exceptional reason. Any issues identified in the forms may be considered further as part of your application notwithstanding your overall score.

Applicants currently in a CT2 Core Training Post

You should approach:

- Your Core Surgery TPD/Head of Department and
- o One current Educational Supervisor and
- o One Clinical Supervisor from the last two years who has personal and direct knowledge of your performance in the clinical setting.

Applicants currently in CT2+, CT3, LAT or ST3 training posts

You should approach:

- o Your current Head of Department and
- o Two other Supervisors of the last two years who have personal and direct knowledge of your performance in the clinical setting.

Applicants not currently in a Training Programme and applicants who are unable to approach a Training Program Director

If you are not currently in a training programme you must supply three Personal Skills Assessment forms from the following:

- Head of Department of your most recent post and
- Two other Supervisors from the last two years of your most recent employment have personal and direct knowledge of your performance in the clinical setting.

They should have personal and direct knowledge of your performance in the clinical setting.

One form should be completed by each of your supervisors i.e. three in total.

You must provide a hard copy of the completed Personal Skills Assessment forms in a sealed envelope at interview. These will be handed in during document checking.

Before you complete this assessment please read the Instructions for Applicants and the descriptors carefully.

- o The domains listed are mapped to the Person Specification for a higher training post in Trauma and Orthopaedic Surgery.
- o In considering the suitability of the applicant for this post please study the descriptor sheet and using your knowledge of the trainee in the work-place a banding should be given for each of the domains.
- o Consider each domain separately.
- o If you are a TPD or their delegate the assessment that you give should be a combined opinion of those who have been directly involved with the applicant during their training to date.
- o If you are not a TPD or their delegate you should have direct knowledge of the applicant in the clinical setting within the last two years. You will be one of three people to give an assessment.
- o Mark a cross in the box on the grid which best reflects the applicants ability in the relevant domain
- When completing this assessment you should, where possible, consider specific examples of work, behaviour or achievement and record these against that domain in the evidence column
- o If you have knowledge of other applicants you can consider them as a group and the banding of the assessment should reflect the relative suitability of all the applicants.
- o A hard copy should be given to the applicant in a sealed envelope. This will be handed in on the day of interview.

Suggested method of completion:

- o Taking each domain in turn choose a band between 1 and 5 that quantifies your opinion of the candidates performance in that area.
- $\circ\quad$ Check the descriptor in the relevant box on the assessment matrix.
- Question if the descriptor matches your assessment of the applicant.
- o Check the descriptors in the boxes on either side to find the one which best fits your assessment of the candidate.
- o Mark the appropriate box on the score sheet.
- o Record any portfolio evidence that is relevant to your assessment in the appropriate box.
- o Repeat this process for each domain.

Personal Skills Assessment Form

Applicant Details	
Applicant Name:	
Applicant GMC Number:	
Application ID Number:	

For each domain, please tick the band which best reflects the applicant's ability. You should, where possible, consider specific examples of work, behaviour or achievement and record these in the Comments / Evidence column.

1. Judgement under Pre	1. Judgement under Pressure (please tick one band which best reflects the applicant's ability in this domain)						
Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence		
 Easily flustered, sometimes shouts. Gets anxious when being supervised in theatre. Has difficulty prioritising tasks often leaving things incomplete. Doesn't ask for help. Often fails to recognise urgency 	Behaviour not always professional. Needs help to prioritise tasks and doesn't always complete them. Has difficulty making decisions when under pressure. Doesn't always recognise urgency.	Behaves in a professional manner most of the time. Has good judgment when dealing with common problems. Finds it more difficult to think beyond the obvious. Usually asks for help appropriately and does not leave tasks incomplete.	 Generally behaves professionally. Generally completes or delegates tasks appropriately. Judgment is good and when unsure seeks help appropriately. 	 Always behaves professionally. Excellent judgment. Remains calm and communicates the urgency of situations firmly and appropriately. At ease with more difficult problems and copes well with pressure. 			

Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
Does not listen carefully to patients and colleagues. Uses ambiguous or inappropriate technical language. Gives confusing or inconsistent feedback.	 Appears to listen but non-verbal language poor. Too little or too much eye contact. Does not always understand first time. Requires frequent prompting. Hesitant or indecisive speech. 	 Listens well but sometimes distracted. Methodical approach to speaking. Some prompting required. Maintains appropriate language and terminology. 	 Listens well rarely distracted. Generally clear and appropriate language. Occasionally incomplete answers or information relayed. Communicates well with the wider team. 	Content and competent to communicate bad news to patients even in difficult circumstances. Always listens carefully and actively. Unambiguous language delivered at appropriate pace, always complete. Excellent communication with the wider team.	
. Problem Solving (plea	se tick one band which be	st reflects the applicant's ab	ility in this domain)		
Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
Does not always understand what information is required to solve a problem. Struggles to apply	 Sometimes misses important information. Slow and sometimes irrational. Fails to adjust problem-solving process even in the 	Usually seeks out the necessary information although may require prompting in some areas. Mostly rational when problem solving,	Will always seek out the necessary information, with only occasional prompting. Asks for help if necessary. Finds rational	 Gathers all-important information efficiently without prompting. Summarises concisely and then finds a rational timely solution. 	

Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
Fails to appreciate the whole picture. Lacks insight into own abilities. Over or under confident for stage of training. Unable to reflect on own performance. No evidence of access to appropriate learning opportunities	 Has a limited insight into situations. Does not always see the detail even with prompting. Struggles to reflect on their own performance. Learning opportunities taken sometimes not relevant or appropriately focused for stage of training. 	 Has a broad view of situations but does not always see the detail. Can be shown how to reflect and learn but not always without prompting. Learning opportunities focused on current training but occasionally not relevant to stage. 	 Usually aware of the wider picture. Tends to be over critical about own performance. Needs encouragement to reflect and learn. An appropriate range of learning opportunities but only the essential courses. 	 Sees the bigger picture. Takes constructive feedback without being unduly self-critical. Shows evidence of spontaneous learning by reflection, which they are happy to share. Learning opportunities taken: appropriately focused to specialty choice and relevant to stage and training. 	
5. Decision Making <i>(plea</i>	ase tick one band which b	est reflects the applicant	's ability in this domain)		
Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
 Difficulty identifying the key issues around a decision. Relies on one or a small range of opinions. Does not check with others. Makes poor and occasionally unsafe decisions. 	Tends to make decisions without discussion. Decision making process lacks structure. Needs close supervision and reminding to check with others. Often seeks views of so many others that decision making is delayed	Discusses with others sometimes. Able to make straightforward decisions. Occasionally prevaricates	Usually makes good decisions in a timely fashion. Takes advice constructively to influence outcome.	 Always discusses appropriately having weighed up the pros and cons of a particular decision. Explains the rationale concisely and seeks confirmation. Makes good decisions even in complex scenarios. 	

Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
Delegates all or nothing, inappropriately. Does not inspire confidence in colleagues. Avoids responsibility and accountability. Never comes up with own ideas for projects, unenthusiastic about the ideas suggested.	 Able to take instruction but shows little initiative. Deflects responsibility on to others. Needs to be directed to see patients and guidance on what jobs needs to be done. Has done projects but none have resulted in presentation or publication. 	 Takes prolonged time to settle into a new team but confident and liked, popular once established. Occasional selfgenerated idea for project, and keen to get involved. Happy to be involved in projects when asked. Opportunities for presentation and publication have to be suggested, but actively pursued after that. 	 Settles quickly into new team well liked and a clear leader. Able to both lead and be led when appropriate. Has ideas for projects but needs some support to carry through. Works hard when given guidance. Actively seeks opportunities for presentation and publication 	 Shows initiative, inspires confidence in those around them. Is able to assess abilities of team members and delegate appropriately while checking compliance. Always comes up with ideas for projects and involves others. Is pro active and has more presentation and publications than peer group with similar experience. 	
Organisation and Plan					
	nning <i>(please tick one bai</i>			-	
Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
Band 1 Delayed sitting components of MRCS	Took time to sit one component of MRCS	Band 3 • Sat both components of MRCS at a	Band 4 • Sat both components of MRCS at a	Band 5 Sat both components of exam at earliest	Comments / Evidence
Band 1 Delayed sitting components of MRCS for no good reason.	Took time to sit one component of MRCS for no good reason.	Sat both components of MRCS at a reasonable stage.	Sat both components of MRCS at a reasonable stage.	Sat both components of exam at earliest opportunity.	Comments / Evidence
Band 1 Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research.	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard	Sat both components of exam at earliest opportunity. Completes all projects to a high standard	Comments / Evidence
Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave	Took time to sit one component of MRCS for no good reason. Projects frequently left	Sat both components of MRCS at a reasonable stage. Completes most	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline.	Sat both components of exam at earliest opportunity. Completes all projects	Comments / Evidence
Band 1 Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave and expects others to work around their	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves others to do the work. Poor use of study leave due to poor	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline sometimes requiring prompting. Taken study leave on	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline. Achieves appropriate numbers of WBA with	Sat both components of exam at earliest opportunity. Completes all projects to a high standard before deadline and drives others to contribute.	Comments / Evidence
Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave and expects others to work around their needs.	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves others to do the work. Poor use of study leave due to poor planning.	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline sometimes requiring prompting.	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline. Achieves appropriate	Sat both components of exam at earliest opportunity. Completes all projects to a high standard before deadline and drives others to	Comments / Evidence
Band 1 Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave and expects others to work around their	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves others to do the work. Poor use of study leave due to poor planning. Rarely seeks WBAs to be done.	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline sometimes requiring prompting. Taken study leave on average once every 6 months, some lack of planning.	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline. Achieves appropriate numbers of WBA with appropriate mix of PBAs, CbD, CEX etc. Needs encouragement	Sat both components of exam at earliest opportunity. Completes all projects to a high standard before deadline and drives others to contribute. Creative, well planned use of study leave. Achieves well above	Comments / Evidence
Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave and expects others to work around their needs. Never asks for WBAs	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves others to do the work. Poor use of study leave due to poor planning. Rarely seeks WBAs to be done. Leaves things until the	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline sometimes requiring prompting. Taken study leave on average once every 6 months, some lack of	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline. Achieves appropriate numbers of WBA with appropriate mix of PBAs, CbD, CEX etc. Needs encouragement in some areas.	Sat both components of exam at earliest opportunity. Completes all projects to a high standard before deadline and drives others to contribute. Creative, well planned use of study leave.	Comments / Evidence
Band 1 Delayed sitting components of MRCS for no good reason. Makes no contribution to audit/research. Does not plan leave and expects others to work around their needs. Never asks for WBAs	Took time to sit one component of MRCS for no good reason. Projects frequently left unfinished, leaves others to do the work. Poor use of study leave due to poor planning. Rarely seeks WBAs to be done.	Sat both components of MRCS at a reasonable stage. Completes most projects by deadline sometimes requiring prompting. Taken study leave on average once every 6 months, some lack of planning. Achieves minimum	Sat both components of MRCS at a reasonable stage. Completes projects to a good standard before deadline. Achieves appropriate numbers of WBA with appropriate mix of PBAs, CbD, CEX etc. Needs encouragement	Sat both components of exam at earliest opportunity. Completes all projects to a high standard before deadline and drives others to contribute. Creative, well planned use of study leave. Achieves well above the minimum numbers	Comments / Evidence

Band 1 Band	nd 2 🗌 Band 3 🔲	Band 4 🗌	Band 5 🗌	Comments / Evidence
does not turn up without excuse, often leaves before the end. Attempts to avoid ALL responsibility before or after events especially if there is an adverse outcome. Does not always tell the same story to all members of the team.	netimes and reliable when presenting a story to the members of the and reliable when presenting a story to the members of the team.	 Always arrives on time and stays until crucial work is complete. Honest, reliable and trustworthy. Is consistent when presenting a story to the members of the team and will ensure that a task undertaken is completed. Is respectful of colleagues and patients. 	 Always early and never leaves before work is complete. Will 'go the extra mile.' Always accepts personal responsibility without requiring any prompts. Shows respect for patients and other members of the wider team. Honest, reliable and trustworthy. Always consistent when presenting a story to team members. 	

9. General Descriptor (ple	ease tick one band which	best reflects the applicar	nt's ability in this domain)		
Band 1 🗌	Band 2 🗌	Band 3 🗌	Band 4 🗌	Band 5 🗌	Comments / Evidence
 A trainee who just meets the requirements of the core curriculum. Manual skills frequently slow and awkward, and slow to acquire new skills. Appears to lack confidence and at times diffident within the team. Shows a significant lack of awareness of risks and occasionally unsafe. Logbook shows a high level of assisting in key procedures for stage in training. 	Generally slow and at times awkward taking longer than average to learn a new procedure. Takes time to settle into the team, liked, but has come across as either under or over confident. Requires frequent prompting to identify risks and guidance as to how to avoid these. Volume of supervised operating on the low side for stage and training.	A trainee who generally meets acceptable standards of reflection and learning. A good, competent surgeon who learns new procedures at an appropriate pace. Takes time to settle into the team, but confident and liked once established. Takes some prompting to identify risks but then works appropriately to avoid these. Has an average volume of supervised operating for stage and training.	 A very competent trainee, who has learnt to reflect, has an understanding of the demands of the career. An above average technical surgeon, who learns as an average pace. Settles into the team quickly and is liked. May take some prompting to identify risks but then works well to avoid them. Has an above average volume of supervised experience for staging training. 	 An outstanding trainee who has few weaknesses. Shows commitment and drive with positive attributes. A very adept technical surgeon who learns quickly. Is always a confident member of the team, communicating well with others. Shows good awareness of the risks associated with procedures and works carefully to avoid these. Has obtained an excellent volume of supervised experience for stage in training. 	

This form must be signed by the Consultant completing it and stamped with an official hospital stamp. If no stamp is available, please attach a signed complement slip.

Personal Assess	sment Form completed by:			
Name:		Position:		
Signature:		Date:		Haarital Stamp
Relationship to Applicant:	tionship pplicant: Training Programme Director Educational Supervisor Other (please specify)		Hospital Stamp:	