**TRAINING PLAN: HIGHER SURGICAL TRAINING IN PAEDIATRIC SURGERY**

Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned Educational Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Part 1. Objectives setting at the beginning of a 6-month rotation** | |
| **1.1 Topics of particular interest for this placement** | |
| **1.2 Learning objectives**(commensurate with year of training) | |
| **1.3 Proposed learning activities to meet objectives**  I. Knowledge & Clinical Skills  II. Operative Skills  III. Professionalism  IV. Research | |
| **1.4 Sign off and date**  Trainee: Date:  Supervisor: Date: |
| **Part 2. Intermediate review** |
| **2.1 Progress of objectives achievement and learning activities** |
| **2.2 Sign off and Date**  Trainee: Date:  Supervisor: Date: |
| **Part 3. Final review** |
| **3.1 Objectives achievement** |
| **3.2 Completion of learning activities**  I. Knowledge & Clinical Skills  II. Operative Skills  III. Professionalism  IV. Research |
| **Part 4. Comments from Assigned Educational Supervisor** |
| **4.1 General comments(give reasons if applicable)**  I. The trainee’s reflective practice is satisfactory. Yes ( )/ No ( )  Reasons  II. The trainee has followed an agreed timetable. Yes ( )/ No ( )  Reasons  III. Any unresolved issues. Yes ( )/ No ( )  Reasons |
| **4.2 Specific comments**  I. Overall Performance  II. Strengths  III. Areas for improvement or development |
| **4.3 Assigned Educational Supervisor sign off and date**  Signature:Date: |
| **Part 5. Comments from Trainee** |
| **5.1 General comments(give reasons if applicable)**  I. The training centre has provided learning opportunities following the agreed timetable. Yes ( )/ No ( )  Reasons  II. I am satisfied with the educational programme. Yes ( )/ No ( )  Reasons  III. Any unresolved issues. Yes ( )/ No ( )  Reasons |
| **5.2 Self-reflective statements**  I. Self-perceived overall performance  II. Self-perceived strengths  III. Self-perceived areas for improvement or development |
| **5.3 Feedback to training centre**  **5.4 Requests relevant to training in next rotation** |
| **5.5 Trainee sign off and date**  I have read the comments from my Assigned Educational Supervisor  Signature: Date: |