**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 SkillsII. Operative SkillsIII. ProfessionalismIV. 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 SkillsII. Operative SkillsIII. ProfessionalismIV. 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 PerformanceII. StrengthsIII. 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 performanceII. 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 SupervisorSignature: Date: |