Trauma and Orthopaedic Surgery 2017 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:

- o Your Core Surgery TPD/Head of Department and
- 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
- o 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 three separate completed Personal Skills Assessment forms. These will be submitted by your chosen assessors directly via email. You will receive a confirmation email from the National T&O Recruitment Team for every form submitted relating to your application. The submission deadline is 5pm on Friday 31st March 2017.

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

- o This form must be **typed** and not handwritten.
- 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 Select the appropriate band in the assessment box 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 You must follow the instructions at the bottom of this form in order to email directly to the National Recruitment Office.

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.
- o 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.
- Select the appropriate band in the assessment box.
- o Record any portfolio evidence that is relevant to your assessment in the appropriate box.
- Repeat this process for each domain.

Personal Skills Assessment Form

| Applicant Details | |
|---|--|
| Applicant Name: | |
| Applicant GMC Number: | |
| Applicant Email Address: (We will issue a confirmation of receipt to this email address in addition to your own) | |

In the assessment box for each domain, please select 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 box.

| 1 | Judgement under Pre | ะรรเ | ıre (please tick one bar | d w | hich best reflects the ap | oplic | cant's ability in this doma | ain) | | |
|---|--|------|---|-----|---|-------|--|------|---|-----------------------|
| | Band 1 | | Band 2 | | Band 3 | | Band 4 | | Band 5 | Assessment: |
| • | 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. | Comments / Evidence : |

| 2. 0 | Communication (pleas | se tick one band which bes | t reflects the applicant's abi | lity in this domain) | | |
|------|---|--|---|---|--|-----------------------|
| | Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Assessment: |
| • | 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. | Comments / Evidence : |

| 3. | Problem Solving (plea | ase 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 | Assessment: |
| • | Does not always understand what information is required to solve a problem. Struggles to apply knowledge and make a rational decision. Distracted by wanting to be "right". Not aware of own limitations. | Sometimes misses important information. Slow and sometimes irrational. Fails to adjust problem-solving process even in the light of new information. Not always aware of own limitations. | Usually seeks out the necessary information although may require prompting in some areas. Mostly rational when problem solving, adjusts their view appropriately when given new information. | Will always seek out the necessary information, with only occasional prompting. Asks for help if necessary. Finds rational solutions to problems. | Gathers all-important information efficiently without prompting. Summarises concisely and then finds a rational timely solution. Knows own limitations. | Comments / Evidence : |

| Situational Awarenes | s (please tick one band whi | ch best reflects the applicat | nt's ability in this domain) | | |
|---|--|---|--|--|-----------------------|
| Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Assessment: |
| 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. | Comments / Evidence : |
| . 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 | Assessment: |
| 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. | Comments / Evidence : |

| Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Assessment: |
|--|--|--|---|---|-----------------------------------|
| 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. | Comments / Evidence : |
| | | | | | |
| Organisation and Pla | nning <i>(please tick one ba</i> | nd which best reflects the | applicant's ability in this | domain) | |
| Organisation and Pla | nning <i>(please tick one bai</i> Band 2 | nd which best reflects the Band 3 | applicant's ability in this Band 4 | domain) Band 5 | Assessment: |
| | Took time to sit one component of MRCS for no good reason. | Sat both components of MRCS at a reasonable stage. | Band 4 Sat both components of MRCS at a reasonable stage. | Sat both components of exam at earliest opportunity. | Assessment: 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 | |
| Band 1 Delayed sitting components of MRCS for no good reason. Makes no contribution | 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 | Sat both components of exam at earliest opportunity. Completes all projects | |

| 8. Professional Integrity (| please tick one band whic | h best reflects the applica | ant's ability in this domaii | 1) | |
|---|---|---|--|--|-----------------------|
| Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Assessment: |
| Frequently late or 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. Tries to avoid "looking bad". | Sometimes late, or leaves early without good reason. Often avoids taking responsibility. Can appear defensive or evasive, or tries to 'show off'. Sometimes inconsistent and unreliable when presenting a story to the members of the team. | Sticks to agreed hours. Is generally reliable and will take responsibility but may need encouragement to do so. Tries to be consistent 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. | Comments / Evidence : |

| Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Assessment: |
|--|---|--|--|---|-----------------------|
| 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. | Comments / Evidence : |

Signature Page

| Personal Skills Assessment Form completed by: | | | | |
|---|-------------------------------|--|--|--|
| Name: | | | | |
| Position: | | | | |
| Signature: | | | | |
| (Not necessary if you are submitting the form via your trust email address) | | | | |
| Date: | | | | |
| | ☐ Training Programme Director | | | |
| | ☐ Head of Department | | | |
| Relationship to Applicant: | ☐ Educational Supervisor | | | |
| | ☐ Clinical Supervisor | | | |
| | Other (please specify) | | | |

Instructions for digitally submitting this form:

This form should be submitted via the trust email address of the consultant completing it. Please click the 'Submit' button at the top of this form in order to return directly to the National T&O Recruitment Team. However if the submit button does not appear or does not function correctly, you may save a copy and email your form to TOrec.yh@hee.nhs.uk

You and the applicant this form relates to, will receive a confirmation of receipt once a member of the recruitment team has acknowledged your form.

In the event of difficulties with digitally submitting this form:

In the interests of confidentiality we have attempted to ensure that this form may be easily submitted via email. However if you are unable to do this, you may print this form and place in a sealed envelope, with your signature across the seal. The envelope should be provided to the candidate so that they may bring it to their interview with them.