

How to Write a Good Assigned Educational Supervisor's Report for Surgical Trainees

These guidelines are to help the assigned educational supervisor (AES) write their final report on the trainee's performance. This report is pivotal to the success of the current surgical training process.

Aim – The AES report will provide feedback to:

1. Trainees to help develop future performance.
2. Inform the ARCP process of the trainee's mapping against the curriculum.
3. Inform future clinical and educational supervisors about strengths and gaps in trainee performance.

Supervision

1. Once a learning agreement has been made, try to document for any clinical encounter, something the trainee did well and a suggestion for improvement. Encourage your clinical supervisor colleagues to do the same. Documented comments should focus on what the trainee did rather than what their attitude may or may not have been.
2. Record voice or written notes somewhere accessible but secure e.g. smartphone .
3. Review progress on WBAs every month. Trainees should be adding at least 2 new WBAs per week: 50% operative and 50% non-operative. Check text boxes for both quality and quantity of feedback.
4. Monitor evidence of reflective writing.
5. Review Non-Operative Skills for Surgery WBA.

Writing the Report

Once you are ready to write the final report:

1. Review notes recorded by you, the trainee and clinical supervisors (CS).
2. If no CS reports are available, follow-up as soon as possible.
3. Comment upon:
 - a. Professional values and behaviours.
 - b. Professional skills.
 - i. Practical skills.
 - ii. Clinical skills
 - iii. Prescribing.
 - iv. Using medical devices safely.
 - v. Infection control and communicable diseases.
 - c. Professional knowledge.
 - i. Specialty knowledge.
 - ii. National legislation.
 - iii. NHS structure.
 - d. Communication.
 - e. Capabilities in leadership and teamwork.
 - f. Capabilities in patient safety and quality improvement.
 - g. Capabilities in safeguarding vulnerable groups.
 - h. Capabilities in education and training.
4. Consider knowledge, technical skills, judgment and professionalism:
 - a. What progress have they made against their learning agreement?
 - b. Are numbers and mix adequate in their logbook?
 - c. What have clinical supervisors identified as strengths and weaknesses?
 - d. What are the top 2 areas of trainee performance?
 - e. What are the bottom 2 areas of performance?
 - f. What further development is needed?

Comment upon the trainee's current position in the training trajectory with respect to the surgical curriculum, i.e. is an ST5 performing as an ST5 according to the curriculum.

5. Include also:
 - a. A summary of discussion around most recent MSF results.
 - b. Specifics of any concerns, complaints or investigations.
 - c. Details of any sick leave.
 - d. The trainee's response to feedback.
6. Provide specific examples (not just your own) of strengths and weaknesses as evidence of your judgment regarding the calibre of the trainee's performance.
7. Provide recommendations for on-going development.
8. Check the report for inconsistencies before you send it.

The value of this report relies on evidence from different people assessing different aspects of performance at different times.