

College of Surgeons of East, Central and Southern Africa – FCS(ECSA) Diploma  
 Trainee Assessment Form – To be filled in by Trainer(s)

This is an important document which is confidential to the trainee, the trainer(s), the country training coordinator and the exam committee of the College. On completion of every post it should be filled in by your trainer (consultant) who is encouraged to discuss it with you, and then return it to you. You should then sign it, then send a copy by fax or email to: COSECSA Examination Dept, PO Box 1009, Arusha, Tanzania.  
 Fax: (+ 255) 27 2504125 email: cosecsa@crhcs.or.tz  
 Please keep the original in your log book and show it to your next trainer if requested.

Trainees name

Trainees number

Hospital and Post

Start date:

End Date:

Please complete this table by placing an 'X' in the most appropriate box. If there is more than one trainer then a consensus should be reached. The attached notes will give guidelines on which box is most appropriate.

Assessment	Deficient	Appropriate	Above Average
<b>A. Clinical Skills</b>			
History taking			
Physical Examination			
Diagnostic Skills			
Operative Skills			
Postop. management			
<b>B. Knowledge</b>			
Basic Science			
Clinical			
<b>C. Postgraduate Activity</b>			
Teaching ability			
Use of study time			
<b>D. Attitudes</b>			
Reliability			
Self motivation			
Leadership			
Organisational Ability			
<b>E. Relationships with:</b>			
Colleagues			
Patients			
Other Staff			

Please outline the trainee's strengths and weaknesses including any areas where specific attention should be given in the next training post.

Strengths:

Weaknesses:

Final assessment. Please tick one of the two boxes below:

This trainee is suited for further training in surgery	
Successful further training depends on appropriate attention to the areas of need highlighted above	

Trainer's signature(s) ..... date.....  
 .....

Trainee's signature ..... date .....