

College of Surgeons of East, Central and Southern Africa - FCS(ECSA) Diploma  
Fellowship Training Post Assessment Form

This is an important document that you are required to complete at the end of every post. Following completion please keep the original in your log book and 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

Name in Capitals (underline surname).....

.....Training number.....

Address.....

Telephone.....fax.....email.....@.....

Post being assessed (give specialty and hospital) .....

Trainers name.....

Please outline your average weekly timetable:

	Monday	Tuesday	Wednes	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often are you on call? Please outline the shift pattern or duty rota

What is the average number of admissions per week?

What is the average number of operations per week?

How many outpatients do you see on average per week? New                      follow-up

How often do the following occur?

	Never	Occasionally	Monthly	Weekly	Daily	Other (specify
Consultant ward rounds						
Morb. & mort. meetings						
Clinical meetings						
Audit meetings						
Pathological meetings						
Xray meetings						
Journal club						

How would you rate your training?

	Disappointing	Satisfactory	Stimulating
Operative training			
Training in outpatients			
Training on ward rounds			

What would you say are the strengths of the post?

What would you say are the weaknesses of the post?

Signed..... date .....