



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

TRAINEE LEARNING PLAN

A Trainee Learning Plan may be completed at the start of a training period to identify specific areas that the trainee will focus on during the training period. The plan will also help to ensure trainee and supervisor expectations are aligned at the start of the period.

Ideally the plan is completed by the trainee, and reviewed by the supervisor and trainee at an initial meeting, within the first two weeks of the training period. Progress with the plan is then reviewed prior to the QAR meeting at the end of the training period. Plans may be created for 3-months or 6-months duration.

Trainee Information

Learning Plan period from ____ / ____ / ____ to ____ / ____ / ____

Trainee's name _____

SET/STAGE Level _____

Trainee Supervisor's name _____

Hospital _____

Surgical unit _____

Trainee's Self Appraisal

The trainee could complete a trainee self appraisal form to help identify specific areas.

Strengths:

Areas to focus development on this training period:

Trainee identifies particular areas of the curriculum to be focused on:

Competencies/outcomes <i>from curriculum</i>	Learning activities and resources <i>Specific clinics, observations, assisting with certain procedures etc</i>	Feedback & Assessment <i>Observations, workplace-based assessment</i>
Foundation Competencies/Non-technical skills		
<i>(e.g. eliciting relevant information from patients, handover)</i>		
Medical Expertise		
<i>(e.g. assessment - interpreting radiological imaging, physical examination to elicit signs, management plans)</i>		

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Surgical Expertise

(e.g. post operative - ordering pain management, diagnosing and managing surgical site infection)

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Applied Medical and Surgical Expertise in Orthopaedics – Specific Topic Areas

(e.g. assessment or management competencies in specific areas e.g. hand, spine. Surgical skills that the trainee would like to assist with or master).

Plans for progress with research requirements:

Trainee Supervisor

Trainee

Signature: _____

Signature: _____

Date: ____/____/____

Date: ____/____/____