

MHKICBSC – Revised Curriculum for Basic Surgical Training (Jun 2010)

Hong Kong Intercollegiate Board of Surgical Colleges
(HKICBSC)

Secretariat:

*The College of Surgeons of Hong Kong
601, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Tel: (852) 2871 8799 Fax: (852) 2515 3198
E-mail: info@cshk.org Website: <http://www.cshk.org>*

Guideline

Revised Curriculum for Basic Surgical Training

***(For entry to Higher Surgical Training of
CSHK, HKCOS, HKCORL)***

***Effective date:
on 1st July 2010***

For New Basic Surgical Trainee (BST) admitted from 1 July 2010 onwards

*Training & Curriculum Subcommittee
Hong Kong Intercollegiate Board of Surgical Colleges*

For any enquiry, please e-mail to College Secretariat of CSHK

Revised Curriculum for Basic Surgical Education & Training

Objective

The aim of a surgical training program is to produce fully fledged surgeons of an appropriate standard, who are ready for unsupervised practice and be able to function independently or act as part of a multidisciplinary team as well as to be the 'most effective deliverers of patient care that is possible'.

The objective of the Basic Surgical Training is to build up a sound foundation for trainees in surgery for proceeding to higher training.

Target

There should be a clear delineation of the expected competency and skill development at different stages of surgical training for each specialty. The structuring of surgical training is to be based on knowledge, attitude, competencies and skills disregarding the organizational and administrative constraints.

After completion of the Basic Surgical Training program, the trainee will be able to achieve 5 out of 7 functional competences (CanMEDS), namely, *Medical Expert; Communicator; Collaborator; Scholar; Professional.*

The various parts in the curriculum included:

- 1. The rotation in various specialties***
- 2. Training modules during each specialty so that the training will be structured, formatted and transparent (with achievable deliverables)***
- 3. Continuous assessment to ensure competencies particularly in skill acquisition***
- 4. The examination***

The declaration of interest is entirely on a voluntary basis. Trainees who do not declare any interest will be placed in General Surgery. This is to facilitate and maximize the training opportunities for trainees, instead of imposing restrictions.

The Basic Surgical Training Curriculum:

<i>Year</i>	<i>Rotations</i>	<i>Exams eligible</i>	<i>Actions</i>
<i>PGY1</i>	<i>Intern</i>	<i>Part 1 and Part 2 of ICBSC Exam</i>	
<i>PGY2</i>	<i>Year 1 residency</i>		
	<i>Rotation 1</i>	<i>Part 1 and Part 2</i>	<i>Indicate choice of higher training specialty, if wish</i>
	<i>Rotation 2</i>	<i>Part 1, 2, 3(any part)</i>	
<i>PGY3</i>	<i>Year 2 residency</i>		
	<i>Rotation 3</i>	<i>Any Part</i>	<i>Allow change of wish of higher training specialty</i>
	<i>Rotation 4</i>	<i>Any Part</i>	<i>Interview for HST selection if passes all Parts of Exam & competency assessment.</i>
<i>PGY4</i>	<i>Any BST post</i>	<i>Any Part</i>	<i>Interview for HST selection if passes all Parts of Exam & competency assessment.</i>
<i>PGY5</i>	<i>Any BST post</i>	<i>Any Part</i>	

IMPORTANT

Trainee must register with the Hong Kong Intercollegiate Board of Surgical Colleges (HKICBSC) by submitting the completed Registration Form ([appendix 1](#)) within 1 month on entry to BST; **delay in registration may result in delay of training for 6 months.**

Trainees may fill in the Record of Curriculum ([appendix 2](#)) if they wish to declare interest in any specialty.

Time-based rotational training:

During BST training, a trainee has to undergo a 2-year rotation comprising of:

1) One year of ***Core Training in General Surgery & Emergency Surgery***

One 6-month training in General Surgery; AND

One 6-month training (or TWO 3-month) in critical care or emergency medicine or Traumatology (Emergency Surgery), which can be of the followings:

Accident & Emergency Department (AED, maximum of 6 months)

General surgery in traumatology (maximum of 3 months)

General orthopaedic in traumatology (maximum of 3 months)

Neurosurgery in traumatology (maximum of 3 months)

Cardiothoracic surgery in traumatology (maximum of 3 months)

Intensive Therapy Unit (ITU, maximum of 3 months)

2) The remaining 1 year will be in ***TWO or THREE specialties or subspecialties, each with at least 3 months duration***, where the experience gained is not included in the 12-month described above (AED or ITU should include in core-training ONLY; and thus will NOT be accepted in this 1 year of training).

***** The overall 2-year rotation will be limited to a maximum of 1 year in any one specialty (General Surgery or Orthopedics) or a maximum of 1 year in any one specialty of the College of Surgeons of Hong Kong (CSHK), including those in Emergency Surgery.***

If a basic trainee indicates his/her interest in any specialty the following rotation would be ***preferred*** in the remaining 1 year:

3) One 6-month training in surgical specialty of the intended higher training

Orthopaedic Surgery

Otorhinolaryngology

Neurosurgery

Cardiothoracic Surgery

Pediatric Surgery

Urology

Plastic Surgery

and

One 6-month training in a related surgical subspecialty of intended higher training

(This is to be determined by HKCOS, HKCORL and Specialty Boards of CSHK – see [appendix 4a-4j](#))

***** Again, the overall 2-year rotation will be limited to a maximum of 1 year in any one specialty (General Surgery or Orthopedics) or a maximum of 1 year in any one specialty of CSHK, including those in Emergency Surgery.***

Important Note: During the 2 years of Basic Surgical Training, trainees are required to make up at least 4 specialties or subspecialties to meet the rotational requirement, but not more than 1 year in any 1 specialty

2 sets of Mentor Assessment Forms ([appendix 3](#)) must be completed by 2 trainers at the end of each rotation (irrespective of 3 months or 6 months) and submitted to Accreditation Committee of HKICBSC within 2 weeks after end of term. Copy of assessment forms must be kept in Log-book for inspections.

Modular-based training:

It comprises of structured course or workshop, trainer-trainee tutorials, operation skill transferred exercise and competencies in specified index operations provided during the rotation in each specialty.

Subject to endorsement by the Council from time to time, completion of some of the courses will be mandatory before admission to higher training. The course or workshop will include assessment as to make sure deliverables or skills are achieved by the trainees.

Elements in General (recommended course or workshop)

Workshops (applicable to all Trainees in HAHO):

- Critical Appraisal – the Basics and Essences
- Communication Skill workshop
- Ethics

Course and workshop (common to all Surgical Trainees):

- Basic Surgical Skills Course (BSSC) – **Mandatory**
- Clinical Core Competencies Course for BST - **Mandatory**
- Basic Endoscopic Skill Course
- Advanced Trauma Life Support (ATLS)

Specialty related Modules

Trainees are expected to achieve 5 functional competencies of CanMed framework, namely, **Medical Expert; Communicator; Collaborator; Scholar; Professional** ([appendix 4](#)) after completion of BST program.

Functional competencies in **Medical Expert** are specified by each specialty with achievable deliverables ([appendix 4a-4j](#)). Structured modules are to be provided by the respective specialty when the trainees rotated to that specialty. **A trainee should achieve and be competent in these deliverables after a 6-month rotation (except 3-month for ITU or AED rotation).** Trainees are required to comment on their training achievement on the Record of Curriculum

Continuous Assessments on Basic Skill:

There will be continuous competencies assessment throughout the basic training in various specialties. A total of 5 documented assessments with completed assessment forms ([appendix 5a-5c](#)) must be submitted to the HKICBSC at the end of 2-year training.

1. Mini-CEX (Mini-Clinical Evaluation Exercise) ([Appendix 5a](#))

Twice in 2 years, any specialty

- It aims to test trainee's communication and approach to a clinical scenario
- Trainees will be assessed in Out-patient or In-patient setting
- Trainees will be assessed by Trainer of the same hospital (Consultant or Associate Consultant / SMO)

2. Direct Observation of Procedural Skills in Surgery (DOPS_Surg) ([appendix 5b](#))

Twice in 2 years, any specialty

- It aims to test trainee's basic surgical skill in index operation as specified in module of relevant specialty
- Trainees will be assessed by Trainer of the same hospital (Consultant or Associate Consultant / SMO)

3. Direct Observation of Procedural Skills in Endoscopy (DOPS_Endo)

([appendix 5c](#))

Once in 2 years, any specialty

- It aims to test trainee's basic endoscopic skill in index endoscopic procedure as specified in module of relevant specialty
- Trainees will be assessed by Trainer of the same hospital (Consultant or Associate Consultant / SMO)

Examinations:

Part 1 & 2: MCQ & EMQ. Please refer to current guideline and syllabus

Part 3: Clinical examination or OSCE examination

Candidates will be assessed in terms of their specialty (***as declared in application for Part 3 examination***) – the “Specialty part of Part 3 Examination” – format and portion to be finalized by Examination Subcommittee, HKICBSC.

Declaration of interest in subsequent higher training & Fulfillment of requirement for Higher Training

To facilitate the arrangement of the rotational training, all BSTs are advised to declare their interest in intended higher specialty training during the PGY2 as early as possible, if they wish.. The declaration of interest will be recorded in their Registration Form on entry to BST and in their Record of Curriculum before next rotation. The trainees should inform their training supervisors of his declaration of interest. The rotational post ***may not be guaranteed*** despite the declaration, which depends on the number of posts available and the number of trainees declaring that specialty.

The objective is ***to facilitate and maximize the training opportunities*** for the trainees. The declaration of interest is entirely voluntary. Those who do not declare specialty interest will be placed in generic training, namely General Surgery.

There is no limit to the number of change in declaration of interest. ***The later the declaration of wish by the trainees, the more difficult the rotational preference can be met.***

Trainees must fulfill the following requirements for entry to higher training:

1. Complete the basic rotational training with satisfactory assessments and Log-book record;
2. All modular trainings (if any) as provided by each specialty during rotation;
3. Complete all competency assessment forms by senior trainers;
4. Passing of Part 1 and Part 2 HKICBSC examination; and
5. Passing of Part 3 HKICBSC examination and ***any*** specialty part

Those who change their preference of specialty in the later module for whatever reasons, do not have to re-sit the specialty part of Part 3 examination if they already passed it. The total period of Basic Surgical Training will not be limited, but they have to pass all parts of examination within 4 years after the commencement of Basic Surgical Training. Trainees must be in a BST post in order to be eligible for selection to Higher Surgical Training.

Log-book

Aspects of core competencies are required to be included in the current Log-book to quantify and record certain core competencies acquired by trainee. Components of modular-based training provided by individual specialty and achieved by the trainee must also be kept in the Log-book.

Trainees are required to duly complete the following documents and attached them to the Log-book upon the completion of BST training. This Log-book should be produced for inspection during Conjoint Selection Exercise for entry to Higher Training.

1. Record of Curriculum;
2. 2 Mentor Assessment Forms for each rotation (irrespective of 3 months or 6 months);
3. Detailed Operation Record Listing and Operation Record Summary for each rotation (record in the Log-book);
4. Completion of at least 2 Competency Assessments on Mini-Clinical Evaluation Exercise (Mini-CEX)
5. Completion of at least 2 Competency Assessments on Direct Observation of Procedural Skills in Surgery (Surgical DOPS)
6. Completion of at least 1 Competency Assessment on Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)

Notes:

Specialty is defined as College recognised with separate curriculum and examination, namely,

General Surgery

Orthopaedics

Otorhinolaryngology (ENT)

Cardiothoracic Surgery; Neurosurgery; Paediatric Surgery; Plastic Surgery; Urology or separate specialty for training, namely:

Accident & Emergency (AED); Intensive Therapy Unit (ITU)

Subspecialty is defined as subspecialties under a specialty determined by the respective constituent College of the HKICBSC or Specialty Board of CSHK from time to time and endorsed by ICBSC – see [appendix 4a-4j](#)

End of paper Date: June 2010

For any enquiry, please refer to College Secretariat of CSHK



HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES (HKICBSC)

BASIC TRAINEE REGISTRATION FORM

Please read the Notice for Registration carefully before complete this form.

Name: _____ (in Chinese) _____
(Surname first)

HK I/D No. _____ Date of Birth _____ (dd/mm/yr) Sex/Age _____

Address: Office _____

Residence _____

➤ Address for Correspondence: Office Residence (Please tick ONE only)

E-mail : _____ Office Tel : _____

Tel : _____ Mobile : _____ Fax : _____ Pager : _____

Please provide the relevant certificates for the following :

Basic Medical Qualification where obtained with date _____

Date of Passing Part I Exam _____ (Month/Year) Other Qualifications _____

Date of Passing Part II Exam _____ (Month/Year)

Date of completing Basic Surgical Skills Course: _____ (Month/Year)

(Please provide a copy of your BSSC Certificate if you have already attended one.)

HA Employment Type (Please tick below as appropriate)

Permanent Full-Time Contract Full-Time (Contract Start _____ End _____)

COMMENCEMENT OF BASIC TRAINING

Declaration of Specialty Interest (if any)

CTS / PS / PI Surg / NS / Uro / O&T / ENT

Principal Hospital	Specialty in Training	Training Hospital	Training Period	
			From (DD/MM/YR)	To (DD/MM/YR)

TO BE CERTIFIED BY SUPERVISOR OR TRAINER

This is to certify that Dr. _____ has not contravened the Rules & Regulations stipulated by HKICBSC, and will be having his/her Basic Surgical Training from _____ / _____ / _____
(dd / mm / yr)
to _____ / _____ / _____ in _____ (Specialty).
(dd / mm / yr)

Name : _____ Signature: _____

Post : _____ Institution : _____

Date : _____

Declaration

I hereby declare that I agree to provide the above information to the College of Surgeons of Hong Kong for administrative purposes and the information provided in support of this application is accurate.

I understand that it is my responsibility to inform the College for any change of personal particulars, e.g. correspondence address and place of work, etc. The College will not be responsible for any issues arise as a result of my failure to inform the College.

Name : _____

Signature: _____ Date: _____

Authorization – Release of result

I authorize the College of Surgeons of Hong Kong to release the information relating to my training, performance and examination results to my supervisor(s) of respective hospital(s) and accrediting committee of the College for assessment.

Name : _____


Signature: _____ Date: _____

Please submit this form together with a crossed cheque of HK\$500 as registration fee which should be made payable to "The College of Surgeons of Hong Kong Limited".

Cheque No.: _____ Trainee's Signature: _____

Return Address:

The Secretariat, The College of Surgeons of Hong Kong, Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

 (852) 2871 8799

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES (HKICBSC)

CHECK LIST FOR BASIC TRAINEE REGISTRATION FORM

TRAINEE'S NAME: _____

Which college did you have your specialty registration at?

- The Hong Kong College of Emergency Medicine
- The Hong Kong College of Orthopaedic Surgeons
- The Hong Kong College of Otorhinolaryngologists
- The College of Surgeons of Hong Kong

Certification Letter / Official Receipt from

- The Hong Kong College of Emergency Medicine
- The Hong Kong College of Orthopaedic Surgeons

- Certified true Copy** of University Certificate (Basic Medical Qualification)

Certified True Copy of MRCS result slip

- HKICBSC Part I / MRCS Part 1
- HKICBSC Part II / MRCS Part 2
- HKICBSC Membership Examination result slip (Part III) /MRCS Part 3

- Certified True Copy** of Basic Surgical Skill Course (Receipt / Attendance Cert.)

- Certified True Copy** of other relevant exams / qualifications

Please specify _____

- Cheque with the amount of HKD \$500 payable to
"The College of Surgeons of Hong Kong **Limited**"

Date : _____

Trainee Signature: _____



RECORD OF CURRICULUM FOR JULY 2010 & JAN 2011 BST INTAKE

Name: (in Chinese)

Basic Medical Qualification where obtained with date

Date of Passing Part I Exam

Other Qualifications

Date of Passing Part II Exam

Date of completing Basic Surgical Skills Course:

Date of completing Clinical Core Competencies Course for BST:

Training Rotation				
Specialty Declared (if any)	Specialty / Subspecialty in Training	Training Hospital	Training Period	
			From (DD/MM/YR)	To (DD/MM/YR)
Comment by trainee		Deliverables achieved: 1=not at all; 10=highly		
			1	2
			3	4
			5	6
			7	8
			9	10
Comment by trainee		Deliverables achieved: 1=not at all; 10=highly		
			1	2
			3	4
			5	6
			7	8
			9	10
Comment by trainee		Deliverables achieved: 1=not at all; 10=highly		
			1	2
			3	4
			5	6
			7	8
			9	10

CHECK LIST FOR BASIC TRAINEE CURRICULUM

Declaration of Interest

The declaration of interest is entirely on a voluntary base. Trainees who do not declare any interest will be placed in General Surgery. This is to facilitate and maximize the training opportunities for trainees, instead of imposing restrictions.

- Trainees have to declare a specialty interest for a specialty part in HKICBSC Membership Part 3 Examination (General Surgery if nil declared)

Time-based rotational training

- During the 2 years of Basic Surgical Training, trainees are required to make up at least 4 specialties or subspecialties to meet the rotational requirement, but not more than 1 year in any 1 specialty (with 6months in Gen Surgery; 6months in Em. Surgery)*
- One 6-month training in General Surgery
- One 6-month training (or TWO 3-month) in critical care or emergency medicine or traumatology
- One 6-month training in other specialty/subspecialty or specialty declared
- One 6-month (or TWO 3-month) in other specialties/subspecialties (related)

- Restriction: General Surgery; Orthopaedics; Otorhinolaryngology Cardiothoracic Surgery; Neurosurgery, Plastic Surgery, Paediatric Surgery, Urology (max 1 year in any one specialty in 2-year training including those for Emergency Surgery);*
- Emergency Surgery in GS/O&T/CTS/NS (max 3m, include in the 1 year above) ITU (max 3m); AED (max 6m in 2-year training);*

- Completion of at least 4 sets (2 each) of end-of-rotation mentor assessments
- Completion of Operation Record and Operation Record Summary Report

Continuous Assessments on Basic Skill

- Completion of at least 2 Competency Assessments on Mini-Clinical Evaluation Exercise (Mini-CEX)
- Completion of at least 2 Competency Assessments on Direct Observation of Procedural Skills in Surgery (Surgical DOPS)
- Completion of at least 1 Competency Assessment on Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)

Mandatory Courses

- Basic Surgical Skills Course
- Clinical Core Competencies Course for BST

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

ASSESSMENT FORM FOR BASIC SURGICAL TRAINING

Name of Trainee : _____ Training Period From : _____ To : _____

Hospital : _____ Specialty in Training : _____

No. of Days absent _____ Reason for absence (e.g. holiday / study leave / others) _____

Guidelines for Supervisor : It is expected that the majority of trainees would fall into the "satisfactory" category 3. Please enter your number (scored 1-5) in the column provided, which best reflects your assessment using the prompts as a guide. Each column must contain a number. Please note that explanatory comments would be required for a score less than 3 in every aspect of the performance.

POOR = 1

DEFICIENT = 2

SATISFACTORY = 3

ABOVE AVERAGE = 4

EXCELLENT = 5

NO.	POOR	SATISFACTORY	EXCELLENT
(A) CLINICAL SKILLS			
Assessment History / Examinations	Incomplete or inaccurate Poorly recorded Poor basic skills	Usually complete, orderly and systematic	Precise, thorough and perceptive
Oral Presentation	Jumbled / disorganized	Usually satisfactory	Well organized Systematic / focused
Use of Investigations	Inappropriate, poor ability to select / interpret	Usually appropriate Selective. Can read X-rays / understand results	Almost always best choice of tests. Excellent at interpretation.
Judgement	Fails to grasp significance of findings or respond accordingly. Under or overreacts to emergencies.	Reliable, Competent under pressure. Asks for advice appropriately.	Outstanding clinicians, who is aware of his / her limits.
Post-operative Care	Disinterested. Fails to notice complications and act appropriately	Conscientious. Good awareness of complications. Reliable follow-up	Excellent care. Notices problems early. Outstanding in follow-up.
(B) TECHNICAL SKILLS			
Surgical Laparoscopy / Endoscopy	Too hasty or too slow. Slow learner. Poor hand / eye coordination.	Good hand / eye coordination. Sound skills for level of training	Excellent and unusual ability at access procedures and endoscopic technique
Open Surgery	Rough with tissues. "Near enough is good enough". Hesitant	Mastered basic skills Well ordered approach, careful with tissues	Outstanding technician.
As surgical assistant	Fails to follow the operation	Follows the operation with guidance from the operator	Anticipates the needs of the operator
(C) ACADEMIC PERFORMANCE			
Knowledge of Subject	Poor knowledge base. Significant deficiencies or poor perspective	Adequate fund of knowledge and relates it satisfactory to patient care.	Outstanding knowledge of the subject. Knows common areas in depth. Aware of the unusual.
Case presentations	Wordy or inaccurate on history, signs or diagnosis. Poor discussion.	Competent, concise and correct on clinical details. Good deductions.	Accurate and succinct case presentation, good perspective in case discussions.
Learning	Little evidence of reading texts or journals. Needs direction to study.	Reads appropriately, asks for information and follow-up.	Always keen to discover new knowledge, Takes extra courses.
Teaching	Avoids if possible. Poorly prepared, poorly delivered.	Competent and well prepared in teaching others.	Enthusiastic teacher. Logical and clear. Can inspire.
(D) ATTITUDES			
Communication with patients	Bad listener and communicator. Disliked by patients. Increases patient anxieties.	Listens well, explains well. Trusted by the patient.	Excellent rapport. Inspires confidence. Patients delighted to be looked after by him / her.
Cooperation with staff	Refuses to help out. Poor relationship with peers and may undermine.	Good rapport with nursing and other medical staff. Willing to help.	Always willing to help even if personally inconvenient. Diffuses any problems in the surgical team.
Self motivation Organization	Idle, lacking in any work enthusiasm. Behind with letters or summaries.	Hard-working, keen to learn, self-organizes waiting list.	Full of energy. Performances go far beyond the "call of duty".
Reliability Punctuality	Poor time management. Forgets to do things. Unreliable	Dependable. Efficient in use of his / her time	Highly conscientious. Always completes tasks and anticipates well.
Stress Response	Copes poorly. "Disappears" when problems arise	Responds appropriate, seeks help when needed, copes well.	Thinks ahead, still efficient "when the going gets tough". Seems to thrive on pressure.
Acceptance of criticism	Responds poorly to criticism. Angry. "Turn off".	Adequate response. Works to correct the problem area.	Prompt response, marked improvement and positive change.

RESEARCH ACTIVITIES DURING CURRENT TERM:	
Continuing Research (Circle appropriate number)	1. No current research project 2. Research project in progress 3. Active researcher, demonstrated flair for research, original ideas
RESEARCH REQUIREMENT SATISFIED:	YES / NO
Publications (Circle appropriate number)	1. No current project 2. Project in process of being prepared for submission for publication
How? (Please specify)	Meeting : _____ Date: _____ Title of Presentation _____ Publication(s) _____ Reference (including date) _____
REPORT ON CME PROGRAMME	
CME Cycle (From _____ To _____)	
Number of CME points accumulated:	
1 st Year _____ points / 2 nd Year _____ points / 3 rd Year _____ points	
COMPLIANCE OF CME REQUIREMENTS : _____ YES / NO	

OVERALL RATING (place appropriate number in boxes provided)

Poor = 1	Below Average = 2	Satisfactory = 3	Above Average = 4	Excellent = 5
----------	-------------------	------------------	-------------------	---------------

Overall Rating

Log Book Statistics

ADDITIONAL / EXPLANATORY COMMENTS (If insufficient space attach separate document)

Feedback to trainee in area with score less than 3 & suggestion for improvement

RECOMMENDATIONS REGARDING FUTURE TRAINING

Date : _____

(Circle appropriate number)

1. Trainee should continue in Training Position.
2. Continued position in training programme in doubt due to identified deficiencies.
3. Trainee should be removed from training programme because of deficiencies that have not been rectified.

Signature of Supervisor / Mentor _____ Print Name _____

Trainee's Signature _____ I have sighted this assessment YES / NO

Important Note: Trainees should ensure that this Basic Trainee Assessment form together with a copy of the logbook summary and logbook summary report are distributed as follows:

1. Original assessment, logbook summary forms and logbook summary report should be submitted to the Accreditation Committee through your supervisor / mentor. The Secretariat of the Hong Kong Intercollegiate Board of Surgical Colleges at Room 601, 6/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong would be responsible for keeping the documentation for trainees
2. Copies of the above should be made and retrained by the trainee for his / her personal record of curriculum.
3. A score less than 3 in any category will be discussed by the Accreditation Committee, Hong Kong Intercollegiate Board of Surgical Colleges

The trainee must ensure that separate assessment forms are filled in by two mentors of the respective training unit and submit the completed assessment forms, log book summary data and logbook summary report to the respective supervisor **no later than two weeks from the end of the terms.** Unless there are extenuating circumstances late lodgment of these forms will incur disqualification of that 6-month term.

New Basic Surgical Competencies-based Curriculum

Competencies	Basic Surgical Training	Expectation from Training Center to BST during Rotation	Course or Workshop [Manatory]	Course or Workshop [Recommended]	Simulation Training [Mandatory] / [Recommended]
Medical Expert		[Refer to each specialty for detail]			
Definition	This is the central role of a surgeon. The competency emphasizes on medical knowledge, diagnostic ability, sound clinical judgment, surgical skills, safe and ethical practices.	[in general for 6 months trainee]			
Objective	On completion of basic surgical training, the trainees should have basic surgical competency. They should be able to apply basic surgical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care.				
Expected deliverables	1. Medical knowledge <ul style="list-style-type: none"> Be able to perform a complete and appropriate assessment of a surgical patient, including elicit a history (including the symptoms, and psychological and social factors) that is relevant, concise and accurate to context and preferences, and perform a focused physical examination that is relevant and accurate. Be able to effectively and appropriately prioritize professional duties when faced with multiple surgical patients and problems. Possess knowledge on management of emergency surgical pathologies, and common surgical diseases. Demonstrate an understanding of basic surgical principles and pathophysiology of surgical disease. 	Provide knowledge-base tutorial (group or private) in to BST [Refer to each specialty for detail]	Clinical Core Competencies Course for BST	Advanced Trauma Life Support Course (ATLS) MHKICBSC Prep Course (HAHO)	
	2. Diagnostic ability & clinical judgment <ul style="list-style-type: none"> Be able to demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to surgical practice. Be able to select appropriate investigative methods in a resource-effective and ethical manner. Be able to demonstrate effective clinical problem solving and judgment to address surgical patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans. 	Trainee should master after completion of rotation [Refer to each specialty for detail]			
	3. Surgical skills <ul style="list-style-type: none"> Demonstrate effective, appropriate, and timely application of basic surgical skills in treating common surgical diseases. Be able to perform common and emergency surgical operations, minor surgical procedures. Maintain the log book to arrange an audit cycle for improvement of surgical standard. 	Trainee should be competent to perform under supervision in the listed procedures (surgery / endoscopic) and assessed if required. Trainee should have exposed to the listed procedures (surgery / endoscopic) during the rotation. [Refer to each specialty for detail]	Basic Surgical Skill Course (CSHK, RCSEd, HAHO)	Basic Endoscopic Skill Course (HAHO) Basic Laparoscopic Skill Course (HAHO)	

New Basic Surgical Competencies-based Curriculum

Competencies	Basic Surgical Training	Expectation from Training Center to BST during Rotation	Course or Workshop [Manatory]	Course or Workshop [Recommended]	Simulation Training [Mandatory] / [Recommended]
	<p>4. Safe surgical practices</p> <ul style="list-style-type: none"> • Demonstrate insights into their own limitations of experience and knowledge. • Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care. • Be able to seek appropriate advice from more experienced surgeons when necessary, recognizing the limits of their knowledge, and work within the limits of their competence. 				
Communicator					
Definition	The competency emphasizes on skills and attitudes for effective communication with patients, carers and peers.				
Objective	On completion of Basic Surgical Training, the trainees should have developed the skills and cultivated the attitude for effective communication with patients, their carers and professional peers.				
Expected Deliverables	<ul style="list-style-type: none"> • Demonstrate an understanding of the crucial aspects in the skills and attitude to effective communication. • Be able to effectively communicate with patients and their carers in clinical scenarios ranging from consultations, getting informed consent and peri-operative interviews to handling surgical complications and death. • Be able to effectively communicate with professional peers on clinical case management. • Be able to point out common pitfalls in communication with patients, carers and professional peers, and discuss the factors leading to communication breakdown. 			Communication Skill Course (HAHO)	
Collaborator	Team Player				
Definition	The competency emphasizes on the understanding and development of right attitudes for effective team work in patient care.				
Objective	The trainees should understand the importance of team work in patient care and learn to become an effective member of the patient care team. There should be an understanding that the team means a dynamic structure extending beyond the confines of departments and professionals, but defined by need for the best care of the patient.				
Expected Deliverables	<ul style="list-style-type: none"> • Demonstrate the ability to identify the team which can be different for each phase of care for each patient. • Demonstrate the appropriate attitude and willingness to work with other members of the team and proactively enhance effective collaboration. • Understand the role, responsibility and limitation of each member of the team and demonstrate respect to each team member. • Be able to communicate effectively with the team and participate actively in clinical team meetings to discuss collaboration in the care of patients. 				

New Basic Surgical Competencies-based Curriculum

Competencies	Basic Surgical Training	Expectation from Training Center to BST during Rotation	Course or Workshop [Manatory]	Course or Workshop [Recommended]	Simulation Training [Mandatory]/ [Recommended]
Scholar					
Definition	The competency emphasizes on attitude of life-long learning and ability to apply evidence in clinical practice.				
Objective	The basic surgical training will cultivate a scholastic attitude of life-long learning and continuing professional development. Trainees are expected to attain the ability in applying good evidence in clinical practice.				
Expected Deliverables	<ul style="list-style-type: none"> • Participate in research activities and be able to report on the progress of research projects on a periodically basis. • Be able to critical appraise published work with reports on presentations or published works. • Maintain the log book on presentation in journal clubs, symposium, inter-hospital surgical grand rounds, scientific conferences and research activities, and satisfy the basic requirements of the College. • Achieve a minimum requirement of CME credits per annum. • Keep appropriate documentation of teaching activities with assessment and evaluation. 			Clinical Investigator Training (HAHO & CUHK) Critical Appraisal Skills Workshop (HKU)	
Professional					
Definition	The competency emphasizes on acquiring an attitude of professionalism and understanding of the principles underlying ethical surgical practice.				
Objective	The basic surgical trainees are expected to establish an attitude on commitment to patients, profession and society through ethical practices, learn to follow the profession-led regulations, and be committed to physician health and sustainable practice.				
Expected Deliverables	<ul style="list-style-type: none"> • Understand the ethics, medico-legal implications and profession-led regulations in surgical practices. • Demonstrate an attitude of commitment to patients, profession and society through ethical practices. • Be able to identify and respond appropriately to relevant ethical issues arising in surgical patient care. • Be able to recognize and respond to the ethical dimensions in medical decision-making. 				

Module for Basic Surgical Training**[CARDIOTHORACIC SURGERY]**

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic cardio-thoracic surgical principles: including one-lung ventilation, VATS, chest drain management, principle of cardio-pulmonary bypass, cardiac arrhythmia (AF & VT).
	Acquire knowledge in the management of trauma patient with thoracic injury during the first hours.
	Acquire knowledge in the management of non-acute surgical conditions including lung cancers, benign tumours, and surgical cardio-vascular problems such as empyema/pneumonia.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Pneumothorax, haemothorax, dissecting and ruptured aneurysms. Able to manage acute airway.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Lung and mediastinal tumours; Pleural effusion.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Central Venous Line Insertion; Insertion of Chest drain; Long saphenous vein harvesting (6m trainee only).
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Sternotomy open and closure; Thoracotomy open and closure; Video-assisted or thoracoscopic surgery; Open-heart procedure.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedure including: Fiber-optic bronchoscopy; Rigid bronchoscopy.
Specialty / Subspecialties	General CTS
	CTS in Traumatology
	Thoracic Surgery
	Cardiac Surgery
Recommended specialties or subspecialties for training	Vascular Surgery
	Upper GI Surgery (Esophageal)

Module for Basic Surgical Training

[GENERAL SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic surgical principles: including wound healing, hemostasis, infection, nutrition, pain control and safe surgery.
	Acquire knowledge in the principles of emergency surgical management such as fluid replacement, appropriate use of antibiotics, indication for urgent surgical intervention.
	Acquire knowledge in the management of trauma patient during the first hours, particularly airway management.
	Acquire knowledge in the management of non-acute surgical conditions including various cancers, benign tumours, and vascular problems.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Acute appendicitis, perforated viscus, intestinal obstruction, acute pancreatitis, acute cholangitis, acute GI bleeding; Acute limb ischemia; ruptured aneurysm.
	Able to assist in a multi-trauma team in an acute trauma patients during the first hours.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: GI and HBP tumours and its differential diagnosis, per-rectal bleeding; Breast tumours; Vascular aneurysm, peripheral vascular disease.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Benign skin or subcutaneous lesion-excision biopsy; Abscess drainage (superficial/breast/perianal); Central Venous Line Insertion; Ingrowing toenail-avulsion/wedge resection; Injection/Ligation of Haemorrhoid; Insertion of Chest drain; Adult Circumcision; Changing tracheostomy tube.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Breast lump excision; Open & close midline laparotomy incision; Common surgical emergencies such as repair of viscus, large bowel resection, cholecystectomy; Common laparoscopic operations such as laparoscopic cholecystectomy; tracheostomy;
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: Oesophag-gastro-duodenoscopy (Diagnostic OGD)
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Therapeutic OGD for bleeding ulcers; Colonoscopy.
Specialty / Subspecialties	General Surgery
	Surgery in Traumatology
	Gastrointestinal Surgery (UGI or LGI)
	Hepatobiliary & Pancreatic Surgery
	Head & Neck or Breast
	Vascular Surgery
Recommended specialties or subspecialties for training	Not to specify

Module for Basic Surgical Training**[NEUROSURGERY]**

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic neurosurgical principles: including intracranial pressure, hemostasis in brain.
	Acquire knowledge in the principles of emergency neuro-surgical management, type of head injury and the indication for urgent surgical intervention.
	Acquire knowledge in the management of trauma patient during the first hours, particularly as part of a multidisciplinary team.
	Acquire knowledge in management of critically ill patients as a result of intracranial pathology, including those on mechanical ventilation.
	Acquire knowledge of non-acute surgical conditions including various brain tumours, and neuro-vascular problems.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Raised intracranial pressure; ruptured aneurysm; Various type of head injury.
	Able to assist in a multi-trauma team in an acute trauma patient during the first hours.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Brain tumour, approach to patient with headache and neurological dysfunction; Intracranial aneurysm.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: External ventricular drain (EVD) sampling of CSF; Removal of external ventricular drain (EVD) or ICP monitor.
Surgical Skills (procedures exposed during basic training)	Exposure to the following procedures including: Craniotomy - opening closure; Craniotomy for traumatic haematoma; Insertion of frontal external ventricular drain; Insertion of intracranial (ICP) monitor.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: nil
Specialty / Subspecialties	General Neurosurgery
	Neurosurgery in Traumatology
	Neurovascular surgery
	Brain and Spinal tumour
Recommended specialties or subspecialties for training	Orthopedic & Traumatology

Module for Basic Surgical Training

[PAEDIATRIC SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic paediatric surgical principles: including paediatric intensive care, fluid and electrolyte management, nutrition, psychological implications of operations in children
	Acquire knowledge in the principles of emergency surgical management in a paediatric patient such as intussusception, strangulated inguinal hernia, intestinal obstruction, congenital abnormalities e.g. Hirschsprungs' Disease, anorectal malformation, diaphragmatic hernia.
	Acquire knowledge in the management of non-acute surgical conditions such as inguinal hernia, uretero-vesical reflux.
Diagnostic ability & Clinical Judgement	Able to diagnose common paediatric surgical emergencies such as: Acute appendicitis, irreducible hernia, torsion of testis, intussusception.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including hernia, hydrocele, undescended testis.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Set up of intravenous access, Insertion of Foley's catheter, Abscess drainage (superficial), Circumcision, rectal washout, suturing of wound
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Open & close laparotomy incision, herniotomy, ligation of patent processus vaginalis, orchidopexy, appendectomy in children, laparoscopy
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: OGD, colonoscopy, cystoscopy in children
Specialty / Subspecialties	General Paediatric Surgery
	Paediatric Urology
	Neonatal Surgery
Recommended specialties or subspecialties for training	Any recognized surgical specialty or Paediatric/neonatal intensive care (max 3 month)

Module for Basic Surgical Training

[PLASTIC SURGERY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in: 1. Principles of Plastic Surgery 2. Wound Management 3. Burns 4. Head & Neck Surgery 5. Skin & soft tissue pathologies (Skin Cancer & Vascular Anomalies) 6. Breast Surgery 7. Medical Laser 8. Ethics, informed consent & documentations 9. Hand & Limb trauma 10. Basics of evidence based medicine
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: Manage patient with burns or scald, also burns of special area (face, eyes, and perineum) & inhalational injury. Able to diagnose common non-acute surgical conditions and refer if necessary, including: Malignant and benign skin lesions.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Excision and direct approximation of skin lesion; Repair of simple facial lacerations; Acute Burn Management in minor & intermediate burns patients.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Use of flaps, grafts & tissue expansion; Surgical Wound Management; Surgical Management of Head & Neck Infections.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: Pan-endoscopy of aerodigestive tract
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Oesophag-gastro-duodenoscopy (Diagnostic OGD)
Specialty / Subspecialties	General Plastic Surgery Cranio-facial & Cleft Surgery Burns Surgery Breast Reconstructive Surgery / Transexual Surgery Head & Neck Surgery Aesthetic Surgery
Recommended specialties or subspecialties for comprehensive training	General Surgery (Head & Neck) General Surgery (Breast Surgery) Orthopaedic Surgery (Hand Surgery & Microsurgery) Otorhinolaryngology (Head & Neck Surgery) Neurosurgery (Skull Base Surgery) Urology (Perineal & Genitourinary Reconstruction)

Module for Basic Surgical Training

[UROLOGY]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in principles of urology: including bladder innervation, urodynamics.
	Acquire knowledge in the principles of emergency urological management including kidney and bladder injury.
	Acquire knowledge in the management of non-acute urological conditions including various cancers, benign tumours, and options in the management of urinary calculi.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: type of urethral injury, kidney contusion, acute outlet obstruction, pyonephrosis and acute hydronephrosis that require urgent treatment.
	Able to diagnose common non-acute surgical conditions and refer if necessary, including: Urinary tumours and its differential diagnosis; diagnosis of the presence of urinary calculi; approach to haematuria.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Insertion of Foleys catheter; Tenckhoff catheter insertion; Excision of epididymal cyst; Adult Circumcision.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Transrectal ultrasound/biopsy of prostate (TRUS); Suprapubic catheter insertion; Hydrocele; Torsion of testis; Vasectomy; Hernia repair.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: Flexible cystoscopy
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Rigid cystoscopy
Specialty / Subspecialties	General Urology
	Endo-urology
	Urological oncology
	Pediatric Urology
Recommended specialties or subspecialties for training	Neuro-surgery
	Orthopaedic

Module for Basic Surgical Training**[ORTHOPAEDIC and TRAUMATOLOGY]****[General]**

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic orthopedic principles, including bone healing, osteoporosis.
	Acquire knowledge in the principles of emergency management including wound debridement, musculoskeletal infection.
	Acquire knowledge in the management of non-acute orthopaedic conditions including osteoarthritis, inflammatory arthropathy, tenosynovitis, repetitive stress injury, degenerative spine disease, peripheral nerve disorder, osteoporosis, bone tumour, osteonecrosis, common paediatric orthopaedic conditions.
Diagnostic Ability & Clinical Judgement	Able to diagnose common emergencies including: Infection of bone and joints; Necrotizing soft tissue infection; Spinal cord compression.
	Able to diagnose common non-acute orthopaedic conditions, including: Osteoarthritis; Inflammatory arthropathy; Tenosynovitis; Repetitive stress injury; Spinal disorder; Peripheral nerve disorder; Bone and soft tissue tumour; Osteonecrosis; Common paediatric orthopaedic conditions; Approach to back pain.
	X-ray, CT, MRI, isotope scans: indications, limitations, interpretations.
Surgical Skills (index procedures potentially to be assessed)	Competent to perform the following procedures including: Clinical examination of musculoskeletal system; Injections of joints, trigger fingers and other soft tissue injection; Aspiration of major joints; Application of plasters; Basic orthopaedic operations e.g. skin or subcutaneous lesion-excision, biopsy, debridement, soft tissue repair; Orthopaedic fixation device management e.g. insertion or removal of wire or pins, removal of external fixator.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Arthroscopic surgery; Amputations; Nerve entrapment surgery; Soft tissue, muscle and tendon reconstruction; Joint replacements surgery; Common hand surgery; Common spine surgery; Common foot & ankle surgery; Others.
Endoscopic Skills (index procedures to be assessed)	nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Arthroscopic procedures.
Specialty / Subspecialties	any
Recommended specialties or subspecialties for training	any

Module for Basic Surgical Training

**[ORTHOPAEDIC and TRAUMATOLOGY]
[Trauma]**

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic orthopaedic trauma principles, including bone healing, tendon & ligament healing, including sports related injuries.
	Acquire knowledge in the principles of emergency management including closed and open fracture; dislocation; soft tissue injury; polytrauma patients; traumatic amputations; pathological fractures; early and late complications of trauma.
	Acquire knowledge in the management of trauma patient during the first hours, particularly as part of a multidisciplinary team.
	Rehabilitation after orthopaedic trauma and treatment.
Diagnostic Ability & Clinical Judgement	Able to diagnose common orthopaedic emergencies including: Bone fracture, joint dislocation; Tendon, vascular and nerve injury; Compartment syndrome of the extremities.
	Provide acute trauma care in a multi-trauma team.
	X-ray, CT, MRI, isotope scans: indications, limitations, interpretations.
Surgical Skills (index procedures potentially to be assessed)	Competent to perform the following procedures including: Clinical examination of musculoskeletal system; Aspiration of major joints; Closed reduction of simple fracture and dislocations; Application of plasters; Insertion of traction pins; Intra articular injections for joint aspiration; Surgical debridement of trauma wound; Soft tissue repair; Orthopaedic fixation device management e.g. insertion or removal of wire or pins, removal of external fixator.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Amputations; Soft tissue, muscle and tendon repairment; Upper limb common fracture or dislocation treatment; Lower limb common fracture or dislocation treatment e.g. Hip fracture surgery; Spine fracture or dislocation treatment; Others.
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Arthroscopic procedures.
Specialty / Subspecialties	nil
Recommended specialties or subspecialties for training	not relevant

Module for Basic Surgical Training**[OTORHINOLARYNGOLOGY]**

Competencies in Medical Expert	Expected deliverables: After the 6 months rotation, trainees should be competent to deal with conditions commonly encountered by an average general practitioner or family doctor.
Medical Knowledge	Acquire knowledge to be able to take a good history for patients with common ENT conditions including head and neck malignancy.
	Acquire knowledge in the principles of emergency management including common injuries of the ear nose and throat and of the skull base and knows the indications for urgent surgical intervention.
	Acquire knowledge in the management of non-acute surgical conditions including NPC, benign tumours, approach to epistaxis.
Diagnostic ability & Clinical Judgement	<u>Emergency</u> : Able to apply appropriate initial management for patients with profuse epistaxis, acute upper airway obstruction and acute infection of ear, nose and throat.
	<u>Non emergency</u> : Able to diagnose common ENT conditions and refer if necessary, including NPC, acoustic neroma, and patients with hearing problems.
Surgical Skills (index procedures to be assessed)	Aural microsuction; Biopsy of common head and neck lesions; Nose packing for epistaxis control; Clinical tests and work-up for the diagnosis of vertigo; Removal of foreign body from the ear nose and throat; Changing tracheostomy tube
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Drainage of peritonsillar abscess; Myringotomy and insertion of grommet; Reduction of simple nasal fractures.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedure including: Flexible Nasal Endoscopy; Adult Rigid Nasal Endoscopy.
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Flexible nasolaryngoscopy
Specialty / Subspecialties	General ENT
	Rhinology & Facial Plastics
	Laryngology and H&N Surgery
	Otology and Neurotology
	Pediatric ENT
Recommended specialties or subspecialties for training	Neuro-surgery
	Cardiothoracic surgery
	Plastic surgery
	Accident and Emergency Medicine

Module for Basic Surgical Training

[AED]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in basic emergency medicine.
	Acquired knowledge in the management of trauma and burn patient during the first hours.
	Acquire knowledge in the management of acute medical problems present to AED including exacerbation of COAD, congestive heart failure.
	Acquire knowledge in the first-line management of bone fracture and joint dislocation.
	Acquire knowledge in the patient with head injury.
Diagnostic ability & Clinical Judgement	Able to diagnose common surgical emergencies including: peritonitis, acute bleeding, bowel obstruction that require admission.
	Able to assist in a multi-trauma team in an acute trauma patient during the first hours.
	Able to diagnose other common condition that require admission or intervention, including: Head injury that require CT scan; Acute or acute on chronic organ failure: heart, lung or kidney; Severe sepsis.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Abscess drainage (superficial); Removal of FB from nostril, or superficial wound; Suturing of laceration.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Insertion of Chest drain; Insertion of Central Venous Line.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedure including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: nil
Specialty / Subspecialties	nil
Recommended specialties or subspecialties for training	not relevant

Module for Basic Surgical Training

[ITU]

Competencies in Medical Expert	Expected Deliverables
Medical Knowledge	Acquire knowledge in physiology of a critically ill patient including SIRS and MODS.
	Acquire knowledge in the principle of fluid replacement, organ support, appropriate use of antibiotics in a critically-ill patient, and evident based indication for urgent surgical or endoscopic intervention.
	Acquire knowledge in the management of trauma patient during the first hours.
	Acquire knowledge in patho-physiology & mechanism in mechanical ventilation, renal support and cardiac support.
Diagnostic ability & Clinical Judgement	Able to implement non-invasive and invasive monitoring and interpret result.
	Able to manage according to urgent laboratory result and respond to alarms in a mechanically ventilated patient.
	Able to diagnose common surgical emergencies in a critically ill patient that require urgent surgical/endoscopic intervention including: Perforated viscus; Acute bleeding; Cholangitis/pancreatitis; Limb ischemia.
	Able to manage acute trauma patients with critically ill condition during the first hours.
Surgical Skills (index procedures to be assessed)	Competent to perform the following procedures including: Central Venous Line Insertion; Femoral and radial arterial line puncture; Insertion of Chest drain; Changing tracheostomy tube; Change of venous access line.
Surgical Skills (procedures exposed during basic training)	Expose to the following procedures including: Pulmonary wedge pressure monitoring; Needle tracheostomy.
Endoscopic Skills (index procedures to be assessed)	Competent to perform the following procedures including: nil
Endoscopic Skills (procedures exposed during basic training)	Expose to the following procedures including: Bronchoscopic lavage.
Specialty / Subspecialties	nil
Recommended specialties or subspecialties for training	not relevant



HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Mini-Clinical Evaluation Exercise (CEX)

Please complete the questions *must complete at least 2 during 2 years of BST training; stapler to your record of curriculum*

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level:

ST1 ST2

Term:

1st half

2nd half

Others (please state level):

Case setting:

inpatient

outpatient

ward

New case

FU case

Clinical Problem (eg inguinal hernia)

Case Number (HNO/OPD No):

Location:

Ward

OPD

Complexity of case:

Easier than usual

Average difficulty

More difficult than usual

<p>Please grade the areas below using the scale 1-6:</p>	<p>Standard: The assessment should be judged against the standard expected at <u>completion</u> of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.</p>						
	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. History taking							
2. Physical Examination Skills							
3. Use of investigations							
4. Diagnosis & Management							
5. Communication Skills							
6. Clinical Judgement							
7. Professionalism							
8. Organisation/Efficiency							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):

Time taken for feedback (mins):

Trainee satisfaction with Mini-CEX

Not at all

1

2

3

4

5

6

7

8

9

Highly

10

Assessor satisfaction with Mini-CEX

1

2

3

4

5

6

7

8

9

10

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial



Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

Please complete the questions *must complete at least 2 during 2 years of BST training; stapler to your record of curriculum*

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level:

ST1 ST2

Term:

1st half

2nd half

Others (please state level):

Name of procedure:

Number of times procedure performed by trainee:

Case Number (HNO):

Location: Ward

OT

OPD

Difficulty of procedure:

Easier than usual

Average difficulty

More difficult than usual

Please grade the areas below using the scale 1-6:	Standard: The assessment should be judged against the standard expected at <u>completion</u> of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.						
	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. Describes indications, relevant anatomy, & details of procedure							
2. Obtains informed consent, after explaining procedure & comps							
3. Prepares for procedure, checks for instruments							
4. Gets patient history, administers effective analgesia or safe sedation							
5. Proper draping and demonstrates good asepsis							
6. Handles tissue gently,							
7. Enters correct plane, haemostasis							
8. Closure of space, appropriate suturing							
9. Techniques up to level of training and safe use of instruments							
10. Deals with any unexpected event or seeks help when appropriate							
11. Completes required documentation (written or dictated)							
12. Issues clear post-procedure instructions to patient and/or staff							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):

Time taken for feedback (mins):

	Not at all									Highly
Trainee satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10
Assessor satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial



HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)

Please complete the questions

must complete at least 1 during 2 years of BST training; stapler to your record of curriculum

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level: ST1 ST2

Term: 1st half 2nd half

Others (please state level):

Name of procedure:

Number of times procedure performed by trainee:

Case Number (HNO):

Location: Endoscopy Suite

OT

Ward

Difficulty of procedure:

Easier than usual

Average difficulty

More difficult than usual

Please grade the areas below using the scale 1-6:

Standard: The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.

	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. Describes indications, relevant anatomy, & details of procedure							
2. Obtains informed consent, after explaining procedure & comps							
3. Prepares for procedure, check for endoscope, patient monitoring & O ₂							
4. Gets patient history, administers effective analgesia or safe sedation							
5. Proper positioning and demonstrates good communication with nurses							
6. Handles endoscope gently, enter correct lumen, maintain luminal views							
7. Aware of position; proper use of distension, suction & lens washing							
8. Demonstrates good technique of in/out and torque of endoscope							
9. Accurate identification and management of pathology							
10. Deals with any unexpected event or seeks help when appropriate							
11. Completes required documentation (written or dictated)							
12. Issues clear post-procedure instructions to patient and/or staff							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):

Time taken for feedback (mins):

	Not at all										Highly
	1	2	3	4	5	6	7	8	9	10	
Trainee satisfaction with Endo_DOPS											
Assessor satisfaction with Endo_DOPS											

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial