

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

ASSESSMENT FORM FOR BASIC SURGICAL TRAINING

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

Date of commencement of Basic Surgical Training: _____

Hospital : _____ Specialty in Training : _____

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

Guidelines for Supervisor : 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 of 1, 2 and 5 in "Overall Rating" of the performance.

POOR = 1	DEFICIENT = 2	SATISFACTORY = 3	ABOVE AVERAGE = 4	EXCELLENT = 5
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	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? Meeting : _____ Date: _____
(Please specify) Title of Presentation _____
Publication(s) Reference (including date) _____

COMPETENCY ASSESSMENT:

Basic trainees **admitted between 1 July 2010 to 30 June 2016** are required to submit competency assessments before their completion of basic training. **Trainees are required to KEEP them in their logbook during the entire basic training and do not need to submit to HKICBSC Secretariat.** The forms would be inspected together with the logbook before the Conjoint Selection Exercise for Admission to Higher Training.

Basic trainees **admitted from 1 July 2016 onwards** are required to submit competency assessments **TOGETHER with their half-yearly assessment.** Trainees are also required to **KEEP a duplicated copy in their logbook during the entire basic training.** The respective training rotation will not be recognized if the trainees fail to submit the outstanding documentation by the deadline.

Trainee	Mini-Clinical Evaluation Exercise (CEX)		Direct Observation of Procedural Skills in Surgery (Surgical DOPS)	Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)
	Minimum no. of forms required per training year	Minimum no. of forms required during the first 2 years of basic training	Minimum no. of forms required during the first 2 years of basic training	
Admitted before 1 July 2014	-	2	2	1
Admitted between 1 July 2014 and 30 June 2016	-	2	4	2
*Admitted from 1 July 2016 onwards	1	2	6	2
Trainees must complete at least 1 Surgical DOPS <u>OR</u> at least 1 of Endoscopic DOPS in every 3 months of surgical training				

* Remark: Trainees **admitted from 1 July 2016 onwards** must complete **at least 1 Surgical DOPS or at least 1 Endoscopic DOPS** in every 3 months of surgical training, making a total of 6 Surgical DOPS and 2 Endoscopic DOPS in the first 2 years of Basic Training. For trainees rotating to **A&E** and **ITU** who are unable to complete the DOPS assessment, they are required to **compensate the deficit** during other rotations in surgical specialties by **performing additional DOPS assessments** so as to achieve the total number of assessment forms required. The required number set on competency assessment forms is only the minimum number required, trainees however will be encouraged to submit more forms than required.

Place a number into the boxes provided for the number of competency assessment you submitted together with this assessment.

Number of Mini-Clinical Evaluation Exercise (CEX) forms submitted together with this assessment:

Number of Direct Observation of Procedural Skills in Surgery (Surgical DOPS) submitted together with this assessment:

Number of Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) submitted together with this assessment:

REPORT ON CME PROGRAMME

CME Cycle (From _____ To _____)
Number of CME points accumulated:
1st Year _____ points / 2nd Year _____ points / 3rd 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
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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 assessments, logbook summary forms and report, and competency assessment forms 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 retained 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.

Revised in July 2016