tHE COLLEGE OF SURGEONS OF HONG KONG

ASSESSMENT FORM FOR HIGHER SURGICAL TRAINING in general surgery

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

**Hospital :** **Specialty in Training :**

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

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| **Guidelines for Supervisor** : It is expected that the majority of trainees will fall into in the “satisfactory” category for most competencies. Supervisors are asked to write in the right hand column the letter U, S, A or E that best reflects the trainee’s performance during the training period for each specified competency. Please note that explanatory comments would be required to submit and attach to this assessment form for less than satisfactory performance. |
| U – UNSATISFACTORY | s – SATISFACTORY | **a – ABOVE AVERAGE** | **E - EXCELLENT** |

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| --- | --- | --- | --- | --- |
| **Unsatisfactory****(U)** | **Satisfactory****(S)** | **+ Average (A)**  | **Excellent****(E)** | **Rank(U, S A or E)** |
| **MEDICAL EXPERTISE – access and apply relevant knowledge to clinical practice** |
| Poor knowledge baseSignificant deficiencies or poor perspectiveNeeds direction to studyAllows deficiencies to persist | Maintains currency of knowledgeApplies scientific knowledge to patient careReads appropriately, asks for information and follows-upRecognises and solves real-life problems | Generally performs above the expected standard | Outstanding knowledgeKnows common areas in depthAware of the unusualExcellent application of knowledge in clinical situation |  |
| **TECHNICAL EXPERTISE – safely and effectively perform appropriate surgical procedures** |
| Fails to acquire appropriate skills despite repeated instruction/ practice. Too hasty or too slow. Rough with tissue, Hesitant Lacks attention to detail | Consistently demonstrates acquisition, practice and retention of sound procedural knowledge, surgical skills and techniques for level of training | Generally performs above the expected standard | Excellent and advanced abilities in procedures and techniquesExcellent pre-operative preparation |  |
| Poor manipulative skillsPoor hand/eye coordinationFails to learn from experience | Demonstrates manual dexterity required to carry out proceduresGood hand/eye coordination | Outstanding technicianFluent and always in controlMeticulous |  |
| Unable to adapt skills and techniques | Adapts their skills in the context of each patient—each procedure | Extremely good at adapting skills for varying operative situationsExcellent surgical judgement |  |
| Lacks enthusiasm and/or initiative to participate and/or learn | Maintain skills and learn new skills | Seeks opportunities to learn new skills. |  |
| Lacks care and diligence in approach‘Near enough is good enough’  | Approaches and carries out procedures with due attention to safety of patient, self, and others | Outstanding clinician Constantly aware and responds to patient, self and team members |  |
| As surgical assistant fails to follow operation | Follows the operation with guidance from the operator | Anticipates the needs of the operator & responds accordingly |  |
| Ignores/fails to follow up on problematic performanceLittle or no recognition of deficiencies in skills/techniques | Analyses their own clinical performance for continuous improvement | Accurate in self-appraisal, excellent insight Seeks and accepts criticism & responds appropriately |  |
| **JUDGEMENT – clinical decision making/organise diagnostic testing, imaging and consultation as needed** |
| Incomplete or inaccuratePoor basic skills | Takes a history, performs an examination, and arrives at a well-reasoned diagnosisEfficiently and effectively examines the patient  | Generally performs above the expected standard | Precise, thorough and perceptive |  |
| Incomplete/inaccurate recognition of significant symptomsSignificant errors/omissions/ not concise on history, signs or diagnosis Poor discussion of clinical cases | Recognises the symptoms of, accurately diagnose, and manages common disordersDifferentiates those conditions amenable to operative and non-operative treatmentCompetent, concise and correct on clinical details Arrives at appropriate conclusions in case presentations | Accurate and efficientConsiders a wide range of symptoms and factorsInsightful perspective in case discussions |  |
| Inadequate or Inappropriate, poor selection and/or interpretationUnable to appropriately justify use of investigationsDisregards patient’s needs or circumstances | Selects appropriate investigative tools and monitoring techniques in a cost-effective mannerAppraises and interprets results of investigations against patient’s needs in the planning of treatmentCritically evaluates the advantages and disadvantages of different investigative modalities | Always selects optimal investigationsExcellent interpretationSafe, efficient and cost effective approach to use of investigations |  |
| Unable to make a decisionUnable to suggest alternative interpretationsPresentation unclear, disorganised  | Formulates a differential diagnosis based on investigative findingsEvaluates the significance of data Indicates alternatives in the process of interpreting investigations and in decision making Clear & concise presentation of findings | Precise, well organised, thorough, systematic, focused* + Presentation of findings
	+ Indicates relevant alternatives
	+ Decisions based on data
 |  |
| Poor record keeping* incomplete, disorganised, irrelevant, illegible
* not up-to date
 | Contemporaneously maintains accurate and complete clinical records Precise and focusedComplies with required organisational structure | Perceptive of relevant information / data for documentationRecords very easily accessible  |  |
| Disinterested or indifferent approach to patient problemsFails to grasp significance or respond accordingly  Under or overreacts | Manages patients in ways that demonstrate sensitivity to their physical, social, cultural, and psychological needs Considers all issues relevant to the patient | Excellent and highly developed ability to manage & interact with patients and to anticipate and/or respond to their needs |  |
| Copes poorly in situations of stress and/or complexity | Effectively manages the care of patients with trauma including multiple system trauma Generally maintains controlled approach & demonstrates sound judgement during times of stress/complexity – seeks assistance accordingly | Anticipates possible risks and/or complications In stressful situations always maintains orderly approach and demonstrates sound judgment |  |
| Inadequate planningInadequate involvement in pre & post-operative careFails to grasp significance of symptoms or respond accordingly Under or overreacts to emergencies | Plans, and where necessary implements a risk management plan. Conscientious and reliable follow-upEffectively manages complications of operative procedures and the underlying disease processIdentifies and manages riskManages complexity and uncertainty | Outstanding clinician who* + anticipates possible risks/complications
	+ identifies problems early
	+ follows-up meticulously
	+ coordinates and uses other personnel effectively
	+ aware of own limitations
 |  |
| **COMMUNICATION – communicate effectively** |
| Disliked by patients because of poor interpersonal skillsBad listener Poor communicatorIncreases patient anxietiesPatients remain confused or unclear and/or unable to follow instructions | Trusted by patients. Listens wellCommunicates information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision makingCommunicates with the patient (and their family) the treatment options, potentials, complications, and risks associated with all treatment modalitiesRecognises what constitutes ‘bad news’ for patients and relatives & communicates accordingly, demonstrates empathy at appropriate times | Generally performs above the expected standard | Possesses excellent interpersonal skillsDevelops excellent rapport with patients & team members Inspires confidencePatients delighted to be looked after by this trainee |  |
| Ignores or fails to recognise misunderstandingsCauses disruption/problems | Initiates the resolution of misunderstandings or disputes with peers, colleagues, and others | Effectively diffuses any problems in the surgical team |  |
| Unaware of patient’s needsUnable to communicate under varying conditions/situations | Appropriately adjusts the way they communicate with patients & relatives to accommodate cultural and linguistic differences and emotional status | Always interacts effectively with patients according to their social & health needs |  |
| **COLLABORATION - work in collaboration with members of an interdisciplinary team where appropriate** |
| Refuses to facilitate function of team Poor relationship with peers and other professionalsDoes not adequately acknowledge the contributions of othersMay undermine team members or function | Good rapport with nursing and other medical staff. Willing to helpEmploys a consultative approach with colleagues and other professionalsCommunicates effectively with and co-ordinate surgical teams to achieve an optimal surgical environment | Generally performs above the expected standard | Always willing to help even if personally inconvenientExcellent working relationship with other professionalsAlways supports colleagues and junior staff |  |
| Reluctant/unable to work as a team memberSelf-focusedUnreliable Fails to seek timely assistance with issues of patient careIgnores or is unaware of their own limitations | Respectful of & appreciates the different kinds of knowledge and expertise which contribute to the effective functioning of a clinical teamDevelops a patient care plan in collaboration with members of an interdisciplinary teamCollaborates with other professionals in the selection and use of various treatment modalities assessing the effectiveness of each management optionRecognises and facilitates the need to refer patients to other professionals | Excellent team memberExtremely knowledgeable about the contribution of different fields of careAware of and seeks the contribution of different fields and refers patients in a timely and appropriate manner |  |
| **MANAGEMENT and LEADERSHIP – effectively use resources to balance patient care and system demands** |
| Unaware of management constraints and/or expectationsReluctant to take on any management responsibilityWasteful of resourcesPoor interaction with and/or supervision and management of junior medical staff | Identifies and differentiates between resources of the health care delivery system and individual patient needs. Effectively assesses and manages systemic risk factorsApplies a wide range of information to prioritise needs and demandsDirects and supervises junior medical staff effectively | Generally performs above the expected standard | Willing to contribute to health services managementUses resources very effectively for patient care balanced with patient needExcellent role model for junior medical staff, all ways offers support for junior medical staff |  |

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| **HEALTH ADVOCACY** |
| Ignores/jeopardises own or colleagues health or well-being | Promotes health maintenance of colleaguesLooks after own health | Generally performs above the expected standard | Maintains high level of fitness and encourages others |  |
| Takes little interest in patient health beyond surgery | Advocates patient health | Very knowledgeable and active in advocating patient health including preventative measures |  |
| SCHOLAR and TEACHER – recognise the value of knowledge and research and its application to clinical practice |
| Little evidence of reading texts or journalsNeeds direction to study | Assumes responsibility for own on-going learningDraws on different kinds of knowledge in order to weigh up patient’s problems in terms of context, issues, needs, and consequencesCritically appraises new trends in General Surgery | Generally performs above the expected standard | Always keen to discover new knowledgeTakes extra courses & learning opportunities |  |
| Avoids teaching if possible. Poorly prepared, poorly delivered | Facilitates the learning of othersCompetent and well prepared in teaching others | Enthusiastic teacherLogical and clearCan inspireExcellent teaching skills |  |
| **PROFESSIONALISM – appreciate the ethical issues associated with General Surgery** |
| Behaviour inconsistent with ethical idealsLittle interest/comprehension of medico-legal issues | Consistently applies ethical principlesIdentifies ethical expectations that impinge on the most common medico-legal issues  | Generally performs above the expected standard | Highly conscientiousAnticipates possible areas where medico-legal issues may arise |  |
| Late, idle, unreliable, forgetfulOff-loads work onto othersDifficult to contact | Acts responsibly Dependable, conscientiousEfficient use of his/her time | Applies self beyond the ‘call of duty’Always completes asks |  |
| Copes poorly under stress‘Disappears’ when problems ariseUnwilling or fails to take on responsibility | Regularly participates in clinical auditWilling to undergo close scrutinyResponds appropriately to stress  | Anticipates and remains efficient “when the going gets tough”Seems to thrive on pressure |  |
| Has problems acknowledging/ recognising mistakesUnable to accept criticism | Acknowledges and learns from mistakesIs accountable for their own decisions and actionsRecognises & acknowledges their own limitations | Prompt response to criticism marked improvement and positive change |  |
| Has inaccurate view of own performancePays little regard to clinical audit | Employs a critically reflective approach | Has great insight into their level of performance |  |
| Teaching Juniors (medical students, nurse, interns or basic trainees) No. of teaching episodes: **□** |
| **RESEARCH ACTIVITIES DURING CURRENT TERM: (circle appropriate statement for each research area)** |
|  **Continuing research** | No current project | Research project in progress | Active researcher, demonstrated flair for research, original ideas |
|  **Publications** | No current project | Project in process of being prepared for submission for publication | Article(s) accepted for publication and/or published |
| **Presentation at RCSEd/CSHK Conjoint Scientific Congress** 1. Yes |
| ***(Circle appropriate number)*** 2. No |
| **How?** Oral / Poster *(please circle)* Date: |
| ***(Please specify)*** Title of Presentation: |
| **Research Requirement satisfied: YES / NO** **PRESENTATION / PUBLICATION Requirement satisfied: YES / NO** ***(For HSTs admitted from 1 January 2018 onwards only)*** |
| **MANDATORY COURSE ATTENDED** |
| **Please put a ✓ in the box if you have attended the following courses:**

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| --- | --- | --- |
| **□** | **Advanced Trauma Life Support Course** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **□** | **Basic Laparoscopic Surgery Course** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **□** | **Advanced Laparoscopic Surgery Course** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **□** | **Research Training Workshop** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **For HSTs admitted from 1 July 2021 onwards ONLY** |
| **□** | **Critical Care Course** | **Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **❑ I am aware of all the mandatory requirements before being eligible to enroll in the Fellowship Examination.** |
| **REPORT ON CME PROGRAMME**  |
| **CME Cycle (From To )*** **Number of CME points accumulated during this assessment period : points**
* **Number of CME points accumulated in 1st Year points**

 **2nd Year points**  **3rd Year points** COMPLIANCE OF CME REQUIREMENTS: YES / NO |
| **Only applicable if the trainee failed the mid-term assessment** Was remedial activity required with written plan of action? YES / NOHas there been significant improvement in relevant areas of performance? YES / NO |
| **Additional/Explanatory Comments** (If insufficient space attach separate document)**Any identified area(s)s of less than satisfactory performance** YES / NO *If Yes it must correlate with ratings given above*Have each of these areas been discussed with the trainee? YES / NOHave these areas been corrected during the term? YES / NO**Details of area(s) of less than satisfactory performance must be fully documented and attached to this assessment form****OVERALL RATING** (circle appropriate box) |
|  Unsatisfactory | Satisfactory | Above Average | Excellent |
| **RATING of LOG BOOK STATISTICS** |
| Unsatisfactory | Satisfactory | Above Average | Excellent |

**Recommendations regarding Future Training** (Circle appropriate number(s))

1. Trainee should continue in a Training Position
2. Due to less than satisfactory performance Trainee is likely to require additional time and/or training
3. Due to continuing less than satisfactory performance that has not been rectified, the Trainee should not continue in the training programme

UNIT SURGEON (print name) (signature)

TRAINEE I AGREE WITH THIS ASSESSMENT YES / NO (signature)

*Important Note: Trainees should ensure that this Trainee Assessment Form, together with a copy of the log book summary are distributed as follows:*

*1. Original assessment and log book summary forms should be submitted to the Training Subcommittee through your supervisor / mentor. The Secretariat of the College of Surgeons of Hong Kong at Room 601, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong would be responsible for keeping the original documentation for trainees.*

*2. Copies of the above should be made and retained by the trainee for their portfolio records*

*3. Copies of the above should be made and retained by the assessing surgeon*

*4. One copy of the above should be made and sent to Hospital Supervisor of Advanced General Surgical Training*

*5. One copy of the above should be made and sent to Chairman, Regional Board in your State/Country.*

*6. A score less than Satisfactory (S) in any category will be discussed by the Training Subcommittee of the General Surgery Board of the College.*

*The trainee should ensure that separate assessment forms are filled in by each* ***Consultant*** *on the unit. The College must receive completed assessment forms and log book summary data no later than one month from the end of the term. Unless there are extenuating circumstances late lodgement of these forms will incur a financial penalty and that 6 month term will not be approved for satisfactory training.*

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## THE COLLEGE OF SURGEONS OF HONG KONG

**ASSESSMENT FORM FOR HIGHER SURGICAL TRAINING**

##### IN GENERAL SURGERY

#### IMPORTANT NOTICE

**Notes to Surgical Supervisors on completing Assessment Forms**

* The competencies listed in the ‘Satisfactory’ column are those which have been identified as being required of all trainees prior to graduation. Supervisors are to categorise each trainee’s performance against each specified competence and against the four descriptors: for level of training

**U** - Unsatisfactory – requires additional time, experience and/or additional training to improve, or is unsafe;

**S** - Satisfactory – correctly demonstrates required competence - meets expected standard;

**A** - Above average – generally performs above the expected standard;

**E** - Excellent – consistently demonstrates an unusually high level of performance

* It is expected that the majority of trainees will fall in the ‘satisfactory’ category for most competencies. Supervisors are asked to write in the right hand column the letter **U, S, A** or **E** that best reflects the trainee’s performance during the training period for each specified competency
* A separate Trainee Assessment Form is to be completed by **each Consultant** on the unit

**Notes on the responsibilities of Surgical Supervisors in managing Trainees**

* Surgical Supervisors play a crucial role in the continuing formative assessment of trainees.
* It is important that care and attention be given to Trainee’s performance of the identified competencies throughout their training program
* If a Supervisor is concerned about a trainee they are advised to record these concerns at an early stage and to ensure that both major and minor incidents are contemporaneously recorded so that any emerging pattern may be identified
* Surgical Supervisors are obliged to inform a trainee at an early stage of any concerns they might have. Supervisors should discuss their concerns with the trainee in a matter-of-fact and confidential manner, and recording the outcome of any discussions or interviews they might conduct.
* The outcome of such discussions or interviews should be a written plan of action to remedy the identified area(s) of concern, signed by both the Supervisor and Trainee
* If the Trainee does not participate in any discussion/interview/plan of action in a timely fashion the Supervisor must convey their concerns to the Chairman of the Regional Board in their State/Country

*Effective from 1 January 2005*

*Approved by E&E Sub on 8 Nov 2004*

*Endorsed by Council on 16 November 2004*