

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

	NO.	POOR	SATISFACTORY	EXCELLENT
(A) KNOWLEDGE				
Knowledge of Subject		Poor knowledge base. Significant deficiencies	Adequate fund of knowledge and relates it satisfactory to patient care.	Outstanding knowledge of the subject. Knows common areas in depth.
Learning attitude		Poor perspective Needs direction to study	Maintains currency of knowledge Applies scientific knowledge to patient care Reads appropriately	Asks for information and follows-up Aware of the unusual
Application		Inadequate application of knowledge in real-life	Recognises and solves real-life problems	Excellent application of knowledge in clinical situation
(B) CLINICAL SKILLS				
Assessment History / Examinations		Incomplete or inaccurate Poorly recorded Poor basic skills	Usually complete, orderly and systematic	Precise, thorough and perceptive
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.
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.
Perioperative 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.
(C) 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
(D) PROFESSIONALISM				
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.
Medical Ethics		Behaviour inconsistent with ethical ideals Little interest/comprehension of medico-legal issues	Consistently applies ethical principles Identifies ethical expectations that impinge on the most common medico-legal issues	Highly conscientious Anticipates possible areas where medico-legal issues may arise
Teaching / Supervision		Avoids if possible. Poorly prepared, poorly delivered. Poor interaction with and/or supervision and management of junior medical staff.	Competent and well prepared in teaching others. Directs and supervises junior medical staff effectively.	Enthusiastic teacher. Logical and clear. Can inspire. Excellent role model for junior medical staff, all ways offers support for junior medical staff.

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 : Title of Presentation Publication(s)	Date: 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)	Case-based discussion (CBD)
<i>Minimum no. of forms required during the first 2 years of basic training</i>				
Admitted between 1 July 2014 and 30 June 2016	2	4	2	N/A
*Admitted from 1 July 2016 onwards	2	6	2	
	Trainees must complete: <ul style="list-style-type: none"> At least 1 mini-CEX in every 1 year of surgical training; At least 1 Surgical DOPS <u>OR</u> at least 1 Endoscopic DOPS in every 3 months of surgical training 			
# Admitted from 1 January 2019 onwards	4	6	2	4
	Trainees must complete: <ul style="list-style-type: none"> At least 1 mini-CEX and 1 CBD in every 6 months of surgical training At least 1 Surgical DOPS <u>OR</u> at least 1 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.

Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.

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:

Number of Case-based discussion (CBD) 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	Deficient = 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.