

THE COLLEGE OF SURGEONS OF HONG KONG

ASSESSMENT FORM FOR HIGHER SURGICAL TRAINING IN VASCULAR 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) _____

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

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 base Significant deficiencies or poor perspective Needs direction to study Allows deficiencies to persist	Maintains currency of knowledge Applies scientific knowledge to patient care Reads appropriately, asks for information and follows-up Recognises and solves real-life problems	Generally performs above the expected standard	Outstanding knowledge Knows common areas in depth Aware of the unusual Excellent 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 techniques Excellent pre-operative preparation	
Poor manipulative skills Poor hand/eye coordination Fails to learn from experience	Demonstrates manual dexterity required to carry out procedures Good hand/eye coordination		Outstanding technician Fluent and always in control Meticulous	
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 situations Excellent 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 performance Little 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 inaccurate Poor basic skills	Takes a history, performs an examination, and arrives at a well-reasoned diagnosis Efficiently and effectively examines the patient	Generally performs above the expected standard	Precise, thorough and perceptive	
Incomplete/inaccurate recognition of significant symptoms Significant errors/omissions/ not concise on history, signs or diagnosis Poor discussion of clinical cases	Recognises the symptoms of, accurately diagnose, and manages common disorders Differentiates those conditions amenable to operative and non-operative treatment Competent, concise and correct on clinical details Arrives at appropriate conclusions in case presentations		Accurate and efficient Considers a wide range of symptoms and factors Insightful perspective in case discussions	
Inadequate or Inappropriate, poor selection and/or interpretation Unable to appropriately justify use of investigations Disregards patient's needs or circumstances	Selects appropriate investigative tools and monitoring techniques in a cost-effective manner Appraises and interprets results of investigations against patient's needs in the planning of treatment Critically evaluates the advantages and disadvantages of different investigative modalities		Always selects optimal investigations Excellent interpretation Safe, efficient and cost effective approach to use of investigations	

Unable to make a decision Unable to suggest alternative interpretations Presentation unclear, disorganised	Formulates a differential diagnosis based on investigative findings Evaluates 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 focused Complies with required organisational structure		Perceptive of relevant information / data for documentation Records very easily accessible	
Disinterested or indifferent approach to patient problems Fails 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 planning Inadequate involvement in pre & post-operative care Fails 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-up Effectively manages complications of operative procedures and the underlying disease process Identifies and manages risk Manages 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 skills Bad listener Poor communicator Increases patient anxieties Patients remain confused or unclear and/or unable to follow instructions	Trusted by patients. Listens well Communicates information to patients (and their family) about procedures, potentialities, and risks associated with surgery in ways that encourage their participation in informed decision making Communicates with the patient (and their family) the treatment options, potentials, complications, and risks associated with all treatment modalities Recognises what constitutes 'bad news' for patients and relatives & communicates accordingly, demonstrates empathy at appropriate times	Generally performs above the expected standard	Possesses excellent interpersonal skills Develops excellent rapport with patients & team members Inspires confidence Patients delighted to be looked after by this trainee	
Ignores or fails to recognise misunderstandings Causes 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 needs Unable 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 professionals Does not adequately acknowledge the contributions of others May undermine team members or function	Good rapport with nursing and other medical staff. Willing to help Employs a consultative approach with colleagues and other professionals Communicates 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 inconvenient Excellent working relationship with other professionals Always supports colleagues and junior staff	
Reluctant/unable to work as a team member Self-focused Unreliable Fails to seek timely assistance with issues of patient care Ignores 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 team Develops a patient care plan in collaboration with members of an interdisciplinary team Collaborates with other professionals in the selection and use of various treatment modalities assessing the effectiveness of each management option Recognises and facilitates the need to refer patients to other professionals		Excellent team member Extremely knowledgeable about the contribution of different fields of care Aware 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 expectations Reluctant to take on any management responsibility Wasteful of resources Poor 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 factors Applies a wide range of information to prioritise needs and demands Directs and supervises junior medical staff effectively	Generally performs above the expected standard	Willing to contribute to health services management Uses resources very effectively for patient care balanced with patient need Excellent role model for junior medical staff, all ways offers support for junior medical staff	

HEALTH ADVOCACY				
Ignores/jeopardises own or colleagues health or well-being	Promotes health maintenance of colleagues Looks 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 journals Needs direction to study	Assumes responsibility for own on-going learning Draws on different kinds of knowledge in order to weigh up patient's problems in terms of context, issues, needs, and consequences Critically appraises new trends in Vascular Surgery	Generally performs above the expected standard	Always keen to discover new knowledge Takes extra courses & learning opportunities	
Avoids teaching if possible. Poorly prepared, poorly delivered	Facilitates the learning of others Competent and well prepared in teaching others		Enthusiastic teacher Logical and clear Can inspire Excellent teaching skills	
PROFESSIONALISM – appreciate the ethical issues associated with Vascular Surgery				
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	Generally performs above the expected standard	Highly conscientious Anticipates possible areas where medico-legal issues may arise	
Late, idle, unreliable, forgetful Off-loads work onto others Difficult to contact	Acts responsibly Dependable, conscientious Efficient use of his/her time		Applies self beyond the 'call of duty' Always completes asks	
Copes poorly under stress 'Disappears' when problems arise Unwilling or fails to take on responsibility	Regularly participates in clinical audit Willing to undergo close scrutiny Responds appropriately to stress		Anticipates and remains efficient "when the going gets tough" Seems to thrive on pressure	
Has problems acknowledging/recognising mistakes Unable to accept criticism	Acknowledges and learns from mistakes Is accountable for their own decisions and actions Recognises & acknowledges their own limitations		Prompt response to criticism marked improvement and positive change	
Has inaccurate view of own performance Pays 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: <input type="text"/>		
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 JOINT SCIENTIFIC CONGRESS			1. Yes 2. No	
(Circle appropriate number)				
How?	Oral / Poster (please circle)	Date:		
(Please specify) Title of Presentation:				
RESEARCH REQUIREMENT SATISFIED: YES / NO				
PRESENTATION / PUBLICATION REQUIREMENT SATISFIED: YES / NO				
MANDATORY COURSE ATTENDED				
PLEASE PUT A ✓ IN THE BOX IF YOU HAVE ATTENDED THE FOLLOWING COURSES:				
<input type="checkbox"/>	ADVANCED TRAUMA LIFE SUPPORT COURSE	DATE : _____		
<input type="checkbox"/>	RESEARCH TRAINING WORKSHOP	DATE : _____		
<input type="checkbox"/>	ENDOVASCULAR SURGERY SIMULATOR COURSE	DATE : _____		
<input type="checkbox"/>	VASCULAR ANASTOMOTIC WORKSHOP	DATE : _____		
<input type="checkbox"/>	CRITICAL CARE COURSE	DATE : _____		
<input type="checkbox"/> 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 / NO
- Has there been significant improvement in relevant areas of performance? YES / NO

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

- Any identified area(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 / NO
- Have 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
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RATING of LOG BOOK STATISTICS

Unsatisfactory	Satisfactory	Above Average	Excellent
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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 Vascular 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 Vascular 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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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*