**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)*

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| --- | --- | --- | --- | --- | --- |
| **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) 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”. |

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| --- | --- | --- | --- | --- |
| 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** | 1. | No current research project |
| ***(Circle appropriate number)*** | 2. | Research project in progress |
|  | 3. | Active researcher, demonstrated flair for research, original ideas |
| **RESEARCH REQUIREMENT SATISFIED: YES / NO** | | |
| **Publications** | 1. | No current project |
| ***(Circle appropriate number)*** | 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.

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| --- | --- | --- | --- | --- |
| **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)** |
| *Minimum no. of forms required during the first 2 years of basic training* | | | |
| **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:   At least 1 mini-CEX in **every 1 year** of surgical training;   At least 1 Surgical DOPS OR 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:   At least **1 mini-CEX** and **1 CBD** in **every 6 months** of surgical training   At least **1 Surgical DOPS**  OR 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** |

**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 keep ing 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 Jun 2018*