

THE HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

ASSESSMENT OF TRAINING

This form must be completed by the trainee at the end of his 6 months of training and returned to the Training Director of the hospital where the training was conducted. The Training Director will keep a copy and pass the original to the Chairman, Training Subcommittee of the College.

Name of Trainee : _____ Training Hospital : _____

Period : From _____ To _____ Trainer : _____

CLINICAL TRAINING		Deficient	Satisfactory	Good	Comments
Out-patient	Supervision				
	Responsibility allowed adequate				
	Frequency				
	Case mix				
In-patient	Supervision				
	Responsibility allowed adequate				
	Workload				
	Case mix				
Emergency	Frequency of call				
	Senior support adequate				
Clinical Meetings					
OPERATIVE TRAINING					
Discussion before operation					
Demonstration of technique					
On site supervision - elective					
Support with emergency cases					
Opportunity to operate					
ACADEMIC SUPPORT					
Library facilities					
Research encouragement					
Career advice					

Strength of training program : _____

Weakness of training program : _____

Suggestion for improvement : _____

Trainee's signature

Trainer's signature

Date