

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) CLINICAL SKILLS				
Assessment History / Examinations		Incomplete or inaccurate Poorly recorded Poor basic skills	Usually complete, orderly and systematic	Precise, thorough and perceptive
Oral Presentation		Jumbled / disorganized	Usually satisfactory	Well organized Systematic / focused
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.
Post-operative 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.
(B) 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
(C) ACADEMIC PERFORMANCE				
Knowledge of Subject		Poor knowledge base. Significant deficiencies or poor perspective	Adequate fund of knowledge and relates it satisfactory to patient care.	Outstanding knowledge of the subject. Knows common areas in depth. Aware of the unusual.
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.
Learning		Little evidence of reading texts or journals. Needs direction to study.	Reads appropriately, asks for information and follow-up.	Always keen to discover new knowledge, Takes extra courses.
Teaching		Avoids if possible. Poorly prepared, poorly delivered.	Competent and well prepared in teaching others.	Enthusiastic teacher. Logical and clear. Can inspire.
(D) ATTITUDES				
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.

RESEARCH ACTIVITIES DURING CURRENT TERM:				
Continuing Research <i>(Circle appropriate number)</i>	1. 2. 3.	No current research project Research project in progress Active researcher, demonstrated flair for research, original ideas		
RESEARCH REQUIREMENT SATISFIED:		YES / NO		
Publications <i>(Circle appropriate number)</i>	1. 2.	No current project Project in process of being prepared for submission for publication		
How? <i>(Please specify)</i>	Meeting : Title of Presentation Publication(s) Reference (including date)		Date:	
COMPETENCY ASSESSMENT:				
<p>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.</p> <p>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 <u>respective training rotation will not be recognized if the trainees fail to submit the outstanding documentation by the deadline.</u></p>				
Trainee	Mini-Clinical Evaluation Exercise (CEX) <i>Minimum no. of forms required per training year</i> <i>Minimum no. of forms required during the first 2 years of basic training</i>		Direct Observation of Procedural Skills in Surgery (Surgical DOPS) <i>Minimum no. of forms required during the first 2 years of basic training</i>	Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) <i>Minimum no. of forms required during the first 2 years of basic training</i>
Admitted before 1 July 2014	-	2	2	1
Admitted between 1 July 2014 and 30 June 2016	-	2	4	2
*Admitted from 1 July 2016 onwards	1	2	6	2
			Trainees must complete at least 1 Surgical DOPS <u>OR</u> at least 1 of Endoscopic DOPS in every 3 months of surgical training	
<p>* 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. For trainees rotating to A&E and ITU who are unable to complete the DOPS assessment, they are required to compensate the deficit during other rotations in surgical specialties by performing additional DOPS assessments so as to achieve the total number of assessment forms required. The required number set on competency assessment forms is only the minimum number required, trainees however will be encouraged to submit more forms than required.</p>				
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:			<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	
Number of Direct Observation of Procedural Skills in Surgery (Surgical DOPS) submitted together with this assessment:			<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	
Number of Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) submitted together with this assessment:			<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	
REPORT ON CME PROGRAMME				
CME Cycle (From _____ To _____)				
Number of CME points accumulated:				
1 st Year _____ points / 2 nd Year _____ points / 3 rd Year _____ points				
COMPLIANCE OF CME REQUIREMENTS :		YES / NO		

OVERALL RATING (place appropriate number in boxes provided)

Poor = 1	Below Average = 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.

Revised in July 2016

**Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)****Please complete the questions**

Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 1** during 2 years of BST training;

Trainees admitted **between 1 July 2014 – 30 June 2016** must complete **at least 2** during 2 years of BST training;

And staple it to your record of curriculum

Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Endoscopic or Surgical DOPS** in **every 3 months** of surgical training*; AND Trainees must complete **at least 2 Endoscopic DOPS** during the first 2 years of basic training; AND submit the forms together with the half-yearly assessment during January and July.

* For trainees rotating to **A&E** and **ITU** who are unable to complete the DOPS assessment, they are required to **compensate the deficit** during other rotations in surgical specialties by **performing additional DOPS assessments** so as to achieve the total number of assessment forms required.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level: ST1 ST2

Term: 1st half 2nd half

Others (please state level):

Name of procedure:

Number of times procedure performed by trainee:

Case Number (HNO):

Location: Endoscopy Suite

OT

Ward

Difficulty of procedure:

Easier than usual

Average difficulty

More difficult than usual

Please grade the areas below using the scale 1-6:

Standard: The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.

	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. Describes indications, relevant anatomy, & details of procedure							
2. Obtains informed consent, after explaining procedure & comps							
3. Prepares for procedure, check for endoscope, patient monitoring & O ₂							
4. Gets patient history, administers effective analgesia or safe sedation							
5. Proper positioning and demonstrates good communication with nurses							
6. Handles endoscope gently, enter correct lumen, maintain luminal views							
7. Aware of position; proper use of distension, suction & lens washing							
8. Demonstrates good technique of in/out and torque of endoscope							
9. Accurate identification and management of pathology							
10. Deals with any unexpected event or seeks help when appropriate							
11. Completes required documentation (written or dictated)							
12. Issues clear post-procedure instructions to patient and/or staff							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):	Time taken for feedback (mins):									
	Not at all									Highly
Trainee satisfaction with Endo_DOPS	1	2	3	4	5	6	7	8	9	10
Assessor satisfaction with Endo_DOPS	1	2	3	4	5	6	7	8	9	10
Assessor's name:	Assessor's position:						Consultant	SMO/AC		
Assessor's signature:	Assessor's institutional e-mail address:						Trainee's initial			

**Direct Observation of Procedural Skills in Surgery (Surgical DOPS)****Please complete the questions**

Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 2** during 2 years of BST training;

Trainees admitted **between 1 July 2014 – 30 June 2016** must complete **at least 4** during 2 years of BST training;

And staple it to your record of curriculum

Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Surgical or Endoscopic DOPS in every 3 months** of surgical training*; AND Trainees must complete **at least 6 Surgical DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

* For trainees rotating to **A&E** and **ITU** who are unable to complete the DOPS assessment, they are required to **compensate the deficit** during other rotations in surgical specialties by **performing additional DOPS assessments** so as to achieve the total number of assessment forms required.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level: ST1 ST2

Term: 1st half 2nd half

Others (please state level):

Name of procedure:

Number of times procedure performed by trainee:

Case Number (HNO):

Location: Ward

OT

OPD

Difficulty of procedure:

Easier than usual

Average difficulty

More difficult than usual

Please grade the areas below using the scale 1-6:

Standard: The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.

	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. Describes indications, relevant anatomy, & details of procedure							
2. Obtains informed consent, after explaining procedure & comps							
3. Prepares for procedure, checks for instruments							
4. Gets patient history, administers effective analgesia or safe sedation							
5. Proper draping and demonstrates good asepsis							
6. Handles tissue gently,							
7. Enters correct plane, haemostasis							
8. Closure of space, appropriate suturing							
9. Techniques up to level of training and safe use of instruments							
10. Deals with any unexpected event or seeks help when appropriate							
11. Completes required documentation (written or dictated)							
12. Issues clear post-procedure instructions to patient and/or staff							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):	Time taken for feedback (mins):									
	Not at all									Highly
Trainee satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10
Assessor satisfaction with Surgical DOPS	1	2	3	4	5	6	7	8	9	10
Assessor's name:	Assessor's position:						Consultant	SMO/AC		
Assessor's signature:	Assessor's institutional e-mail address:						Trainee's initial			

**Mini-Clinical Evaluation Exercise (CEX)****Please complete the questions**

Trainees admitted **between 1 July 2010 – 30 June 2016** must complete **at least 2** during 2 years of BST training;

And staple it to your record of curriculum

Trainees admitted **from 1 July 2016 onwards** must complete at least 1 of this form in every training year; AND at least 2 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS
O&T

Ped Surg

Plastic Surgery
ENT

NS

Urology

Trainee level: ST1 ST2

Term: 1st half 2nd half

Others (please state level):

Case setting: inpatient outpatient ward

New case FU case

Clinical Problem (eg inguinal hernia)

Case Number (HNO/OPD No):

Location: Ward

OPD

Complexity of case:

Easier than usual

Average difficulty

More difficult than usual

Please grade the areas below using the scale 1-6:	Standard: The assessment should be judged against the standard expected at <u>completion</u> of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.						
	Below expectations		Borderline	Meets expectations	Above expectations		U/C ¹
	1	2	3	4	5	6	
1. History taking							
2. Physical Examination Skills							
3. Use of investigations							
4. Diagnosis & Management							
5. Communication Skills							
6. Clinical Judgement							
7. Professionalism							
8. Organisation/Efficiency							

¹ Please mark this if you have not observed this aspect and therefore feel unable to comment.

Please use this space to record areas of strength or any suggestions for development.

Time taken for observation (mins):

Time taken for feedback (mins):

Trainee satisfaction with Mini-CEX

Not at all

1

2

3

4

5

6

7

8

9

Highly

10

Assessor satisfaction with Mini-CEX

1

2

3

4

5

6

7

8

9

10

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Summary of Training Points / Academic Activities During the Continuous Assessment Period (I)

Hospital attached : _____ Specialty : _____

From _____ to _____

Joint Hospital Meeting Attended				
Date	Venue	Host		Training Points

Didactic Lectures attended				
Date	Title	Venue	Speaker	Training Points

Tutorials attended				
Date	Tutorial	Venue	Speaker	Training Points

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS

Summary of Training Points / Academic Activities During the Continuous Assessment Period (II)

Other accredited Joint-hospital Meetings				
Date	Meetings	Venue		Training Points
Scientific Meetings & Workshops attended (Local)				
Date	Meetings & Workshops			
Scientific Meetings & Workshops attended (Overseas)				
Date	Meetings & Workshops			
Total Training Points obtained				
Papers Presented				
Date	Title of presentation		Meetings / Workshops	
Publications				

Signature : _____

Supervisor: _____

Date : _____

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
Summary of Operative Experience in the Continuous Assessment Period (I)

Hospital attached : _____ Specialty : _____
 From _____ to _____

Type of Operations	Surgeons (S)	Surgeon under supervision (C)	Assistant (A)	Total number
Major Amputation (excluding finger & toe amputation)				
Transtibial Amputation				
Above Knee Amputation				
Others				
Arthroplasty				
Total Hip Replacement				
Total Knee Replacement				
Shoulder / Elbow joint Replacement				
Hip / Pelvic Osteotomy (Adult)				
Revision Joint Replacement				
Revision Total Hip Replacement				
Revision Total Knee Replacement				
Others				
Tumour Surgery excluding Lumps & Bumps in LA sessions				
Soft Tissue Tumour Surgery & Biopsy				
Bone Tumour Surgery & Biopsy				
Foot Surgery				
Hallux & Lesser Toe Surgery				
Fusion & Reconstruction				

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
Summary of Operative Experience in the Continuous Assessment Period (II)

Type of Operations	Surgeons (S)	Surgeon under supervision (C)	Assistant (A)	Total number
Arthroscopy (Diagnostic & Therapeutic)				
Knee (Diagnostic)				
Knee (Therapeutic)				
Knee (ACL & PCL surgery)				
Hand & Wrist				
Shoulder				
Elbow				
Ankle & Foot				
Others				
Open Shoulder Surgery including Rotator Cuff, Acromioplasty, Recurrent Dislocation				
Peripheral Nerve Operation				
Carpal Tunnel Release (Open & Endoscopic)				
Ulnar Nerve Entrapment Decompression Surgery				
Nerve Repair / Grafting including Digital Nerve				
Brachial Plexus Surgery				
Spine Surgery				
Anterior Surgery without Instrumentation				
Anterior Surgery with Instrumentation				
Posterior Surgery without Instrumentation				
Posterior Surgery with Instrumentation				
Combined Approach				

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
Summary of Operative Experience in the Continuous Assessment Period (III)

Type of Operations	Surgeons (S)	Surgeon under supervision (C)	Assistant (A)	Total number
Paediatric Orthopaedics excluding Fractures				
Surgery for Upper Limb Anomalies				
Surgery for Lower Limb Anomalies				
Paediatric Foot Surgery				
Scoliosis and Spine Surgery				
Hip & Pelvic Surgery				
Paediatric Fractures				
Upper Limb Fracture				
Lower Limb Fracture				
Hand Surgery, excluding Lumps & Bumps & Simple Lacerations				
Tendon Surgery (flexor & extensor)				
Fracture in Hand including. Scaphoid & other Carpal Bones				
Reconstruction of Hand & Wrist including Tendon Transfer, Synovectomy, Fusion etc				
Microsurgery including Replantation, Free Flap & Vascularised Bone Graft				
Local Flaps				
Hip Fractures				
Hemiarthroplasty				
Internal Fixation				

HONG KONG COLLEGE OF ORTHOPAEDIC SURGEONS
Summary of Operative Experience in the Continuous Assessment Period (IV)

Type of Operations	Surgeons (S)	Surgeon under supervision (C)	Assistant (A)	Total number
Lower Limb Fracture Operations				
Pelvic & Acetabular Fracture				
IM Nailing Femur				
ORIF Distal Femur				
IM Nailing Tibia				
Tibial Plateau & Tibial Fracture (excluding IM Nail)				
Ankle Fractures				
Patella Fracture				
Os Calcis Fracture				
Fracture of the Foot				
Tendo Achilles Repair				
Upper Limb Fracture (excluding hand)				
Acromioclavicular Joint Dislocation				
Proximal Humerus & Humeral Shaft fracture				
Elbow Fracture (Olecranon, Supracondylar & Radial Head)				
Forearm Fracture				
Distal Radius Fracture				
Others				
Debridement, Simple Laceration				
Lumps & Bumps				
Minor Amputations				
Removal of Implants				
Others				
Total				

Signature : _____ Supervisor: _____ Date : _____

HKICBSC Basic Training

Log Book Summary Report - Hong Kong
(From / / to / /)

[illegible]

AHNSH = Alice Ho Miu Ling Nethersole Hospital
CMC = Caritas Medical Centre
GH = Grantham Hospital
KWH = Kwong Wah Hospital
PYNEH = Pamela Youde Nethersole Eastern Hospital

PMH = Princess Margaret Hospital
 PWH = Prince of Wales Hospital
 QEH = Queen Elizabeth Hospital
 QMH = Queen Mary Hospital
 RH = Ruttonjee Hospital

TMH = Tuen Mun Hospital
UCH = United Christian Hospital
YCH = Yan Chai Hospital
NDH = North District Hospital
TKOH = Tseung Kwan O Hospital