

Continuous Competency Assessments on Basic Skill:

There will be continuous competencies assessment throughout the basic training in various specialties. Basic trainees are required to submit additional competency assessment (*appendix 5a-5c*) **TOGETHER with their half-yearly assessment during January and July.**

1. Mini-Clinical Evaluation Exercise (CEX) (*Appendix 5a*)

Trainees 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

- It aims to test trainee's communication and approach to a clinical scenario
- Trainees will be assessed in Out-patient or In-patient setting

Trainees will be assessed by Trainer of the same/other hospital.

2. Direct Observation of Procedural Skills in Surgery (Surgical DOPS) (*appendix 5b*)

Trainees must complete **at least 1 of this form or at least 1 of Endoscopic DOPS** in every **3 months** of surgical training*; AND

Trainees must complete **at least 6** of this form during the **first 2 years** of basic training

- It aims to test trainee's basic surgical skill in index operation as specified in module of relevant specialty.

Trainees will be assessed by Associate Consultant or above of the same/other hospital.

3. Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) (*appendix 5c*)

Trainees must complete **at least 1 of this form or at least 1 of Surgical DOPS** in every **3 months** of surgical training*; AND

Trainees must complete **at least 2** of this form during the **first 2 years** of basic training

- It aims to test trainee's basic endoscopic skill in index endoscopic procedure as specified in module of relevant specialty.

(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)

Trainees will be assessed by Associate Consultant or above of the same/other hospital.

* 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 assessment** so as to achieve the total number of assessment forms required.

refer to Rules and Regulation for details of requirements on competency assessment forms.



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 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. 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



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 <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. 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



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

Others (please state level):

Term:

1st half

2nd half

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 <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. 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
Assessor satisfaction with Endo_DOPS

1	2	3	4	5	6	7	8	9	10
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