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) 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".

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
(Circle appropriate number)

1. No current research project
2. Research project in progress
3. Active researcher, demonstrated flair for research, original ideas

RESEARCH REQUIREMENT SATISFIED: YES / NO

Publications
(Circle appropriate number)

1. No current project
2. Project in process of being prepared for submission for publication

How? *(Please specify)*
Meeting : Date:
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.

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 _____
***Must be assigned by the Chief-of-service/Training Supervisor of the training unit.**

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.

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2018

Mini-Clinical Evaluation Exercise (CEX)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Case setting*: Inpatient Outpatient

Clinical Problem*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: _____

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

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.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	**Rating**	**Specific Comments**	**GLOBAL SUMMARY** *Please **tick** the overall level at which the CEX was performed.*		**TICK**
1. History taking			Level 0	Undergraduate Level or below	
2. Physical Examination Skills					
3. Use of investigations			Level 1	Appropriate for 1st year BST training	
4. Diagnosis					
5. Management			Level 2	Appropriate for 2nd year BST training	
6. Communication Skills					
7. Clinical Judgement			Level 3	Appropriate for completed BST training	
8. Professionalism					
9. Organisation/Efficiency			Level 4	Level beyond BST training	

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____ Assessor's institutional e-mail address: _____

Assessor's signature: _____ Trainee's signature: _____

General guidelines on Mini-CEX

- *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.*
- *Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training, AND at least 4 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.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2018

Direct Observation of Procedural Skills in Surgery (Surgical DOPS)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Name of procedure: _____

Number of times procedure performed by trainee: _____

Hospital Number / Outpatient Number: _____ **Location*:** Ward OT OPD

Difficulty of procedure*: Easier than usual Average difficulty More difficult than usual

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

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.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	Rating	Specific Comments
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		

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

P.T.O.

GLOBAL SUMMARY *Level at which completed elements of the PBA were performed on this occasion*		TICK
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's institutional e-mail address: _____

Assessor's signature: _____

Trainee's signature: _____

General guidelines on Surgical DOPS

- *Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 2** during 2 years of BST training; And staple it to your record of curriculum*
- *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.*

** **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.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

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

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2018

Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month

Name of procedure: _____

Number of times procedure performed by trainee: _____

Hospital Number / Outpatient Number: _____ **Location*:** Endoscopy Suite OT Ward

Difficulty of procedure*: Easier than usual Average difficulty More difficult than usual

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

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.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	**Rating**	**Specific Comments**
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 anaesthetist)		
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		

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

P.T.O.

GLOBAL SUMMARY *Level at which completed elements of the PBA were performed on this occasion*		TICK
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____

Assessor's institutional e-mail address: _____

Assessor's signature: _____

Trainee's signature: _____

General guidelines on Endoscopic DOPS

- *Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 1** during 2 years of BST training; And staple it to your record of curriculum*
- *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 to the College Secretariat together with the half-yearly assessment during January and July;*

** **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.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

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

HONG KONG INTERCOLLEGIATE BOARD OF SURGICAL COLLEGES

Revised in Jul 2018

Case-Based Discussion (CBD)

Trainee's name: _____ **Date:** _____

Parent Hospital: _____ **Current Hospital:** _____

Specialty/Subspecialty*: CTS Ped Surg Plastic Surgery NS Urology
O&T ENT A&E ICU

Trainee level*: ST1 ST2
Others (please state level):

Term*: 0-6th month 7th-12th month
13th-18th month 19th-24th month
24th month or above

Case setting*: Inpatient Outpatient

Clinical Problem*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: _____

** Please circle as appropriate.*

TRAINEE'S REFLECTIONS ON THIS ACTIVITY

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

ASSESSOR'S COMMENTS ON THIS ACTIVITY

RATINGS

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.

N = Not observed **I =** Improvement required **S =** Satisfactory **O =** Outstanding

Domain	Rating	Specific Comments	GLOBAL SUMMARY *Please **tick** the overall level at which the CBD was performed.*		TICK
1. Medical record keeping			Level 0	Undergraduate Level or below	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base			Level 1	Appropriate for 1st year BST training	
4. Management and follow-up planning					
5. Clinical judgement and decision making			Level 2	Appropriate for 2nd year BST training	
6. Communication and team working skills					
7. Leadership skills			Level 3	Appropriate for completed BST training	
8. Reflective practice/writing					
9. Professionalism			Level 4	Level beyond BST training	

FEEDBACK

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Improvement needs
Recommended actions

Time taken for observation (mins): _____ Time taken for feedback (mins): _____

Assessor's name: _____ Assessor's institutional e-mail address: _____

Assessor's signature: _____ Trainee's signature: _____

General guidelines on CBD

*Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training; AND at least 4 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.*

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

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**

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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 :_____

ICBSC
Basic Training

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

Year of Training	Name of Hospital	Name of Trainee	Date of Training Started	Major Nos. (% as Surgeon)	Minor Nos. (% as Surgeon)	GI Endoscopy	Colonoscopy	Major Subtotal	Minor Subtotal	Total

AHNH = 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