

ASSESSMENT OF TRAINEE'S PROGRESS

The purpose of assessment is to measure the progress of training. The trainee requires certification from the trainer that the targets of training has been reached to be able to proceed from year to year.

The process should provide sufficient information for use in the assessment of the trainee.

1. Formative Assessment

Formative assessment assesses the strengths and weaknesses of the trainee at the beginning of a training period to help to produce a planned program of training.

2. Summative Assessment

Summative assessment examines the evidences from the log books and personal supervision at the end of the training period to evaluate whether the training plan has been realised.

FORMATIVE ASSESSMENT

INTERVIEW WITH TRAINER TO ASSESS AND MONITOR PROGRESS WITH THE ACTION PLAN

INSTRUCTIONS *Please type / print this form clearly in black ink as it will be photocopied*

To be completed by the trainee and trainer at regular intervals throughout the post. A few days prior to each subsequent interview the trainee assesses his / her own educational situation on this side of the page and submits it together with the log book to the Trainer.

Trainee's Name: _____ Date: _____

Training Unit: _____ Cumulative years of training so far : _____

HOW HAVE YOU DEVELOPED TOWARDS YOUR SET OBJECTIVES
SINCE YOUR LAST ASSESSMENT on ____/____/_____

ATTITUDES AND ATTRIBUTES

(e.g. reliability, enthusiasm, relationship with colleagues, communication, relationship to patients, families and medical staff)

ACTIVITIES AND KNOWLEDGE

(e.g. presentations, audit, literature, teaching, research)

CLINICAL SKILLS / PROBLEM SOLVING

(e.g. history, examination, acumen, judgement, investigations, notekeeping, knowledge, operative and practical skills)

To be completed by trainee & trainer at the start of new training period (from _____ to _____)

Evaluation of other objectives set at last interview

New Objectives

Action Plan

Trainee's Signature: _____

Trainer's Signature: _____

Name: _____

SUMMATIVE ASSESSMENT

RECORD OF PROGRESS PRIOR TO THE ASSESSMENT

INSTRUCTIONS *Please type / print this form clearly in black ink as it will be photocopied*

To be completed by the **Trainee**

At least one week before the assessment interview you must ensure that you have completed this form and handed it to your trainer (nominated by HKCOG) together with your log book.

Trainee's Name: _____

Name of Trainer: _____

Date of Assessment: _____

1. SKILLS TARGETS FROM STRUCTURED TRAINING LOG MODULES

Please enter date when module was signed off in the log book

	MODULE	DATE
1.	Basic Clinical Skills	
2.	Teaching, Appraisal and Assessment	
3.	Information Technology, Clinical Governance and Research	
4.	Ethics and Legal Issues	
5.	Core Surgical Skills	
6.	Postoperative Care	
7.	Surgical Procedures	
8.	Antenatal Care	
9.	Maternal Medicine	
10.	Management of Labour	
11.	Management of Delivery	
12.	Postpartum Problems (The Puerperium)	
13.	Gynaecological Problems	
14.	Subfertility	
15.	Sexual and Reproductive Health	
16.	Early Pregnancy Care	
17.	Gynaecological Oncology	
18.	Urogynaecology and Pelvic Floor Problems	
19.	Professional Development	
20.	Audit, Research, Publications and Formal Presentations	

ASSESSOR'S SUMMARY OF SUMMATIVE ASSESSMENT

INSTRUCTIONS *Please type / print this form clearly in black ink as it will be photocopied*

To be completed by trainer nominated by HKCOG

In order to complete this form, at least one week before the assessment interview you must ensure that you have in your possession the trainee's updated log book.

Trainee's Name: _____ Cumulative Years of Training: _____

Date of Assessment: _____

1. LOG BOOK MODULES

Please circle those modules where there is evidence of inadequate progress

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

Suggest further action:

Certification by Trainer

Signature: _____

Name: _____

Date: _____

Endorsement by Training Supervisor:

Signature: _____

Name: _____

Date: _____

2. REPORT ON THE TRAINEE'S PERFORMANCE

Please complete each section by putting a ring around the number that you feel is most appropriate.

- CODE:
1. NEEDS SERIOUS ATTENTION
 2. SOME DEFICIENCY. PROGRESS NEEDED. (This includes borderline candidates)
 3. FINE. NO PROBLEM
 4. OUTSTANDING. WELL DONE

	Unsatisfactory		Satisfactory	
	1	2	3	4
Professional knowledge	1	2	3	4
Operative skill	1	2	3	4
Clinical judgement	1	2	3	4
Initiative	1	2	3	4
Communication (verbal or written)	1	2	3	4
Reliability	1	2	3	4
Relationship with colleagues	1	2	3	4
Relationship to patients	1	2	3	4
Information gathering / notekeeping	1	2	3	4
Time management / diligence	1	2	3	4

Certification by Trainer

Signature: _____

Name: _____

Date: _____

Endorsement by Training Supervisor:

Signature: _____

Name: _____

Date: _____

TRAINEE'S EVALUATION OF TRAINING / TRAINING POST

INSTRUCTIONS *Please type / print this form clearly in black ink as it will be photocopied*

To be completed by the Trainee at the end of an attachment or yearly whichever is shorter and returned to the Secretary, Education Committee, HKCOG

Training Unit: _____ Dates of Training: _____ to _____

Please indicate your evaluation by circling the appropriate number

*1: very dissatisfied	*2: dissatisfied	3: neutral	4: satisfied	5: very satisfied
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I.	SERVICE COMMITMENTS					
	Working patterns/ shifts / rotas	1	2	3	4	5
	Range of service experience	1	2	3	4	5
II.	TRAINING					
	Senior supervision	1	2	3	4	5
	Help in achieving targets	1	2	3	4	5
	On the job training	1	2	3	4	5
III.	FORMAL EDUCATIONAL PROVISION					
	Number of weekly formal teaching sessions	1	2	3	4	5
	Quality of these formal teaching sessions	1	2	3	4	5
	Educational supervision	1	2	3	4	5
	Resources for independent learning	1	2	3	4	5
	Facilities for research	1	2	3	4	5
	Study leave (if applicable)	1	2	3	4	5
	Courses / Day release (if applicable)	1	2	3	4	5
IV.	GENERAL ENVIRONMENT					
	Willingness of colleagues to give help and advice	1	2	3	4	5
	On-call Accommodation	1	2	3	4	5

Please give comments for those circled 1 or 2 (The comments are necessary to help the unit to improve):

Other Suggestions / Comments:

Please tick box and specify your name if help or advice from HKCOG is needed.

Name & Signature