

TRAINEE LOG DIARY

Name of Trainee: _____

Training Centre: _____ Training period: _____

Induction & orientation (at the start of each placement)

The supervision team provides orientation to the practice ensuring that the trainee is:	By (name & post)	Date
<ul style="list-style-type: none"> introduced to all members of staff, information about the stage of training and the responsibilities of the trainee 		
<ul style="list-style-type: none"> trained to use any practice-based systems, such as computer systems and recall systems 		
<ul style="list-style-type: none"> aware of the essential operational procedures in the practice 		
<ul style="list-style-type: none"> aware of the location of all relevant resources, including reference materials, medications and equipment 		
<ul style="list-style-type: none"> trained the process for dealing with problems and critical incidents. 		

In practice teaching

In-practice teaching time is allocated in the **first 6 months of community based training should be minimum 3 hours per week. Afterward, it should be at least 1.5 hours teaching time per week.**

Family medicine training is practice-based, involving the participation of the trainee in the service and bearing the responsibility of patient care in supervised accredited training posts where the supervisor takes on the joint roles of supervision and teaching.

Learning Format

It can include:

- a. Consultations skill training by direct observation
- b. Consultation skill training by reviewing on videotaped consultation
- c. Selected or random case analysis
- d. Problem case analysis
- e. Tutorial/small group discussion/educational sessions on specific topics
- f. Patient scenario discussion
- g. Participation on clinical audit/research
- h. Review and discuss on practice management
- i. Discussion on trainee learning needs
- j. Participation in office-based procedures
- k. Case based teaching
- l. Giving feedback on observed consultations
- m. Cultural education

Certification by clinical supervisor:

Signature

Name in block letters

Date

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS
Board of Vocational Training & Standards
ASSESSMENT/FEEDBACK FORM BY CLINICAL SUPERVISORS
(BASIC TRAINING)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training can be planned. Frank and constructive feedback from you is essential for this aim. Bear in mind that the doctor is aiming ultimately to enter general, rather than specialty, practice. If you have insufficient information to answer a question, please indicate this. ***Please forward a copy of this completed assessment form to the trainee for record.**

Trainee Doctor _____ Supervisor _____
Block letter please *Block letter please*

Training Centre _____ Specialty _____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S PERFORMANCE in the following areas:
(0=Very Poor, 1=Poor, 2=Dissatisfactory, 3=Satisfactory, 4=Good, 5=Excellent)

1. Effective communication skills | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

2. Assessing clinical information and reaching logical conclusions, but willing to change his/her mind in the light of new information | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

3. Physical examinations, diagnostic tests, and procedures | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

4. Making decisions in diagnosis and management with the patient | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

5. Appreciating the social and psychological dimensions of patients' problems e.g. the patient's family, ethnic, work and community environment | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

6. Recognising the limits of his/her own knowledge, experience and ability, and enlisting help when necessary | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

7. Providing continuing care, illness prevention and health promotion (e.g. smoking, alcohol, diet) and coordinating the patient's total health care | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

8. Considering the cost of investigations, drugs and procedures to the patient and the community | 0 | 1 | 2 | 3 | 4 | 5 |
 Comments _____

9. Exhibiting personal and professional qualities required of a doctor e.g. accepting responsibility, conscientious, caring, reliable, ethical

0	1	2	3	4	5
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Comments _____

10. Exhibiting ability to tolerate the uncertainty, and act professionally in a crisis

0	1	2	3	4	5
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Comments _____

11. Developing effective relationships with patients, families, and medical and paramedical colleagues

0	1	2	3	4	5
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Comments _____

12. Administrative skills such as paperwork and the effective use of time, practice organization and financial information

0	1	2	3	4	5
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Comments _____

13. Showing keenness to learn, planning his/her own learning and assessment, and accept and give feedback

0	1	2	3	4	5
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Comments _____

CLINICAL KNOWLEDGE AND SKILLS

Of the clinical problems encountered during this term, which were handled very well by the doctor, and which require further attention?

GENERAL COMMENTS:

Please comment on the doctor's progress during the term and include any additional comments that might help this doctor become a more effective family physician.

RECOMMENDATION:

I * **recommend / do not recommend** to the Board of Vocational Training and Standards certifying this trainee for completion of * _____ **months of hospital specialty rotation / _____ year(s) of Community Based of Basic Training** during the specified period.

Comments (Obligatory if not recommend): _____



Signed and official chop _____ Date : _____

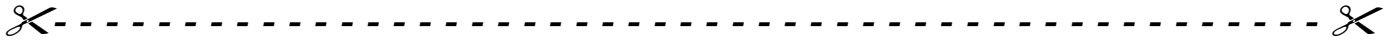
Thank you for your assistant in completing this form and returning it to *H.K.C.F.P. at "Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong"* or fax to **2866 0616**.

* *Delete as appropriate*

Name: _____

Official Use

The Upper part of the dotted line will be removed after the name was registered by the secretariat to ensure confidentiality.



CONFIDENTIAL

Hong Kong College of Family Physicians
Board of Vocational Training and Standards

FEEDBACK ON VOCATIONAL TRAINING – COMMUNITY BASED

1. This evaluation form is Mandatory for trainee to reflect their opinion regarding their training.
2. The aim is to monitor the training process and to enhance the communication between the College, training centres and Supervisors.
3. Please return ONE form at the end of each rotation or annually for community based training.
4. Please return this form to BVTS either by

E-form: <https://forms.gle/X2pPX1aNQdqH8won6>

Email: bvts@hkcfp.org.hk

Fax: 2866-0616

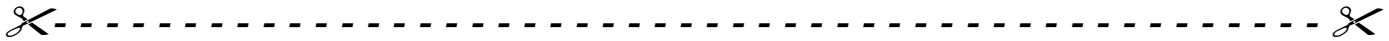
Mail: Rm 803-4, 8/F, HKAM Jockey Club Bldg., 99 Wong Chuk Hang Rd., Aberdeen, Hong Kong

Thank you.

Name: _____

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The trainee’s feedback will be treated confidentially and any discussions about the trainee between HKCFP and the supervisor will occur with the trainee’s knowledge. All communication should be handled with respect for all parties and that there should be no repercussions on the trainee if negative feedback is provided in good faith. At the same time, all parties should be made aware of the impact their negative feedback may have on the practice, the supervisor and trainee if informal processes such as social media or speaking to peers are used. All parties should give feedback through the formal channels provided.

Training institution: _____ Rotation/Specialty: _____
Training Center: _____ Training Period: _____

Please give a GRADE to the following questions:

(0 = Very disappointed, 1 = Poor, 2 = Dissatisfactory, 3 = Satisfactory, 4 = Good, 5 = Excellent)

Grade:

(1) The adequacy and quality of in-practice teaching and education	
(2) The adequacy and quality of feedback from direct observation sessions	
(3) The quality of feedback and clinical support provided and how this addressed and met their learning needs	
(4) The quality and timeliness of the assistance they received in the development and review of their planned learning	
(5) The adequacy of the orientation and induction process	
(6) The adequacy of supervision arrangements	
(7) The range and numbers of primary care patients seen	
(8) The scheduling of their consultations and education activities	
(9) Type of teaching and frequency	
(10) Delivery of regular structured in-practice teaching relevant to stage of training	
(11) A variety of teaching and learning methods being used and documented	
(12) Trainee feedback regarding in-practice teaching sought after every placement as part of its ongoing quality improvement process	

Overall Comments (if any):

I want/ DO NOT want a training review meeting with BVTS.