





**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:**

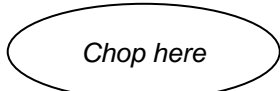
Please comment on the doctor's progress during the term and include any additional comments that might help this doctor become a more effective family physician.

\_\_\_\_\_  
\_\_\_\_\_

**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.



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

**FEEDBACK ON VOCATIONAL TRAINING – HOSPITAL 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. Opinions will be summarized and Scores calculated from all feedback forms. A statistical report will be sent to the training centre 6 monthly.
4. Please return ONE form at the end of each hospital rotation.
5. Please return this form to BVTS either by

E-form: <https://forms.gle/TzKYYPAtuc6sdwSFA>

Email: [bvts@hkcfp.org.hk](mailto: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: \_\_\_\_\_

Official Use

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



**Please give a GRADE to the following questions:**

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

**Hospital Based Training:**

Training Centre \_\_\_\_\_

Rotation/Specialty \_\_\_\_\_

Training Period \_\_\_\_\_

Q1. How adequate was your exposure? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q2. How was your opportunity to learn practical skill? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q3. How adequate was the level of supervision? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q4. Were you given autonomy in making clinical decision? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q5. What is your opinion of the duty roster? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q6. How relevant was this training to future practice? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Q7. How was your overall training experience? Grade: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

**Official Use:**  
Code: \_\_\_\_\_