

ASSESSMENT BY CLINICAL SUPERVISORS

(HIGHER TRAINING)

(revised on April 2024)

This form is designed to help vocational trainees identify their areas of clinical strengths and weaknesses so that specific further training areas can be explored. Frank and constructive feedback from you is essential for this aim. If you have insufficient information to answer a question, please indicate this.

***Please make a copy of the completed form for your records.**

***Please submit the report at least once a year (or at the end of training in each training center whichever is shorter)**

Trainee Doctor _____ Supervisor _____ (Block letter please)

Practicing address _____ Period from _____ to _____

PLEASE RATE THE TRAINEE'S Level of competence in the following areas:

(0:Unaware, 1: Aware of deficiencies, 2: Know skills, 3: Show and apply partly with effort, 4: Integration, 5: Mastery)

1. Competence of full independent practice in family medicine (include practice management & record review)

0 5

Comments : _____

2. Provision of cost-effective health services to the community

0 5

Comments : _____

3. Competence in handling difficult problems encountered in family medicine practice

0 5

Comments : _____

4. Competence in working with families

0 5

Comments : _____

5. Competence in handling the care of population with special needs e.g. the elderly, women and the chronically ill in the community, end of life, mental, behavioral problems in child and adolescent

0 | | | | | | 5

Comments : _____

6. Competence in and Attitude of self-directed learning

0 | | | | | | 5

Comments : _____

7. Competence in critical appraisal of new information

0 | | | | | | 5

Comments : _____

8. Competence and interest in academic family medicine including education, training and research

0 | | | | | | 5

Comments : _____

9. Competence in conducting clinical audit / research

0 | | | | | | 5

Comments : _____

10. Competence in elective (elective topic: _____)

0 | | | | | | 5

Comments : _____

OVERALL COMMENTS:

1. EXTENT of Checklist Completion (Please rate)

Inadequate Adequate
0 | | | | | | 5

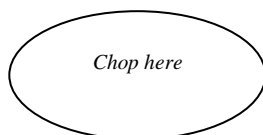
2. GENERAL Comments

Please comment on the doctor's progress during the term, to which the doctor's training objectives as planned especially in learning portfolio have been fulfilled. Include any additional comments that might enhance competence of this doctor to become an independent family physician.

RECOMMENDATION:

I * **recommend / do not recommend** to the Board of Vocational Training and Standards certifying this trainee for completion of **1st year / 2nd year of Higher Training/Others (pls specify)**_____ during the specified period.

Comments (Obligatory if not recommend) :



Signed and official chop _____

Date : _____

Once completed please return the copy to BVTS@hkcfp.org.hk.

* Delete as appropriate