

Non-Hong Kong College of Emergency Medicine trainees seeking accreditation for their Emergency Medicine experience

Personal Particulars

Name: _____

Photograph

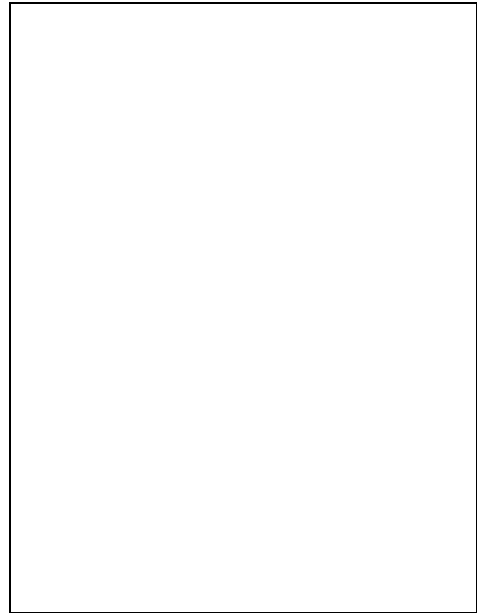
HKID No: _____

Qualification: _____

Year of graduation: _____

Period of training: _____

Training Centre: _____



Resident

Supervisor

Date:

Date:

Name: _____

4. REVIEW AND ASSESSMENT BY TRAINING SUPERVISOR

Period of training: From _____ to _____

Name of Training Centre: _____

Any absence from training for more than 6 weeks apart from annual leave? No Yes Please state detail: _____

1 = weak; 2 = fair; 3 = satisfactory; 4 = good; 5 = excellent; na = not applicable

Remark: Any score less than 3 means failure in overall assessment

| CLINICAL COMPETENCE | 1 | 2 | 3 | 4 | 5 | na | COMMENT |
|---|----------|----------|----------|----------|----------|-----------|----------------|
| 1. Adequate history and appropriate examination | | | | | | | |
| 2. Appropriate selection and interpretation of investigations | | | | | | | |
| 3. Sound clinical judgement | | | | | | | |
| 4. Quality documentation | | | | | | | |
| 5. Good technical skill | | | | | | | |
| INTERPERSONAL RELATIONSHIPS | 1 | 2 | 3 | 4 | 5 | na | COMMENT |
| 6. Communication with patients and colleagues | | | | | | | |
| 7. Attitude towards patients and the public | | | | | | | |
| 8. Demonstrates Teamwork | | | | | | | |
| MANAGERIAL SKILL | 1 | 2 | 3 | 4 | 5 | na | COMMENT |
| 9. Ability to prioritise resources | | | | | | | |
| 10. Time management and organisation of work | | | | | | | |
| TEACHING SKILLS | 1 | 2 | 3 | 4 | 5 | na | COMMENT |
| 11. Demonstrates interest and contributes to teaching | | | | | | | |
| OVERALL PERFORMANCE | 1 | 2 | 3 | 4 | 5 | na | COMMENT |
| 12. Overall assessment | | | | | | | |

Remarks: _____

Recommended for accreditation Yes No

Signature: _____

Name: _____

Training Supervisor

Date: _____

Signature: _____

Name: _____

Resident

Date: _____