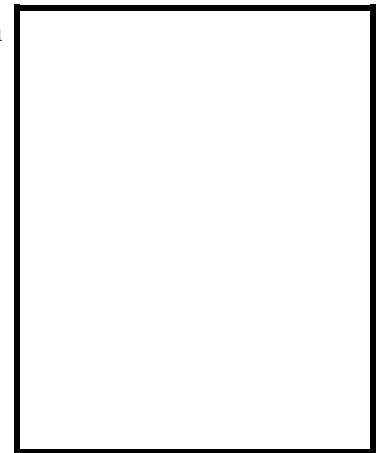


Non-Hong Kong College of Emergency Medicine trainees seeking accreditation for their Emergency Medicine experience

Personal Particulars

Name: _____

Photograph



HKID No: _____

Qualification: _____

Year of graduation: _____

Period of training: _____

Training Centre: _____

Resident

Date:

Supervisor

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 _____
(_____)

Training Supervisor

Date:

(_____)

Resident

Date