

### **Continuous Competency Assessments on Basic Skill:**

There will be continuous competency assessments throughout the basic training in various specialties. Basic trainees are required to submit additional competency assessment (*Appendix 5a-5d*) **TOGETHER with their half-yearly assessment during January and July.**

#### **1. Mini-Clinical Evaluation Exercise (CEX) (*Appendix 5a*)**

- Trainees must complete **at least 1 of this form** in every 6 months of surgical training, AND **at least 4** of this form during the **first 2 years** of basic training
- It aims to test trainee's communication and approach to a clinical scenario
- Trainees will be assessed in Out-patient or In-patient setting
- Trainees will be assessed by Trainers of the same/other hospital.

#### **2. Direct Observation of Procedural Skills in Surgery (Surgical DOPS ) (*Appendix 5b*)**

- Trainees must complete **at least 1 of this form or at least 1 Endoscopic DOPS** in every 3 months of surgical training; AND
- Trainees must complete **at least 6** of this form during the **first 2 years** of basic training
- It aims to test trainee's basic surgical skill in index operation as specified in module of relevant specialty.
- Trainees will be assessed by Trainers of the same/other hospital.

#### **3. Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS) (*Appendix 5c*)**

- Trainees must complete **at least 1 of this form or at least 1 Surgical DOPS** in every 3 months of surgical training; AND
- Trainees must complete **at least 2** of this form during the **first 2 years** of basic training
- It aims to test trainee's basic endoscopic skill in index endoscopic procedure as specified in module of relevant specialty.
- Trainees will be assessed by Trainers of the same/other hospital.

*(Note: Endoscopy can include various rigid or flexible endoscopy like OGD, Bronchoscopy, Laryngoscopy, Arthroscopy etc.)*

#### **4. Case-Based Discussion (CBD) (*Appendix 5d*)**

- Trainees must complete **at least 1 of this form** in every 6 months of surgical training, AND **at least 4** of this form during the **first 2 years** of basic training
- It is designed to assess clinical judgement, decision making and the application of medical knowledge.
- Trainees will be assessed by Trainers of the same/other hospital.

**\* Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.**

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise. \_



**Mini-Clinical Evaluation Exercise (CEX)**

Trainee's name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Hospital: \_\_\_\_\_

Current Hospital: \_\_\_\_\_

Specialty/Subspecialty\*: CTS                      Ped Surg  
O&T    ENT

Plastic Surgery                      NS                      Urology  
A&E    ICU

Trainee level\*: ST1                      ST2  
Others (please state level):

Term\*: 0-6<sup>th</sup> month                      7<sup>th</sup>-12<sup>th</sup> month  
13<sup>th</sup>-18<sup>th</sup> month                      19<sup>th</sup>-24<sup>th</sup> month  
24<sup>th</sup> month or above

Case setting\*: Inpatient    Outpatient

Clinical Problem\*: Surgical emergency / Trauma                      End of Life Care                      General

Hospital Number / Outpatient Number: \_\_\_\_\_

\* Please circle as appropriate.

**TRAINEE'S REFLECTIONS ON THIS ACTIVITY**

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

**ASSESSOR'S COMMENTS ON THIS ACTIVITY**

**RATINGS**

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

**N** = Not observed                      **I** = Improvement required                      **S** = Satisfactory                      **O** = Outstanding

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			Please <u>tick</u> the overall level at which the CEX was performed.		
1. History taking			Level 0	Undergraduate Level or below	
2. Physical Examination Skills					
3. Use of investigations			Level 1	Appropriate for 1 <sup>st</sup> year BST training	
4. Diagnosis					
5. Management			Level 2	Appropriate for 2 <sup>nd</sup> year BST training	
6. Communication Skills					
7. Clinical Judgement			Level 3	Appropriate for completed BST training	
8. Professionalism					
9. Organisation/Efficiency			Level 4	Level beyond BST training	

**FEEDBACK**

Verbal and written feedback is a mandatory component of this assessment.

General

Strengths

Improvement needs

Recommended actions

Time taken for observation (mins): \_\_\_\_\_

Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_

**General guidelines on Mini-CEX**

- Trainees admitted **between 1 July 2010 – 30 June 2016** must complete **at least 2** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **from 1 July 2016 onwards** must complete at least 1 of this form in every training year; AND at least 2 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.
- Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training, AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.

**Direct Observation of Procedural Skills in Surgery (Surgical DOPS)**

Trainee's name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Hospital: \_\_\_\_\_

Current Hospital: \_\_\_\_\_

Specialty/Subspecialty\*: CTS O&amp;T Ped Surg ENT

Plastic Surgery A&amp;E NS ICU Urology

Trainee level\*: ST1 ST2 Others (please state level):

Term\*: 0-6<sup>th</sup> month 7<sup>th</sup>-12<sup>th</sup> month 13<sup>th</sup>-18<sup>th</sup> month 19<sup>th</sup>-24<sup>th</sup> month 24<sup>th</sup> month or above

Name of procedure: \_\_\_\_\_

Number of times procedure performed by trainee: \_\_\_\_\_

Hospital Number / Outpatient Number: \_\_\_\_\_ Location\*: Ward OT OPD

Difficulty of procedure\*: Easier than usual Average difficulty More difficult than usual

\* Please circle as appropriate.

**TRAINEE'S REFLECTIONS ON THIS ACTIVITY**

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

**ASSESSOR'S COMMENTS ON THIS ACTIVITY****RATINGS**

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed

I = Improvement required

S = Satisfactory

O = Outstanding

Domain	Rating	Specific Comments
1. Describes indications, relevant anatomy, & details of procedure		
2. Obtains informed consent, after explaining procedure & comps		
3. Prepares for procedure, checks for instruments		
4. Gets patient history, administers effective analgesia or safe sedation		
5. Proper draping and demonstrates good asepsis		
6. Handles tissue gently,		
7. Enters correct plane, haemostasis		
8. Closure of space, appropriate suturing		
9. Techniques up to level of training and safe use of instruments		
10. Deals with any unexpected event or seeks help when appropriate		
11. Completes required documentation (written or dictated)		
12. Issues clear post-procedure instructions to patient and/or staff		

**FEEDBACK***Verbal and written feedback is a mandatory component of this assessment.*

General

Strengths

Improvement needs

Recommended actions

<b>GLOBAL SUMMARY</b> <i>Level at which completed elements of the PBA were performed on this occasion</i>		<b>TICK</b>
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): \_\_\_\_\_ Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_

### **General guidelines on Surgical DOPS**

- Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 2** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **between 1 July 2014 – 30 June 2016** must complete **at least 4** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Surgical or Endoscopic DOPS in every 3 months** of surgical training\*; AND Trainees must complete **at least 6 Surgical DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

**\* Starting from 1 January 2019 onwards, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to A&E and ITU. TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.**

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.



**Direct Observation of Procedural Skills in Endoscopy (Endoscopic DOPS)**

**Trainee's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Hospital:** \_\_\_\_\_

**Current Hospital:** \_\_\_\_\_

**Specialty/Subspecialty\*:** CTS                      Ped Surg  
O&T                      ENT

Plastic Surgery                      NS                      Urology  
A&E                      ICU

**Trainee level\*:**                      ST1                      ST2  
Others (please state level):

**Term\*:** 0-6<sup>th</sup> month                      7<sup>th</sup>-12<sup>th</sup> month  
13<sup>th</sup>-18<sup>th</sup> month                      19<sup>th</sup>-24<sup>th</sup> month  
24<sup>th</sup> month

**Name of procedure:** \_\_\_\_\_

**Number of times procedure performed by trainee:** \_\_\_\_\_

**Hospital Number / Outpatient Number:** \_\_\_\_\_ **Location\*:** Endoscopy Suite    OT    Ward

**Difficulty of procedure\*:** Easier than usual                      Average difficulty                      More difficult than usual

\* Please circle as appropriate.

**TRAINEE'S REFLECTIONS ON THIS ACTIVITY**

What did I learn from this experience?  
 What did I do well?  
 What do I need to improve or change? How will I achieve it?

**ASSESSOR'S COMMENTS ON THIS ACTIVITY**

**RATINGS**

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

**N** = Not observed                      **I** = Improvement required                      **S** = Satisfactory                      **O** = Outstanding

Domain	Rating	Specific Comments
1. Describes indications, relevant anatomy, & details of procedure		
2. Obtains informed consent, after explaining procedure & comps		
3. Prepares for procedure, check for endoscope, patient monitoring & O <sub>2</sub>		
4. Gets patient history, administers effective analgesia or safe sedation (anaesthetist)		
5. Proper positioning and demonstrates good communication with nurses		
6. Handles endoscope gently, enter correct lumen, maintain luminal views		
7. Aware of position; proper use of distension, suction & lens washing		
8. Demonstrates good technique of in/out and torque of endoscope		
9. Accurate identification and management of pathology		
10. Deals with any unexpected event or seeks help when appropriate		
11. Completes required documentation (written or dictated)		
12. Issues clear post-procedure instructions to patient and/or staff		

**FEEDBACK**

*Verbal and written feedback is a mandatory component of this assessment.*

General

Strengths

Improvement needs

Recommended actions

<b>GLOBAL SUMMARY</b> <i>Level at which completed elements of the PBA were performed on this occasion</i>		<b>TICK</b>
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1	Unable to perform the procedure, or part observed, under supervision	
Level 2	Able to perform the procedure, or part observed, under supervision	
Level 3	Able to perform the procedure with minimum supervision (needed occasional help)	
Level 4	Competent to perform the procedure unsupervised (could deal with complications that arose)	

Time taken for observation (mins): \_\_\_\_\_ Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_

### **General guidelines on Endoscopic DOPS**

- Trainees admitted **between 1 July 2010 – 30 June 2014** must complete **at least 1** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **between 1 July 2014 – 30 June 2016** must complete **at least 2** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **from 1 July 2016 onwards** must complete **at least 1 of Endoscopic or Surgical DOPS in every 3 months** of surgical training\*; AND Trainees must complete **at least 2 Endoscopic DOPS** during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July;

\* **Starting from 1 January 2019 onwards**, THERE WILL BE NO EXEMPTION ON DOPS ASSESSMENT for trainees rotating to **A&E** and **ITU**. **TRAINEES ARE REQUIRED TO COMPLETE DOPS ASSESSMENT IN EVERY 3-MONTH ROTATION.**

@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.



**Case-Based Discussion (CBD)**

Trainee's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Hospital: \_\_\_\_\_ Current Hospital: \_\_\_\_\_

Specialty/Subspecialty\*: CTS Ped Surg Plastic Surgery NS Urology  
O&T ENT A&E ICU

Trainee level\*: ST1 ST2 Others (please state level):  
Term\*: 0-6<sup>th</sup> month 7<sup>th</sup>-12<sup>th</sup> month  
13<sup>th</sup>-18<sup>th</sup> month 19<sup>th</sup>-24<sup>th</sup> month  
24<sup>th</sup> month or above

Case setting\*: Inpatient Outpatient

Clinical Problem\*: Surgical emergency / Trauma End of Life Care General

Hospital Number / Outpatient Number: \_\_\_\_\_

\* Please circle as appropriate.

**TRAINEE'S REFLECTIONS ON THIS ACTIVITY**

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

**ASSESSOR'S COMMENTS ON THIS ACTIVITY**

**RATINGS**

*The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.*

**N = Not observed          I = Improvement required          S = Satisfactory          O = Outstanding**

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			Please <b>tick</b> the overall level at which the CBD was performed.		
1. Medical record keeping			Level 0	Undergraduate Level or below	
2. Clinical assessment					
3. Diagnostic skills and underlying knowledge base			Level 1	Appropriate for 1st year BST training	
4. Management and follow-up planning					
5. Clinical judgement and decision making			Level 2	Appropriate for 2nd year BST training	
6. Communication and team working skills					
7. Leadership skills			Level 3	Appropriate for completed BST training	
8. Reflective practice/writing					
9. Professionalism			Level 4	Level beyond BST training	

**FEEDBACK**

*Verbal and written feedback is a mandatory component of this assessment.*

General

Strengths

Improvement needs

Recommended actions

Time taken for observation (mins): \_\_\_\_\_ Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_ Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_ Trainee's signature: \_\_\_\_\_

**General guidelines on CBD**

*Trainees admitted from 1 January 2019 onwards must complete at least 1 of this form in every 6 months of surgical training; AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.*

*@ For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.  
^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.*