

**In Training Assessment Form Completed by Supervisor of Training  
HKCA**

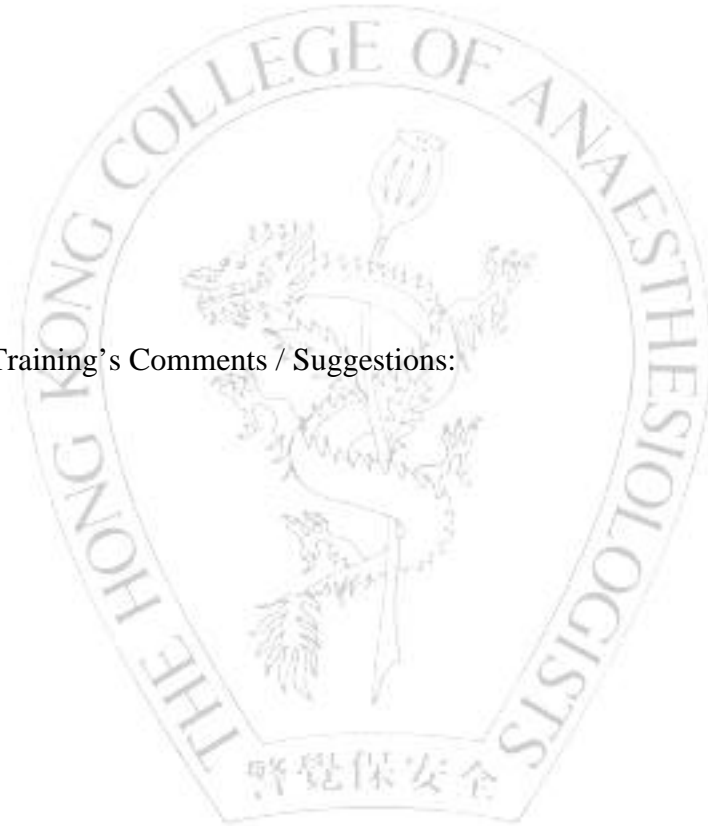
Trainee Name:		Year of Training:	
Hospital / Cluster Name:		Assessment Period:	

For this level of experience:				
Assessment:	G = Performance better than expected	S = Appropriate performance	F = Performance below expected	X = Unable to comment
<b>1. CLINICAL SKILLS AND ATTITUDES</b>				
	Assessment	Examples of performance below or better than expected, noting date. Expand on a separate sheet if necessary		
Commitment to required tasks				
Work organization				
Technical abilities				
Infection control work practices				
Vigilance during normal work				
Clinical Judgement & Decisions				
Crisis handling				
<b>2. BEHAVIOURAL SKILLS AND ATTITUDES</b>				
Appropriate guidance seeking				
Interaction with patients				
Interaction with staff				
Punctuality				
Appropriate initiative				
Confidence (over/under)				
Ethical Behaviour				
<b>3. ACADEMIC SKILLS AND ATTITUDES</b>				
Commitment to learning				
Presentation skills				
<b>4. OVERALL ASSESSMENT</b> <i>(Please alert College Training Officer if performance below expected)</i>				

**In Training Assessment Form Completed by Supervisor of Training  
HKCA**

Verbatim copy of comments by individual Specialist Assessors. Expand on a separate sheet if necessary:

Supervisor of Training's Comments / Suggestions:



(Supervisor of Training Name, Signature and Date)

-----  
Trainee's Comments / Suggestions:

The College Supervisor of Training has discussed this assessment with me.

(Trainee Name, Signature and Date)