THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

EVALUATION FORM FOR TRAINING (version: 24 November 2026)

Name of Trainee : _____ **Trainee No.:** _____

Specialty in Training : _____ **Training Centre :** _____

Training Programme : Basic / Higher* **Mode :** Full-time / Part-time* **Evaluation Period :** _____ to _____

No. of weeks absent : _____ **Reasons** *(e.g. vacation /personal leave / others)* **:** _____

Notes for completing this evaluation form

Trainee's performance should be basically classified as either "Satisfactory" or "Unsatisfactory".
It is expected that the majority of trainees would fall into the "Satisfactory" category. Please assess the trainee in each of the aspects listed, using the rubrics in the right columns as guidelines.
Please provide explanatory notes for any aspect which is assessed as unsatisfactory.

(A) Clinical/Practical Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Case assessment	Satisfactory / Unsatisfactory*	Usually complete, orderly and systematic	Incomplete or inaccurate, poorly recorded, poor basic skills
Practical skill	Satisfactory / Unsatisfactory*	Good hand / eye coordination. Sound skills for level of training	Too hasty or too slow. Slow learner. Poor hand / eye coordination.
Post-operative care	Satisfactory / Unsatisfactory*	Conscientious. Good awareness of complications. Reliable follow-up	Disinterested. Fails to notice complications and act appropriately
(B) Communication Skill			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
With patients/clients	Satisfactory / Unsatisfactory*	Listens well, explains well. Trusted by the patient.	Bad listener/communicator. Disliked by patients. Increases patient anxieties.
With other health care team members	Satisfactory / Unsatisfactory*	Good rapport with other staff. Willing to help.	Refuses to help out. Poor relationship with peers and may undermine.
(C) Knowledge Base			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Knowledge of subject	Satisfactory / Unsatisfactory*	Adequate fund of knowledge and relates it well to patient care.	Poor knowledge base. Significant deficiencies or poor perspective
Case presentations	Satisfactory / Unsatisfactory*	Competent, concise and correct on clinical details. Good deductions.	Wordy or inaccurate on history, signs or diagnosis. Poor discussion.
Learning	Satisfactory / Unsatisfactory*	Reads appropriately, asks for information and follow-up.	Little evidence of reading texts or journals. Needs direction to study.
(D) Professionalism			
	Assessment	**Satisfactory**	**Unsatisfactory**
Overall	Satisfactory / Unsatisfactory*		
Reliability Punctuality	Satisfactory / Unsatisfactory*	Dependable. Efficient in use of his / her time	Poor time management. Forgets to do things. Unreliable
Self motivation Organization	Satisfactory / Unsatisfactory*	Hard-working, keen to learn, self-organizes waiting list.	Idle, lacking in any work enthusiasm. Behind with letters or summaries.
Acceptance of criticism	Satisfactory / Unsatisfactory*	Adequate response. Works to correct the problem area.	Responds poorly to criticism. Angry. "Turn off".

** Please delete where appropriate*

Trainer's Signature: _____ **Trainee's Signature:** _____

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Report on CME

Period : From _____ To _____

Number of CME points accumulated: _____

Meet CME requirement : Yes / No*****

Higher training involving Approved Practice

Is part of the Higher training taken place at Approved Practice(s)? Yes / No*

Name of Approved Practice(s)#:

1. _____ ☐ _____

2. _____ ☐ _____

#Please check the box and put down the date if clinic visitation has been paid to the approved practice by the Specialty Board Chairperson or his/her designate.

Overall Assessment of the training: Satisfactory / Unsatisfactory*

Additional / Explanatory Notes (*including but not limited to training progress, development, achievement and incident involved where appropriate or applicable)*

(If insufficient space attach separate document)

Recommendation Regarding Future Training (Please choose ONE)

- ☐ Trainee should be allowed to sit for Exit / Intermediate* Examination (t*o be chosen when this form being submitted together with application form for examination*).
- ☐ Trainee should continue the Basic / Higher* training.
- ☐ Trainee should be warned of the identified deficiencies; continuation of training is jeopardized.
- ☐ Trainee should be discontinued from training because of deficiencies that have not been rectified.

Name of Trainer: _____ **Signature:** _____ **Date :** _____

I have reviewed the evaluation form and would like to provide the following comments (Please put down "**Nil**" if there is no comment**):**

Trainee's Signature: _____ **Date :** _____

Review by Training Centre Supervisor

Name of Training Centre Supervisor: _____ **Signature:** _____ **Date :** _____

** Please delete where appropriate*