

ITA-2

**In Training Assessment Form  
Completed by Supervisor of Training – Intensive Care  
HKCA**

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

For this level of experience:					
Assessment:	0 = Insufficient knowledge of the trainee	1 = Excellent performance	2 = Good Performance	3 = Satisfactory performance	4=Unsatisfactory performance
<b>1. ACADEMIC SKILLS AND ATTITUDES</b>					
	Assessment	Examples of performance below or better than expected, noting date. Expand on a separate sheet if necessary			
Knowledge level					
Presentation skills					
Application to learning					
<b>2. CLINICAL SKILLS AND ATTITUDES</b>					
Patient Assessment					
Technical Skills					
Record Keeping					
Equipment Preparation					
Vigilance					
Clinical Judgement					
Work Organisation					
Crisis Reaction					
Hygienic Work Practice					
<b>3. BEHAVIOURAL SKILLS AND ATTITUDES</b>					
Ethical Behaviour					
Initiative					
Commitment					
Punctuality					
Appropriate Guidance Seeking					
Leadership Qualities					
Self Assessment Capacity					
<b>4. OVERALL ASSESSMENT</b> <i>(Please alert College Training Officer if performance below expected)</i>					

**ITA-2**

**In Training Assessment Form  
Completed by Supervisor of Training – Intensive Care  
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)

