Hong Kong College of Surgical Nursing

Checklist for Re-assessment of Clinical Training Centre for Advanced Practice Nurse Training Programme

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1. General Information
   Please type or complete the form in BLOCK LETTERS and *delete as appropriate

Name of Organization: _____

Address: _____

_____

Name of Person-in-charge: _____

Job *Title / Position: _____

Present Working *Place / Area: _____

Telephone number: _____ Fax number: _____

Email address: _____

*Current / Last approved period: from _____ to _____

The Surgical Specialty applying for (in priority, write 1, 2, 3…)

____ Breast Care	____ Burn & Plastic Care	____ Cardiothoracic Care
____ Ear Nose & Throat Care	____ Colorectal Care	____ Gynaecological Care
____ Hepatobiliary & Pancreatic Care	____ Neurosurgical Care	____ Ophthalmological Care
____ Organ Donation	____ *Stoma & Wound Care / Enterostomal Therapy Care	____ Urological Care
____ Vascular Care	____ General Surgery	____ Others

The clinical training centre is visited on _____
Documents are reviewed and checked to be accurate in the followings:

2. Total number of surgical designated beds

2.1 In-patient beds (at least 30 beds)	□ Y	□ N	□ NA
2.2 *Day / Ambulatory beds	□ Y	□ N	□ NA
2.3 High dependent beds	□ Y	□ N	□ NA
2.4 Others, please specify	□ Y	□ N	□ NA

Remarks:

3. Average patient's length of stay □ Y □ N □ NA

Remarks:

4. Total number of nursing staff

4.1 Senior nurse supervisor (Equivalent to DOM / NC of HA)	□ Y	□ N	□ NA
4.2 Nurse supervisor (Equivalent to WM/APN/NO of HA)	□ Y	□ N	□ NA
4.3 Registered Nurse (Equivalent to RN of HA)	□ Y	□ N	□ NA
4.4 Others, please specify	□ Y	□ N	□ NA
4.5 Nurse : Patient ratio	□ Y	□ N	□ NA

Remarks:

5. Total number of admission in the last year

5.1 In-patient: Emergency / Elective	□ Y	□ N	□ NA
5.2 Day / Ambulatory	□ Y	□ N	□ NA
5.3 Out-patient clinic	□ Y	□ N	□ NA
5.4 Others, please specify	□ Y	□ N	□ NA

Remarks:

6. Total number of operations in the last year

6.1 Emergency / Elective	□ Y	□ N	□ NA
6.2 Minor / Major / Ultra Major	□ Y	□ N	□ NA

List top 10 types of Major / Ultra Major operations

Remarks:

7. Specialties available in Surgery (please indicate with a '✔')

□ Breast Care	□ Burn & Plastic Care	□ Cardiothoracic Care
□ Ear Nose & Throat Care	□ Colorectal Care	□ Gynaecological Care
□ Hepatobiliary & Pancreatic Care	□ Neurosurgical Care	□ Ophthalmological Care
□ Organ Donation	□ Stoma & Wound Care / Enterostomal Therapy Care	□ Urological Care
□ Vascular Care	□ General Surgery	□ Others

(General Surgery - at least 4 subspecialties; subspecialty – designated subspecialty + 2 others to cover the requirement of mandatory experience gained as stated in logbook)

Remarks:

8. Number of Fellows working in the specialties □ Nil

Specialties	No. of Fellows	Specialties	No. of Fellows	Specialties	No. of Fellows
Breast Care		Burn & Plastic Care		Cardiothoracic Care	
Ear Nose & Throat Care		Colorectal Care		Gynaecological Care	
Hepatobiliary & Pancreatic Care		Neurosurgical Care		Ophthalmological Care	
Organ Donation		*Stoma & Wound Care / Enterostomal Therapy Care		Urological Care	
Vascular Care		General Surgery		Others	

(If no on-site mentor available, a specialist doctor in-charge of service or a nursing supervisor may be invited as a Mentor and The College will appoint an Off-site Mentor to optimize learning)

Remarks:

9. Surgical Specialty Nurse Clinic (please indicate with a '✔') □ Nil

□ Breast Care	□ Burn & Plastic Care	□ Cardiothoracic Care
□ Ear Nose & Throat Care	□ Colorectal Care	□ Gynaecological Care

□ Hepatobiliary & Pancreatic Care	□ Neurosurgical Care	□ Ophthalmological Care
□ Organ Donation	□ *Stoma & Wound Care / Enterostomal Therapy Care	□ Urological Care
□ Vascular Care	□ General Surgery	□ Others

(If no Surgical Specialty Nurse Clinic, special arrangement to visit Nurse Clinic in other institution or in the community is preferred, aim to broaden mentee vision in nursing)

Remarks:

10. Number of cases in the Nurse Clinics in last year □ Nil

Specialties	Cases	Specialties	Cases	Specialties	Cases
Breast Care		Burn & Plastic Care		Cardiothoracic Care	
Ear Nose & Throat Care		Colorectal Care		Gynaecological Care	
Hepatobiliary & Pancreatic Care		Neurosurgical Care		Ophthalmological Care	
Organ Donation		*Stoma & Wound Care / Enterostomal Therapy Care		Urological Care	
Vascular Care		General Surgery		Others	

(Review the advanced practice role provided to patient or client under care)

Remarks:

11.	Accredited Continuous Nursing Education provider by the Nursing Council of Hong Kong	□ Y	□ N	□ NA
12.	Accredited training site by the Nursing Council of Hong Kong	□ Y	□ N	□ NA
13.	Accredited / Affiliated clinical training site by *local / overseas *institute / university / Academy College	□ Y	□ N	□ NA
14.	In-service training for nurses	□ Y	□ N	□ NA
15.	Learning facilities for nurses	□ Y	□ N	□ NA
16.	Community involvement	□ Y	□ N	□ NA
17.	Opportunity(ies) for nurses to participate in:			
	- *multi-disciplinary meeting / round	□ Y	□ N	□ NA
	- *clinical audit/quality improvement activities	□ Y	□ N	□ NA

- *evidence-based project/research project □ Y □ N □ NA

Overall Comments: _____

_____

_____

_____

_____

Recommendations: _____

Revisit training centre would be *necessary / not necessary _____

_____

_____

_____

Clinical Training Centre Accreditation Panel

Signature:	_____	Signature:	_____
Full Name:	_____	Full Name:	_____
Position:	_____	Position:	_____
Signature:	_____	Signature:	_____
Full Name:	_____	Full Name:	_____
Position:	_____	Position:	_____

_____

The College agrees with the report from the Assessment Panel and

□ Approved _____ to be a Clinical Training Centre

in _____ (specialty) for a period of _____ years

□ Not Approved _____ to be a Clinical Training Centre

in _____ (specialty)

Reasons: _____

_____

_____

_____

Signature:		Signature:	
Full Name:		Full Name:	
Position:	Chair, HKCSN E&AC	Position:	President, HKCSN
Date:		Date:	