

National Paediatric Postgraduate Training Program Formative Assessments

- 1. Case based Discussion (CbD)
- 2. Child Protection Case based Discussion (CbD)
- 3. Directly Observed Procedural Skills (DOPs)
- 4. Mini-Clinical Examination (MiniCEX)
- 5. Discussion of Correspondence Assessment (DOCa)
- 6. Clinical Supervisor Report
- 7. Educational Supervisor Report
- 8. Multi-source Feedback (MsF)



National Paediatric Postgraduate Training Programme Case-Based Discussion (CbD)

Trainee's Name																								
Date of enrolment	D	D	/		M	/	Υ	Υ	,	Υ		Mat	ric N	lumk	er									
Date of assessment			/			/	Υ			Υ		MM	C N	umbe	er									
Year of study										Po	stii	ng												
Hospital																								
Clinical Setting:	A&E			ПС	linic			n-pa	ati	ient			Neo	nate	s		Acı	ute	Adı	miss	ion			
Clinical Problem Cate	gory	′ :		S	epsis		CVS			Sho	ock		G	astro	, [leur	0		Airv	/ay/	Bre	ath	ing
					thers (P	ease	spe	cify)	:															
Behaviour/Developm Write a brief clinical																								
Complexity of case in	n rela	tior	n to	o sta	ge of tra	ining	:	L	٥١.	w				ΠA	ver	age					⊒н	igh		
Who chose this case	?			□т	rainee			sse	sso	or														
Focus of clinical enco	unte	er:		□н	listory			iagı	no	sis			Ma	nag	eme	ent			[E>	pla	natio	on	
Areas to consider feedback	ord k ssme n and nt of uatio nents	ent d re cha	oin	og rral	ng and	Tra		·to	cc			te a												
In relation to THIS CA		Miı	noı	r cor	ncern		Seri	ous	cc	onc	err	1				ge I	pase							



National Paediatric Postgraduate Training Programme Case-Based Discussion (CbD)

Is there anything espe	ecially good you wish to commen	t on?	
Agreed learning object	ctives		
Please describe what complete	you have learned from this case.	How will it change	e your practice in the future? Trainee to
On the basis of T trainee's overall of trainee's o	HIS CASE, how would you rate the clinical care for their stage of trained HIS CASE, how would you rate the clinical care in relation to the start remation of completion of training	is ning is ndard	Scale 1. Unsafe 2. Below expectation 3. Meets expectation 4. Above expectation 5. Well above expectation 6. Unable to comment
	SE, do you have any concern abo areas not highlighted by the que		tegrity, ethical, personal and professional
No concern	Minor concern Serio	us concern	Unable to judge
	concerns you have about this tra		thical, personal and professional practice
Assessor's Name			
NANAC Naveska su		A	ani
MMC Number Time taken for discus	sion (in minutes):	Assessor's position	on: Consultant Specialist or feedback (in minutes):
Assessor's signature:		Trainee's sign	ature:



National Paediatric Postgraduate Training Programme Safeguarding Children Case Based Discussion

Date: Trainees's Name Date of enrolment Matric Number M M MMC Number Date of assessment Year of study Posting Hospital Category of abuse involved: ☐ physical □ sexual ☐ emotional □ factitious or induced illness ☐ neglect Clinical setting: Safeguarding concerns as part of acute presentation \Box Child protection medical □ MDT meeting □ Case conference □ Other (specify): Please insert a brief summary of the case and the reasons why safeguarding concerns were raised: Trainee to complete in advance at the time of ordering assessment What was your role in eliciting/managing these concerns? (Observer; responsible for admission; discussing/making referral to children's social care; presenting case in social concerns meeting; interviewed parents; examined child) Trainee to complete in advance at the time of ordering assessment

Areas for development and agreed learning objectives:

	sible questions for discussion	Comments
•	How did the child behave and interact with their parents and other adults?	
•	What are the risks to the child and the protective factors in the child's life?	
•	What were the key elements of the referral to children's social care?	
•	What agencies were involved? What role did they play? Comment on the communication between different agencies.	
٠	What other interventions would be useful for this child?	
٠	Had there been any missed opportunities to intervene?	
٠	What was the outcome?	
•	Did you find any aspects of this case difficult? How did you manage these difficulties?	

Based on this discussion is the trainee competent for their level of training with regard to child protection work? Yes No
Do you have a concern?
No concern Serious concern
Please document any concerns you have about this trainee's competence and knowledge base.
In relation to THIS CASE, do you have any concern about this trainee's integrity, ethical, personal and professional practice or any other areas not highlighted by the questions?
No concern
Please document any concerns you have about this trainee's integrity, ethical, personal and professional practice or any other areas. Refer to Educational Supervisor if necessary.



National Paediatric Postgraduate Training Programme Safeguarding Children Case Based Discussion

Plea	ase grade the area	liste	ed b	elov	v us	ing	the	give	en sca	le (1	1 -6)				ale	e Unsa								
1.	On the basis of T trainee's overall										3			1. 2. 3. 4.	.	Belo Mee	w e	хре	ctati ctati ctati	on				
2.	On the basis of T trainee's overall expected at conf	clinic	cal c	are	in re	elat	ion t	to tł	ne sta	ndar	rd			5. 6.		Well	abo	ove	expe	cta				
Is t	here anything esp	eciall	ly go	ood	you	wis	sh to	COI	mmen	nt on	1?													
Sug	gestions for deve	lopm	ent																					
Agr	eed action																							
Ass	essor's Name																							
MN	1C Number									Α	ssess	or's	posi	tion	:		Con	sult	ant		Sp	ecia	list	
Tim	e taken for discus	sion	(in i	min	utes	s):					Time	e tak	en f	or fe	ed	back	(in	mir	utes	s):				
Ass	essor's signature										Stuc	lent'	s sig	natu	ire									



National Paediatric Postgraduate Training Programme Directly Observed Procedural Skills

Trainee's Name:									+												
Date of enrolment										Matric Number											
Date of assessment									'	MMC number											
Year of study									F	osting											
Hospital																					
Procedure																					
Domain & Comments							Satis	sfac	tory	/ Imp	Nee		ent			(Com	mei	nts		
Knowledge (indication,	anator	my, te	echni	ique)								l									
Obtained informed cons	ent											1									
Demonstrate appropria procedure	te prep	parati	ion p	re-								1									
Appropriate analgesia o	r seda	tion										1									
Technical Ability												1									
Aseptic Technique												1									
Post Procedure Manage	ment											1									
Communication skills												1									
Professionalism and cor	sidera	ation 1	for p	atien	nt							1									
Overall Ability to perform Procedure		Con	-	ent t	rvise		rm		_	need si nplicat	ion				I	Nee	eds	mo		rac	tice
Comments:																					
Assessor's Name			-			-			+												
MMC's Number																					
Assessor's email																					
Please note: by providing your email a procedures and by any good assessme			Board r	eserve t	the rigl	ht to co	ntact yo	u to c	onfirn	n individual	asses	smen	ts we	re con	ducte	d and	l com	oleted	in lin	e with	local
Assessor's position: Consu	-		Spec	cialist			Senior	Regi	strai	Nu	se				Othe	ers (p	oleas	e spe	ecify):	
Time taken for discussion (in n	ninutes)):					Time t	aken	for	feedback	(in r	ninu	tes):								
Assessor's signature:							Traine	e's si	gnat	ture:											



National Paediatric Postgraduate Training Programme Mini-Clinical Examination (Mini-CEX)

Trainee's Name																					Т			T	
Date of enrolment						/		Υ		Υ		Ma	tric	Nur	nbe	er									
Date of assessment						/		Υ		Υ		MI	MC N	lum	bei	r									
Year of study										Po	stir	ng													
Hospital																									
Clinical Setting:	A&E			Clinic				n-pa	at	ient			Ne	ona	ites	5		Ac	ute	Adn	niss	sion			
Clinical Problem Cate	gory	/:		Sepsis			:VS			Sho	ock			Gast	tro		N	leur	0		Air	way	/Bre	ath	ning
Behaviour/Devel	opm	enta	al [Others	(Ple	ase	spe	cify)	:																
breathing difficulty																									
Complexity of case in	rela	tion	to	stage of	trair	ning	:		.01	w					Αv	era	ige					Шн	ligh		
Who chose this case?	?			Traine	9			sses	ss	or															
Focus of clinical enco	unte	er:		History	,)iagr	no	osis			M	lana	age	me	nt				E	xpla	nati	on	
Areas to consider feedback History T Commun child / yo Commun parent / Physical Clinical J Initial Materials of the communication of the communicat	Takir nicat nicat care care udge anag	ng tion: g pe tion: er mina eme	s sk rso s sk atic ent ent	ills with n ills with on			iner	to	C	omp	ole	te	afte	er o	disc	cus	sio	n.							
In relation to THIS CA		_		nave any concern	con			oout					e's l	kno	wle	edg	e b	ase	?						
Please document any		_			aboı								dge	ba	se.										
			- 1							111	'														



National Paediatric Postgraduate Training Programme Mini-Clinical Examination (Mini-CEX)

ls t	here anything e	especia	lly go	ood	l you	wisł	ı to	com	nm	ent	on?	?														
Agı	reed learning o	bjectiv	res:																							
	ease describe ainee to comp		you l	hav	ve le	earne	ed f	ron	n tl	his (cas	e.	Ho	w w	vill i	t c	han	де у	/oui	r p	rac	tice	in	the	e fu	iture?
	ase grade the a										_	-6))			Sc 1.	cale U	nsaf	·e							
2.	On the basis of trainee's over On the basis of	all clin	ical c	are	for	their	sta	ge o	of tr	raini	ing					2. 3. 4. 5.	M Al	eet oove	v expose exposed expos	pe pe	ctat ctat	ion ion	atio	n		
	trainee's over expected at co	all clin	ical c	are	in re	elatio	on to	o th	e s	tand		d				6.			le to					"		
	relation to THIS ofessional pract																rity,	ethi	ical,	pe	rso	nal	and	ł		
	No concern	П	Mino	or c	once	ern			Ser	ious	s co	nc	ern		[٦	Jnab	le to	o ju	dge	•					
	ase document and any other areas													grit	/, et	hic	al, p	erso	onal	an	d p	rofe	essio	ona	l pr	actice
Ass	sessor's Name									T										F		Ţ				
M۱	MC Number												Ass	esso	or's	pos	sitior	 1:		Со	nsu	ltan	nt	Γ	ا Sp	ecialis
Tim	ne taken for dis	cussion	ı (in ı	mir	nutes	s):					ŀ					•	edba		_						-	
Ass	sessor's signatu	re										Tra	ine	e's s	ign	atu	re									



National Paediatric Postgraduate Training Programme Discussion of Correspondence Assessment

Date.																										
Trainee's Name																										
D																										
Date of enrolment			/			/		Y				tric N														
Date of assessment	D	D	/	M	M	/	Y	Y	Υ	D.		MC N	umbe	er												
Year of study										Po	osting															
Hospital																										
Type of written corres	pond	ence	disc	ussed: [☐ Out	patie	ent	lette	er l		Discha	arge s	sumn	nary	[□ Tr	ansf	er le	etter	- 🗆	Oth	er (p	leas	e sp	ecify	·)
Please detail the circu	msta	nces	of th	ne corre	spond	lenc	e:																			
To be completed						ne fo	ollo	wing	area	as,	, you	may :	find t	he f	ollo	win	g pr	omp	ots u	sefu	l:					
Domain						Con	nme	ents																		
Is there a so and plan? Is there jary reports) Is there log Any senten understand Clinical assessment Is there clear docume appropriateness of The history Investigation	gon? (ical flo ces yo ? entatio ? ation	e.g.a	as in	insuranc																						
ImpressionMedicationFollow up?	?	dose	es?																							
Is there applied information patient/fam Are the part questions are used in some content of the part of t	n shar nily? ents' ddres eferri addre	or your seed in great was a seed in great which we have a seed in	vith oung ? rofes d?	person's																						

PLEASE MARK HOW MUCH YOU AGREE WITH THE STATEMENT

No, very insufficient o	letail		No, w	ould require a lot detail		No, would require some more detail			the documen eys the infor	
thing especi	ally g	good?								
d learning obje	ctives:	:								
describe what								_		
describe writer	you h	nave lea	rned fro	m this case. How	will it chan	ige your practice ii	n the future	17		
					will it chan	ge your practice i	the future			
					will it chan	ge your practice ii	n the future	•?		
					will it chan	ge your practice ii	n the future			
inee to com					will it chan	ge your practice ii	n the future			
					will it chan	ge your practice ii	n the future	er		
					will it chan	ge your practice ii	1 the future	er		
					will it chan	ge your practice ii	n the future	e?		
					will it chan	ge your practice ii	the future	e?		
					will it chan	ge your practice i	n the future	e!		
inee to com	olete	after	discuss	ion		should be discusse			nal supervisc	or? □ Yes □ No
inee to com	olete	after	discuss	ion					nal superviso	or? □ Yes □ No
inee to com	olete	after	discuss	ion					nal supervisc	or? Yes No
e basis of this as	olete	after	discuss	ion	erns which s	should be discusse	d with the	education		or? Yes No
e basis of this as	olete	after	discuss	ion	erns which s	should be discusse		education	nal supervisc	or? Yes No
inee to com	olete	after	discuss	ion	erns which s	should be discusse	d with the	education		or? Yes No

[Type here]



National Postgraduate Paediatric Training Programme Clinical Supervisor's Report

Trainee's Name																-		-						
Date of enrolmen	t d	d	/	m	m	/	\/	V	V	V	Ma	tric	nun	nhe	r			<u> </u>						
Date of enrolmen		d	/	m	m	/	V	V	V	V			num											
Year of study	-		-			/	7	7	7	7	Pos													
Hospital																								
Please mark the judgment accord under your supe	ling to t								-											•				
The behaviour o should be judg performance the improvement es	ed. A t at is go	tick od,	he sa	ere itisf	ind acto	licat ory,	tes fu	exe rthe	celle er i	ent mp	pe rove	rfor	ma	nce	e. 1	Γick	in	otl	ner	bo	xes	in	dica	ite
History																								
Excellent	_				•		•				ated ints									er r	elev	/ant	:	
Good Satisfactory			abo neti	ve k	out s or	son	neti	ime	s cc	nce	entr her										•			
Borderline			roa	ach	not		ll o	rga	nize	ed, r	not a	alw	ays	pro	ble	em i	ela	ted	, fre	eque	entl	y m	isse	es.
Weak		App	roa	ach	not	org				•	ent t oc	•			olei	m re	elat	ed/	wro	ngl	y eli	icit	dat	a,
Physical Examin	ation																							
Excellent					•						ets (•	ıll s	igns	s, te	chr	iqu	es a	and			
Good		As a	abo	ve,	but	les	s co	onsi	ste	nt.														
Satisfactory		As a	abo	ve,	son	neti	me	s m	isse	s in	npo	rtai	nt p	hys	ica	l sig	ns.							
Borderline	_	App imp					call	y im	per	fec	t an	d n	ot v	ery	sy	ster	nat	ic: f	req	uen	tly	mis	ses	
Weak			roa	ach	tec	hnio		•		ept	able	e ar	nd n	ot	sys	tem	atio	c, in	npo	rtar	ıt si	gns		

Investigations		
Excellent		Consistently plans and interprets investigations appropriate to the problem with attention to specificity, reliability, patient safety and comfort, cost and, explain reasons for and nature of investigations to patients
Good		As above, but less consistent.
Satisfactory		As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data.
Borderline		Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses important data.
Weak		Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.
Diagnostic ability	and	reasoning
Excellent		Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision
Good		As above, but less consistent.
Satisfactory		As above, but occasionally makes incorrect deductions. Most times able to give correct provisional diagnosis.
Borderline		Frequently does not follow a logical approach to deduction from available data, occasionally gives incorrect provisional diagnosis.
Weak		Illogical reasoning and deductions. Frequently makes incorrect diagnosis.
Procedural skills		
Excellent		Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient.
Good		As above, but less consistent.
Satisfactory		As above, but not equally skilled in all manipulative tasks.
Borderline		Not skilled in most manipulative tasks, occasionally exhibits lack of consideration and/or care and attention to detail.
Weak		Serious lack of skill in a number of manipulative tasks, frequently exhibits lack of care and attention to detail, not considerate to the patients.

Patient Manager	ment	
Excellent		Consistently suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self reliant and conscientious in approach, involves patients, family and community in management decision.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally suggests inappropriate management.
Borderline		Shows some lack of awareness of role of proposed interventions and their possible complications, is unsure/not conscientious in implementing management.
Weak		Frequently makes inappropriate management decisions
Record Keeping	•	
Excellent		Consistently records legibly and updates accurately patient's problems and management progress, with emphasis on own observations and examinations and provides regular informative summary of progress.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally one or more aspects of record keeping inadequate.
Borderline		Records are frequently illegible, not up-to-date, inaccurate and poorly organized.
Weak		Records are frequently inadequate according to above criteria
Knowledge		
Excellent		Consistently applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally has gaps in knowledge and/or difficulty in application to patient problems. However, makes effort to seek information.
Borderline		Inadequate knowledge and/or difficulty in application to patients' problems. Sometimes makes effort to seek information.
Weak		As in borderline, but lacks initiative in seeking information.

Personal and Pro	fessio	onal Attitudes
Excellent		Consistently manages own learning by asking questions and searching for answers (proactive): improves progress as a learner and as a future practitioner by seeking feedback and acting on the latter, and shows evidence of accepting responsibility, being caring, thorough, trustworthy, self driven and respecting confidentiality.
Good		As above, but less consistent or as effectively.
Satisfactory		As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional qualities as defined above.
Borderline		Frequently deficient in area as defined above.
Weak		Consistently deficient in areas defined above
Communication s	kills	
Excellent		Consistently communicates with patients and his/her family, listens, be sensitive to the needs of the patients and family comforts, gives equal priority to the patient/family and the illness: establishes and maintains professional relationship with patient; realizes that the patient's attitude to the doctor affects management and cooperation: is aware that owns personality affects patient's reaction/behavior: provides information accurately and clearly.
Good		As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiency in communication skills as outlined above.
Borderline		Frequently deficient in communicating skills outlined above.
Weak		Consistently deficient in communicating skills outline above.
Conduct with Oth	ner Pr	ofessionals
Excellent		Consistently communicating/working with other professionals, is courteous, sensitive to needs of others: fulfils role in team appropriately by collaborating readily with others: provides clear information, instructions/advice to others: readily accepts reasonable advice/criticism from others.
Good Satisfactory Borderline Weak		As above, but less consistently or effectively. As above, but with occasional deficiencies in the areas outlined above. Frequently deficient in areas outlined above. Consistently deficient in areas outlined above.

Participation in Teaching	-Learning Ac	tivities				
 Ward round Clinic Case presentation Tutorial Journal read Mortality summary *NA not applicable 	Excellent	Good	Satisfactory	Borderline	Weak	NA
Overall Clinical Compete	nce					
Excellent						
Good						
Satisfactory						
Borderline						
☐ Weak						
Assessor's name	ng areas of co	ncern				
Assessor's flame						
MMC Number					Consultant	Specialist
Assessor's signature			Trainee's s	signature		



Educational Supervisor's Report

Trainee's Name																								
Date of enrolmen	t d	d	/	m	m	/	\/	V	V	V	Ma	tric	้าน	mh	er									
Date of enrolmen		d	/	m	m	/	У V) \/	у \/	у V	MN													
Year of study		- Ci	/			/	y	7	7	y	Pos								<u> </u>					
Hospital																								
Please mark the judgment accordi under your super	ng to	the																	_					
The behavior out should be judge performance tha improvement ess	d. A t is g	tick ood	he , sa	ere itisf	ind acto	lica ory,	tes fu	ex irth	celle er i	ent mpi	pe rove	rfo	rma	nc	e. ˈ	Tick	in	ot	her	bo	xes	in	dica	ate
History																								
Excellent		Con sou			-															er re	elev	ant		
Good		As a	abov	/e b	ut I	ess	COI	nsis	ten	t.														
Satisfactory			neti	mes	on															the s im	•			
Borderline		App					ll oı	rgar	nize	d, n	ot a	lwa	ays	pro	ble	m r	elat	ted,	fre	que	ntly	/ mi	sse	S
Weak		App	roa	ch r	not	org					ently occ				oler	n re	late	ed/v	vro	ngly	/ eli	cit d	data	ì,
Physical Examina	tion	•																						
Excellent					•						ets c			•	all s	igns	, te	chn	ique	es a	nd			
Good		As a	abov	∕e, ŀ	out	less	co	nsis	sten	it.														
Satisfactory		As a	abov	/e, s	som	etir	mes	s mi	sse	s im	por	tar	nt pl	hys	ica	l sig	ns.							
Borderline		App imp					ally	/ im	per	fect	and	d no	ot v	ery	/ sy:	sten	nati	c: fi	equ	uen	tly r	niss	es	
Weak			roa	ch t	ech	nnic	-			epta	able	an	d n	ot	syst	em	atic	, im	por	rtan	t sig	gns		



Educational Supervisor's Report

Investigations		
Excellent		Consistently plans and interprets investigations appropriate to the problem with attention to specificity, reliability, patient safety and comfort, cost and, explain reasons for and nature of investigations to patients.
Good		As above, but less consistent.
Satisfactory		As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data.
Borderline		Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses
Weak		important data. Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.
Diagnostic ability	/ and	reasoning
Excellent		Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision
Good		As above, but less consistent.
Satisfactory		As above, but occasionally makes incorrect deductions. Most times able to give correct provisional diagnosis.
Borderline		Frequently does not follow a logical approach to deduction from available data, occasionally gives incorrect provisional diagnosis.
Weak		Illogical reasoning and deductions. Frequently makes incorrect diagnosis.
Procedural skills		
Excellent		Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient.
Good		As above, but less consistent.
Satisfactory		As above, but not equally skilled in all manipulative tasks.
Borderline		Not skilled in most manipulative tasks, occasionally exhibits lack of consideration and/or care and attention to detail.
Weak		Serious lack of skill in a number of manipulative tasks, frequently exhibits lack of care and attention to detail, not considerate to the patients.



Educational Supervisor's Report

Patient Managen	nent	
Excellent		Consistently suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self reliant and conscientious in approach, involves patients, family and community in management decision.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally suggests inappropriate management.
Borderline		Shows some lack of awareness of role of proposed interventions and their possible complications, is unsure/not conscientious in implementing management.
Weak		Frequently makes inappropriate management decisions.
Record Keeping		
Excellent		Consistently records legibly and updates accurately patient's problems and management progress, with emphasis on own observations and examinations and provides regular informative summary of progress.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally one or more aspects of record keeping inadequate.
Borderline		Records are frequently illegible, not up-to-date, inaccurate and poorly organized.
Weak		Records are frequently inadequate according to above criteria
Knowledge		
Excellent		Consistently applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally has gaps in knowledge and/or difficulty in application to patient problems. However makes effort to seek information.
Borderline		Inadequate knowledge and/or difficulty in application to patients' problems. Sometimes makes effort to seek information.
Weak		As in borderline, but lacks initiative in seeking information.



Educational Supervisor's Report

Personal and Pro	fessio	onal Attitudes
Excellent		Consistently manages own learning by asking questions and searching for answers (proactive): improves progress as a learner and as a future practitioner by seeking feedback and acting on the latter, and shows evidence of accepting responsibility, being caring, thorough, trustworthy, self driven and respecting confidentiality.
Good		As above, but less consistent or as effectively.
Satisfactory		As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional qualities as defined above.
Borderline		Frequently deficient in area as defined above.
Weak		Consistently deficient in areas defined above
Communication	skills	
Excellent		Consistently communicates with patients and his/her family, listens, be sensitive to the needs of the patients and family comforts, gives equal priority to the patient/family and the illness: establishes and maintains professional relationship with patient; realizes that the patient's attitude to the doctor affects management and cooperation: is aware that owns personality affects patient's reaction/behavior: provides information
Good		accurately and clearly. As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiency in communication skills as outlined above.
Borderline		Frequently deficient in communicating skills outlined above.
Weak		Consistently deficient in communicating skills outline above.
Conduct with Otl	her Pr	rofessionals
Excellent		Consistently communicating/working with other professionals, is courteous, sensitive to needs of others: fulfils role in team appropriately by collaborating readily with others: provides clear information, instructions/advice to others: readily accepts reasonable advice/criticism from others.
Good		As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiencies in the areas outlined above.
Borderline		Frequently deficient in areas outlined above.
Weak		Consistently deficient in areas outlined above.



National Paediatric Postgraduate Training Programme Educational Supervisor's Report

(e.g. status of lear										ien	t pl	an	(PI	OP)	for	sp	ecif	ic a	area	as, I	revi	ew	
portfolio)																							
Major achieveme	nts																						
(e.g: passed exam	inatio	ons, p	orog	gress	in	rese	arc	h, p	ores	ent	atio	on i	in c	on	fer	enc	es)						
Areas for improve (e.g. timeliness, or			als	kill, l	ea	rning	ob	jec	tives	s OI	r PD)P n	ot	att	ain	ed)							
Assessor's Name																			Т				
					+														+				
MMC Number								Ass	sesso	r's	posi	tion	:		Cor	sult	ant		s	peci	alist		
Assessor's signature									tude														
_																							



National Paediatric Postgraduate Training Programme Multi source feedback - CONFIDENTIAL

Date:																											
Trainee's	Name																										
Date of e	nrolment	D	D	/	M	N	1 /	,	Υ	Υ	Υ	Υ	Mat	ric N	lum	ber											
Date of as	ssessment			-		N	-			Υ			MM	C Nı	umb	er											
Year of st	udy											Post	ing														Т
Hospital											Pe	riod	of A	sses	ssme	ent:	(dd,	/mm	/ууу	y)			to	o			
Consulta Matron/S	r's position: ant □ Speci Sister □ Num a/Setting of a alty /Other wa	rse/ ass	Par essi	men	dic □ t: Ger	nera	Pa	Othe	ers Wa	(spo		fy): PI	1edio — CU [Offi - Care			у 🗆				
	5 – Above Exp	ecta	atio	ns; 4-	Meets	Ехре					dei	rline	; 2- B	elov	w ex	pec	tatio	ons;					n				
Domair	า						(Gra	de				Δ	al.:				- 11		om					2		
Drofess	ional compe	tor	100										Any	γtni	ing	esp	eci	ally	goo	d?	An	ıy c	once	erns			
-	clinical deci			nakir	ng C] 5 [□ 4		3 [□2		1															
-	Technical/p skills	roc	ed	ural	_] 5 [□ 4		3 I	□2		1															
-	aware of lin				[] 5 [□ 4		3 l	□2		1															
-	able to prio	riti	se] 5 [□ 4		3 [□2		1															
-	able to mar			ıs] 5 [□ 4		3 [□2		1															
work (r	ng with collea medical office s, nurses)	ers,	es / , ho	/Tea		- ·	-	_			_																
-	responds quaccessible, reliable; po			al] 5 [] 5 [
-	arranges fo	r co	ove	r	_] 5 [□ 4		3 [□2		1															
-	respects co confidentia and beliefs	lity	_		_	35 [□ 4	_	3 [□2		1															
-	respectful communica	itio	n			35 [□ 4		3	□2		1															

of the situs needed - able to ma complex si - teaching a juniors - honesty ar Relationship with p their parents/fami - rapport wi - treats pati without di - respects p family righ Verbal Communica - gives unde informatio - easily unde	ake charge ation as anage tuations and guiding ad integrity catients and ly th family ents fairly scrimination atient and ts ation skills erstandable on		15	4	3]1]1]1]1]1												
Are there any sp If yes, please pro Overall – How do Conclusions and	ovide detai	s (e.g	, par	ticul	ar inci		s)			ce (or he	ealth?						
Assessor's Name																+		
MMC Number							posi	ssor' tion:				onsulta		Sp	ecialis	st		
Time taken for discus	ssion (in minu	tes):				Time taken for feedback (in minutes):												
Assessor's signature						Trair	nee's	signa	ture									

Reminder: do not hand the MSF to the trainee. Submit directly to the Head of Department