



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)

Date:

Trainee's Name															
Date of enrolment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number				
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	MMC Number				
Year of study						Posting									
Hospital															
Clinical Setting:	<input type="checkbox"/> A&E	<input type="checkbox"/> Clinic	<input type="checkbox"/> In-patient	<input type="checkbox"/> Neonates	<input type="checkbox"/> Acute Admission										
Clinical Problem Category:	<input type="checkbox"/> Sepsis	<input type="checkbox"/> CVS	<input type="checkbox"/> Shock	<input type="checkbox"/> Gastro	<input type="checkbox"/> Neuro	<input type="checkbox"/> Airway/Breathing									
	<input type="checkbox"/>	<input type="checkbox"/> Others (Please specify):													
Behaviour/Developmental															
Write a brief clinical summary of the case here e.g. 5-year-old girl with fever for two months.															
Complexity of case in relation to stage of training: <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High															
Who chose this case?		<input type="checkbox"/> Trainee <input type="checkbox"/> Assessor													
Focus of clinical encounter:		<input type="checkbox"/> History <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation													

Areas of strength and suggestions for development:

Areas to consider for discussion and feedback	Comments
<ul style="list-style-type: none"> ◆ Medical record keeping ◆ Clinical Assessment ◆ Investigation and referral ◆ Management of challenging and complex situations ◆ Risk assessments ◆ Treatment 	<p>Trainer to complete after discussion.</p>

In relation to **THIS CASE**, do you have any concerns about this trainee's knowledge base?

No concern Minor concern Serious concern

Please document any concerns you have about this trainee's knowledge base.



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

Is there anything especially good you wish to comment on?

Agreed learning objectives

Please describe what you have learned from this case. How will it change your practice in the future? Trainee to complete

Please grade the area listed below using the given scale (1 -6)

Scale

1. On the basis of **THIS CASE**, how would you rate this trainee's overall clinical care for their stage of training

1. Unsafe
2. Below expectation
3. Meets expectation

2. On the basis of **THIS CASE**, how would you rate this trainee's overall clinical care in relation to the standard expected at confirmation of completion of training

4. Above expectation
5. Well above expectation
6. Unable to comment

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 Minor concern Serious concern Unable to judge

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.

Assessor's Name

MMC Number

Assessor's position: Consultant Specialist

Time taken for discussion (in minutes):

Time taken for feedback (in minutes):

Assessor's signature:

Trainee's signature:

[Type here]



National Paediatric Postgraduate Training Programme Safeguarding Children Case Based Discussion

Date:

Trainees's Name																
Date of enrolment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number					
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	MMC Number					
Year of study											Posting					
Hospital																

Category of abuse involved: physical sexual emotional neglect factitious or induced illness

Clinical setting: Safeguarding concerns as part of acute presentation 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:

Possible questions for discussion	Comments
<ul style="list-style-type: none"> ◆ 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. ◆ What other interventions would be useful for this child? ◆ Had there been any missed opportunities to intervene? ◆ 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 Minor 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 Minor concern Serious concern Unable to judge

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.

[Type here]



National Paediatric Postgraduate Training Programme Directly Observed Procedural Skills

Date:

Trainee's Name:																
Date of enrolment											Matric Number					
Date of assessment											MMC number					
Year of study											Posting					
Hospital																
Procedure																

Domain & Comments	Satisfactory	Needs Improvement	Comments
Knowledge (indication, anatomy, technique).	<input type="checkbox"/>	<input type="checkbox"/>	
Obtained informed consent	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrate appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate analgesia or sedation	<input type="checkbox"/>	<input type="checkbox"/>	
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	
Aseptic Technique	<input type="checkbox"/>	<input type="checkbox"/>	
Post Procedure Management	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism and consideration for patient	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Ability to perform Procedure	Competent to perform unsupervised <input type="checkbox"/>	May need supervision if complications arise <input type="checkbox"/>	Needs more practice <input type="checkbox"/>
Comments:			
Assessor's Name			
MMC's Number			
Assessor's email			
<small><i>Please note: by providing your email address, Conjoint Board reserve the right to contact you to confirm individual assessments were conducted and completed in line with local procedures and by any good assessment practice</i></small>			
Assessor's position: <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist <input type="checkbox"/> Senior Registrar <input type="checkbox"/> Nurse <input type="checkbox"/> Others (please specify):			
Time taken for discussion (in minutes):		Time taken for feedback (in minutes):	
Assessor's signature:	Trainee's signature:		



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

Date:

Trainee's Name																
Date of enrolment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number					
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	MMC Number					
Year of study											Posting					
Hospital																

Clinical Setting: A&E Clinic In-patient Neonates Acute Admission

Clinical Problem Category: Sepsis CVS Shock Gastro Neuro Airway/Breathing
 Behaviour/Developmental Others (Please specify):

Write a brief clinical summary of the case here e.g. a trainee teaching a parent how to use inhaler, assessment of breathing difficulty

Complexity of case in relation to stage of training: Low Average High

Who chose this case? Trainee Assessor

Focus of clinical encounter: History Diagnosis Management Explanation

Areas of strength and suggestions for development:

Areas to consider for discussion and feedback	Comments
<ul style="list-style-type: none"> History Taking Communications skills with child / young person Communications skills with parent / carer Physical examination Clinical Judgement Initial Management Professionalism Organisation/efficiency 	<p>Trainer to complete after discussion.</p>

In relation to THIS CASE, do you have any concerns about this trainee's knowledge base?

No concern Minor concern Serious concern

Please document any concerns you have about this trainee's knowledge base.



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

Is there anything especially good you wish to comment on?

Agreed learning objectives:

Please describe what you have learned from this case. How will it change your practice in the future?

Trainee to complete

Please grade the area listed below using the given scale (1 -6)

	Scale
1. On the basis of THIS CASE , how would you rate this trainee's overall clinical care for their stage of training	1. Unsafe
	2. Below expectation
	3. Meets expectation
	4. Above expectation
2. On the basis of THIS CASE , how would you rate this trainee's overall clinical care in relation to the standard expected at confirmation of completion of training	5. Well above expectation
	6. Unable to comment

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
 Minor concern
 Serious concern
 Unable to judge

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.

Assessor's Name											
MMC Number											
Time taken for discussion (in minutes):		Assessor's position: <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist									
Time taken for discussion (in minutes):					Time taken for feedback (in minutes):						
Assessor's signature					Trainee's signature						



National Paediatric Postgraduate Training Programme

Discussion of Correspondence Assessment

Date:

Trainee's Name																
Date of enrolment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number					
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	MMC Number					
Year of study											Posting					
Hospital																

Type of written correspondence discussed: Outpatient letter Discharge summary Transfer letter Other (please specify)

Please detail the circumstances of the correspondence:

To be completed in advance by trainee

Please document your discussion with regard to the following areas, , you may find the following prompts useful:

Domain	Comments
Clarity <ul style="list-style-type: none"> Is there a separate clear problem list and plan? Is there jargon? (e.g.as in insurance reports) Is there logical flow? Any sentences you do not understand? 	
Clinical assessment Is there clear documentation and appropriateness of <ul style="list-style-type: none"> The history? The examination? Investigations? Impression? Medication with doses? Follow up? 	
Communication <ul style="list-style-type: none"> Is there appropriate record of information shared with patient/family? Are the parents' or young person's questions addressed? Is/are the referring professionals question(s) addressed? Is there a clear plan for the recipient? 	

PLEASE MARK HOW MUCH YOU AGREE WITH THE STATEMENT

“This document clearly conveys the information I would like to have about the patient if I were the recipient of the document”

1	2	3	4
No, very insufficient detail	No, would require a lot more detail	No, would require some more detail	Yes, the document conveys the information

Anything especially good?

Agreed learning objectives:

Please describe what you have learned from this case. How will it change your practice in the future?

Trainee to complete after discussion

On the basis of this assessment do you have significant concerns which should be discussed with the educational supervisor? Yes No

Assessor's Name																
MMC Number						Assessor's position:	<input type="checkbox"/> Consultant					<input type="checkbox"/> Specialist				
Assessor's signature:							Trainee's signature:									
Date:							Date:									

[Type here]



National Postgraduate Paediatric Training Programme Clinical Supervisor's Report

Date:

Trainee's Name																												
Date of enrolment	d	d	/	m	m	/	y	y	y	y	Matric number																	
Date of enrolment	d	d	/	m	m	/	y	y	y	y	MMC number																	
Year of study											Posting																	
Hospital																												
<p>Please mark the box which corresponds with your observations in each category. Please make judgment according to the criteria outlined and not according to your experience with other students under your supervision.</p> <p>The behaviour outlined in the first box in each category is the 'gold standard' by which the student should be judged. A tick here indicates excellent performance. Tick in other boxes indicate performance that is good, satisfactory, further improvement necessary (i.e. borderline), further improvement essential (i.e. weak) in descending order</p>																												
History																												
Excellent	<input type="checkbox"/>	Consistently elicit problem related data from patient and other relevant sources, stresses important points, well organise approach.																										
Good	<input type="checkbox"/>	As above but less consistent.																										
Satisfactory	<input type="checkbox"/>	As above but sometimes concentrates on data not related to the problem, sometimes omits to consult other sources, occasionally misses important information.																										
Borderline	<input type="checkbox"/>	Approach not well organized, not always problem related, frequently misses important data.																										
Weak	<input type="checkbox"/>	Approach not organized, frequently not problem related/wrongly elicit data, important data missed on most occasions																										
Physical Examination																												
Excellent	<input type="checkbox"/>	Consistently elicits and interprets correctly all signs, techniques and organizational approach consistently good.																										
Good	<input type="checkbox"/>	As above, but less consistent.																										
Satisfactory	<input type="checkbox"/>	As above, sometimes misses important physical signs.																										
Borderline	<input type="checkbox"/>	Approach technically imperfect and not very systematic: frequently misses important signs.																										
Weak	<input type="checkbox"/>	Approach technically unacceptable and not systematic, important signs missed on most occasions.																										

[Type here]

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.

[Type here]

Patient Management

- 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 Professional 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 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 Other Professionals

- 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.
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[Type here]



National Paediatric Postgraduate Training Programme

Educational Supervisor's Report

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National Paediatric Postgraduate Training Programme

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National Paediatric Postgraduate Training Programme

Educational Supervisor's Report

Personal and Professional Attitudes

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National Paediatric Postgraduate Training Programme Multi source feedback - CONFIDENTIAL

Date:

Trainee's Name																			
Date of enrolment	D	D	/	M	M	/	Y	Y	Y	Y	Matric Number								
Date of assessment	D	D	/	M	M	/	Y	Y	Y	Y	MMC Number								
Year of study										Posting									
Hospital	Period of Assessment: (dd/mm/yyyy) _____ to _____																		

Assessor's position:

Consultant Specialist Senior Medical Officer Medical Officer House Officer
 Matron/Sister Nurse/Paramedic Others (specify): _____

Location/Setting of assessment: General Paed Ward PICU NICU Special Care Nursery
 Subspecialty /Other wards (Specify) _____

Grading : 5 – Above Expectations; 4- Meets Expectations; 3-Borderline; 2- Below expectations; 1- Area of concern

Domain	Grade	Comments Anything especially good? Any concerns?
Professional competence		
- clinical decision-making	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- Technical/procedural skills	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- aware of limitations, consults accordingly	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- able to prioritise	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- able to manage complex situations	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
Working with colleagues /Team work (medical officers, house officers, nurses)		
- responds quickly	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- accessible, reliable; punctual	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- arranges for cover	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- respects colleagues' confidentiality, rights and beliefs	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
- respectful communication	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	

[Type here]

