



KEMENTERIAN KESIHATAN MALAYSIA
BAHAGIAN PERKEMBANGAN PERUBATAN
ARAS 7, BLOK E1, PARCEL E, PRESINT 1,
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
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Tarikh : 08 Januari 2019

Semua Pengarah Kesihatan Negeri KKM
Semua Pengarah Hospital KKM
Semua Ketua Jabatan Perubatan Pediatrik KKM

YBhg. Datuk/ Dato'/ Datu/ Datin Paduka/ Datin/ Tuan/ Puan

PEMANTAPAN PROGRAM LATIHAN KEPAKARAN PARALLEL PATHWAY PERUBATAN BAGI BIDANG PEDIATRIK (MRCPCH) DI KEMENTERIAN KESIHATAN MALAYSIA

Dengan hormatnya saya merujuk kepada perkara diatas.

2. Sebagaimana YBhg. Datuk/ Dato'/ Datu/ Datin Paduka/ Datin/ Tuan/ Puan sedia maklum, Program Latihan Kepakaran *Parallel Pathway* bagi bidang Pediatrik (MRCPCH) adalah salah satu program latihan kepakaran perubatan yang telah dijalankan di fasiliti Kementerian Kesihatan Malaysia. Sejak tahun 2014, semua pegawai perubatan yang menjalani Program Latihan Kepakaran *Parallel Pathway* bidang Pediatrik (MRCPCH) perlu berdaftar sebagai *trainee* dengan Bahagian Perkembangan Perubatan (BPP) KKM bagi membolehkan pemantaun latihan dan prestasi *trainee* program dapat dilakukan.

3. Susulan daripada Mesyuarat Pemantapan Program bersama wakil-wakil bidang Pediatrik KKM dan Universiti yang telah diadakan pada 04 Oktober 2018, sukacita dikemukakan Garis Panduan Pemantapan Program Latihan Kepakaran *Parallel Pathway* Pediatrik (MRCPCH) di KKM yang akan dikuatkuasa pada **01 Mac 2019** untuk perhatian dan susulan YBhg. Datuk/ Dato'/ Datu/ Datin Paduka/ Datin/ Tuan/ Puan terutamanya berkenaan perkara-perkara seperti berikut;

- i. Prosedur pendaftaran bagi pegawai perubatan mengikti Program Latihan Kepakaran *Parallel Pathway* bagi bidang Pediatrik
- ii. Pelaksanaan *Trainee Portfolio* MRCPCH sepenuhnya mulai **01 Mac 2019**
- iii. Tempoh latihan Program Latihan Kepakaran *Parallel Pathway* bagi bidang Pediatrik (MRCPCH) di KKM



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CERT. NO. : OMS 01897



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CERT. NO. : OMS 01897



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4. Sehubungan itu, satu jawatankuasa latihan bidang pediatrik perlu diwujudkan di peringkat Negeri / Zon bagi memantau pelaksanaan Program Kepakaran *Parallel Pathway* Pediatrik (MRCPCH) di KKM terutamanya berkaitan pergerakan *trainee* bagi memenuhi keperluan latihan dan perlu berhubung dengan Jawatankuasa Latihan Pediatrik KKM atau Kebangsaan (*National / KKM Paediatric Postgraduate Training Committee*) jika terdapat isu-isu berkaitan latihan tersebut.

5. Sukacita dimaklumkan bahawa borang-borang pendaftaran dan juga borang penilaian *Work Based Assessment forms* boleh dimuat turun dari laman sesawang www.moh.gov.my di capaian **Penerbitan – Garis panduan – Unit Postgraduate Medical specialization dan subspecialization (PGMSS) – Pediatrik.**

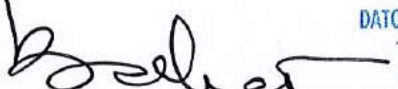
5. Sebarang pertanyaan berkenaan Program Latihan Kepakaran *Parallel Pathway* KKM (Pediatrik) boleh dikemukakan kepada Penyelaras Program Latihan Kepakaran *Parallel Pathway* Pediatrik (MRCPCH) ataupun kepada urusetia Unit *Postgraduate Medical Specialization and Subspecialization* (PGMSS) di talian 03-88906053/6056 atau menerusi e-mel pgmss@moh.gov.my / urusetiaparallel@moh.gov.my.

6. Sehubungan itu, kerjasama pihak YBhg. Datuk/ Dato'/ Datu/ Datin Paduka/ Datin/ Tuan/ Puan adalah dipohon untuk melaksanakan perkara ini dan memaklumkan perkara ini kepada pihak-pihak yang berkepentingan di bawah pentadbiran masing-masing.


Sekian, Terima kasih.

" BERKHIDMAT UNTUK NEGARA "

Saya yang menjalankan amanah,



DATO' DR. HJ. BAHARI BIN DATO' TOK MUDA HJ. CHE AWANG NGAH
(MMC: 26639)
PENGARAH PERKEMBANGAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA

 **(DATO' DR. HJ. AZMAN BIN HJ. ABU BAKAR)**
Timbalan Ketua Pengarah Kesihatan (Perubatan)
Kementerian Kesihatan Malaysia

s.k - Pengarah Perkembangan Perubatan
Bahagian Perkembangan Perubatan
Kementerian Kesihatan Malaysia

- Dr. Hishamshah bin Mohd Ibrahim
Pakar Perunding Kanan dan Ketua Jabatan Pediatrik
Hospital Kuala Lumpur
(Selaku Ketua Perkhidmatan bidang Pediatrik, KKM)

- Dr. Irene Cheah Guat Sim
Pakar Perunding Kanan
Jabatan Pediatrik
Hospital Kuala Lumpur
(Selaku Penyelaras Program Latihan Kepakaran *Parallel Pathway*
Pediatrik - MRCPCH)

GARIS PANDUAN PEMANTAPAN PROGRAM LATIHAN KEPAKARAN *PARALLEL PATHWAY* PEDIATRIK (MRCPCH) DI KEMENTERIAN KESIHATAN MALAYSIA

1. Tujuan

- 1.1 Garis Panduan ini adalah bertujuan memberikan panduan permohonan dan pelaksanaan Program Latihan Kepakaran *Parallel Pathway* bidang Pediatrik (MRCPCH) di fasiliti perubatan Kementerian Kesihatan Malaysia berkuat kuasa pada **01 Mac 2019**

2. Prosedur pendaftaran bagi Pegawai Perubatan mengikuti Program Latihan Kepakaran *Parallel Pathway* Pediatrik (MRCPCH) di KKM:

- 2.1 Semua Pegawai Perubatan yang ingin berdaftar sebagai *trainee* perlu memenuhi syarat-syarat berikut:
 - a) **Lulus** peperiksaan MRCPCH sama ada di peringkat *Part 1A*, *Part 1B* atau *Part 2A* **dan**
 - b) **Lengkap** penilaian *Essential Learning Activity* (ELA) – **Lampiran1**
- 2.2 Borang permohonan pendaftaran latihan yang lengkap perlu dihantar kepada Bahagian Perkembangan Perubatan melalui pusat tanggungjawab (PTJ) Pegawai Perubatan yang berkenaan. Terdapat **dua (2) borang** yang wajib diisi seperti berikut :
 - a) **Borang Permohonan Pendaftaran *Trainee* Program Latihan Kepakaran *Parallel Pathway* Di Kementerian Kesihatan Malaysia** – boleh dimuat turun di laman sesawang **www.moh.gov.my**
 - b) **Application Form to the Malaysian National Postgraduate Training Programme in Paediatrics** – **Lampiran 2**

3. Pelaksanaan *Trainee Portfolio* MRCPCH mulai 01 Mac 2019

- 3.1 Bagi pegawai perubatan yang mendaftar mulai **01 Mac 2019**, beliau diwajibkan mempunyai **satu (1) *Trainee Portfolio*** yang mengandungi:

(a) Data peribadi pegawai

(b) *Work place assesstment (WPA)* - **Lampiran 3**

- *Case based discussion (CBD)*
- *Mini Clinical Evaluation Exercise*
- *Direct Observation of Procedural skills*
- *Discussion of correspondence/ communication*
- *Child abuse and neglected issues*
- *Multisource feedback forms*

(c) *Summative assessment of performances* yang merangkumi keputusan peperiksaan dan penilaian daripada *Education supervisor*

(d) *Development log* yang disertai pegawai contohnya seperti :

- *Presentations*
- *Teaching junior colleague / allied health*
- Senarai kursus , seminar atau bengkel yang disertai
- *Reflective logs*
- *Certified courses*
- *Management (Administration exposure)*

(e) Research atau *Question And Answer (QA) project* yang mengandungi:

- *Proposal*
- *Ethical approval*
- *Data collection*
- *Data analysis*
- *Write up*

(f) Sijil penyertaan *Neonatal Resuscitation Program (NRP)* dan *Advance Paediatric Life Support (APLS)*

(g) Penilaian keseluruhan oleh *clinical supervisor* di setiap posting

(h) Penilaian daripada *educational supervisor* – sekali dalam setahun

3.2 Bagi pegawai perubatan yang telah berdaftar **sebelum 01 Mac 2019**, pegawai **disarankan** untuk mewujudkan *Trainee Portfolio* MRCPCH ini. Pegawai juga perlu melengkapkan baki latihan dan penilaian mengikuti struktur latihan yang baru.

3.3 *Trainee* perlu mengemukakan *Trainee Portfolio* MRCPCH (portfolio Januari hingga Disember) secara *hard-copy* untuk semakan *education supervisor* **setiap tahun**.

3.4 Pengarah atau Ketua Jabatan perlu menetapkan *clinical supervisor* dan *education supervisor* kepada *trainee*.

4. **Tempoh bagi latihan Program Latihan Kepakaran *Parallel Pathway* bagi bidang Pediatrik (MRCPCH) di KKM**

a) Tempoh Latihan Kepakaran Paediatrik (MRCPCH) adalah sekurang-kurangnya **48 bulan** dan **tempoh maksimum** latihan adalah selama **84 bulan** tertakluk kepada pencapaian *exit criteria* Kurikulum Latihan Pediatrik.

b) Pegawai juga perlu melengkapkan *posting* yang telah ditetapkan oleh kurikulum latihan iaitu:

- **1 (satu) tahun** tempoh latihan di **Neonatologi** dimana sekurang-kurangnya 3 bulan berada di fasiliti perubatan yang mempunyai Pakar Neonatologi
- **Sekurang-kurangnya 1 (satu) tahun** tempoh latihan di **General Paediatrics**.
- Sekurang kurangnya **2 posting** subkepakaran (**minimum 3 bulan bagi setiap posting**) seperti
 - *Adolescent medicine*
 - *Cardiology*
 - *Dermatology*
 - *Developmental Pediatrics*
 - *Endocrinology*
 - *Gastroenterology*
 - *Genetic-metabolic*
 - *Haemato-Oncology*
 - *Infectious Disease*
 - *Intensive Care*
 - *Nephrology*
 - *Neurology*
 - *Respiratory Medicine*
 - *Rheumatology*

5. Maklumat tambahan

- (a) Pegawai akan dipindahkan dari pusat latihan yang sedia ada sekiranya pencapaian pegawai tidak memuaskan dalam tempoh masa minimum 4 tahun (tidak mengambil kira tempoh lanjutan untuk memenuhi keperluan perkhidmatan).
- (b) Penyelaras program latihan perlu memudahcara perpindahan *trainee* di dalam negeri melalui jawatankuasa negeri dan Jabatan Kesihatan Negeri (JKN) jika terdapat masalah yang dihadapi oleh *trainee* sepanjang melakukan *rotation*.
- (c) Bagi *trainee* yang memohon perpindahan antara negeri bagi keperluan latihan, permohonan tersebut perlu dikemukakan mengikut tatacara sedia ada dan akan dipertimbangkan di peringkat KKM dengan mengambil kira antara lain kekosongan perjawatan dan nisbah *trainee:trainer* di fasiliti yang dipohon.
- (d) Setelah memenuhi kriteria **tamat latihan (exit criteria)** pegawai perlu mengemukakan *Trainee Portfolio* yang **lengkap** kepada Bahagian Perkembangan Perubatan.
- (e) **Tarikh tamat latihan** akan disahkan oleh *National / MOH Paediatric Postgraduate Training Committee*.
- (f) Tempoh pewartaan bagi pegawai adalah **enam (6) bulan**.
- (g) Pemohonan bagi pendaftaran dengan *National Specialist Register (NSR)* boleh dibuat selepas pegawai memenuhi syarat yang ditetapkan oleh NSR.

Disediakan oleh,

Perkhidmatan Pediatrik
Kementerian Kesihatan Malaysia

dan

Bahagian Perkembangan Perubatan
Kementerian Kesihatan Malaysia
05/11/2018

ELA 1A– Asthma

Activity	Acute exacerbation of asthma
Description (if necessary)	History, physical examination and initial management

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
History of current exacerbation <ul style="list-style-type: none"> - triggers - severity of symptoms - exposure to cigarette smoke Control <ul style="list-style-type: none"> - triggers - interval symptoms - medications; technique and compliance Risk factors <ul style="list-style-type: none"> - personal and family history of atopy 	Physical examination <ul style="list-style-type: none"> - look for respiratory distress, cyanosis - SPO2 - Auscultate : recognizes wheezing or silent chest Assesses severity of asthma exacerbation <ul style="list-style-type: none"> - recognize life-threatening asthma Prescribe oxygen, nebulized bronchodilators and steroids	Making the child comfortable Having a sense of urgency Establishing good rapport Empathy Knows when to call for help
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Getting a complete relevant history with adequate assessment in a timely manner Obtaining clinical signs without causing too much distress	Under-assessment of severity of respiratory distress or hypoxia Inappropriate use of investigations Fail to reach a diagnosis Inadequate or wrong prescription of medication Rough-handling of child	Don't administer steroids and oxygen
Assessor's comments Assessor's details : <ol style="list-style-type: none"> Name : Designation : Contact information (email and phone no) 		

Appendix 1B – Acute gastroenteritis

Activity	Acute gastroenteritis
Description (if necessary)	History, physical examination and initial management

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
History taking <ul style="list-style-type: none"> - clinical features of different types of diarrhea - dietary history - contact - assessment of severity of symptoms Know the different etiology ORS preparation	Assessment of degree of dehydration Interpreting laboratory data Fluid and electrolyte management Counseling/Discharge advice on prevention	Having a sense of urgency Knowing when to call for help
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Demonstrates ability to gather, filter, prioritize, and connect pieces of information (e.g., vital signs, focused physical exam, pertinent medical history, recent test or procedures, medications) to form a patient-specific differential diagnosis, initiate interventions, and drive testing decisions. Develop patient centred examination techniques	Delays seeking help Uses clinical jargon when communicating with patient and family Orders inappropriate investigations	Fail to identify and respond to critical values (vital signs, laboratory investigations) Errors of omission when documenting the clinical encounter
Assessment / Evidence		
Assessor's comments Assessor's details : iv. Name : v. Designation : vi. Contact information (email and phone no)		

Appendix 1C – Neonatal Jaundice

Activity	Neonatal jaundice
Description (if necessary)	Differential diagnoses and management neonatal jaundice

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
Causes of neonatal jaundice (physiological vs pathological jaundice) Principles of investigation and management	Identify level of severity Administer phototherapy in a safe and effective way Interpret results of investigations	Optimise physical environment to minimize mother and baby's separation and interruption of breastfeeding Empathy
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Logical approach to identifying the cause of neonatal jaundice Prioritise a procedure / therapy taking into account clinical urgency (urgent serum bilirubin, exchange transfusion)	Giving inappropriate advice eg stopping breastfeeding Delay in instituting therapy Failure to take preventive measures against the potential side effects of phototherapy	Ignoring maternal concerns or distress Fail to educate on causes of neonatal jaundice
Assessment / Evidence		
Assessor's comments		
Assessor's details : i. Name : ii. Designation : iii. Contact information (email and phone no)		

Appendix 1D – Fits

Activity	Fits
Description (if necessary)	Acute management of fits

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
Causes of fits (febrile vs afebrile) Knowledge on the common anti-epileptics Know the relevant investigations in a child presenting with fits	Airway management in a fitting child Recognising treatable causes Administer immediate treatment to abort the fits Proper documentation in an emergency setting	Have a sense of urgency Understanding parents' concerns in an emergency setting
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Adapts communication and documentation to context or purpose Can filter, synthesize, and prioritize information and recognize patterns. Use healthcare team members according to their roles and responsibilities to increase efficiency	Delay or wrong administration of drugs No information given to parents, or wrong advice to parents	Failure to recognize treatable causes of seizures Fail to give clear instructions during emergency situations Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations
Assessment / Evidence		
Assessor's comments		
Assessor's details : i. Name : ii. Designation : iii. Contact information (email and phone no)		

Appendix 1E – Venepuncture

Activity	Procedures
Description (if necessary)	Setting line and taking blood

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
<p>Understand key issues in performing a venesection or venipuncture such as, patient-specific factors, indications, contraindications, risks, benefits and potential complications.</p> <p>Understand available pain control measures for venesection/venipuncture</p> <p>Know the appropriate cannula size and the appropriate sites</p>	<p>Communication skills with parents and child prior to and during procedure</p> <p>Applies universal precaution and aseptic technique</p>	<p>Compassionate</p> <p>Know own limitation and when to call for help</p>
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
<p>Demonstrates the necessary preparation prior to procedure</p> <p>Knows and takes steps to mitigate complications of procedures including pain control</p>	<p>Uses universal precautions and aseptic technique inconsistently</p> <p>Poor technique</p> <p>Labeling error</p>	<p>Demonstrates a lack of confidence that results in an increase in patient's stress or discomfort or overconfidence that erodes trust</p>
Assessment / Evidence		
<p>Assessor's comments</p> <p>Assessor's details :</p> <p>i. Name :</p> <p>ii. Designation :</p> <p>iii. Contact information (email and phone no)</p>		

Appendix 1F – Counselling for Immunisation

Activity	Immunisation
Description (if necessary)	Counseling for immunization (either role play or observed communication with the parents)

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
National vaccination schedule Types of vaccines Contraindication and side effects Site of administration and technique of administration		Respect Listening skills
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Follows the Expanded Program of Immunisation Engages in bidirectional communication with parents Uses evidence-based medicine Provide adequate advice post immunisation	Impolite approach Uses jargon Giving wrong information	Lack of conviction Lack of respect Failure to address parental concerns
Assessment / Evidence		
Assessor's comments Assessor's details : <ol style="list-style-type: none"> Name : Designation : Contact information (email and phone no) 		

Appendix 1G – Consent for blood transfusion

Activity	Obtain consent
Description (if necessary)	Consent taking for blood product transfusion

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

Knowledge	Skill	Attitudes + Values
Understand elements of informed consent (indications, contraindications, risks, benefits, alternatives) for blood transfusion	Provide complete information Uses bidirectional communication Documents discussion and informed consent appropriately	Recognises emotional cues Patience Respecting patient's and family's values
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Verify indication for blood transfusion Good documentation in a complete and timely fashion Demonstrate respect for patient autonomy	Lack of knowledge Fail to introduce oneself and role Uses medical jargon Coercing patients/parents to agree to blood transfusion	Selective omission of risk in blood transfusion Failed to recognize emotional cues
Assessment / Evidence		
Assessor's comments		
Assessor's details :		
i. Name :		
ii. Designation :		
iii. Contact information (email and phone no)		

Appendix 3- Application Form**Application form to the
Malaysian National Postgraduate Training Programme in Paediatrics**

Full name:	
Identity card/passport number :	
Address (current mailing address):	
Contact Telephone number :	
Email address :	
Date of Birth :	
Nationality :	
University and year of graduation:	
MMC registration number (for Malaysians) :	

Work experience:

Place of work/Department	Designation	Start date	End date

Completion of Essential Learning Activities

Essential Learning Activity	Date Performed	Supervisor (Name and Specialty)
ELA 1		
ELA 2		
ELA 3		
ELA 4		
ELA 5		
ELA 6		
ELA 7		

Please tick if you have fulfilled the following **desirable requirements**:

- ☐ Attended paediatric courses (e.g. advanced life support courses)
- ☐ Participated in paediatric congresses or seminars
- ☐ Participated in activities with non-governmental organisations involving children
- ☐ Participated as a resource person in medical camps (e.g. diabetic camps)
- ☐ Participated in community based events involving children

Please provide evidence for each box ticked

State your choice of summative examination☐ MMED*☐ MRCPCH☐ Both*

*For trainees who have chosen **MMED as a summative examination, state your university of choice.**

University (in order of preference)

- i. _____
- ii. _____
- iii. _____

For all trainees, state your choice for clinical training placement

University Hospitals (in order of preference)

- i. _____
- ii. _____
- iii. _____

MOH Hospitals (in order of preference)

- i. _____
- ii. _____
- iii. _____

*Trainees' preferences will be taken into consideration but placement will depend on the availability of places

Please check ☐ that the following documents are attached to your application:

- ☐ MMC registration certificate or proof of eligibility
- ☐ Documentation of successful completion of housemanship or its equivalent
- ☐ Documentation of 4 months paediatric posting
- ☐ Documentation of completion of all 7 ELAs
- ☐ Evidence of passing MMED entrance exam for those intending to take the MMED exams or at least one of the MRCPCH theory examinations for those intending to take the MRCPCH exams
- ☐ Evidence of desirable requirements

Signature : _____

(_____)

Date of application : _____

Educational Supervisor's Report

[illegible]

The behavior 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

Excellent	<input type="checkbox"/>	Consistently elicit problem related data from patient and other relevant sources, stresses important points, well organised 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

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.



National Paediatric Postgraduate Training Programme

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 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.



National Paediatric Postgraduate Training Programme

Educational Supervisor's Report

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.



National Paediatric Postgraduate Training Programme

Educational Supervisor's Report

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.
- 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

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

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.



National Paediatric Postgraduate Training Programme

Safeguarding Children Case Based Discussion

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

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

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

Scale

1. Unsafe
2. Below expectation
3. Meets expectation
4. Above expectation
5. Well above expectation
6. Unable to comment

Is there anything especially good you wish to comment on?

Suggestions for development

Agreed action

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

Student's signature



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

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

Assessor's position: ☐ Consultant ☐ Specialist ☐ Senior Registrar ☐ Nurse ☐ 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

Discussion of Correspondence Assessment

Date:

Trainee's Name

Date of enrolment

Matric Number

Date of assessment

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 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 The history? The examination? Investigations? Impression? Medication with doses? Follow up?	
Communication 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 signature:

Date:

Assessor's position: ☐ Consultant ☐ Specialist

Trainee's signature:

Date:



National Postgraduate Paediatric Training Programme

Clinical Supervisor's Report

Date:

Trainee's Name																														
Date of enrolment											Matric number																			
Date of enrolment											MMC number																			
Year of study											Posting																			
Hospital																														

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.

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

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. |

Investigations

- | | | |
|--------------|--------------------------|--|
| Excellent | <input type="checkbox"/> | 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 | <input type="checkbox"/> | As above, but less consistent. |
| Satisfactory | <input type="checkbox"/> | As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data. |
| Borderline | <input type="checkbox"/> | Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses important data. |
| Weak | <input type="checkbox"/> | Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data. |

Diagnostic ability and reasoning

- | | | |
|--------------|--------------------------|--|
| Excellent | <input type="checkbox"/> | Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision |
| Good | <input type="checkbox"/> | As above, but less consistent. |
| Satisfactory | <input type="checkbox"/> | As above, but occasionally makes incorrect deductions. Most times able to give correct provisional diagnosis. |
| Borderline | <input type="checkbox"/> | Frequently does not follow a logical approach to deduction from available data, occasionally gives incorrect provisional diagnosis. |
| Weak | <input type="checkbox"/> | Illogical reasoning and deductions. Frequently makes incorrect diagnosis. |

Procedural skills

- | | | |
|--------------|--------------------------|---|
| Excellent | <input type="checkbox"/> | Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient. |
| Good | <input type="checkbox"/> | As above, but less consistent. |
| Satisfactory | <input type="checkbox"/> | As above, but not equally skilled in all manipulative tasks. |
| Borderline | <input type="checkbox"/> | Not skilled in most manipulative tasks, occasionally exhibits lack of consideration and/or care and attention to detail. |
| Weak | <input type="checkbox"/> | 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 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | As above, but less consistent or as effectively. |
| Satisfactory | <input type="checkbox"/> | As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional qualities as defined above. |
| Borderline | <input type="checkbox"/> | Frequently deficient in area as defined above. |
| Weak | <input type="checkbox"/> | Consistently deficient in areas defined above |

Communication skills

- | | | |
|--------------|--------------------------|---|
| Excellent | <input type="checkbox"/> | 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 | <input type="checkbox"/> | As above, but less consistently or effectively. |
| Satisfactory | <input type="checkbox"/> | As above, but with occasional deficiency in communication skills as outlined above. |
| Borderline | <input type="checkbox"/> | Frequently deficient in communicating skills outlined above. |
| Weak | <input type="checkbox"/> | Consistently deficient in communicating skills outline above. |

Conduct with Other Professionals

- | | | |
|--------------|--------------------------|---|
| Excellent | <input type="checkbox"/> | 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 | <input type="checkbox"/> | As above, but less consistently or effectively. |
| Satisfactory | <input type="checkbox"/> | As above, but with occasional deficiencies in the areas outlined above. |
| Borderline | <input type="checkbox"/> | Frequently deficient in areas outlined above. |
| Weak | <input type="checkbox"/> | Consistently deficient in areas outlined above. |

[illegible]

Overall Clinical Competence

- General comments regarding areas of concern**

[illegible]



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

Date:

Trainee's Name			
Date of enrolment		Matric Number	
Date of assessment		MMC Number	
Year of study		Postin g	
Hospital	<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"/> 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 <input type="checkbox"/> Management <input type="checkbox"/> Explanation			
Focus of clinical encounter: History Diagnosis Management Explanation			

Areas of strength and suggestions for development:

Areas to consider for discussion and feedback	Comments
Medical record keeping Clinical Assessment Investigation and referral Management of challenging and complex situations Risk assessments Treatment	Trainer to complete after discussion.

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)

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

Scale

1. Unsafe
2. Below expectation
3. Meets expectation
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:



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

Date:

Trainee's Name																					
Date of enrolment											Matric Number										
Date of assessment											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
History Taking Communications skills with child / young person Communications skills with parent / carer Physical examination Clinical Judgement Initial Management Professionalism Organisation/efficiency	Trainer to complete after discussion.

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)

3. On the basis of **THIS CASE**, how would you rate this trainee's overall clinical care for their stage of training
4. 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

Scale

7. Unsafe
8. Below expectation
9. Meets expectation
10. Above expectation
11. Well above expectation
12. 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					



National Paediatric Postgraduate Training Programme

Multi source feedback - CONFIDENTIAL

Date: _____

Trainee's Name										
Date of enrolment	DD	MM	YY	Matric Number						
Date of assessment	DD	MM	YY	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	

Leadership and initiative <ul style="list-style-type: none"> - willing to take charge of the situation as needed - able to manage complex situations - teaching and guiding juniors - honesty and integrity 	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
Relationship with patients and their parents/family <ul style="list-style-type: none"> - rapport with family - treats patients fairly without discrimination - respects patient and family rights 	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	
Verbal Communication skills <ul style="list-style-type: none"> - gives understandable information - easily understood by patients and colleagues 	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	

Are there any specific concerns regarding this trainee's performance or health?
If yes, please provide details (e.g. particular incidents)

Overall – How do you rate this trainee? ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1
Conclusions and Comments:

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

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



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

Date:

Trainee's Name															
Date of enrolment											Matric Number				
Date of assessment											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
History Taking Communications skills with child / young person Communications skills with parent / carer Physical examination Clinical Judgement Initial Management Professionalism Organisation/efficiency	Trainer to complete after discussion.

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)

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

Scale

1. Unsafe
2. Below expectation
3. Meets expectation
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

Time taken for discussion (in minutes):

Assessor's signature

Assessor's position:

Consultant

Specialist

Time taken for feedback (in minutes):

Trainee's signature