|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Trainee:***  |  | ***Module:*** |  | ***Assessment no.:*** |  |
| ***Duration:*** |  | ***Training Centre:*** |  |
| 🞏 Full time 🞏 Months-equivalent | ***Start date:*** |  | ***End date:*** |  |
|  |  | dd/mm/yy |  | dd/mm/yy |

*This form should be completed at least every six months, at the end of any rotation or interaction with a specific trainer, kept by the DBP Programme Director and submitted for review when the trainee applies for exit assessment.*

**Evaluation by Trainer/Supervisor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Outstanding |  |  | Poor |
|  |  | A | B | C | D |
| (1) | Medical knowledge |  |  |  |  |
| (2) | Clinical skill |  |  |  |  |
|  |  | Medical history |  |  |  |  |
|  |  | Physical examination |  |  |  |  |
|  |  | Diagnostic / procedural skill |  |  |  |  |
|  |  | Data interpretation |  |  |  |  |
|  |  | Clinical judgement |  |  |  |  |
| (3) | Professional attitudes and behaviour |  |  |  |  |
| (4) | Communication skill |  |  |  |  |
| (5) | Humanistic qualities |  |  |  |  |
| (6) | Commitment to postgraduate education |  |  |  |  |
| (7) | Relationship with colleagues |  |  |  |  |
| (8) | Overall assessment |  |  |  |  |

The overall performance of the Trainee is assessed to be: PASS / FAIL

|  |  |
| --- | --- |
| Comments / counselling: |  |
|  |
|  |
|  |
|  |
|  |

Has this evaluation been discussed with the Trainee? YES, Date: \_\_\_\_\_\_\_\_\_\_\_\_ / NO

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Trainer 1:*** (if different from Supervisor) |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |
| ***Trainer 2:*** (if applicable) |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |
| ***Supervisor:***  |  |  |  |  |  |
|  | (Name in block letters) |  | (Signature) |  | (Date) |