

(TO BE COMPLETED WITHIN 14 DAYS OF THE END OF EACH POSTING)

JOINT COMMITTEE ON FAMILY MEDICINE TRAINING

ASSESSMENT OF TRAINEES BY DEPARTMENT

Assessment for Training Period : _____ to _____

Please make a copy and submit to The College of Family Physicians Singapore within 15 days after completion of posting

Name of Trainee : _____ Date : _____

NRIC/Passport No. : _____

Current Posting : _____ (Hospital & Department)

Current Supervisor : _____

Please tick (✓) where appropriate and initial against any amendment that you have made:

	Un-satisfactory	Below Average	Average	Above Average	Excellent
1. Attitude [includes: responsibility, compassion, diligence, rapport, motivation, stability & integrity]					
2. Clinical or Specialty Skills [includes: medical recording, judgement (interpretation), judgement (Management) & Organisation ability]					
3. Technical Skills [includes: diagnostic & therapeutic procedures; non-clinical skills eg. Ability to collate information accurately, epidemiological skills etc]					
4. Teaching Ability [includes: interest in teaching, involvement in teaching juniors, educational skills]					
5. Academic Involvement [includes: research, publications, attendance at regular meetings, presentations at meetings & attendance at special courses, eg workshops]					

Feedback (eg. Concerns, comments) by Supervisor during Log Book Review

(Please use a separate piece of paper if the allocated space is insufficient)

Other Relevant Feedback (Please use a separate piece of paper if the allocated space is sufficient)

Leave taken during this posting : From _____ to _____
 From _____ to _____
 From _____ to _____
 From _____ to _____
 From _____ to _____

Total number of days taken during this posting : _____

Head of Department and Supervisor's Endorsements

I, _____ (name of Head of Department) certify that _____
 (name of trainee) has **fulfilled / not fulfilled** the requirement of this posting.

Head of Department (name & signature)

Supervisor (name & signature)

Date : _____ Date : _____

Note: Supervisors should provide feedback to the trainee through the log book reporting process and regular supervisors-trainees meetings / sessions.

(Please submit to Associate Dean's Office within 15 days after completion of each posting)

Associate Dean's/ Director's Endorsement

Comments:

Name & Signature

Date

Trainee's next posting : _____ from _____ to _____
 Hospital department dd-mmm-yy dd-mmm-yy

For Official Use Only

1	2	3	4	5	6	7	8	9	10
poor									excellent

Please make copies of this form to be filled up for each posting