



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 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	<input type="checkbox"/>	As above, but occasionally has gaps in knowledge and/or difficulty in application to patient problems. However makes effort to seek information.
Borderline	<input type="checkbox"/>	Inadequate knowledge and/or difficulty in application to patients' problems. Sometimes makes effort to seek information.
Weak	<input type="checkbox"/>	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, able to identify ethical issues that impinge on medico-legal issues.
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.

**Management and Leadership**

Excellent	<input type="checkbox"/>	Allocates healthcare resources appropriately, manages and leads clinical team, respects different kinds of knowledge and expertise which contribute to effective functioning as clinical team, has good time management, serves in administration and leadership roles where appropriate.
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.





## Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM) Assessment by Case-Based Discussion

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	Student's MMC Number									
Phase of study											Posting									
Hospital																				
Clinical Setting: <input type="checkbox"/> A&E <input type="checkbox"/> OPD <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"/> Behaviour/Developmental <input type="checkbox"/> Others (Please specify):																				
Write a brief clinical summary of the case here i.e. 5-year-old girl with fever for two months; 2-months-old boy with convulsion and fever; 12-year-old girl with multiple joint pain.																				
New or follow up case: <input type="checkbox"/> New <input type="checkbox"/> Follow up																				
If follow up, number of time patient seen before by trainee: <input type="checkbox"/> 0 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> >10																				
Complexity of case in relation to stage of trainee: <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																				
Using the given scales, please grade the areas listed below:		Weak	Borderline	Satisfactory	Good	Excellent	UC													
		1	2	3	4	5														
Medical record keeping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Clinical assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Investigation and referrals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Management of challenging and complex situations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Risk assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
*U/C = Please mark this if you have not observed the behavior and therefore unable to comment.																				
In relation to <b>THIS CASE</b> , do you have any concerns about this trainee's knowledge base? <input type="checkbox"/> No concern <input type="checkbox"/> Serious concern <input type="checkbox"/> Minor concern <input type="checkbox"/> Unable to judge																				
Please document any concerns you have about this trainee's knowledge base:																				
In relation to <b>THIS CASE</b> , do you have any concern about this trainee integrity, ethical, personal and professional practice or any other areas not highlighted by the questions? <input type="checkbox"/> No concern <input type="checkbox"/> Serious concern <input type="checkbox"/> Minor concern <input type="checkbox"/> Unable to judge																				
Please document any concerns you have about this trainee's integrity, ethical, personal and professional practice or any other areas:																				





**Areas for development and agreed learning objectives:**

Possible questions for discussion	Comments
<ul style="list-style-type: none"> <li>◆ How did the child behave and interact with their parents and other adults?</li> <li>◆ What are the risks to the child and the protective factors in the child's life?</li> <li>◆ What were the key elements of the referral to children's social care?</li> <li>◆ What agencies were involved? What role did they play? Comment on the communication between different agencies.</li> <li>◆ What other interventions would be useful for this child?</li> <li>◆ Had there been any missed opportunities to intervene?</li> <li>◆ What was the outcome?</li> <li>◆ Did you find any aspects of this case difficult? How did you manage these difficulties?</li> </ul>	

**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.





Conjoint Program (UKM, UM, USM, UPM)  
 Master of Paediatrics / Master of Medicine (Paediatrics)  
**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):

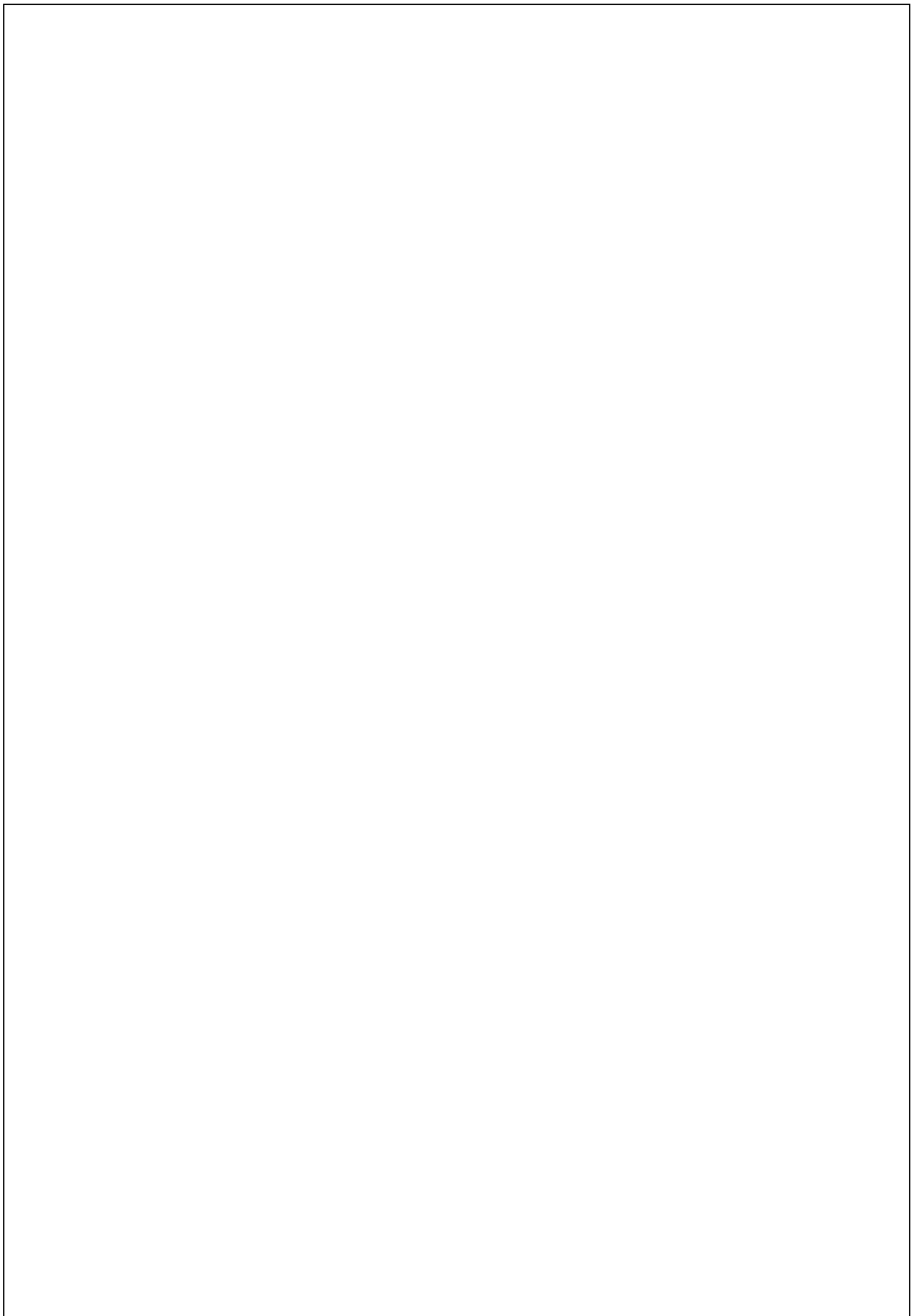
Assessor's signature

Student's signature



## Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM) Assessment by Mini CEX

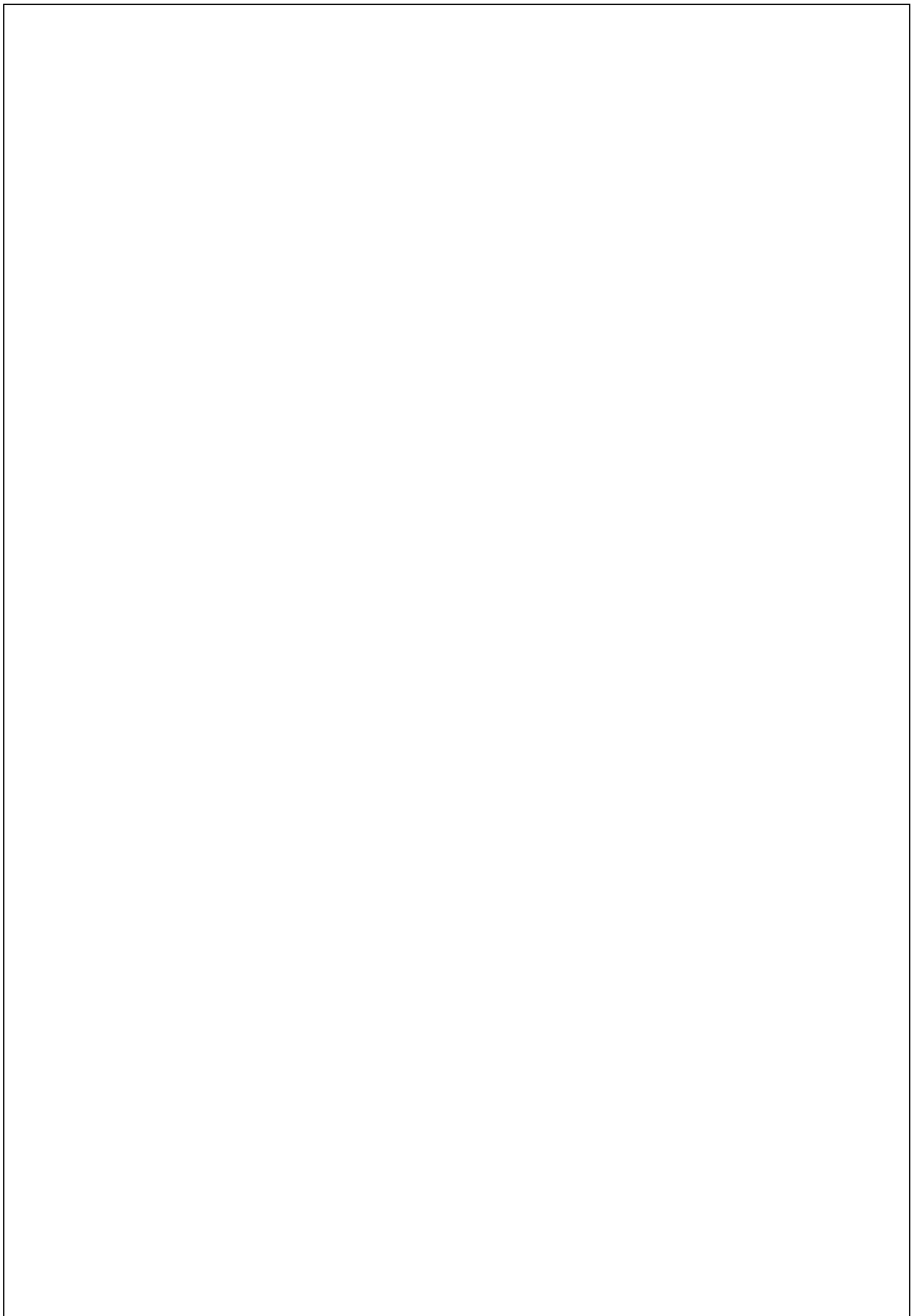
Student's Name												
Date of enrollment		D	D	/	M	M	/	Y	Y	Y	Y	Matric Number
Date of assessment		D	D	/	M	M	/	Y	Y	Y	Y	Student's MMC Number
Phase of study		Posting										
Hospital												
Clinical Setting: <input type="checkbox"/> Neonates <input type="checkbox"/> In-patient <input type="checkbox"/> OPD <input type="checkbox"/> A&E <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"/> Behaviour/Developmental <input type="checkbox"/> Others (Please specify):												
New or follow up case: <input type="checkbox"/> New <input type="checkbox"/> Follow up												
If follow up, number of time patient seen before by trainee: <input type="checkbox"/> 0 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> >10												
Focus of clinical encounter: <input type="checkbox"/> History <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation												
Complexity of case in relation to stage of trainee: <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High												
Using the given scales, please grade the areas listed below:		Weak	Borderline	Satisfactory	Good	Excellent	*UC					
		1	2	3	4	5	6					
History taking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Communication skills with child/young person		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Communication skills with parent/carer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Examination		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Clinical judgement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Initial management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Professionalism		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Organisation/efficiency		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Overall clinical care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
*U/C = Please mark this if you have not observed the behavior and therefore unable to comment.												
Please address any concern or serious issues regarding the trainee via appropriate channels.												
Strength of trainee:						Suggestion for professional development:						
Agreed Action:												
Assessor's Name												
MMC's Number				Assessor's position: <input type="checkbox"/> Consultant <input type="checkbox"/> Specialist								
Number of previous Paediatric Mini-CEX observed by assessor with any trainee:						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						0	1	2	3	4	5	5-9
What training have you had in the use of this assessment tool: <input type="checkbox"/> Have read guidelines <input type="checkbox"/> Face-to face <input type="checkbox"/> Web/CD-rom												
Time taken for discussion (in minutes):						Time taken for feedback (in minutes):						
Assessor's signature						Student's signature						





**Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM)  
Sheffield Instrument for Letters (SAIL)**

Student's Name													
Date of enrollment		D	D	/	M	M	/	Y	Y	Y	Y	Matric Number	
Phase of Study												Student's MMC Number	
Hospital												Posting	
Patient's registration number:													
Type of patient: New patient / Follow up / Referral / Other													
Complexity of case(s) referred in the letter: Low / Average / High													
How is the letter chosen: Selected / Random													
<b>Problem list</b>													
1. Is there a medical problem lists?										Yes	No		
2. Are any obvious and significant problem omitted?										Yes	No		
3. Are any irrelevant problems listed?										Yes	No		
<b>History</b>													
4. Is there a record of the family's current concerns being sought or clarified?										Yes	No		
5. Is the documented history appropriate to the problem(s) and question (s)?										Yes	No		
<b>Examination</b>													
6. Is the documented examination appropriate to the problem(s) and question (s)?										Yes	No		
<b>Overall assessment</b>													
7. Is the current state of health or progress clearly outlined?										Yes	No		
8. Are the family's problems or questions addressed?										Yes	No		
9. Is/Are the referring doctor's question(s) addressed?										Yes	No		
<b>Management</b>													
10. Is a clear plan of investigation or non-investigation recorded?										Yes	No		
11. Are the reasons for the above plan adequately justified?										Yes	No		
12. Are all known treatments, or the absence of treatment, recorded clearly?										Yes	No		
13. Are all drug doses stated in formal units?										Yes	No		
14. Is adequate justification given for any changes to treatment?										Yes	No		
15. Is there an adequate record of information shared with the family?										Yes	No		
<b>Follow up</b>													
16. Is it clear whether or not hospital follow-up is planned?										Yes	No		
17. Is the purpose of follow-up adequately justified?										Yes	No		
<b>Clarity</b>													
18. Is there much unnecessary information?										Yes	No		
19. Does the structure of the letter flow logically?										Yes	No		
20. Are there any sentences you don't understand?										Yes	No		
<b>GLOBAL RATING: (PLEASE MARK HOW MUCH YOU AGREE WITH THE STATEMENT</b>													
"This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him/her."													
1	2	3	4	5	6	7	8	9	10				
Not at all										Completely			
Assessor's Name													
MMC's Number					Assessor's position:					<input type="checkbox"/> Consultant <input type="checkbox"/> Specialist			
Assessor's signature:							Student's signature:						
Date:							Date:						





## Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM) Directly Observed Procedural Skills (DOPS)

Trainee's Name									
Date of enrollment					Matric Number				
Date of assessment					Student's MMC Number				
Phase of study					Posting				
Hospital									
Clinical Setting: <input type="checkbox"/> A&E <input type="checkbox"/> OPD <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"/> Behaviour/Developmental <input type="checkbox"/> Others (Please specify):									
Procedural Number:					Other:				
Number of times procedure performed by trainee: <input type="checkbox"/> 0 <input type="checkbox"/> 1 - 4 <input type="checkbox"/> 5 - 9 <input type="checkbox"/> >10									
Complexity of the procedure: <input type="checkbox"/> Difficult <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High									
Using the given scales, please grade the areas listed below:				Weak	Borderline	Satisfactory	Good	Excellent	UC
				1	2	3	4	5	6
1.	Demonstrate understanding of indications, relevant anatomy, technique of procedure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Obtained informed consent			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Demonstrate appropriate preparation pre-procedure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Appropriate anaesthesia or safe sedation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Technical ability			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Aseptic technique			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Seek help where appropriate			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Post procedural management			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Communication skills			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Consideration of patient and professionalism			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*U/C= Please mark this if you have not observed the behavior and therefore unable to comment.									
Please use this space to record areas of strength or any suggestions for development									
<b>Strength of trainee</b>					<b>Suggestions for development</b>				
Assessor's Name									
MMC's Number									
Assessor's email									
<i>Please note: by providing your email address, Conjoined 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>									
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):									
Number of previous Paediatric DOBS observed by assessor with any trainee: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> >9									
Have you had training in the use of this assessment tool? <input type="checkbox"/> Have read guidelines <input type="checkbox"/> Face-to face <input type="checkbox"/> Web/CD-Rom									
Time taken for discussion (in minutes):					Time taken for feedback (in minutes):				
Assessor's signature					Trainee's signature				

## Core Procedures

*Include all procedures performed in Neonatal Resuscitation (NRP), Paediatric Advance Life Support (PAL) and those required by the National Specialist Register for accreditation as a General Paediatrician.*

	Procedure	Code
1.	Peripheral venous cannulation	01
2.	Peripheral artery cannulation	02
3.	Capillary blood sampling	03
4.	Arterial puncture	04
5.	Central venous insertion	05
6.	Percutaneous long line insertion	06
7.	Collection of blood from central line	07
8.	Umbilical vein cannulation	08
9.	Umbilical artery cannulation	09
10.	Exchange transfusion	10
11.	Intraosseous cannulation	11
12.	Basic ventilation indication, set up	12
13.	Bag, mask and valve ventilation	13
14.	Surfactant administration	14
15.	Endotracheal intubation	15
16.	External chest compression	16
17.	Chest tube insertion	17
18.	Suprapubic aspiration of urine	18
19.	Urethral catheterization	19
20.	Peritoneal dialysis	20
21.	Peak flow	21
22.	Bone marrow aspiration and trephine biopsy	22
23.	Lumbar puncture	23
24.	Ultrasound neonatal brain	24
25.	Electrocardiogram	25
26.	Basic ECHO	26
27.	Mantoux test	27
28.	Vaccination – BCG	28
29.	Vaccination – intramuscular injection	29
30.	Vaccination – subcutaneous injection	30





