

### Master of Medicine Conjoined Programme (UM, UKM, USM, UPM) Overall Supervisor's Report

Trainee's Name																							
Date of enrolment	d	d	/	m	m	/	у	у	у	У	Matric	numl	ber										
Phase of study		1									Hospita	.1							1				
Posting											Date of	post	ing										
Please mark the box criteria outlined and																		gme	nt ac	ecorc	ling	to tl	he
The behavior outling here indicates exce improvement necess	ellent pe	erfori	mano	e. '	Tick	in	oth	er ł	oxe	s ii	ndicate p	erfo	rma	nce	that	is	goo	d, sa	atisf				
History																							
Excellent											ata from j	patie	nt a	nd o	ther	rele	vant	sou	rces,	, stre	sses		
Good Satisfactory		As a As a	bove bove	but but	les sor	s coi netii	nsist mes	ent.	cent	rate	s on data						blen	n, so	met	imes	om	its to	)
Borderline Weak		App App	roac	h no h no	t we	ell oi gani	gan zed,	ized fred	, no	talv	nisses im ways prob not probl	olem	rela	ted,	freq	uent							
Physical Examinat	ion																						
Excellent			sister sister				nd i	nter	prets	co	rrectly all	l sigr	ıs, te	echn	ique	s an	d or	gani	zatio	onal	appr	oacl	1
Good Satisfactory Borderline Weak		As a As a App App	bove bove roac	e, bu e, so h teo h teo	t les met	ss co imes cally	mi; im	sses perf	imp	nd	nnt physic not very s	syste	mat	ic: f	-				-			gns.	
Investigations																							
Excellent		spec		y, r	eliał	oility	, pa	tien			estigation and com												
Good Satisfactory		As a As a	bove bove	e, bu	t les	ss co casic	nsis nall	tent y re	ques		nvestigat bility, etc										d/or		
Borderline		Freq	uent	ly re	eque	sts i	nve	stiga	ition	s no	ot approp and miss	riate	to t	he p	roble	em a					entic	on to	)

Weak		Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.
Diagnostic Ability	and R	easoning
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 Managem	ent	
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	П	As above, but less consistent.
Satisfactory	Ħ	As above, but occasionally suggests inappropriate management.
Borderline	Ħ	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
Good	Ш	patient problems. 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 Profe	essiona	l 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 feedbackand 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		As above, but less consistent or as effectively.
Satisfactory		As above, but with occasional deficiencies in self-directed learning, self-monitoring and/orprofessional qualities as defined above.
Borderline		Frequently deficient in area as defined above.
Weak		Consistently deficient in areas defined above
Communication SI	kills	
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	님	Frequently deficient in communicating skills outlined above.
Weak		Consistently deficient in communicating skills outline above.
Conduct with Othe	r Profe	essionals
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	Ц	As above, but less consistently or effectively.
Satisfactory	님	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.
Management and	Leader	ship
Excellent		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	닏	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.

<b>Educating Others</b>																								
Excellent Good Satisfactory Borderline Weak		fac As As Fre	nmu ilitat abov	nity ing i /e, b /e, b itly (	by imed the second by the seco	dentical sess covith of the control	tifyir stude onsis occas tin a	ng the ents stem sion reas	neir i and tly o al de s out	need hou r eff eficie	s and se of sective encided about the section of th	d des ffice vely. es in ove.	the a	oute	com ing,	es, c prov	leve vidin	lopii ig ef	ng te fecti	achi	ing s	skills	5,	
Participation in Tea	<u> </u>	g-Le	arni	ng A	Activ	vitie	:s																	
<ol> <li>Ward round</li> <li>Clinic</li> <li>Case presentation</li> <li>Tutorial</li> <li>Journal read</li> <li>Mortality summa</li> </ol> *NA not applicable			F	Exce [ [ [ [ ]	llent	t	Go [ [ [ [	ood		Sati	sfac	tory ] ] ] ]		Bor	rder	line		V	Veak			N		
Overall Clinical Cor	npet	ence	<b>)</b>																					
Overall Personal and Excellent Good Satisfactory Borderline Weak	d Pro	ofess	siona	al At	titu	de																		
General comments r	egar	rding	g are	eas o	of co	ncer	rn																	
Supervisor's name																								<u> </u>
A agaggar's signature										T.	.0:	20'6	ione	ture										
Assessor's signature										1 I I	aine	e s s	signa	ιture										









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

Trainee's Name																						
Date of enrolment											Ma	tric 1	Num	ber								
Date of assessment											Stu		's M									
Phase of study												ting										
Hospital																						
Clinical Setting:	&E	,			OPE	)		Г	]In-	pati	ent	Г	Nec	nates	. [	ПА	cute	Adm	issi	on		
Clinical Problem Cate					Seps	is				•	Shoo	k _	_ □G	astro	וֹם	— Neui	o		irwa	ıy/Br	eathi	ng
Behaviour/Develop	mei	ntal					Plea	se s	speci	ify):												
	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:   New Follow up  If follow up, number of time patient seen before by trainee:   10															ý						
If follow up, number of time patient seen before by trainee:   Complexity of case in relation to stage of trainee:   Low   Average   High  Who chose this case?   Trainee   Assessor  Focus of clinical encounter:   History   Diagnosis   Management   Explanation																						
Who chose this case?															1							
Who chose this case?																						
Medical record keepir	ıg																[					
Clinical assessment																	]					
Investigation and refe	rrals	3						[									[					
Management of challe complex situations	engii	ng a	nd					[									[					
Risk assessment								[									[					
Treatment								[									[					
*U/C = Please mark tl	his i	f yo	u ha	ive i	ot o	obse	rvec	d th	e be	hav	ior a	nd tł	neref	ore u	nable	to c	omn	nent.				
In relation to <b>THIS C</b> No concern			•			-			ns at				_		wledg		se?					
Please document any																						
In relation to <b>THIS C</b> practice or any other a No concern  Please document any any other areas:	areas	s not  Seri	hig	hlig cor	ghtee ncer	d by n	the	qu Iin	estic	ns?	ern		]Una	ble to	judg	ge						

Please grade the area listed below using the given scale (1 -6)	Scale
1. On the basis of <b>THIS CASE</b> , how would you rate this	1. Unsafe 2. Below expectation
trainee's overall clinical care for their stage of training	3. Borderline
	4. Meets expectation
2. On the basis of <b>THIS CASE</b> , how would you rate this	5. Above expectation
trainee's overall clinical care in relation to the standard	6. Well above expectation
expected at confirmation of completion of training	7. Unable to comment
Agreed action	
Agreed action  Assessor's Name  MMC's Number  Assessor	's position: Consultant Specialist
Assessor's Name	
Assessor's Name  MMC's Number  Assessor	y trainee: $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Assessor's Name  MMC's Number  Assessor  Number of previous Paediatric CBD observed by assessor with any  What training have you had in the use of this assessment tool:	y trainee: $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$



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

### **Safeguarding Children Case Based Discussion**

#### Date:

Tue in a ca's Name																										
Trainees's Name																										
Date of enrolment	D	D	/	M	M	/	Υ	Υ	/ Y	Υ	Matrio	Num	her													
Date of assessment	D	D	/	M		/	Y	Y		V	MMC															
Year of study			/	IVI	IVI	/	1				Postin		JEI													
Hospital											POSLIII	B														
nospitai																										
Category of abuse involved:	□р	ıhys	ical	[	∃se	xua	l		emo	tion	al L	] neg	glect	t		fact	itio	us c	r in	duc	ed i	llne	SS			
Clinical setting: Safeguardin	g coı	nce	rns a	as p	art d	of ac	cute	pr	resen	tati	on 🗆	Ch	ild	pro	tect	ion	me	edic	al 🗆	l	M	DT	mee	eting	g $\square$	]
Case confer	ence	<u>,</u> П		Ωŧ	her	(sne	cify	٠١٠																		
case conten	LIICE	. Ш		υı	1161	rahe	LCITY	١٠																		
		٠.																								
Please insert a brief summ	ary	ot t	the	cas	e ar	nd t	he ı	rea	ason	s w	ny sat	egua	ardi	ng	cor	ice	ns	we	re r	ais	ed:					
								-																		
Trainee to complete in	adv	and	ce a	at ti	ne t	ime	e of	0	rder	ing	asses	sme	ent													
What was your role in elici	ting	ر/m	ana	ngin	g th	ese	е со	nc	erns	? (0	bserv	er; ı	resp	on	sib	le f	or	adr	niss	ion	;					
discussing/making referral	_			_	_					-			-									ervi	iew	ed		
parents; examined child)								•			Ū									0,						
, ,																										
Trainee to complete in	adv	and	ce a	at tl	he t	ime	e of	0	rder	ing	asses	sme	ent													
Ī																										

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

-	estions for discussion	Comments
	d the child behave and	
other a	t with their parents and	
	re the risks to the child and	
	tective factors in the child's	
life?		
	vere the key elements of the	
referra	I to children's social care?	
♦ What a	gencies were involved?	
What r	ole did they play? Comment	
	communication between	
differe	nt agencies.	
♦ What o	other interventions would be	
useful	for this child?	
♦ Had th	ere been any missed	
	unities to intervene?	
♦ What v	vas the outcome?	
1	u find any aspects of this	
	fficult? How did you	
manag	e these difficulties?	
<b>∕es</b> □ Do you have a	No □ a concern?	
No concer	n Minor concern	Serious concern
<del></del>		out this trainee's competence and knowledge base.
In relation to	THIS CASE. do you have any c	oncern about this trainee's integrity, ethical, personal and professional
	y other areas not highlighted	
No concer		Serious concern Unable to judge
<del></del>	<u> </u>	out this trainee's integrity, ethical, personal and professional practice
	areas. Refer to Educational Su	
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### Conjoint Program (UKM, UM, USM, UPM) Master of Paediatrics / Master of Medicine (Paediatrics)

#### **Safeguarding Children Case Based Discussion**

															_									
Plea	se grade the area	ı liste	ed b	elow	/ us	ing tl	ne giv	en so	cale	(1 -	6)			Sca		Jnsa	- <b>c</b> -							
	On the basis of T trainee's overall									ng				1. 2. 3. 4.	E	Belo Mee	w e ets e ve e	хрє	ctat	tior	1			
	On the basis of T trainee's overall expected at conf	clinic	cal c	are i	n re	elatio	n to t	the st	tand	lard				5. 6.	١	۷el		ove	ехр	ect	atio	n		
Is th	ere anything espo	eciall	ly go	od y	/ou	wish	to co	omme	ent d	on?														
Sugg	estions for devel	opm	ent																					
Agre	ed action																							
Asse	ssor's Name																							
MM	C Number									Ass	essc	r's į	posit	ion:			Con	sul	tant			peci	alis	st
Time	e taken for discus	sion	(in r	minu	ıtes	):				Т	ime	take	en fo	r fee	edk	ack	(in	mii	nute	es):				
Asse	ssor's signature									S	tude	ent's	sigr	natur	e									







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

tudent's Name																						
Date of enrollment	D	D		Μ	М		Y	Y	Y	Y	Matric Nu	nber										
Date of assessment	D	D		М	М		Y	Y	Y	Y	Student's Number	ИМС										
Phase of study											Posting											
Hospital																						
Clinical Setting:	Ne	onat	es		]	ln-p	atie	nt		] C	)PD		Α8	έE			Acı	ute A	٩dm	issio	n	
Clinical Problem Cate	gory	y:						CVS	s [	;	Shock [	]Gast	ro		Veuro		Air	way	/Bre	eathi	ng	
☐Behaviour/Develop	mei	ntal			Othe	rs (l	Plea	se s	pecif	y):												
New or follow up case	e:		lew			Foll	ow	up														
If follow up, number of	of tii	me p	oatie	nt s	een	befo	ore l	oy tr	ainee	<b>:</b>	$\Box 0$	1-	4			5-9			]>1(	)		
Focus of clinical enco	unte	r:		Histo	ory		Dia	gnos	sis [	M	lanagemen	t 🔲 E	xpl	anat	ion							
Complexity of case in	rela	ıtion	to s	stage	e of	trai	nee	:			Low	ПА	vera	ige		High						
Using the given scales	s, plo	ease	gra	de tl	he a	reas		W	eak		Borderline	Satis		ory	Go	od	F		llent		*UC	
listed below:									1		2		3			1		5	5		6	
History taking								<u></u> _	<u>_</u>				Ц		<u>_</u> _	_		Ļ				
Communication skills						erso	n	Ļ					ᆜ		Ļ			Ļ				
Communication skills	wit	n pa	rent	/car	er			<u>_</u>							L	<u> </u>		Ļ				
Examination								L							L			늗	_			
Clinical judgement Initial management								<u>_</u> _														
Professionalism									_				ᆸ			<del> </del>		<u> </u>	_			
Organisation/efficience	w															1			1			
Overall clinical care	y								<u>-</u> 1							1			_ 1			
*U/C = Please mark this if you	have	not ob	serve	d the	behav	vior a	nd the	erefore	unable	e to	comment.											
Pease address any cor	cerr	ı or	seri	ous	issu	es re	egar	ding	the the	tra	inee via ap	propr	iate	cha	nnels.							
Strength of trainee:									S	ug	gestion for	profe	ssic	nal	develo	pme	nt:					
Agreed Action:																						
Agreed Action.																						
Assessor's Name																						
NO CONTRACT											,				. 1.			G				
MMC's Number Number of previous Pae	dietr	io M	lini 1	CEV	obo	oruo	d by	. 0000			sessor's posi			ПС	onsult	ant ¬ ¬	ᆷ	Spec	ialis	t		
Number of previous 1 ac	uiaii	IC IVI	11111-1	CLA	. 008	CIVC	u oy	asso	25501	WIL	in any traine	<b>C</b> .			0 1	ب 2	3	4	5	5-9	□ >9	
What training have you	had i	n the	e use	oft	his a	isses	sme	nt to	ol: $\Gamma$	]H:	ave read gui	deline	s [	ПБа	ce-to f	ace	□v	Veb/0	CD-r	om		
Time taken for discussion											Γime taken f											
Assessor's signature										S	Student's sig	nature	•									





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

Date:									Dat	e:										
Assessor's signature:											s sig	natur	e <b>:</b>							
MMC's Number												ositior			isuita	11t [	_spe	cialist		
MMC's Name to an									A -		\ \ <b>n</b> '	ogiti -		Coi	14 -	n.t F	70	cialist		
Assessor's Name																				
Not at all		3		4			J		U			,		0			,	Co	mplete	ly
him/her." 1 2		3		4			5		6			7		8			9		10	
"This letter clearly con	nvey	s the	ınfo	rmatio	n I w	ould	like	to ha	ave	abou	it the	patie	nt if	I wer	e the	next	doct	or to s	ee	
GLOBAL RATING:	•																			
20. Are there any sen																	Yes		No	)
19. Does the structure					_	-											Yes		No	
18. Is there much unn						1. 0											Yes		No	
Clarity					0											,	5.7		3.7	
17. Is the purpose of	tollo	w-up	o ade	quately	y just	ıtıed	1?										Yes		No	)
16. Is it clear whether						•		iea?									Yes		No	
Follow up		1	··	.1 C. 11		. : -	.l.e.	10									V		n. T	
15. Is there an adequa	ite re	ecord	ı ot ır	itorma	tion	share	ed w	ith th	e ta	mıly	7?						Yes		No	)
14. Is adequate justifi											0						Yes		No	
13. Are all drug doses																	Yes		No	
12. Are all known tre						f trea	atme	nt, re	core	ded (	clearl	y?					Yes		No	
11. Are the reasons for																	Yes		No	
10. Is a clear plan of									ded	?							Yes		No	
Management																				
Is/Are the referrir	ng do	octor	's qu	estion(	s) ad	dres	sed?									,	Yes		No	)
3. Are the family's p	orob	lems	or qu	estion	s add	lress	ed?									•	Yes		No	)
. Is the current state	e of	healt	h or p	orogre	ss cle	arly	outl	ined?	)							,	Yes		No	)
Overal assessment																				
6. Is the documented	d exa	amin	ation	appro	oriate	to t	he p	roble	m(s	) and	d que	stion	(s)?				Yes		No	)
Examination																				
5. Is the documented	d his	tory	appro	priate	to th	e pro	oblei	m(s) a	and	ques	stion	(s)?				•	Yes		No	)
4. Is there a record of	of the	e fam	nily's	currer	nt cor	ncerr	is be	ing s	oug	ht oi	clar	ified?				,	Yes		No	)
History																				
3. Are any irrelevan	t pro	blen	ıs list	ed?												-	Yes		No	)
2. Are any obvious a					em o	mitte	ed?									•	Yes		No	)
1. Is there a medical	pro	blem	lists	?												,	Yes		No	,
Problem list																				
How is the letter chose				l / Ra																
Complexity of case(s)									Hi <sub>2</sub>	gh										
Гуре of patient: Nev			/ Fol	low up	/ Re	ferra	al / C	ther												
Patient's registration r	numl	oer:																		
Hospital											Post									
i hase of study											Nun		10110	iC						
Phase of Study												ric Nu lent's								
Date of enrollment											N A - 1	mia NT	1.	~=						
Student's Name																				











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

Trainee's Name																				
Date of enrollment				/		M	/		Υ	Υ	Y		tric Numb				-			
Date of assessment			D	/		M	/		Υ	Υ	Υ		dent's MM	1C Nur	nber					
Phase of study												Pos	ting							
Hospital																				
Clinical Setting:	□A8	&Ε				OPD				In-p	atier	nt	Neo	nates		Acute	Admi	ssion		
Clinical Problem Catego	ory:			Se	psis		☐ C	VS		□SI	nock		☐Gastro		Neuro		Airwa	ıy/Bre	athing	
Behaviour/Develop	mental			Ot	her	s (Ple	ease :	spec	ify):											
Procedural Number:								(	Othe	r:										
Number of times proce									]1 - 4	4 [	5 -	9 [	]>10							
Complexity of the proc	edure:		Diffic	ult	∟∟	ow	ДА	vera	ige	Шн	igh									
Using the given scales,	please	gra	de th	ne ar	eas	liste	d bel	ow:		We	eak	E	Borderline	Satis	factory	G	ood	E	xcellent	UC
										1	L		2		3		4		5	6
<ol> <li>Demonstrate unde anatomy, technique</li> </ol>		_			tion	ıs, re	levar	nt		L			Ш		Ш				Ш	
2. Obtained informe	d cons	ent																		
3. Demonstrate appr							ocedu	ure												
4. Appropriate anaes	sthesia	ors	safe	seda	tion													_		
5. Technical ability										<u> </u>	<u> </u>				Ц		<u> </u>	_	Ц_	
6. Aseptic technique										Ļ	<u></u>	-			<u> </u>		ऱ	-	<u> </u>	$\perp$
7. Seek help where a										<u> </u>	<u></u>				Η		≓-	-	$\vdash$	+
<ol> <li>Post procedural m</li> <li>Communication sl</li> </ol>		mer	IL							_ <u>_</u>							$\dashv$			+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$
10. Consideration of p		and	d pro	fessi	ona	lism				Ė					$\exists$		$\dashv$			H
*U/C= Please mark this							ne be	hav	ior a	nd th	_ neref	ore	unable to	comm	ent.					
Please use this space to																				
Strength of trainee									Sı	ugge	stior	ns fo	r develop	ment						
Assessor's Name																				
		+																_		
MMC's Number																		_		
Assessor's email					/ 0			- 44 -					6: : 4							i:
Please note: by providing you with local procedures and by				-			reserv	e tne	rignt	to cor	itact y	ou to	conjirm ina	iviauai c	issessmen	ts were	conauc	tea an	a complete	a in line
Assessor's position:	Cons	ulta	nt			Spec	cialist	:			Senio	r Re	gistrar	Nurs	se .		Ot		(please	
Number of previous Pa	ediatri	ic D	OBS (	obse	rved	d by a	asses	sor	with	any	trair	iee:	0	1	 2	3	4	,, 5	 5-9	>9
Have you had training i	in the ι	use (	of th	is as	sess	men	t too	1?		Have	rea	d gui	delines	Fac	e-to fac	e 🔲	Web/0	CD-Rc	m	
Time taken for discussi													en for feed							
Assessor's signature											Γrain	ee'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



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

## Multisource Feedback (MSF) Paediatrics CONFIDENTIAL – to be submitted directly to the Educational Supervisor

Trainee's Full Name:																		
																	<u> </u>	
Trainee's MMC Number:						Peri	iod c	of Ass	essm	ent: (	dd/m	ım/yy	/yy )_		to	)		
Assessor's position: Consultant □ Specialist □ Senior Medical Officer □ Matron/Sister □ Medical Officer □ House Officer □ Nurse/Paramedic □ Others (specify):																		
<b>Location/Setting of assessment:</b> 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								Anvtl	ning	espe	ciall	v go	Conod?		ncer	ns?		
Professional competence - clinical decision mal	king	Grad □ 5	_	□ 3	3 □2	<b>1</b>		,				, 0		,				
<ul> <li>Technical/procedure skills</li> </ul>	al	□ 5	□ 4	<b>□</b> 3	3 □2	<b>-</b> 1												
<ul> <li>aware of limitations consults accordingly</li> </ul>		□ 5	□ 4	<b>□</b> 3	3 □2	<b>1</b>												
- able to prioritise		□ 5	□ 4	□ 3	3 □2	□1												
<ul> <li>able to manage com situations</li> </ul>	nplex	□ 5	□ 4	□ 3	3 □2	□1												
Working with colleagues /Team work (medical officers, house officers, nurses) - responds quickly			le															
			□5 □4 □3 □2 □1															
<ul> <li>accessible reliable; punctual</li> </ul>		□ 5	□ 4	□ 3	3 □2	<b>□</b> 1												
- arranges for cover		□ 5	□ 4	□ 3	3 □2	□1												
<ul> <li>respects colleagues confidentiality, right and beliefs</li> </ul>		□ 5	□ 4	<b>□</b> 3	3 □2	<b>1</b>												
Leadership and initiative - willing to take charg	TO Of	Grac	le:															
the situation as nee	ded	□ 5	3 □2															
<ul> <li>able to manage com situations</li> </ul>	nplex	□5 □4 □3 □2 □1																
<ul> <li>teaching and guidin juniors</li> </ul>	g	□ 5	□ 4	<b>□</b> 3	3 □2	□1												
<ul> <li>honesty and integrif</li> </ul>	□ 5	□ 4	□ 3	3 □2	□1													

Relationship with patients and their parents/family	Grade:    5								
	□5 □4 □3 □2 □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?									
Assessor's Full Name:									
Assessor's MMC/Registration No.		Assessors Signature: and stamp: Date:							

Reminder: do not hand the MSF to the trainee. Submit directly to the Educational Supervisor