



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 THIS CASE , 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 THIS CASE , 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:																	

