







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

Trainee's Name																							
Data of annular and											M		T1										
Date of enrolment													Numl										
Date of assessment												dent' nber	's MI	MC									
Phase of study											Pos	ting											
Hospital																							
Clinical Setting:				_	OPE				In-j				•	nates	[_			miss				
Clinical Problem Cate	٠.				_			CVS			Shoc	k	G	astro		Neu	ro		Airv	vay/I	Brea	thing	
Behaviour/Develop	pmei	ntal			Othe	rs (I	Pleas	se sp	peci	fy):													
Write a brief clinical with convulsion and f													iii ie	ver 10	i two	, ilic	officials.	s, <i>2</i> -	·moi	11115-	old (БОУ	
New or follow up cas	e:		lew	□I	Follo	ow u	ıp																
If follow up, number	of tii	me p	atie	ent s	een	befo	ore b	y tı	aine	ee:		0]1-4			5	-9			>10		
Complexity of case in	ı rela	ation	to	stag	e of	trai	nee:			Lo	W			Ave	rage					Hi	igh		
Who chose this case?					rair	iee			A	sses	sor												
Focus of clinical encounter:					Diagn			osis Managen			emer	nt	t _			Explanation							
Using the given scales, please grade the areas listed below:				Weak I			В	Borderline 2			Satisfactory 3		Good 4			Excellent 5		UC					
Medical record keeping	ng																						
Clinical assessment														[
Investigation and refe	errals	3																					
Management of challe complex situations	engiı	ng a	nd																				
Risk assessment														[
Treatment																							
*U/C = Please mark t	his i	f yo	u ha	ive r	ot o	bse	rved	the	bel	hav	ior a	nd th	erefo	ore ur	able	to c	omi	men	t.				
In relation to THIS C			•												_		se?						
☐No concern		Seri												ble to	judg	e							
Please document any	conc	eerns	s yo	u ha	ive a	abou	ıt thi	s tr	aine	ee's	knov	wled	ge ba	ase:									
In relation to THIS Copractice or any other and the second practice or any other any any other areas:	areas	s not Seri	hig	ghlig cor	thteo ncer	d by	the	que Iino	stio r co	ns?	ern		Una	ble to	judg	je							

Please grade the area listed below using the given scale (1 -6)	Scale
1. On the basis of THIS CASE , 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 THIS CASE , 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
Suggestions for development	
Agreed action	
Assessor's Name	's position: ☐Consultant ☐Specialist
Assessor's Name MMC's Number Assessor	y trainee:
Assessor's Name MMC's Number Assessor Number of previous Paediatric CBD observed by assessor with an	y trainee: $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
Number of previous Paediatric CBD observed by assessor with an What training have you had in the use of this assessment tool:	y trainee: $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$