



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

Trainee's Name						
Date of enrolment				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):						
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"/>
<small>*U/C = Please mark this if you have not observed the behavior and therefore unable to comment.</small>						
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						

