



Trainee information

Trainee's name : Date of assessment : ____ / ____ / ____

Advanced Training year: 1 2 3 4+ Case number for this year : 1 2 3 4
(Full time equivalent)

Assessor's name :

Assessor's position : Fellow (FRACP) Fellow (other) Other

Assessor's email : Hospital/Location :

Setting : In-patient Out-patient Emergency Other (please specify)

Specialty :

Patient age : Patient gender : Male Female Case complexity : Low Medium High

Please rate the trainee against what you would expect of a trainee in that year of training

	Unsatisfactory			Satisfactory			Superior			Not observed
1. Record keeping	1	2	3	4	5	6	7	8	9	n/o
2. History taking	1	2	3	4	5	6	7	8	9	n/o
3. Clinical findings and interpretation	1	2	3	4	5	6	7	8	9	n/o
4. Management plan	1	2	3	4	5	6	7	8	9	n/o
5. Follow-up and future planning	1	2	3	4	5	6	7	8	9	n/o
6. Professional qualities	1	2	3	4	5	6	7	8	9	n/o
Overall judgement and clinical care	1	2	3	4	5	6	7	8	9	

Please include strengths and suggestions for development overleaf

Strengths

Suggestions for development

If a trainee receives a rating which is unsatisfactory, the assessor must complete this section for the form to be submitted.

Time taken for discussion : mins

Time taken for feedback : mins

Assessor satisfaction using CbD LOW 1 2 3 4 5 6 7 8 9 HIGH

Trainee satisfaction using CbD LOW 1 2 3 4 5 6 7 8 9 HIGH

*Data from formative assessments is collated for the purpose of evaluation.
Individual, identifiable data will not be presented in any published reporting.*

Assessor's signature :

Trainee's signature :

Input validated by supervisor :

(Supervisor to initial once they have checked electronic record against this paper record)