



**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
<b>Overall judgement and clinical care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	

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)