

National Paediatric Postgraduate Training Program Formative Assessments

- 1. Case based Discussion (CbD)
- 2. Child Protection Case based Discussion (CbD)
- 3. Directly Observed Procedural Skills (DOPs)
- 4. Mini-Clinical Examination (MiniCEX)
- 5. Discussion of Correspondence Assessment (DOCa)
- 6. Clinical Supervisor Report
- 7. Educational Supervisor Report
- 8. Multi-source Feedback (MsF)



National Paediatric Postgraduate Training Programme Case-Based Discussion (CbD)

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Clinical Problem Category: Sepsis CVS Shock Gastro Neuro Airway/Breathing Others (Please specify):	Hospital			- 112					- <u></u>									0 <u> </u>							
Others (Please specify):	Property of the Control of the Contr	ACTOR MODEL		Ļ	0.000	No.	_	_	annes.	n-pa		_		1000	1007		-	10000			 	V-10-010	200	2.50	
Behaviour/Developmental Write a brief clinical summary of the case here e.g. 5-year-old girl with fever for two months. Complexity of case in relation to stage of training:	Clinical Problem Cate	egory	.	_	- 10 A			- 107		9		Sho	ck		Ga	stro	8	Ne	uro		 irw	/ay/	Bre	ath	ing
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Who chose this case?	Complexity of case in	n rela	tion	ı to	stag	e of tr	ain	ing:			.0	ow.			Γ	Jav	/era	ige				Пн	igh		
Focus of clinical encounter:				I	_			Ü	_	AV A															
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National Paediatric Postgraduate Training Programme Case-Based Discussion (CbD)

Is t	here anything esp	ecially good you wish to comme	nt or	1?		
Agr	eed learning obje	ctives				
	ase describe what	you have learned from this case	e. Ho	w will it ch	ange you	r practice in the future? Trainee to
Ple: 1. 2.	On the basis of I trainee's overall On the basis of I trainee's overall	a listed below using the given sca THIS CASE, how would you rate to clinical care for their stage of tra THIS CASE, how would you rate to clinical care in relation to the sta firmation of completion of training	his aining his anda	g	Sca 1. 2. 3. 4. 5. 6.	Unsafe Below expectation Meets expectation
		ASE, do you have any concern ab areas not highlighted by the qu			a's integri	ty, ethical, personal and professional
I	No concern	Minor concern Serie	ous c	oncern	Ur	nable to judge
		y concerns you have about this to efer to Educational Supervisor if			ty, ethical	, personal and professional practice
Ass	essor's Name					
	an everyone to			0	-	
	AC Number		As	ssessor's p	<u> </u>	Consultant Specialist
Tim	ne taken for discu	ssion (in minutes):		Time take	en for fee	dback (in minutes):
Ass	essor's signature:			Trainee's	signature	:



National Paediatric Postgraduate Training Programme Safeguarding Children Case Based Discussion

Date: Trainees's Name Date of enrolment Matric Number M M Date of assessment MMC Number Posting Year of study Hospital Category of abuse involved: ☐ physical ☐ sexual ☐ emotional ☐ neglect ☐ factitious or induced illness Clinical setting: Safeguarding concerns as part of acute presentation □ Child protection medical □ MDT meeting □ Case conference □ Other (specify): Please insert a brief summary of the case and the reasons why safeguarding concerns were raised: Trainee to complete in advance at the time of ordering assessment What was your role in eliciting/managing these concerns? (Observer; responsible for admission; discussing/making referral to children's social care; presenting case in social concerns meeting; interviewed parents; examined child) Trainee to complete in advance at the time of ordering assessment

Areas for development and agreed learning objectives:

	sible questions for discussion	Comments
•	How did the child behave and interact with their parents and other adults?	
•	What are the risks to the child and the protective factors in the child's life?	
•	What were the key elements of the referral to children's social care?	
•	What agencies were involved? What role did they play? Comment on the communication between different agencies.	
•	What other interventions would be useful for this child?	
٠	Had there been any missed opportunities to intervene?	
*	What was the outcome?	
٠	Did you find any aspects of this case difficult? How did you manage these difficulties?	

Based on this discussion is the trainee competent for their level of training with regard to child protection work? Yes No
Do you have a concern?
No concern Serious concern
Please document any concerns you have about this trainee's competence and knowledge base.
In relation to THIS CASE, do you have any concern about this trainee's integrity, ethical, personal and professional practice or any other areas not highlighted by the questions?
No concern
Please document any concerns you have about this trainee's integrity, ethical, personal and professional practice or any other areas. Refer to Educational Supervisor if necessary.



National Paediatric Postgraduate Training Programme Safeguarding Children Case Based Discussion

Ple	ase grade the are	a list	ed b	elow u	sing	the s	given	scale	(1 -6)			Sca	e							
1.	On the basis of trainee's overal	THIS	CASE	, how	wou	ld yo	u rat	e this	100					Uns	ow e ets e		tati	on			
2.	On the basis of trainee's overall expected at con	l clini	cal ca	are in	relat	ion t	o the	stand	ard					Wel	labo	ove e	expe	cta			
ls t	here anything esp	pecial	lly go	od yo	u wi	sh to	comi	ment o	on?												
Sug	gestions for deve	elopm	nent																		
Agr	eed action																				
Ass	essor's Name																				
MN	1C Number								Asse	sor's	pc	sitio	n:		Con	sulta	nt		Sp	ecia	list
Tim	ne taken for discu	ssion	(in r	ninute	es):				Tin	ne tak	en	for	fee	bac	k (in	min	utes):			
Ass	essor's signature								Stu	ıdent	's s	igna	ture								



National Paediatric Postgraduate Training Programme Directly Observed Procedural Skills

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Year of study	1. 25			 	100	10 10	-		osting		-	10	100	- !-	107	- 10	100		
Hospital								·		<u>!</u> !									
Procedure																			
Domain & Comments						Sat	isfac	tory	Impr	leed:				C	omi	mer	its		
Knowledge (indication	n, anato	my, te	echn	ique).															
Obtained informed co	nsent																		
Demonstrate appropr procedure	iate pre	eparat	ion p	ore-															
Appropriate analgesia	or sed	ation																	
Technical Ability																			
Aseptic Technique																			
Post Procedure Mana	gement																		
Communication skills																			
Professionalism and c	onsider	ation	for p	atien	it	*													
Overall Ability to perform Procedure		Con	-		to per	rform d		-	eed su plicati	33			N	lee	ds r	nor	e pr	acti	ce
Comments:																			
Assessor's Name																			
MMC's Number																			
ssessor's email																			
lease note: by providing your ema rocedures and by any good assess			Board i	reserve t	he right	to contact y	ou to co	nfirm	individual d	ssessm	en ts w	ere cor	ducte	d and	comp	leted	in line i	vith lo	cal
Assessor's position: Con		_	Spec	cialist		Senio	r Regis	trar	Nurs	e			Othe	rs (p	lease	e spe	cify):		
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Assessor's signature:	taken for discussion (in minutes):								ıre:										



National Paediatric Postgraduate Training Programme Mini-Clinical Examination (Mini-CEX)

Trainee's Name Date of enrolment																						
Date of enrolment										-		-										
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Clinical Problem Ca			_	Sepsis		5100	CVS	_		Shock		Ga	str)	N	euro)	Α	irway	/Bre	athin	g
Behaviour/Dev	elopm	enta	al L	Other	(Ple	ease	spe	cify)	•													
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Who chose this cas				Traine				sses	sso	r		_										
Focus of clinical end	counte	r:	F	Histor	V			Diagr	nos	is	П	Mar	nag	eme	nt			П	Expl	anati	on	
Areas to consider feedback History Common child / Common parent Physical	Takir unicat young unicat / care	ion: pe ion: ion: er min:	s sk rsoi s sk atio	ills with n ills with n			iner		COI	mple	te af	ter	dis	cus	sion	1.						
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National Paediatric Postgraduate Training Programme Mini-Clinical Examination (Mini-CEX)

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Ass	sessor's Name									T										F		Ţ				
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Ass	sessor's signatu	re										Tra	ine	e's s	ign	atu	re									



National Paediatric Postgraduate Training Programme Discussion of Correspondence Assessment

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rainee's Name																										
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Domain						Cor	nme	ents																		
Clarity Is there as and plan? Is there jar reports) Is there log Any senter understand Clinical assessment Is there clear docum appropriateness of The history The examinal investigation Impression Medication Follow up?	gon? (constant)	e.g.a ow? ou do	as in i	insuran																						
Is there ap informatio patient/far Are the particular questions a ls/are the requestion(s).	n share nily? rents' e addres referrir	or your sed in a p	vith oung rofes	person	's																					

PLEASE MARK HOW MUCH YOU AGREE WITH THE STATEMENT

No, very insufficient d	etail			would require a lo e detail	t	No, would require some more detail			the documen eys the infor	
thing especi	ally go	od?								
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acserise willar	you na	/e lea	irned fr	om this case. Ho	ow will it cha	nge your practice ii	n tne tuture	17		
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inee to comp	lete a	fter	discus	sion	ncerns which	should be discusse	d with the e	education		or? Yes No

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National Postgraduate Paediatric Training Programme Clinical Supervisor's Report

Trainee's Name																-		-						
Date of enrolmen	t d	d	/	m	m	/	\/	V	V	V	Ma	tric	nun	nhe	r			<u> </u>						
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History																								
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Physical Examin	ation																							
Excellent					•						ets (•	ıll s	igns	s, te	chr	iqu	es a	and			
Good		As a	abo	ve,	but	les	s co	onsi	ste	nt.														
Satisfactory		As a	abo	ve,	son	neti	me	s m	isse	s in	npo	rtai	nt p	hys	ica	l sig	ns.							
Borderline	_	App imp					call	y im	per	fec	t an	d n	ot v	ery	sy	ster	nat	ic: f	req	uen	tly	mis	ses	
Weak			roa	ach	tec	hnio		•		ept	able	e ar	nd n	ot	sys	tem	atio	c, in	npo	rtar	ıt si	gns		

Investigations		
Excellent		Consistently plans and interprets investigations appropriate to the problem with attention to specificity, reliability, patient safety and comfort, cost and, explain reasons for and nature of investigations to patients
Good		As above, but less consistent.
Satisfactory		As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data.
Borderline		Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses important data.
Weak		Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.
Diagnostic ability	and	reasoning
Excellent		Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision
Good		As above, but less consistent.
Satisfactory		As above, but occasionally makes incorrect deductions. Most times able to give correct provisional diagnosis.
Borderline		Frequently does not follow a logical approach to deduction from available data, occasionally gives incorrect provisional diagnosis.
Weak		Illogical reasoning and deductions. Frequently makes incorrect diagnosis.
Procedural skills		
Excellent		Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient.
Good		As above, but less consistent.
Satisfactory		As above, but not equally skilled in all manipulative tasks.
Borderline		Not skilled in most manipulative tasks, occasionally exhibits lack of consideration and/or care and attention to detail.
Weak		Serious lack of skill in a number of manipulative tasks, frequently exhibits lack of care and attention to detail, not considerate to the patients.

Patient Manager	ment	
Excellent		Consistently suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self reliant and conscientious in approach, involves patients, family and community in management decision.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally suggests inappropriate management.
Borderline		Shows some lack of awareness of role of proposed interventions and their possible complications, is unsure/not conscientious in implementing management.
Weak		Frequently makes inappropriate management decisions
Record Keeping	•	
Excellent		Consistently records legibly and updates accurately patient's problems and management progress, with emphasis on own observations and examinations and provides regular informative summary of progress.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally one or more aspects of record keeping inadequate.
Borderline		Records are frequently illegible, not up-to-date, inaccurate and poorly organized.
Weak		Records are frequently inadequate according to above criteria
Knowledge		
Excellent		Consistently applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally has gaps in knowledge and/or difficulty in application to patient problems. However, makes effort to seek information.
Borderline		Inadequate knowledge and/or difficulty in application to patients' problems. Sometimes makes effort to seek information.
Weak		As in borderline, but lacks initiative in seeking information.

Personal and Pro	fessio	onal Attitudes
Excellent		Consistently manages own learning by asking questions and searching for answers (proactive): improves progress as a learner and as a future practitioner by seeking feedback and acting on the latter, and shows evidence of accepting responsibility, being caring, thorough, trustworthy, self driven and respecting confidentiality.
Good		As above, but less consistent or as effectively.
Satisfactory		As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional qualities as defined above.
Borderline		Frequently deficient in area as defined above.
Weak		Consistently deficient in areas defined above
Communication s	kills	
Excellent		Consistently communicates with patients and his/her family, listens, be sensitive to the needs of the patients and family comforts, gives equal priority to the patient/family and the illness: establishes and maintains professional relationship with patient; realizes that the patient's attitude to the doctor affects management and cooperation: is aware that owns personality affects patient's reaction/behavior: provides information accurately and clearly.
Good		As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiency in communication skills as outlined above.
Borderline		Frequently deficient in communicating skills outlined above.
Weak		Consistently deficient in communicating skills outline above.
Conduct with Oth	ner Pr	ofessionals
Excellent		Consistently communicating/working with other professionals, is courteous, sensitive to needs of others: fulfils role in team appropriately by collaborating readily with others: provides clear information, instructions/advice to others: readily accepts reasonable advice/criticism from others.
Good Satisfactory Borderline Weak		As above, but less consistently or effectively. As above, but with occasional deficiencies in the areas outlined above. Frequently deficient in areas outlined above. Consistently deficient in areas outlined above.

Participation in Teaching	-Learning Ac	tivities				
 Ward round Clinic Case presentation Tutorial Journal read Mortality summary *NA not applicable 	Excellent	Good	Satisfactory	Borderline	Weak	NA
Overall Clinical Compete	nce					
Excellent						
Good						
Satisfactory						
Borderline						
☐ Weak						
Assessor's name	ng areas of co	ncern				
Assessor's flame						
MMC Number					Consultant	Specialist
Assessor's signature			Trainee's s	signature		



Educational Supervisor's Report

Trainee's Name																									
Date of enrolmen	it d	d	/	m	m	/	\/	V	V	V	Ma	tric	ะทน	ml	per										
Date of enrolmen		d	/	m	m	/	У V) \/	у \/	у V	MN														
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Satisfactory		As a som	neti	mes	on																	•			
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Educational Supervisor's Report

Investigations		
Excellent		Consistently plans and interprets investigations appropriate to the problem with attention to specificity, reliability, patient safety and comfort, cost and, explain reasons for and nature of investigations to patients.
Good		As above, but less consistent.
Satisfactory		As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data.
Borderline		Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses
Weak		important data. Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.
Diagnostic ability	/ and	reasoning
Excellent		Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision
Good		As above, but less consistent.
Satisfactory		As above, but occasionally makes incorrect deductions. Most times able to give correct provisional diagnosis.
Borderline		Frequently does not follow a logical approach to deduction from available data, occasionally gives incorrect provisional diagnosis.
Weak		Illogical reasoning and deductions. Frequently makes incorrect diagnosis.
Procedural skills		
Excellent		Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient.
Good		As above, but less consistent.
Satisfactory		As above, but not equally skilled in all manipulative tasks.
Borderline		Not skilled in most manipulative tasks, occasionally exhibits lack of consideration and/or care and attention to detail.
Weak		Serious lack of skill in a number of manipulative tasks, frequently exhibits lack of care and attention to detail, not considerate to the patients.



Educational Supervisor's Report

Patient Managen	nent	
Excellent		Consistently suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self reliant and conscientious in approach, involves patients, family and community in management decision.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally suggests inappropriate management.
Borderline		Shows some lack of awareness of role of proposed interventions and their possible complications, is unsure/not conscientious in implementing management.
Weak		Frequently makes inappropriate management decisions.
Record Keeping		
Excellent		Consistently records legibly and updates accurately patient's problems and management progress, with emphasis on own observations and examinations and provides regular informative summary of progress.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally one or more aspects of record keeping inadequate.
Borderline		Records are frequently illegible, not up-to-date, inaccurate and poorly organized.
Weak		Records are frequently inadequate according to above criteria
Knowledge		
Excellent		Consistently applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.
Good		As above, but less consistent.
Satisfactory		As above, but occasionally has gaps in knowledge and/or difficulty in application to patient problems. However makes effort to seek information.
Borderline		Inadequate knowledge and/or difficulty in application to patients' problems. Sometimes makes effort to seek information.
Weak		As in borderline, but lacks initiative in seeking information.



Educational Supervisor's Report

Personal and Pro	fessio	onal Attitudes
Excellent		Consistently manages own learning by asking questions and searching for answers (proactive): improves progress as a learner and as a future practitioner by seeking feedback and acting on the latter, and shows evidence of accepting responsibility, being caring, thorough, trustworthy, self driven and respecting confidentiality.
Good		As above, but less consistent or as effectively.
Satisfactory		As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional qualities as defined above.
Borderline		Frequently deficient in area as defined above.
Weak		Consistently deficient in areas defined above .
Communication	skills	
Excellent		Consistently communicates with patients and his/her family, listens, be sensitive to the needs of the patients and family comforts, gives equal priority to the patient/family and the illness: establishes and maintains professional relationship with patient; realizes that the patient's attitude to the doctor affects management and cooperation: is aware that owns personality affects patient's reaction/behavior: provides information
Good		accurately and clearly. As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiency in communication skills as outlined above.
Borderline		Frequently deficient in communicating skills outlined above.
Weak		Consistently deficient in communicating skills outline above.
Conduct with Otl	her Pr	ofessionals
Excellent		Consistently communicating/working with other professionals, is courteous, sensitive to needs of others: fulfils role in team appropriately by collaborating readily with others: provides clear information, instructions/advice to others: readily accepts reasonable advice/criticism from others.
Good		As above, but less consistently or effectively.
Satisfactory		As above, but with occasional deficiencies in the areas outlined above.
Borderline		Frequently deficient in areas outlined above.
Weak		Consistently deficient in areas outlined above.



National Paediatric Postgraduate Training Programme Educational Supervisor's Report

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National Paediatric Postgraduate Training Programme Multi source feedback - CONFIDENTIAL

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Reminder: do not hand the MSF to the trainee. Submit directly to the Head of Department