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| **LAPORAN OLEH PENYELIA / PAKAR**  |
| **NAMA CALON :****BIDANG KEPAKARAN :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pelapor dikehendaki melapor mengenai calon Pakar Perubatan Klinikal merangkumi aspek pengalaman, pengetahuan dan kemahiran kerja, sikap dan kualiti serta aspek-aspek lain yang dianggap penting. Sila gunakan kertas lampiran saiz A4 sekiranya ruangan yang diberikan tidak mencukupi.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SILA TAIP ( MENGIKUT FORMAT LAMPIRAN I)**Sila tanda **(√ )** pada kotak yang berkenaan Saya **menyokong** permohonan ini untuk diwartakan sebagai Pakar Saya **tidak menyokong** permohonan ini untuk diwartakan sebagai Pakar**Tandatangan : ……………………………………………………….****Nama : ……………………………………………………….****Jawatan : ……………………………………………………….****Tarikh : ………………………………………………………..****Cop Rasmi :**  |
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**Lampiran I**

**FORMAT OF NARRATIVE REPORT**

 **(Supervisor Report)**

This narrative report should include among others the following assessment criteria:

1. Personal characteristics

2. Academic & knowledge

3. Clinical competence:

 a) Inquiry skill

 b) Problem solving & decision making

 c) Patient management (e.g. pre-operative, post operative and follow-up

 management including emergency cases)

 d) Technical skill

 e) Knowledge

4. Personal learning & assignment

5. Social & communication skill

6. Documentation & record keeping

7. Participation in teaching learning activities

8. Recommendations on suitability for gazettement

 Certified by:

 Name: ………………………

 Designation: …………………........

 Official Cop: ……………………….

 Date: ……………………….