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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: ……………………….