



FACULTY OF MEDICINE AND HEALTH SCIENCES

SATISFACTORY SUPERVISOR'S REPORT FORM

Please tick (√) at the appropriate box

Clinical Attachment

☐

Subspecialty Program

☐

Special Interest

☐

INSTRUCTION: This assessment form need to be filled by the supervisor:

- (a) subspecialty program: **end of each year**
- (b) clinical or special interest attachment: **end of the attachment**

Name of Trainee:

Trainee/Staff ID:

Hospital/Institution:

Training Period (month/year):

Dates of training: To:

Specialty/Special Interest:

Hospital/Institution:

Supervisor's Name:

INSTRUCTION:

Please rate candidate's performance/abilities in the following areas and return the completed form

Scale: (1 - 4) (5 - 6) (7 - 8) (9 - 10)

Ranking: Poor Satisfaction Good Excellent

A. ACADEMIC

(Core knowledge, case presentation)

1 2 3 4 5 6 7 8 9 10

B. PROFESSIONAL SKILL

(Communication skill, clinical judgement and decision, emergency care)

1 2 3 4 5 6 7 8 9 10

C. INTERPERSONAL SKILL

(Doctor/Patient relationship, team relationships)

1 2 3 4 5 6 7 8 9 10

D. PERSONALITY/ATTITUDE

(Sense of responsibility, initiative, leadership, honesty, enthusiasm, punctuality, professional conduct)

1 2 3 4 5 6 7 8 9 10

E. CONTINUING MEDICAL EDUCATION

(Participation in education programme, journal reading, teaching skill)

1 2 3 4 5 6 7 8 9 10

F. TEACHING SKILLS & PRACTICAL PROCEDURES

(Surgical or procedure or practical assessment)

1 2 3 4 5 6 7 8 9 10

G. RESEARCH PROGRESS

Satisfactory / Not Satisfactory / Not Applicable

H. LOG BOOK

Satisfactory / Not Satisfactory / Not Applicable

OVERALL PERFORMANCE

Total score = $\frac{\quad}{60} \times 100 = \dots\dots\dots\%$

Comments:

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Specific recommendations:

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Supervisor's name:

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Signature:

Date:

Head of Department

Comments:

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Name:

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Signature:

Date:

Stamp Seal:

DEAN

Comments:

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Name:

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Signature:

Date:

Stamp Seal:

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