



(Company No. 101067-P)

Workstation : Department of Psychiatry
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KULLIYAH OF MEDICINE
MASTER OF MEDICINE (PSYCHIATRY)

ASSESSMENT FEEDBACK (POSTGRADUATE) FORM

Assessment type*:		Time of consultation:																				
<table border="1"><thead><tr><th>Formative</th><th></th><th>Summative</th><th></th></tr></thead><tbody><tr><td>Case Protocol</td><td><input type="checkbox"/></td><td>Theory</td><td><input type="checkbox"/></td></tr><tr><td>Logbook.</td><td><input type="checkbox"/></td><td></td><td></td></tr><tr><td>PTEF</td><td><input type="checkbox"/></td><td>Clinical</td><td><input type="checkbox"/></td></tr><tr><td>Work-based Assessment</td><td><input type="checkbox"/></td><td></td><td></td></tr></tbody></table>	Formative		Summative		Case Protocol	<input type="checkbox"/>	Theory	<input type="checkbox"/>	Logbook.	<input type="checkbox"/>			PTEF	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Work-based Assessment	<input type="checkbox"/>				Number of Hours:
Formative		Summative																				
Case Protocol	<input type="checkbox"/>	Theory	<input type="checkbox"/>																			
Logbook.	<input type="checkbox"/>																					
PTEF	<input type="checkbox"/>	Clinical	<input type="checkbox"/>																			
Work-based Assessment	<input type="checkbox"/>																					
*tick one or more.																						
Format of Consultation (please check appropriate box)	<input type="checkbox"/> scheduled meeting <input type="checkbox"/> online (email, chat) <input type="checkbox"/> SMS <input type="checkbox"/> other format _____																					
Subject (course code and course title)																						
Name of Student / Matric No.																						
Program	Master of Medicine (Psychiatry)																					
Summary of Consultation																						

Learning Point & Reflection	
Action Points	

The consultation was conducted:

Name of Student/Signature/Date

Academic Supervisor
Department of Psychiatry
Kulliyah of Medicine, IIUM

***Please submit the signed form directly to the office or through email: psychiatry@iium.edu.my**

Verified by:

CPPC/HOD
Department of Psychiatry
Kulliyah of Medicine, IIUM