



KULLIYAH OF MEDICINE CLINICAL POSTGRADUATE TRAINING EVALUATION FORM (PTEF)

1 Details of the candidate

Name:

IC /Passport No.:

Programme:

Matric No.:

Name of Hospital/Institution
currently posted to:

Period of assessment:

From:

To:

Year/Semester of
Assessment:

Year 1	<input type="checkbox"/>	Semester 1	<input type="checkbox"/>	Semester 2	<input type="checkbox"/>
Year 2	<input type="checkbox"/>	Semester 1	<input type="checkbox"/>	Semester 2	<input type="checkbox"/>
Year 3	<input type="checkbox"/>	Semester 1	<input type="checkbox"/>	Semester 2	<input type="checkbox"/>
Year 4	<input type="checkbox"/>	Semester 1	<input type="checkbox"/>	Semester 2	<input type="checkbox"/>

2 Assessment

The supervisor entrusted for the training of the candidate is responsible for completing this form. Other consultants in the unit and personnel such as nurses who have had contact with the candidate being assessed may also be approached to contribute to the assessment. The skills listed in the column are those which have been identified as being required of all candidates prior to be eligible to sit for final examination. Supervisor is requested to rate each candidate's performance against each specified skill taking into account the candidate's level of training.

In the following table, please kindly select the appropriate rating from 1-5 (from Unsatisfactory to Outstanding) that best reflects the candidate's performance during the training period for each specific skills or competency. The lack of significant improvement in performance or behaviour despite formative feedback and assessment, or a recurrence of poor performance or behaviour after a period of improvement should be reflected in the assessment.

Please tick the appropriate box

	1	2	3	4	5
	Unsatisfactory	Need Improvement	Satisfactory	Above Average	Outstanding
a) Knowledge					
b) Technical and procedural skills					
c) Decision-making/critical thinking skills					
d) Communication skills					
e) Management and leadership skills					
f) Interpersonal and teamwork skills					
g) Involvement in scheduled activities					
h) Creativity					
i) Dependability (punctuality and attendance)					
j) Initiative (ability to work independently)					
Overall impression					

3 Research Progress (if applicable)

Title of dissertation: _____

Research progress:
(Select the stage/s that
had been completed)

Literature review	<input type="checkbox"/>
Data collection	<input type="checkbox"/>
Data analysis	<input type="checkbox"/>
Writing	<input type="checkbox"/>
Completed & submitted	<input type="checkbox"/>

4 Additional remarks

Assessed by:

Supervisor/External Clinical Supervisor

Signature

Name

Title

Institution

Official stamp

Date

Notes: For the payment purpose, please provide a copy of the IC/Passport and the frontpage of your Bank Passbook/Statement

Verified by:

Clinical Postgraduate Clinical Supervisor

Signature

Name

Official stamp

Date

Endorsed by:

Deputy Dean Postgraduate & Research

Signature

Name

Official stamp

Date