**PAEDIATRIC GASTROENTEROLOGY FELLOW EVALUATION: 4 MONTHLY**

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| **Name** | **Fellow:**  | **Specialist**:  |
| **Sign** |  |  |
| **Others present:** |
| **Date of appointment**:  | **Period of evaluation**:  |
| **Date of evaluation:**  | **Service**: Paediatric gastroenterology |

Rate according to following scale. Comment on next page. Send to Ms. Le Chat within 2 weeks of block-end

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| --- | --- | --- | --- | --- |
| X = | Excellent |  | S - = | Unsatisfactory |
| S+ = | Above Average/ very good |  | F = | Unacceptable |
| S = | Average / satisfactory |  | U = | Unable to assess |
| **1.** | **Clinical Ability** |  |
|  | History taking and examination |  |
|  | Appropriate use of investigations / referrals |  |
|  | Diagnostic competence: synthesis / problem solving |  |
|  | Appropriate treatment and monitoring |  |
|  | Procedural skills – log book updated |  |
|  | Case presentation on ward rounds/ consultant meetings |  |
|  |  Willingness and confidence to provide after-hours cover |  |
|  | Awareness of capabilities and willingness to appropriately seek assistance and advice for patient care, when required |  |

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| **2.** | **Personal Characteristics and professionalism** |  |
|  | Thoroughness and reliability |  |
|  | Integrity and professional attitudes, including* Punctuality
* Attitude to patients
* Level of clinical care – protocol adherence, risk minimisation
 |  |
|  | Interpersonal relationships |  |
|  | Empathy with child and family |  |
|  | Flexible according to the needs of the situation and service |  |
|  | Willing to seek help and advice when needed |  |
|  | Communication skills  |  |

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| **3.** | **Ward Performance and Management** |  |
|  | Works and communicates well with clinical team- teamwork |  |
|  | Takes management responsibilities – supervision of junior staff |  |
|  | Maximises abilities of other team members |  |
|  | Clear and updated record keeping (stats) of referred patients  |  |
|  | Knowledge of patient load, pathology and ward capacity |  |
|  | Appropriate discharge and follow-up arrangements |  |

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| **4.** | **Learning activities/Knowledge and experience** |  |
|  | Self learning  |  |
|  | Appropriate to level of training |  |
|  | Purposefully seeks information |  |
|  | Uses learning opportunities and participates actively |  |
|  | Utilizes research opportunities |  |

**Number of Procedures Performed Adult Paediatric**

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| Upper GI endoscopy (+biopsies) |  |  |
| Lower GI endoscopy(+biopsies) |  |  |
| PEGs |  |  |
| Oesophageal dilatations |  |  |
| Variceal bleed -banding |  |  |
| Variceal bleed -sclerotherapy |  |  |
| Liver biopsies |  |  |
| Other: Oesophageal manometrypH studiesPolypectomy Capsule endoscopy……………………..……………………..……………………..…………………….. |  |  |

**Has any research been undertaken: Yes / No**

**If Yes, give project name and progress.**

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**Attendance at congresses/meetings/courses: Yes / No**

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| Local/overseas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presentations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Overall impression**

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| **a)I am satisfied with fellow’s performance and professional behaviour Yes / No****b)I am concerned about the unsatisfactory performance/behaviour Yes / No** **If answer to “b” Yes, then suggestions for remedial work and what steps need to be taken to address issues to be recorded.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ADDITIONAL COMMENTS**

**Were there any circumstances that adversely affected the registrar’s work? Yes / No**

**If Yes, what were these circumstances?**

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**Please use the space below to comment on the registrar’s particular strengths, or to make any other comments.**

**Paediatric gastroenterology fellow to complete section below:**

**Comments on training programme so far:**

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**Signatures:**

**Consultant/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_