**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 manometry  pH studies  Polypectomy  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_