

Case Based Discussion for Neonatology Subspecialty Training in Malaysia

Name of Trainee: _____ Training number: _____

Date of Assessment: _____ Name of assessor: _____

Please insert a brief clinical summary of the case below: (e.g. a 600 g neonate was admitted with severe hypothermia, a 2 day of term infant was admitted with severe jaundice):

Please grade the below areas using the following scale:
(U/C = Unable to comment or not observed)

	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	U/C
Question	1	2	3	4	5	6	U/C
Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management of challenging and complex situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New or follow-up: New Follow up Complexity of case in relation to stage of training: Low Average High

Focus of clinical encounter: History Diagnosis Management Explanation 0 1-4 5-9 >10

Number of previous assessments of this type observed by assessor with any trainee:

Number of times this patient was seen before by trainee:

Please document here any concern you have about this trainee's knowledge base:

Signature and Stamp of the Assessor: _____