

Individual Evaluator's Assessment of Trainee's Behavior

Evaluator's name: _____

Ward/ department : _____

Date: _____

Name of Trainee Specialist: _____ Yr-1 Yr-2 Yr-3

Please mark (x) in the space below which best describe the behaviour of the doctor assessed.

ATTITUDE AND/OR BEHAVIOUR of the Doctor	<i>'No concern' (baik)</i>	<i>'Some concern' (Kurang memuaskan)</i>	<i>'Major concern' (tidak memuaskan)</i>	<i>No response (tiada comen)</i>
Maintaining trust / Professional relationship with patients Listens. Is polite and caring. Shows respect for patients opinions, privacy, dignity and confidentiality. Is unprejudiced.				
Verbal communication skills Gives understandable information. Speaks good English, at the appropriate level for the patient.				
Team-working / Working with colleagues Respects others' roles, and works constructively in the team. Hands over effectively, and communicates well. Is unprejudiced, supportive and fair.				
Accessibility Accessible. Takes proper responsibility. Only delegates appropriately. Does not shirk duty. Responds when called. Arranges cover for absence.				

Signature of evaluator: _____

Please kindly return this form to the Consultant specialist Dr _____ in a sealed envelope. Thank you for your feedback.