



Trainee:		Year of training:	
Hospital/venue:		Month/ Year:	
Trainer:		Rank of Trainer:	
<b>CBD details</b>			
Clinical problem/ diagnosis			
Specialty		Context	OPD/ Ward/ AED
Focus	Record keeping/ Clinical Ax/ Diagnostic skills/ Management Plan/ Cx prevention		

<b>Trainee's reflection:</b>
Specific area in which I wish to receive feedback:
What I had done well?
What can be improved and how to achieve that?
What did I learn from this experience?
<b>Trainer's feedback: (Please focus at least one and at most three domains)</b>
Feedback 1:
Feedback 2:
Feedback 3:

<b>General Feedback</b>		
N = not applicable; I = improvement required ; C = compatible with level of training ; E = excellent		
	Rating (N/I/C/E)	Remarks
Medical record keeping		
Clinical assessment		
Diagnostic skills and underlying knowledge base		
Management and follow-up plan		
Complication prevention or management		
Organization and efficiency		
Communication and listening skills		
Health advocacy		
Professionalism		

<b>Entrustment level recommended</b>		<b>Please tick</b>
Level 1	Allowed to observe or assist only in the next similar WBA	
Level 2	Allowed to execute next similar WBA with direct or proactive supervision	
Level 3	Allowed to execute next similar WBA with indirect or quickly available supervision	
Level 4	Allowed to carry out next similar WBA unsupervised	
Level 5	Allowed to supervise junior learners in next similar WBA	

Signature of Trainee: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_