

COMMON HO/MO/MOT/RESIDENT EVALUATION FORM

GENERAL INFORMATION (PLEASE WRITE IN BLOCK LETTERS)

Full Name of Doctor: _____ MCR: Appointment: ① Resident ② Medical Officer ③ House Officer PGY Year: _____

Traineeship: ① Resident ② BST ③ Seamless ④ N.A. Traineeship Year (e.g. R1, BST3, Seamless2 or N.A.): _____ Specialty/Programme (if any): _____

Sponsoring Institution (if any): _____ Current Training Site (e.g. Hospital/Institution): _____ Department: _____

Full Name of Evaluator: _____ MCR: Period of Evaluation: _____ to _____ Date of Evaluation: _____
(dd/mm/yy) (dd/mm/yy)

PART I: COMPETENCY EVALUATION (REQUIRED)

Instructions on Use of Rating Scale:
 1. Shade a number from 1-9 or indicate under the comment section: N.A. (not applicable) if behaviour does not apply to the doctor; N.O. (Not Observed) if the behaviour was not observed during the period under evaluation. Ratings on a doctor's attainment of competencies are based on what is expected of his/her cohort.
 2. For HOs, the minimum pass mark is 4 for Professionalism, Interpersonal & Communication, Medical Knowledge and Patient Care. The minimum pass mark is 3 for the other categories i.e. minimum pass mark is anything higher than the red bar on the scale.

Superior	All behaviours performed very well (ratings 7, 8, or 9)
Satisfactory	Most behaviours performed acceptably (ratings 4, 5, or 6); satisfactory performance is described below
Unsatisfactory	Most behaviour performed poorly (ratings 1, 2, or 3)

Professionalism	Unsatisfactory	Satisfactory	Superior	Comment
1. Accepts responsibility and follows through on tasks	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Does so willingly; industrious; complete tasks carefully and thoroughly.
2. Responds to patient's unique characteristics and needs equitably	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Provides equitable care regardless of patient culture, disability or socioeconomic status.
3. Demonstrates integrity and ethical behaviour	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Patient before self; addresses ethical dilemmas; takes responsibility for actions.

Interpersonal & Communication Skills		Unsatisfactory			Satisfactory			Superior			Comment
4. Demonstrates care and concern for the patient/family	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Establishes rapport; respectful and compassionate.											
5. Communicates effectively with patient/family	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Good verbal & non-verbal skills; involves patient or family in decision-making.											
6. Communicates and works effectively with other healthcare professionals	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Good medical records, summaries & referrals; considerate to other healthcare professionals.											
Medical Knowledge											
7. Demonstrates good basic science knowledge	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Intelligently discuss pathophysiology and basic sciences within his/her level.											
8. Ability to apply knowledge in the clinical context	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Intelligently discuss diagnosis, evaluation and treatments within his/her level.											
9. Demonstrates up-to-date knowledge	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Cites recent literature when appropriate, ask well-informed and knowledgeable questions.											
10. Demonstrates good analytical thinking and problem solving techniques	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Demonstrates good analytical approach and problem solving techniques in a medical setting.											
Practice-Based Learning & Improvement											
11. Engages in on-going learning	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Does extra reading and surgical /procedural practice when needed; uses IT to aid learning.											
12. Facilitates the learning of others	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Teaches/coaches junior colleagues and students; directs learners to relevant resources.											
13. Understands and integrates concepts of quality improvement into practice	①	②	③	④	⑤	⑥	⑦	⑧	⑨		
Systematically review outcomes; reflects to identify strengths and weaknesses; improves.											

Patient Care	Unsatisfactory	Satisfactory	Superior	Comment
14. Demonstrates comprehensive assessment to reach appropriate diagnosis	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Thorough history, physical exams, investigations and appropriate diagnosis.
15. Provides the appropriate ongoing management based on best clinical practice	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Synthesize and implement treatment plans using evidence-based medicine, protocols and specialist inputs.
16. Responds appropriately to emergency clinical problems	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Initiates appropriate care and procedures in emergencies as part of team.
17. Demonstrates procedural skills appropriate to level of training	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Demonstrates knowledge of indications and risks; technical ability; minimizes patient discomfort.
18. Practices within the scope of his/her abilities.	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Makes correct judgement to consult and/or ask for help when needed.
Systems-based Practice				
19. Provides cost-conscious medical care	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Considers costs/benefits of care; adheres to pathways; does not order unnecessary tests.
20. Works to promote patient safety	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Identifies system causes of medical error; adheres to patient safety protocols.
21. Coordinates care with providers in the larger healthcare community	① ② ③	④ ⑤ ⑥	⑦ ⑧ ⑨	Provide care options; makes appropriate referrals; assists with arrangement and follow-up.

Training Progression Recommendation (For HOs, residents, and MOTs only)

- ① Pass, to progress to next stage
- ② Borderline - require repeat of posting for duration: _____ (months)
- ③ Fail - for review by appropriate committee

State reason/s for option selected: _____

PART II OTHER EVALUATION (REQUIRED) Please shade the appropriate response or indicate in comment section "N.A." if behaviour does not apply to the doctor; "N.O." if the behaviour was not observed during the period under evaluation.	Response Fields				
	Unsatisfactory	Developing	Meeting	Outstanding	Comment
1. Public Sector Ethos: Committed to public service and improving patient care in the public sector.	①	②	③	④	
2. Leadership & Motivation: Thinks strategically; influences and leads; acts with drive, confidence and commitment.	①	②	③	④	
3. Creativity & Innovation: Looks beyond conventional ways; creates new value for patients and patient care.	①	②	③	④	
4. Research Output: Participates in research and publications, presents abstracts at conferences.	①	②	③	④	
5. Work Output: Contributing and effective member of the team with good work output.	①	②	③	④	

PART III: ADDITIONAL COMMENTS (IF ANY)

Particular areas of excellence/deficiencies to highlight (if any):

Any other comments:

PART V: PROGRAMME DIRECTOR / SUPERVISORS' RECOMMENDATIONS (REQUIRED)

Overall Assessment

Please shade category corresponding to your overall assessment of the doctor's performance:

- ① Outstanding
- ② Exceeds Expectation
- ③ Meets Expectation
- ④ Needs Improvement
- ⑤ Unsatisfactory

Award Recommendation (For Outstanding PGY1s only)

I wish to nominate this trainee for the Outstanding Trainee Award

- ① NUS YLLSoM Award (Only for NUS YLLSoM Graduates)
- ② Others (Please State: _____)
- ③ Not Applicable

PART VI: CERTIFICATION & ENDORSEMENT (REQUIRED)

Certification by HO/MO/MOT/Resident:

I agree / do not agree with the above evaluation (shade option as appropriate).

If you do not agree with the evaluation, you may initiate an appeal by speaking to your training or programme coordinator*.
(HOs may obtain an appeal form from the Associate Dean's office.)

Comments (if any): _____

NAME & MCR:

SIGNATURE/DATE:

PART VI: CERTIFICATION & ENDORSEMENT (REQUIRED)

Certification By Evaluator (Supervisor / Faculty / Associate Programme Director / Programme Director / Reporting Officer):

I hereby certify that all the above are true to the best of my assessment and knowledge.

NAME & MCR:

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL:

Certification By Endorser (Head of Department / Associate Dean / DIO / Counter-Signing Officer)[#]

NAME & MCR:

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL:

Certification By Endorser (Head of Department / Associate Dean / DIO / Counter-Signing Officer)[#]

NAME & MCR:

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL:

Certification By Endorser (Head of Department / Associate Dean / DIO / Counter-Signing Officer)[#]

NAME & MCR:

SIGNATURE/DATE:

DESIGNATION & OFFICIAL SEAL:

*As institutions have different processes for appeal, please check with your training or programme coordinator regarding available appeal channels.

[#] As appropriate.