

Annexure 1

Evaluation Forms

Specialty Board in Gastroenterology
Board of Study in Medicine
Postgraduate Institute of Medicine
University of Colombo

Name of Trainee:

Date of commencement of training:

Radiology training component – postgraduate trainees in Gastroenterology

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Dear Colleague,

You have been appointed as Trainer to Dr., Senior Registrar in Gastroenterology, for the radiology component of his / her training programme. A copy of the training programme is enclosed. As you can see the trainee will have four half day sessions per month with you in the first year of training and two half days per month in the second.

During this time he / she should obtain experience in the interpretation of abdominal imaging and GI radiology which includes Ultrasound, CT, MRI scanning, biliary and pancreatic imaging (OCG, ERCP, MRCP), and Barium studies (upper GI, small intestine, colon).

Please fill in the enclosed evaluation form at the end of the first and second year of training.

Thank you.

Yours sincerely,

Prof H J de Silva / Co-ordinator

I accept Dr as a trainee in the radiology component of the Senior registrar training in Gastroenterology.

Signature:

Name and Designation:

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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Name and signature of Trainer

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Date

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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Name and signature of Trainer

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Date

Histopathology training component – postgraduate trainees in Gastroenterology

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Dear Colleague,

You have been appointed as Trainer to Dr., Senior Registrar in Gastroenterology, for the histopathology component of his / her training programme. A copy of the training programme is enclosed. As you can see the trainee will have four half day sessions with you in the first year of training and two half day sessions in the second year.

During this time he / she should obtain experience in the interpretation of GI and liver histopathology.

Please fill in the enclosed evaluation form at the end of the first and second year of training.

Thank you.

Yours sincerely,

Prof H J de Silva / Co-ordinator

I accept Dr as a trainee in the histopathology component of the Senior registrar training in Gastroenterology.

Signature:

Name and Designation:

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

.....
Name and signature of Trainer

.....
Date

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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Name and signature of Trainer

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Date

**Diagnostic and therapeutic Endoscopy training component –
postgraduate trainees in Gastroenterology**

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Dear Colleague,

You have been appointed as Trainer to Dr., Senior Registrar in Gastroenterology, for the diagnostic and therapeutic colonoscopy component of his / her training programme. A copy of the training programme is enclosed. As you can see the trainee will have four full day sessions with you in the second year of training.

Please fill in the enclosed evaluation form at the end of the period of training.

Thank you.

Yours sincerely,

Prof H J de Silva / Co-ordinator

I accept Dr as a trainee in the diagnostic and therapeutic colonoscopy component of the Senior registrar training in Gastroenterology.

Signature:

Name and Designation:

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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.....
Name and signature of Trainer

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Date

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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Name and signature of Trainer

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Date

ERCP training component – postgraduate trainees in Gastroenterology

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Dear Colleague,

You have been appointed as Trainer to Dr., Senior Registrar in Gastroenterology, for the ERCP component of his / her training programme. A copy of the training programme is enclosed. As you can see the trainee will have four full day sessions with you in the second year of training.

Please fill in the enclosed evaluation form at the end of the period of training.

Thank you.

Yours sincerely,

Prof H J de Silva / Co-ordinator

I accept Dr as a trainee in the ERCP component of the Senior registrar training in Gastroenterology.

Signature:

Name and Designation:

Evaluation – Senior Registrar Training in Gastroenterology

Trainees name:

Component:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Overall assessment:

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Name and signature of Trainer

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Date

**Evaluation – Senior Registrar Training in Gastroenterology
Local Component (overall)**

Trainees name:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Functioning in a clinical setting:

Teaching / Research:

Overall assessment:

Contd

Other Comments:

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Name and signature of Trainer

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Date

**Evaluation – Senior Registrar Training in Gastroenterology
Foreign Component**

Trainees name:

Period of training: from: to

Trainer:

Unit:

Please give comments and a score using the following scale:

Score 1 – 4: Unsatisfactory performance with severe deficits (recommend repeating component)

Score 5 – 6: Satisfactory performance

Score 7 – 8: Performance consistently exceeds expectations

Score 9 – 10: Outstanding performance

Comments	Score
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Knowledge:

Skills acquired:

Attitudes and commitment:

Functioning in a clinical setting:

Teaching / Research:

Overall assessment:

Contd

Other Comments:

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Name and signature of Trainer

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Date

Final recommendation for Board certification

We the undersigned have examined Dr, and certify that he / she has been successful at the Pre-Board Certification Assessment and therefore recommend that he / she be Board Certified as a Specialist in Gastroenterology with effect from

We the undersigned have examined Dr, and certify that he / she has been unsuccessful at the Pre-Board Certification Assessment and therefore do not recommend that he / she be Board Certified as a Specialist in Gastroenterology. He / She has been requested to resubmit the revised portfolio within three months of this date and face another examination on a date to be notified.

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