

**Amendment made during 2022 (Up to July 2022)  
to the General Regulations and Guidelines for Trainees and these amendments will be  
included to the General Regulations and Guidelines for Trainees 2023**

<b>Amendments</b>	<b>Date of Approval</b>			
	<b>Section</b>	<b>Board of Management</b>	<b>Senate</b>	<b>Council</b>
Format - Overseas Training Progress Report	Will be notified later	02.04.2022	27.04.2022	Awaiting
Format -Local Training Progress Report	Will be notified later	02.07.2022	Awaiting	Awaiting



# OVERSEAS TRAINING | PROGRESS REPORT

Postgraduate Institute of Medicine (PGIM) | University of Colombo

Please use this format when submitting the progress report for the designated trainee. Part A to D will also be shared with the trainee upon submission of the report. Part E will only be forwarded to the Board of Study and will not be shared with the trainee.

## Trainee

Name				
Speciality/subspeciality				
Declared area of special interest				
Reporting period	From		To	

## Training Centre

Trainer/ Supervisor	
Designation	
Institution or hospital	
City & Country	

## PART A: PERFORMANCE ASSESSMENT

Please indicate your level of satisfaction with the trainee's performance in relation to the area in focus. (Please mark as 'unable to comment' if you have not been able to observe any of the areas or if any of the areas are not relevant to the trainee)

Area in focus	Well below expected level	Below expected level	Consistent with expected level	Above expected level	Well above expected level	Unable to comment
<b>Patient care/Provision of Services</b> Note: Trainees must demonstrate compassionate and effective patient care, effective health promotion practices, engagement in service improvements and/or effective laboratory practices.						

<p><b>Knowledge in area of specialization</b>  Note: Trainees must demonstrate appropriate level of knowledge</p>						
<p><b>Application of Knowledge</b>  Note: Ability to apply the said knowledge in patient care and/or in service provision.</p>						
<p><b>Interpersonal Communication</b>  Note: Trainees must demonstrate effective communication skills as they engage with patients, family members, other health professionals during patient care, service provision and in day-to-day practices.</p>						
<p><b>Professionalism</b>  Note: Trainees must demonstrate appropriate professional standards and adherence to ethical principles as they engage in patient care, service provision and other day to day practices.</p>						
<p><b>Evidence based practice</b>  Note: Trainees should be able to evaluate scientific evidence, be self-reflective and demonstrate learning as they engage in patient care/service provision constantly improving the care/services provided.</p>						
<p><b>Team working</b>  Note: Trainees are expected to work in collaboration with other professionals and organizations in the provision of care/services and/or in carrying out research and development work.</p>						
<p><b>Leadership and management</b>  Note: Trainees should demonstrate leadership qualities and management skills relevant to their speciality.</p>						
<p><b>Scholarly work</b>  Note: Trainees are expected to engage in research and peer reviewed publication in their area of specialization</p>						
<p><b>Self-directed Learning</b>  Note: Trainees are expected to take part in learning activities including continuous professional development programmes and demonstrate self-directed learning.</p>						

Any other comments

Please fill below section if the trainee has declared an area of special interest or is a sub-speciality trainee. (Please see trainee details for relevant information)

	Clearly Inadequate	Inadequate	Somewhat adequate	Adequate	Clearly Adequate	Not Applicable
Exposure to chosen sub-specialty / special interest area						
Comments						

## PART B: GENERAL CONDUCT AND ADMINISTRATIVE INFORMATION

Please indicate your level of satisfaction regarding trainee's performance under each of the areas mentioned below.

Area in Focus	Very Unsatisfactory	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory
Attendance					
Punctuality					
Record Keeping/documentation					
Compliance with rules and regulations of the institution					
Dedication to work					
Regular communication with the supervisor					
Comments					

Please indicate the number of days of leave/s obtained by the trainee during the reporting period, if you are in possession of the information.	No. of Days .....
Comments:	

## PART C: TRAINEE SELF EVALUATION AND COMMENTS BY THE SUPERVISOR

Please indicate your level of satisfaction with regard to trainee's self-evaluation report.  
 (Please note that your designated trainee shall submit a self-evaluation for your comments and to be forwarded by you along with this progress report.)

Area in Focus	Not Satisfied	Satisfied
Your level of satisfaction with regard to the self-evaluation report		
Areas of strength demonstrated by the trainee		
Areas needing improvement by the trainee		

## PART D: OVERALL ASSESSMENT AND RECOMMENDATIONS

Please indicate your overall satisfaction regarding the progress demonstrated by the trainee during the reporting period by selecting the appropriate cage and by providing any comments.

	Unsatisfactory	Satisfactory	Highly satisfactory
Overall satisfaction with regard to trainees' progression			
Overall Comments, if any.			

Recommendations for improvement

**PART E: CONFIDENTIAL COMMENTS (Optional)**

If you wish to forward confidential information or comments to the Board of Study regarding the trainee or their progress, please use the space given below. The information provided will not be shared with the trainee.

Confidential comments to the Board of Study

Name of the Supervisor: .....

Signature: .....

We thank you for your time and effort in supporting PGIM monitor and support its trainees undergoing overseas training.



## LOCAL TRAINING | PROGRESS REPORT

Postgraduate Institute of Medicine (PGIM) | University of Colombo

Please use this format when submitting the progress report for the designated trainee. Part A to C will also be shared with the trainee upon submission of the report. Part D will only be forwarded to the Board of Study and will not be shared with the trainee.

Trainee				
Name				
Speciality/subspeciality				
Declared area of special interest				
Reporting period	From		To	

Training Centre	
Trainer/ Supervisor	
Designation	
Institution or hospital	

### PART A: PERFORMANCE ASSESSMENT

Please indicate your level of satisfaction with the trainee's performance in relation to the area in focus. (Please mark as 'unable to comment' if you have not been able to observe any of the areas or if any of the areas are not relevant to the trainee)

Area in focus	Well below expected level	Below expected level	Consistent with expected level	Above expected level	Well above expected level	Unable to comment
<b>Patient care/Provision of Services</b> Note: Trainees must demonstrate compassionate and effective patient care, effective health promotion practices, engagement in service improvements and/or effective laboratory practices.						



<p><b>Knowledge in area of specialization</b>  Note: Trainees must demonstrate appropriate level of knowledge</p>						
<p><b>Application of Knowledge</b>  Note: Ability to apply the said knowledge in patient care and/or in service provision.</p>						
<p><b>Interpersonal Communication</b>  Note: Trainees must demonstrate effective communication skills as they engage with patients, family members, other health professionals during patient care, service provision and in day-to-day practices.</p>						
<p><b>Professionalism</b>  Note: Trainees must demonstrate appropriate professional standards and adherence to ethical principles as they engage in patient care, service provision and other day to day practices.</p>						
<p><b>Evidence based practice</b>  Note: Trainees should be able to evaluate scientific evidence, be self-reflective and demonstrate learning as they engage in patient care/service provision constantly improving the care/services provided.</p>						
<p><b>Team working</b>  Note: Trainees are expected to work in collaboration with other professionals and organizations in the provision of care/services and/or in carrying out research and development work.</p>						
<p><b>Leadership and management</b>  Note: Trainees should demonstrate leadership qualities and management skills relevant to their speciality.</p>						
<p><b>Scholarly work</b>  Note: Trainees are expected to engage in research and peer reviewed publication in their area of specialization</p>						
<p><b>Self-directed Learning</b>  Note: Trainees are expected to take part in learning activities including continuous professional development programmes and demonstrate self-directed learning.</p>						

Any other comments

Please fill below section if the trainee has declared an area of special interest or is a sub-speciality trainee. (Please see trainee details for relevant information)

	Clearly Inadequate	Inadequate	Somewhat adequate	Adequate	Clearly Adequate	Not Applicable
Exposure to chosen sub-specialty / special interest area						
Comments						

**PART B: GENERAL CONDUCT AND ADMINISTRATIVE INFORMATION**

Please indicate your level of satisfaction regarding trainee’s performance under each of the areas mentioned below.

Area in Focus	Very Unsatisfactory	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory
Attendance					
Punctuality					
Record Keeping/documentation					
Compliance with rules and regulations of the institution					
Dedication to work					
Regular communication with the supervisor					
Comments					

Please indicate the number of days of leave/s obtained by the trainee during the reporting period, if you are in possession of the information.	No. of Days .....
Comments:	

## PART C: OVERALL ASSESSMENT AND RECOMMENDATIONS

Please indicate your overall satisfaction regarding the progress demonstrated by the trainee during the reporting period by selecting the appropriate cage and by providing any comments.

	Unsatisfactory	Satisfactory	Highly satisfactory
Overall satisfaction with regard to trainees' progression			
Areas of strength demonstrated by the trainee			
Areas needing improvement by the trainee			
Recommendations for improvement			

## PART D: CONFIDENTIAL COMMENTS (Optional)

If you wish to forward confidential information or comments to the Board of Study regarding the trainee or their progress, please use the space given below. The information provided will not be shared with the trainee.

Confidential comments to the Board of Study

Name of the trainer/supervisor: .....

Signature: .....

We thank you for your time and effort in supporting PGIM monitor and support its trainees undergoing local training.