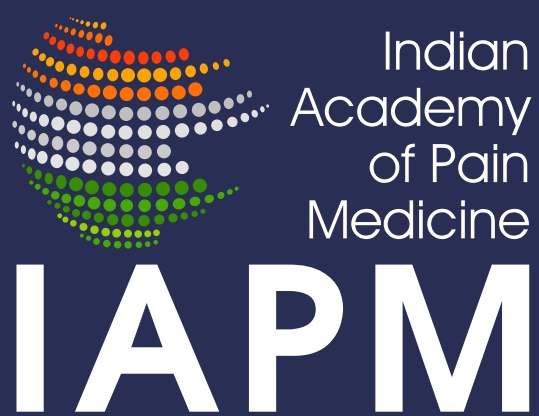


Trainee Quarterly Assessment Form



The Academy of the Indian Society for Study of Pain

SECTION 1

Experience gained this quarter

Notes on Completing Section 1 :

- To be completed by the Trainee.
- Use your logbook as the source. If not logging during this quarter, give reliable estimates (eg. based on audit data / average cases per session)
- These numbers do not form part of summative assessment.
- The list serves as a tool to help you and your Program Head to review your workload, case-mix and educational opportunities, to identify strengths and potential weaknesses, and to plan remedial clinical activities.

Number of **Acute Pain (Perioperative / Trauma / Medical)** cases:

- -

Number of **Cancer-Related Pain** cases:

- -

Number of **Persistent Non-Cancer Pain** cases:

- -

Number of **Psychiatry and / or Psychology** sessions attended:

- -

Number or **CBT Program** sessions attended:

- -

Number of **Radiology** sessions attended:

- -

Number of **Procedures** observed:

- -

Number of **Procedures** performed:

- -

Number of **Formal Interdisciplinary Case Conferences** attended:

- -

Number of **Audit and Clinical Review** sessions attended:

- -

Number of **Supervised Long Cases** under IAPM exam conditions:

- -

Number of **Tutorials** attended:

- -

Case Report progress:

- -

Other relevant experiences

- -

SECTION 2

Trainee's self-evaluation

Notes on completing Section 2:

- To be completed by the Trainee.
- Clinical professionals need to be skilled in self-evaluation so they can identify their strengths and limitations, and plan their personal continuing professional education.
- By comparing your self-evaluations with those of your Program Head regularly throughout your training, it is hoped that your self-evaluation skills might be enhanced.

For your level of experience

	Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
Knowledge relevant to Pain Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abilities in medical history taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abilities in psychosocial assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abilities in physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abilities in planning and interpretation of investigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate technical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills in communication with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skills in written communication with colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contribution to Multidisciplinary Team-work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate / constructive staff interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress with preparation of case report _____					

Other attributes appropriate for multidisciplinary pain management / other comments:

SECTION 3

In-Training Assessment

Notes on Completing Section 3 :

- To be completed by the Program Head
- Assessment should be based on personal supervision together with discussion with other senior staff involved in clinical supervision of this Trainee during the quarter.
- After completing this section, it should be compared with the Trainee's self-evaluation (Section 2) and any discrepancies discussed. Add comments after each domain as necessary.
- Please note that this section forms part of summative assessment in that, in order to be eligible for admission to Fellowship, the Trainee must attain at least a satisfactory level ("consistent performance") in all domains of Section 3 on their Final Assessment Form

For your level of experience

	Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
Knowledge relevant to Pain Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment / plans: _____					

Abilities in medical history taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment / plans: _____					

Abilities in psychosocial assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment / plans: _____					

Abilities in physical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment / plans: _____					

For your level of experience

Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
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Abilities in planning and interpretation
of **investigations**

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

Appropriate **technical skills**

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

Skills in **communication with patients**

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

Skills in **written communication** with
colleagues

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

Contribution to **Multidisciplinary
Team-work**

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

Appropriate / constructive **staff interactions**

☐ ☐ ☐ ☐ ☐

Comment / plans: _____

For your level of experience

Exceptional performance	Better than expected performance	Consistent performance	Performance below that expected	Performance well below expected
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Overall evaluation of performance



Progress with preparation of case report (include topic(s) chosen to assist in identification of case report examiners): _____

Other attributes appropriate for multidisciplinary pain management / other comments:

SECTION 4

Logbook review

Notes on Completing Section 4 :

- To be completed and signed by the Program Head only if the Trainee has logged cases during this quarter.

I certify that I have viewed the Log Book of this Trainee containing cases between the dates of

_____ and _____ Signed _____
(Program Head)

DECLARATION

Sections 1-4 of this Assessment have been completed in accordance with the instructions, and the Trainee and Program Head have discussed the material herein during an In-Training Assessment Interview.

Signature of Program Head : _____ Date _____

Signature of Trainee: _____ Date _____

Please return this form to the Registrar, IAPM at registrar.iapm@gmail.com following the completion of each quarter.

Please note: Prior to a Trainee's eligibility for admission to Fellowship, the requisite number of Quarterly Assessment Form must have been submitted and at least the final report must have been assessed as satisfactory.

FOR IAPM USE ONLY

I certify that I have read this Quarterly Assessment Form for

(Name of Trainee)

(Registrar Staff)

(Date)