



**THE MALTA COLLEGE  
OF  
PATHOLOGISTS**

**MEDICAL MICROBIOLOGY**

**Case-based discussion (CbD)**

**Assessment form**

**Trainee's name:** \_\_\_\_\_

**Year of training:** \_\_\_\_\_

**Assessor's name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

<b>INFECTION (circle one or more)</b>							
Bloodstream	Cardiac/Vascular	Respiratory	Bone or Joint	Wound/soft tissue	Enteric	CNS	Serological diagnosis
Intra-abdominal	Urinary tract	Burns/plastics	Sexually transmitted	Other (please state)			

<b>CLINICAL SETTING (circle)</b>		<b>Hospital</b>			<b>General Practice</b>	
HOSPITAL	Medical	Surgical	Intensive care	Specialist unit (please specify)	Other (please specify)	

<b>Focus of clinical case</b>					
Medical record keeping	Clinical/microbiological assessment	Clinical management (including test selection, interpretation and treatment)	Infection Control	Health protection	Professionalism

**Complexity of case:** Low      Average      High

<b>Please ensure this patient is not identifiable.</b>		<b>Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training.</b>						
		Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Medical record keeping							
2	Clinical/microbiological assessment							
3	Selection of appropriate investigation(s), reporting and interpretation of results							
4	Clinical advice including recommendations for antimicrobial therapy, prophylaxis and immunisation							
5	Infection control advice (if appropriate)							
6	Health protection/ public health advice							
7	Follow up							
8	Overall laboratory and clinical judgement							
9	Overall professionalism							

Please comment to support your scoring:

Suggested developmental work  
(Particularly areas scoring 1-3)

Outcome	satisfactory	unsatisfactory	Time taken for assessment	
Date of assessment			Time taken for feedback	
Signature of assessor			Signature of trainee	



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**Direct observation of practical skills  
(DOPS)**

**Assessment form**

Trainee's name: \_\_\_\_\_  
Assessor's name: \_\_\_\_\_

Year of training: \_\_\_\_\_  
Grade: \_\_\_\_\_

Brief outline of procedure, indicating focus of assessment ( <i>Choose category of procedure</i> )						
Sample handling and preparation	Microscopy and staining	Identification	Safe disposal	Ability to separate mixtures / importance of pure culture	Use of selective media	Antimicrobial sensitivity testing (setting up, reading and interpretation)
Serology	Molecular diagnostics	Other (please specify)				

Specimen					
Blood culture	CSF	Tissue	Bone/joint aspirate	Wound	Respiratory
Genital	Faeces	Urine	Serum/serology	Other (please specify)	

**Complexity of procedure:** Low    Average    High

	Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training.	Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Understands the scientific principles of the procedure, including basic biology underpinning it							
2	Complies with health and safety requirements: Safe lab practice, standard precautions, hazard group, containment levels, safe disposal, etc.							
3	Has read and understands the appropriate SOP							
4	Understands the principles of internal and external quality control associated with the test.							
5	Is aware of the limitations of the test							
6	Overall technical ability and correct use of equipment							
7	Overall ability to perform procedure							
8	Communication of results (written and verbal reports), including report validation							
9	Is aware of importance of patient/specimen identification checks and appropriate documentation							

Please comment to support your scoring:

Suggested developmental work  
(Particularly areas scoring 1-3)

Outcome	satisfactory	unsatisfactory	Time taken for assessment	
Date of assessment			Time taken for feedback	
Signature of assessor			Signature of trainee	



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**Evaluation of clinical/management  
event**

**Assessment form**

**Trainee's name:** \_\_\_\_\_

**Year of training:** \_\_\_\_\_

**Assessor's name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Brief outline of procedure, indicating focus of assessment					
<i>Choose category of case</i>					
Clinical governance/quality	Audit	Managerial	Teaching/presentation	Laboratory practice	Clinical care
Infection control	Written exercise	Other (please specify)			

<b>Complexity of procedure:</b> Low                      Average                      High
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Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training.		Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
1	Understanding of theory of encounter/event/process							
2	Applies clinical/microbiological knowledge appropriately							
3	Ability to make appropriate clinical/managerial judgements							
4	Adheres to established procedures (e.g. SOP, hospital procedure, guidelines)							
5	Demonstrates appropriate communication skills (verbal and written)							
6	Maintains a patient focus and delivers patient centred care (e.g. respect for patient dignity, consent, confidentiality, turnaround times)							
7	Considers professional issues (record keeping, consultation with colleagues, linkage of department to others, hospital rules, plan for feedback)							
8	Maintains professional standards							
9	Organization and efficiency							
10	Overall competency							
11	Ability to work effectively with other healthcare professionals as part of a team							

Please comment to support your scoring:

Suggested developmental work  
(Particularly areas scoring 1-3)

Outcome	satisfactory	unsatisfactory	Time taken for assessment	
Date of assessment			Time taken for feedback	
Signature of assessor			Signature of trainee	



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**Multisource Feedback**

**Assessment Form**

Trainee's name: \_\_\_\_\_

Year of training: \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training.		Below expectations		Borderline	Meets expectations	Above expectations		Unable to comment
		1	2	3	4	5	6	
<b>Knowledge, Skills and Performance</b>								
1	Ability to get a good patient history and diagnose patient issues							
2	Ability to plan patient care							
3	Awareness of own limitations							
4	Ability to keep up-to-date with knowledge and skills							
5	Technical skills							
6	Ability to work effectively in a complex environment							
7	Ability to manage time effectively and prioritise duties							
8	Able to cope under stress							
9	Willingness and effectiveness when teaching or training colleagues							
10	Ability to take a leadership role when required							
11	Keeps clear, accurate and legible records							
<b>Safety and quality</b>								
1	Contributes constructively to audit, appraisal and clinical governance							
2	Safeguards and protects patient's wellbeing							
3	Understands the need for internal and external quality controls							
4	Follows the biosafety manual and ACDP guidance on laboratory safety							
<b>Communication and attitude</b>								
1	Communicates effectively with colleagues							
2	Ability to recognize and value the contribution of others							
3	Accessible and reliable							
4	Supportive and accepts appropriate responsibility							
5	Works well within a team							
6	Punctuality							
<b>Maintaining trust</b>								
1	Polite, considerate and honest to colleagues							
2	Treats colleagues fairly and without discrimination							
3	Honest and objective when appraising/ assessing colleagues							
4	Integrity							



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**Multisource Feedback**

**Assessment Form**

Are there any concerns about this doctor's probity or health?

- Yes
- No

If yes, please provide details

Please comment to support your scoring

Especially if there are any areas of concern with a score of 3 or less

Please add any additional comments.



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**Educational Supervisor Meeting  
Report**

**Trainee Name:**

**Educational Supervisor:**

**Date of Meeting:**

**Time Period Reviewed:**

**Hospital Base:** Mater Dei Hospital

**Lead Clinical Supervisor:**

**1 Review of agreed learning objectives  
(See attached learning plan template)**

Learning objective	Progress

**2 Work place based assessments**

Assessment	No.	Date completed	Summary of comments
<b>DOPS</b>	1		
	2		
	3		
	4		
	5		
	6		
<b>CbD</b>	1		
	2		
	3		
	4		
	5		
	6		
<b>ECE</b>	1		



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**Educational Supervisor Meeting  
Report**

	2		
	3		
	4		
	5		
	6		
<b>Multisource feedback (MSF)</b>	1		
	2		
	3		

**3 Examination progress**

Examination/ Assessment attempted	Date attempted	Outcome	Timeframe for next attempt <i>(if applicable)</i>

**4 Experiential outcomes**

<b>Audit</b>		
Date	Outcome	Comment

<b>Research and laboratory projects</b>		
Date	Outcome	Comment

<b>Publications</b>	
Status (e.g. published, submitted for publication)	Comment



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<b>Management development</b>	
<b>Activity (including any courses attended)</b>	<b>Comment</b>

<b>Presentations</b>		
<b>Date</b>	<b>Title of presentation</b>	<b>Comment</b>

<b>Courses attended (including CPD)</b>		
<b>Date</b>	<b>Course attended</b>	<b>Comment</b>

<b>Clinical experience</b>	
<b>Date</b>	<b>Activity</b>

**5 | Agreed learning objectives for next review period**

See attached action plan template.

**6 | Further comments**

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**7 | Date and time of next meeting**

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**Signed**

Trainee..... Date.....

Educational Supervisor..... Date.....





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Report**

**ACTION PLAN**

**Trainee name** .....

**Date of next meeting**.....

<b>Aim</b>	<b>Method to achieve aim</b>	<b>Method to confirm achievement</b>	<b>Target date</b>	<b>Completion date</b>