



Joint Committee on Specialist Training

Supervisor's Performance Appraisal of AST Traineeship Applicant (FOR LATEST COMPLETED POSTING)

For the period: _____ to _____ (minimum 6 months)
(dd/mm/yy) (dd/mm/yy)

Name of Applicant: _____ NRIC/ Passport no: _____

Department / Hospital: _____

	Unsatisfactory	Average	Above Average	Outstanding	Not Applicable (e.g. not assessed)
Responsibility & Commitment Willingness to accept and is reliable in discharging responsibilities; if necessary, is prepared to make personal sacrifices to get the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Ability to adapt to local healthcare practices; Ability to communicate effectively and show empathy during interactions with patients and colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability Ability to fulfil duties and adapt to changes while remaining stable, effective and productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity Display of honesty and righteousness in character in his/her work and in dealing with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork Ability to work with staff of all levels; communication with colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Output Ability to maintain a consistently high level of output.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills (includes medical recording, power of analysis, judgement, communication and consultative skills, professional knowledge and organisation of work.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Skills (includes diagnostic procedures, therapeutic procedures & knowledge of state of the art.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Ability (includes attendance and active participation [i.e. teaching] at CME activities such as seminars, courses and workshops.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks on suitability for AST/Seamless post and potential as a specialist

Supervisor's Name & Signature (1): _____

Designation: _____

Date: _____

Supervisor's Name & Signature (2)*: _____

Designation: _____

Date: _____

* Applicable to BST trainee who has an AST trainee as supervisor.

(NOTE: Applicants are required to have this form duly filled in and signed, and submitted together with their AST application form.)