

# Medical Board of Queensland

## ASSESSMENT FORM SPECIAL PURPOSE REGISTRANTS

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

**Instructions**

- Assessment form **MUST NOT** be completed by a person related to the registrant
- Assessor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the assessor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the assessor must complete the Improving Performance Action Plan at the end of this form.
- The assessment form must be completed by the clinical supervisor or mentor nominated on the Area of Need Certificate or training program approved by the Board.
- The clinical supervisor or mentor must currently hold General, Specialist or Special Purpose Section 138 registration with the Board.
- The assessor is to attach a brief explanation as to how the supervision or monitoring was undertaken.

Name of Registrant..... DINESH C.P. SHARMA Registration Number... 1030636.....  
 Position .. SMO - ORTHOPAEDICS.....  
 Period of Assessment .. Till 15/06/05.....

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
<b>CLINICAL</b>						
<i>Knowledge base</i> Demonstrates adequate knowledge of basic and clinical sciences.			✓			
<i>Clinical skills</i> Elicits and records accurate, complete history and clinical examination findings.			✓			
<i>Clinical judgement/decision making skills</i> Organises, synthesises and acts on information and applies knowledge base.			✓			
<i>Emergency skills</i> Acts effectively and when appropriate acknowledges own limitations and seeks help			✓			
<i>Procedural skills</i> Performs procedures competently			✓			
<b>COMMUNICATION</b>						
<i>Patient and Family</i> Interacts effectively and sensitively with patients and families/care givers.			✓			
<i>Medical Records/Clinical Documentation</i> Provides clear, comprehensive and accurate records.			✓			
<b>PERSONAL AND PROFESSIONAL</b>						
<i>Professional Responsibility.</i> Demonstrates punctuality, reliability, honesty, self-care.			✓			
<i>Teaching</i> Participates in teaching other healthcare professionals, patients and/or care providers.			✓			
<i>Time management skills</i> Organises and prioritises tasks to be undertaken.			✓			
<i>Teamwork and colleagues</i> Works and communicates effectively within a team.			✓			

Supervisors must comment on the following:

List strengths: DILIGENT AND RELIABLE  
DEMONSTRATES SOUND CLINICAL JUDGEMENT  
AND SKILLS IN MINOR ORTHOPAEDIC  
SURGERY AND TRAUMA  
GOOD TEAM MEMBER

List areas for improvement: FORMAL ORTHOPAEDIC TRAINING WITH  
AOA RECOMMENDED, DR. SHARMA HAS APPLIED  
FOR A TRAINING POSITION WITH AOA AND  
IS AWAITING OUTCOME

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

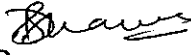

NOT APPLICABLE

**Improving Performance Action Plan** (to be completed by Registrant with Supervisor)

Issue	Actions/Tasks (including timeframes)	Review Date
/	/	

Has the registrant had a formal feedback session about this assessment?  Yes  No

Signatures:

Registrant	<u>JINESH SHARMA</u> Name (please print)	Signature		Date <u>16/06/05</u>
Assessor	<u>DR. MORGAN N. NAIDOO</u> Name (please print)	Signature		Date <u>16.06.05</u>
Capacity in which assessor has observed the registrant's practice of medicine ..... (eg direct supervision, practice within same clinic, mentor, consultant to whom referrals are made)				
Assessor's registration number	<u>755625</u>			

CONSULTANT