

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA



Indicate Associate Fellow's No. ....

Indicate Faculty .....  
.....

ANNUAL PROGRESS REPORT ON REGISTERED RESIDENTS ASSOCIATE FELLOWS OF THE COLLEGE

The completed form must reach the Training and monitoring (TAM) office of the College before 31<sup>st</sup> of January of immediate post assessment year.

This section below to be completed by Associate fellows

SECTION A.

ASSESSMENT PERIOD /YEAR: .....

1. Name of Resident: .....  
Surname Middle name Other name

2. Accredited training institution: ..... 3. Training department:.....

4. Date Residency Training began .....

5. Fellowship Examination Passed:

a) Primary Fellowship: Yes/No/Exempted Date ..... b) Part One Fellowship: Yes/No/Exempted Date.....

6. Date of Fellowship examination in view:

a. Part One ..... Part Two .....

7. (a) Ongoing research topic in your department in which you are involved .....  
.....

- (b) Level of involvement in research (1) Conceptualization of the study (2) Literature Review (3) Design of the study (4) Implementation and data collection (5) Data analysis /Draft report writing (6) Critical Review/Finalization for report writing
- (c) Name of Project Coordinator .....

**(List (a) – (c) for each study on extra sheet if more than one)**

8. Continuing Professional development:

(a)

<b>Conferences attended in the current year</b>	<i>Date/Venue</i>	<i>Title of paper Read</i>

*\* To attach certificate of attendance*

(b)

<i>Update Courses attended</i>	<i>Date/venue</i>	<i>Name of organizing body</i>

*\* To attach certificate of attendance*

9. Declaration by the Resident:

I hereby declare that the information stated above is to the best of my knowledge and belief accurate in every detail.

Names ..... Signature and date .....

## SECTION B

10. This section should be filled by supervising Consultants or Trainers  
*Clinical postings satisfactorily completed in the current year under view*

Clinical postings	Duration	Objective Assessment															Name & signature of supervising consultants (minimum of two)	
		10	10	10	10	10	Communication Skills					10	10	10	10	10		
		Cognitive Knowledge	Clinical Judgment	Ability to cope with emergencies	Level of Motivation	Capacity for independent learning	Competence in Writing essay	Competence in Case presentation	Competence in writing	Competence in Journal review	Teaching	Research	Administrative/Management	Ethical behaviour				Ethical & Professional Conduct
													◆	◆◆	Relationship with Colleagues	Doctor/Patient Relationship		
Global assessment statement																		

Rating Scale Score over 10

8 - 10	<b>Excellent (A)</b>
6 - 7	<b>Good (B)</b>
5	<b>Average (C)</b>
<4	<b>Poor (D)</b>

**REMARKS**

- ◆ Encompassing punctuality, availability concern for patient, perseverance and problem solving
- ◆◆ Encompassing reliability initiative and commitment

A doctor considered to be below average in the global assessment should not be eligible to sit for the Fellowship Examination for the current year.

◆ Period of strike action or leave of absence should not be counted as part of training.

A score of "D" in Ethical and Professional conduct during the posting should attract a sanction and this should reflect in the global assessment statement.

**11. In course assessment examinations conducted by the training department**

<i>Examination</i>		<i>Scores</i>	<i>Remark</i>
<i>MCQ</i>			
<i>WRITTEN</i>			
<i>CLINICALS CASES:</i>	<i>SHORT</i>		
	<i>LONG</i>		
<i>OSCE</i>			
<i>VIVA VOCE</i>			

**12. CERTIFICATION BY DEPARTMENTAL TRAINING COMMITTEE**

We hereby certify and attest that Dr. ....

- (a) **Satisfactorily/ unsatisfactorily** completed the year under review, in the Residency Training Programme in the specialty of .....of this Institution.
- (b) Obtained the **Grades** stated above and passed/failed the departmental continuous assessment examination appropriate for his/her current level of Residency Training.

**13. RECOMMENDATION (Mark as appropriate)**

- 1. All considered, this resident is/is not making satisfactory progress. This resident may/should not proceed to the next phase of training.
- 2. This resident needs remedial attention to:  
Cognitive Knowledge **Yes/No** Technical Skill **Yes/No** Communication Skills **Yes/No** Ethical behaviour **Yes/No**
- 3. This resident should specifically repeat the training period in

.....  
.....

Trainers:

1. *Names* .....  
*Signature & Date* .....  
*Fellowship Qualification & Date obtained*.....

2. *Names* .....  
*Signature & Date* .....  
*Fellowship Qualification & Date obtained*.....

3. *Names* .....  
*Signature & Date* .....  
*Fellowship Qualification & Date obtained*.....

4. *Names* .....  
*Signature & Date* .....  
*Fellowship Qualification & Date obtained*.....

5. *Names* .....  
Head of Department:  
*Signature & Date* .....  
*Fellowship Qualification & Date obtained*.....

**Official Stamp:**

*If more than five consultants please attach additional sheet*

14. To be completed by the Chief Medical Director or Director of Training Institution

This institution has taken due note of DR.....

and the required action has been taken.

Signed.....

Chief Medical Director

or

Director of Training

*The CMD or the Head of the Training Institution should return the endorsed form back to the Head of the Department  
This form should be forwarded to the Officer in charge of Training and Monitoring (TAM) of the NPMCN by Head of  
Department after the CMD endorsement.*

15. To be completed by the Secretary Faculty of .....

The **Faculty Board** has taken due note of the performance of: DR.....

Signed.....

Faculty Secretary

16. To be completed by the **College Registrar**

The report has been duly noted

Signed.....

College Registrar