ASSESSMENT OF CONSULTATION SKILLS –CONSULTATION SKILLS REVIEW *(updated on 29 May 2026)*

NAME OF TRAINEE: _____

CLINICAL SUPERVISOR: _____ DATE: _____

PLEASE RATE THE TRAINEE'S Level of competence in the following areas:

(0: Unaware, 1: Aware of deficiencies, 2: know skills, 3: Show and apply partly w effort, 4: Integration, 5: mastery)

Assessment Record

	Consultation (Sample)	Consultation 1	Consultation 2	Consultation 3	Consultation 4	Consultation 5	Consultation 6	Consultation 7	Consultation 8	**Overall Competence Level (0-5)**
Higher Competence / **Generic Consultation Competence**	*Family Interview*									
Interviewing and history taking (20%)	*20%*									
Physical Examination (10%)	*10%*									
Patient Management (20%)	*20%*									
Problem solving (20%)	*20%*									
Behaviour and relationship with patients (10%)	*10%*									
Anticipatory Care (10%)	*10%*									
Record Keeping (10%)	*10%*									
Total mark (100%)	*100%*									**/5**
Higher competence (0-5)	***3***									**/5**
Overall Level of Competence (0-5)	***3***									**/5**
(For trainee) Video Submitted to BVTS (if yes*, pls quo the case no.)	*~~Yes*/ No~~ 1*	Yes*/ No	Yes*/ No	Yes*/ No	Yes*/ No	Yes*/ No	Yes*/ No	Yes*/ No	Yes*/ No	

OVERALL COMMENTS ON CONSULTATION SKILLS:

Strengths:

_____

Prioritised strategies for improvement in identified areas of weakness:

_____

_____

COMMENTS and Recommendation on Higher Competencies:

_____

_____

_____

_____

Signature of Clinical Supervisor: _____

Name of Clinical Supervisor in Block Letters: _____