SLMC COPY

PROGRESS REPORT – Orthodontics

Name with initials:..... SLMC Provisional Reg. No:.....

Appointment : From ..... To .....

Name of the consultant:..... Specialty: **Orthodontics**

Grading evaluation: [Three months appointment]

0=very poor, 1=poor, 2 average, 3=good, 4=very good

	Grade	Remarks/Comments
1 Clinical history, examination and documentation*		
2. Management of relevant patient problems *		
3. Treatment planning and prioritization*		
4. Practical skills*		
5. Ethics and attitudes*		

1. Includes taking a required case history thorough clinical examination and their entry in the clinic notes in sufficient detail, developing a clinical summary, instructions of superiors, procedure notes, etc.
2. Includes, requesting relevant investigations in order to arrive at a diagnosis, identification of a problem list, under the supervision of the consultant orthodontist.
3. Includes the development of required knowledge for identification of different treatment options for the given patient and appropriate referral.
4. Includes performance of assisting at major procedures and performing minor procedures under supervision.
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
6. Additional comments on the back of this page
7. Received my evaluation certificate.

.....
Intern's Signature

.....	.....	.....	.....
Name of the Consultant	Seal	Signature	Date
.....	.....	.....	.....
Head of Institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions: