Clinical Rotation Assessment Form (CRAF)

Car	ndidate	Name:							
ACI	PS Fello	ow Name:							
Per	iod of	Rotation:	Start I	Date: /	_/ Enc	Date: /	Date: /		
Tot	al Sess	ion Numbe							
1.	Know	rledge							
		nteraction	Unsatisfactory	Marginal	Satisfactory	Excellent	Superior		
	a.	Knowledge	e of medical conditi	ons applicable t	o clinical practice				
	b.	— Knowledge	e relating to biomed	 chanics	_	_	_		
	c.	Knowledge	e relating to fundan	nentals of surger	y \square				
	d.	□ Ahility to i	ப nterpret laboratory	tests		Ш			
	u.								
	e.	Ability to in	nterpret imaging st	udies	_	_	_		
		∐ ^1 ·1··				Ш			
	f.	Ability to r	ecognise and mana	ige common foo	t and ankle conditio	ns			
	g.	Knowledge	e in clinical pharma	cology					
	Please 6	explain any rati	ng Marginal or Below:						
2.	Skills								
	No in	nteraction	Unsatisfactory	Marginal	Satisfactory	Excellent	Superior		
	a.	Ability to p	erform and accura	tely record histo	ry of presenting cor	mplaint			
		□				Ш			
	b.	Ability to p	erform and accura	tely record phys	ical examination				
	c.	Ability to p	resent a differentia	al diagnosis					
	d.	d. Capability to gather information, make a diagnosis, suggest investigations and formulate a management plan							

e.	Manual Dexterity				
c.					
f.	Ability to apply padd	ng, dressings and casts		П	П
g.	Ability to listen and c	ommunicate with patients			
h.	Ability to elicit adequ	ate and relevant informatio	on		
i.	Ability to organise an	d present patient informati	on		
Dlagge	explain any rating Marginal o	T Polous			
	enpiam any racing marginar	. 50.011			
3. Profe	essionalism				
No ir	nteraction Unsatisf	actory Marginal	Satisfactory	Excellent	Superior
a.	Does the candidate o	bserve and follow establish	ed protocol?		
a.	Attendance and time	management LJ	Ш	Ш	Ш
					
b.	Motivation to learn				
c.	Respect for patients	and colleagues			
d.	Ability to work in a te	∟ am	Ш	Ш	Ш
					
e.	Recognition of own li	mitations	П	П	П
f.	Balancing external co	mmitments	_	_	_
Please	explain any rating Marginal o	r Below:			
ACPS Fell	ow Signature:			Date:/	_/
				ī	
	e Signature:			Date:/	