

ADEPT

To be completed and signed by the evaluator

VED _____

GDC No. _____

Evaluator _____

GDC No. _____

Date of ADEPT

Description of case / encounter

Please grade the following areas using the scale 1 - 6	Needs Improvement		Borderline	Acceptable		Above expectations	Not observed
	1	2	3	4	5	6	
Patient examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis / clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (patient & team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management & organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After feedback given on the assessment please rate: VED's insight into own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas of good performance

Areas for development

Minutes spent observing

Minutes spent giving feedback

Tick the clinical competencies met by this ADEPT

Patient examination & diagnosis	<input type="checkbox"/>
Replacement of teeth	<input type="checkbox"/>
Restoration of teeth	<input type="checkbox"/>
Management of developing dentition	<input type="checkbox"/>
Non-surgical management of the hard & soft tissues of the head & neck	<input type="checkbox"/>
Hard & soft tissue surgery	<input type="checkbox"/>
Periodontal therapy & management of soft tissue	<input type="checkbox"/>
Anaesthesia, sedation, pain & anxiety control	<input type="checkbox"/>
Medical & dental emergencies	<input type="checkbox"/>
Health promotion & patient management	<input type="checkbox"/>
Treatment planning and patient	<input type="checkbox"/>

VED's comments, if any

Signature of Evaluator

Please be sure that this form is complete before you place your signature as once it is signed it will be locked and no addition or alteration can be made.