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| TO BE COMPLETED BY ASSESSOR  |

Trainee Name: …………………………………………………………….. Date of Assessment:

Year of Training Program:

Assessor’s Name: ………………………………………………………….. Assessor’s Position: ……………………………………………………..…

Research Article Selected for RbD: ..………………………………………………………………………………………………………………………………….

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| TRAINEE ANALYSYS OF RESEARCH ARTICLE  |

Aspects of the research article analysis the trainee did very well:

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Aspects of the research article analysis where the trainee requires more work:

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Other comments:

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Please tick this box if the trainee has clearly demonstrated the following:

High level analytical skills when discussing the study

Awareness of the strengths and weaknesses of the study

Awareness of the study’s potential impact on contemporary practice

Trainee signature: Date:

Training Supervisor’s signature: Date: