

Clinical Evaluation Exercise (CEX)

Trainee		Assessor	
Name / GMC/GDC/IMC number:		Name / GMC/GDC/IMC number:	
Assessment date:		Hospital CEX took place:	
FEEDBACK:			
Verbal and written feedback is a mandatory component of this assessment.			
General			
Strengths			
Development needs			
Recommended actions			
TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)			
What did I learn from this experience?			
What did I do well?			
What do I need to improve or change? How will I achieve it?			
RATINGS			
Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.			
How do you rate this trainee in their: O: Outstanding S: Satisfactory D: Development required N: Not assessed		GLOBAL SUMMARY Please tick the overall level at which the CEX was performed, if there was sufficient evidence to make a judgement:	
1. History taking skills		Level 0	Below that expected for early years training
2. Physical examination skills			
3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training or early specialty training
6. Communication and listening skills			
7. Organisation and time management		Level 3	Appropriate for central period of specialty training
8. Professionalism		Level 4	Appropriate for Certification / CCST
CEX DETAILS			
Clinical setting:		Emergency / Elective (please circle)	
Performed in a simulated setting <input type="checkbox"/> Description of the simulation:			
CEX performed while on a course Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:			
Summary of the clinical problem:			
Focus of encounter:	History	Exam	Diagnosis
			Management
			Explanation
			Consent
Complexity of the case:	1. Appropriate for early years training		
	2. Appropriate for the completion of early years training or early specialty training		
	3. Appropriate for the central period of specialty training		
	4. Appropriate for Certification / Completion of Specialty Training (CCST)		
Trainee's signature:		Assessor's signature:	