

Trainee		Assessor	
Name / GMC/GDC/IMC number:		Name / GMC/GDC/IMC number:	
Assessment date:		Hospital CEXC 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. Demonstrates sound knowledge of indications and contraindications specific to the procedure under discussion, including alternatives to surgery		Level 0	Below that expected for early years training
2. Demonstrates awareness of sequelae of operative or non operative management		Level 1	Appropriate for early years training
3. Demonstrates sound knowledge of complications of surgery		Level 2	Appropriate for completion of early years training or early specialty training
4. Explains the procedure to the patient / relatives / carers and checks understanding		Level 3	Appropriate for central period of specialty training
5. Explains likely outcome and time to recovery and checks understanding		Level 4	Appropriate for Certification / CCST
6. Professionalism			
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:			
Procedure: <Logbook picker>		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:	