Simulator Exercise (SIM)

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| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Clinical scenario observed** | **Curriculum elements covered** |
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| **Please TICK to indicate the standard of the trainee’s performance in each area**  | *Not observed* | *Further core learning needed* | *Demonstrates good practice* | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* |
| Initial operational approach |  |  |  |  |  |
| Initial clinical approach |  |  |  |  |  |
| History and information gathering |  |  |  |  |  |
| Examination |  |  |  |  |  |
| Clinical decision making and judgment |  |  |  |  |  |
| Communication with patient, relatives, staff |  |  |  |  |  |
| Overall plan |  |  |  |  |  |
| Adherence to Good Medical Practice  |  |  |  |  |  |

Mini-Clinical Evaluation Exercise (CEX) (cont.)

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| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Areas of strength** |
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| **Areas for improvement** |
|  |
| **Action plan** |
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| Assessor Signature: | Trainee Signature: |