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** | | | | |
|  | | | | |
| **Areas for improvement** | | | | |
|  | | | | |
| **Action plan** | | | | |
|  | | | | |
| Assessor Signature: | | Trainee Signature: | | |