



Trainee's name:		GMC N°:		Stage of training: A B C D
Assessor's name:		Please circle one	Consultant Senior Trainee	SAS Other
Patient problem/diagnosis:				

Indicate focus for assessment (refer to topics in curriculum). One or more may be selected.

<input type="checkbox"/> Data gathering	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Management	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other
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Setting

<input type="checkbox"/> Out-patient	<input type="checkbox"/> In-patient	<input type="checkbox"/> Other (please specify)	
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Is the patient:

<input type="checkbox"/> New	<input type="checkbox"/> Follow-up
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What type of consultation was this?

<input type="checkbox"/> Good news	<input type="checkbox"/> Bad news	<input type="checkbox"/> Neither
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Complexity of procedure:	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> High
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Please ensure this patient is not identifiable

Please comment on what was done well, areas for improvement and any issues of patient safety. Please note constructive feedback is required in order for this assessment to be valid. Do aim to identify areas for learning and reflection.

1	Medical interviewing skills	
2	Physical examination skills	
3	Consideration for patient/professionalism	
4	Clinical judgement	
5	Counselling and communication skills	
6	Organisation/efficiency	
7	Overall clinical competence	

Future learning aims and development plan

Based on this assessment, please give your impression of the overall competence the trainee has shown:

<input type="checkbox"/>	Not performed at the level expected for the year of training	Did not demonstrate satisfactory practical skills in the procedure
<input type="checkbox"/>	Performed at the level expected for the year of training	Demonstrates consultation skills resulting in history and/or examination findings that is consistent with the year of training
<input type="checkbox"/>	Performed at a level that is higher than expected for the year of training	Demonstrates consultation skills resulting in history and/or examination findings that exceeds the level expected for the year of training

Please indicate the status of this assessment.

Formative Summative

Date of assessment:

Time taken for assessment:

Time taken for feedback:

Signature of assessor:

Signature of trainee: