

## MBCTS Clinical Evaluation Exercise (CEX) Form

Trainee		Assessor			
Name:		Name:			
IC number:		IC number:			
Hospital:		Position:			
Training Year:		E-mail:			
		Phone No:			
Clinical setting (e.g. Outpatients/Ward):					
Summary of the clinical problem:					
<b>Focus of encounter:</b>		<input type="checkbox"/> History <input type="checkbox"/> Examination <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation <input type="checkbox"/> Consent			
<b>Complexity of the case:</b>		1. Appropriate for Years 1-2			
		2. Appropriate for Years 3-4			
		3. Appropriate for Years 5-6			
		4. Appropriate for Certificate of Completion of Training (CCT)			
<b>ASSESSMENT RATINGS</b>					
Your assessment ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training					
<b>How do you rate this trainee in their:</b>		Outstanding	Satisfactory	Development required	Not assessed
1. History taking skills					
2. Physical examination skills					
3. Diagnostic skills and underlying knowledge base					
4. Management and follow-up planning					
5. Clinical judgement and decision making					
6. Communication and listening skills					
7. Organisation and time management					
<b>FEEDBACK:</b> Verbal feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions of development which were highlighted during discussion with the trainee:					
<b>GLOBAL SUMMARY</b>					
After summarising the discussion with the trainee in the box above, please complete the overall level at which the Case-Based Discussion was performed on this occasion, if there was sufficient evidence to make a judgement:					
Level 0	Below that expected for Year 1				
Level 1	Appropriate for Years 1-2				
Level 2	Appropriate for Years 3-4				
Level 3	Appropriate for Years 5-6				
Level 4	Appropriate for Certificate of Completion of Training (CCT)				
Time taken for observation (mins):		Time taken for feedback (mins):			
Date:	Trainee's signature:		Assessor's signature:		

