**CLINICAL EVALUATION EXERCISE (CEX): HIGHER SURGICAL TRAINING IN NEUROSURGERY**

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| **Date (dd/mm/yy):** |
| **Trainee Name:** | **Assessor Name & Institutional Email:** |
| **Parent Hospital:** | **Current Hospital:** |
| **Year of training:**  |
| **Clinical problem:** General/ Skull-base/ Vascular/ Neuro-oncology/ Functional/ Spine/ Pediatric/  Other (specify):  |
| **Summary of case:**  |
| **Difficulty of case:**  | Basic □ | Straightforward □ | Difficult □ |

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| **ASSESSMENT RATINGS**Please provide your ratings of the trainee’s performance in each skill area observed today.**This is judged against the standard expected at the *end* of training.** |
| **Domain** | **Not observed** | **1****Well below****expectations** | **2****Below****expectations** | **3****Just meets****expectations** | **4****Meets****expectations** | **5****Exceeds****expectations** |
| **(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** |  |  |  |  |  |  |
| **(8) Leadership skills** |  |  |  |  |  |  |
| **FEEDBACK**Verbal feedback is a mandatory component of this assessment.Please use this space to record areas of strength and suggestions for development, which were highlighted during discussion with the trainee. |
| General feedback |  |
| What went well? |  |
| What needs to be better? |  |
| Action required to achieve this? |  |
| **GLOBAL SUMMARY**Please provide an overall rating on the trainee’s performance.This is judged against the standard expected at their current stage of training. |
| Level 1 | Below that expected for **their current stage** of training | □ |
| Level 2 | Appropriate for **their current stage** of training | □ |
| Level 3 | Exceeds expectations for **their current stage** of training | □ |
| Time taken for observation (mins): | Time taken for feedback (mins): |
| **Date:** | **Trainee Signature:** | **Assessor Signature:** |

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| **General guidelines on CEX**Trainees must complete and send 2 of these forms (one per case) to the College Secretariat to fulfill JSF Examination eligibility requirements.*\* A copy of this form should be made and retained by the trainee for his / her personal record.* |