**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.* |