

EXAMINER - please enter your number and put an X in the correct boxes										
No.	0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROLE PLAYER - please enter your number and put an X in the boxes										
No.	0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE	SESSION
<input type="text"/>	<input type="text"/>

CANDIDATE NUMBER
<input type="text"/>

CANDIDATE NAME
<input type="text"/>

SHEET NUMBER
<input type="text"/>

CIRCUIT	STATION
<input type="text"/>	<input type="text"/>



CATEGORY
<input type="text"/>

CLINICAL SKILL
Management

Please place an **X** only accurately within your chosen box to register a mark
 If you make a mistake fill in the wrongly marked box

COMPETENCY DOMAINS	VERY POOR	POOR	GOOD	VERY GOOD	EXCELLENT
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL JUDGEMENT	SEVERE FAIL	FAIL	BORDERLINE FAIL	BORDERLINE PASS	PASS	EXCELLENT PASS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DETAILED FEEDBACK		
Management		
1	Does not formulate problem effectively	<input type="checkbox"/>
2	Fails to recognise significance of findings/results	<input type="checkbox"/>
3	Does not develop adequate management plan that reflects knowledge of current best practice	<input type="checkbox"/>
4	Does not pay sufficient attention to patient's physical health/views	<input type="checkbox"/>
5	Does not develop adequate risk management plan. Plan does not reflect risks of different management options	<input type="checkbox"/>
6	Does not identify appropriate psychological or social interventions	<input type="checkbox"/>
Communication		
7	Disorganised/unstructured consultation. Poor management of consultation	<input type="checkbox"/>
8	Consultation appears formulaic	<input type="checkbox"/>
9	Does not show appropriate attitude or behaviour	<input type="checkbox"/>
10	Poor listening skills. Poor use and response to cues	<input type="checkbox"/>
11	Poor questioning style	<input type="checkbox"/>
12	Poor use of language in context of scenario	<input type="checkbox"/>