

Trainee's GMC Number CP Date of Assessment 20
 Surname: Forename:



Case Presentation - eg Grand Round (CP) ST All levels

ST level of trainee: Diag: F F F Complexity: **low** **mod** **high**

	Below standard for end of ST level			Meets standard for ST level completion	Above expected ST level standard		
	1	2	3	4	5	6	u/c
1. Assessment and clinical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interpretation of clinical evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use of investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presentation and delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Global rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Based on this assessment, how would you rate the Trainee's performance at this stage of training?	Below expectations			satisfactory	better than expected		u/c
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Assessor's position: Consultant SASG Psychologist Nurse (Band 8 or above)
 Other (Profession: Seniority:)
 Assessor's signature.....

Please print Assessor's name.....

Assessor's Registration number

Date: