

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"/>

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

CANDIDATE NUMBER

CANDIDATE NAME

SHEET NUMBER

CIRCUIT	STATION



CATEGORY

CLINICAL SKILL

History

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="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"/>

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

History taking

1	Does not identify issues or priorities	<input type="checkbox"/>
2	Fails to recognise significance of aspects of history	<input type="checkbox"/>
3	Does not elicit the presence or explore in enough detail relevant symptoms/details in the history	<input type="checkbox"/>
4	Does not demonstrate adequate skills in risk assessment	<input type="checkbox"/>
5	Does not pay sufficient attention to patient's physical health/views	<input type="checkbox"/>
6	Does not identify appropriate psychological or social information	<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"/>