**Inter-Collegiate Board for Training in Pre-Hospital Emergency Medicine**

Simulator Exercise (SIM)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee name:** | |  | | | **Training Phase:** | | |  | |
| Assessor name: | |  | | | Registration no: | | |  | |
| Grade of assessor: | |  | | | Date | | |  | |
| **Clinical scenario observed** | | | | | **Curriculum elements covered** | | | | |
|  | | | | |  | | | | |
|  | | | | |
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|  | | | | |
|  | | | | |
| **Formative?** | | | | **Summative?** | | | | | |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | *Not observed* | | *Further core learning needed* | | | *Demonstrates good practice* | | | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* | |
| Initial operational approach |  | |  | | |  |  | |  |
| Initial clinical approach |  | |  | | |  |  | |  |
| History and information gathering |  | |  | | |  |  | |  |
| Examination |  | |  | | |  |  | |  |
| Clinical decision making and judgment |  | |  | | |  |  | |  |
| Communication with patient, relatives, staff |  | |  | | |  |  | |  |
| Overall plan |  | |  | | |  |  | |  |
| Adherence to Good Medical Practice |  | |  | | |  |  | |  |

**Inter-Collegiate Board for Training in Pre-Hospital Emergency Medicine**

Mini-Clinical Evaluation Exercise (CEX) (cont.)

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| --- | --- | --- | --- | --- | --- | --- |
| **Trainee name:** | |  | | **Training Phase:** | |  |
| Assessor name: | |  | | Registration no: | |  |
| Grade of assessor: | |  | | Date | |  |
| **Areas of strength** | | | | | | |
|  | | | | | | |
| **Areas for improvement** | | | | | | |
|  | | | | | | |
| **Action plan** | | | | | | |
|  | | | | | | |
| If summative: | Fail | | Pass | | Good pass | |
| Assessor Signature: | | | Trainee Signature: | | | |

**Guidance notes for rating satisfactory or unsatisfactory performance**

**Mini-Clinical Evaluation Exercise (CEX)**

The following table provides descriptors of unsatisfactory performance in a CEX which can be used for providing feed back to the trainee.

|  |  |
| --- | --- |
| Domain | Descriptors of unsatisfactory performance |
| Initial approach | Scene safety, personal safety and/or dynamic risk assessment were omitted or undertaken haphazardly |
| Scene survey, history & information gathering | Scene survey was omitted or haphazard  History taking was not focused  Critical symptoms or symptom patterns were not recognized  Failure to gather all the important information from the patient or other sources, missing important points  Non-engagement with the patient or inappropriate delegation  Unable to elicit history in difficult circumstances – busy, noisy, multiple demands |
| Examination | Failure to detect/elicit and interpret important physical signs  Failure to maintain dignity and privacy when possible |
| Monitoring & investigations | Failure to use appropriate monitoring and/or diagnostic tests with recognition of need for reassessment |
| Clinical decision making & judgement | Failure to identify the most likely diagnosis in a given situation  Failure to construct a likely differential diagnosis  Failure to identify patients who require hospitalisation or not  Failure to recognise atypical presentation  Failure to recognise urgency of case  Failure to select the most effective treatments  Failure to make decisions in a timely fashion  Decisions made which do not reflect clear understanding of underlying principles  Failure to reassess patient  Lack of anticipation for need of interventions and slow to respond to changes in patient’s condition  Failure to review effect of interventions |
| Communication with crew, patient, relatives, other staff | Communication skills with colleagues   * Failure to listen to other views * Failure to discuss issues with the team * Failure to follow the lead of others when appropriate * Rude behaviour * Failure to give clear and timely instructions * Failure to seek advice   Communication with patients   * Failure to elicit concerns, understanding or expectations of the patient, * Failure to inform patient and educate when appropriate * Failure to protect patient’s dignity when possible * Insensitivity to patient’s opinions, hopes or fears * Failure to explain plans and risks of treatment when appropriate in a way the patient could understand |
| Overall care | Failure to ensure that the patient is in a safe monitored environment  Failure to anticipate or recognise complications  Failure to focus sufficinertl on safe practice  Failure to follow published standard guidelines or protocols  Failure to follow infection control measures  Failure to safely administer medication |