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Candidate and assessor information

Candidate Name	RITA ANDERSON	Assessor Name	B McGrath
Candidate ID	20/2/14	Assessor ID	Physician

Patient information

Patient Age	87	Patient Sex	f	Patient Location	Ward
Chief Complaint	AF, CCF Ischaemic heart disease, Go reflux				

Assessment domain

History	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
History and examination	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Differential diagnosis, management and problem list	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Investigation, examination, and follow-up	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Global rating

Global Rating	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Assessor's comments

1. Sound clinical assessment & good skills overall
2. Documentation of initial assessment & management plan should cover all key issues, i.e. chest pain, oedema/ccf & important negatives e.g. diabetes
3. Results must be documented & commented on
4. Advise get into the habit of final dot point summary of issues & MX at discharge - puts your thoughts out there & good learning strategy to check against more experienced practitioner

Signature of assessor:

Date: / /

Signature of candidate:

Date: / /