

Anaesthesia Clinical Evaluation Exercise [A-CEX] Assessment Form

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observation _____

IAC/IAOC Code _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Signature of supervising doctor _____

Clinical Setting:

Theatre ICU ED Delivery Suite Pain Clinic HDU Transfer Other

What level of supervision does the trainee require for this case?

- Supervisor in theatre
- Supervisor in theatre suite
- Distant supervision

What went well? *	
What could have gone better? *	
Plan for learning and development**	

Possible areas for feedback:

*	<i>Planning, preparation, grasp of theoretical background, understood procedure and alternatives, plans and risks explained to patient, handling of patient, team communication, ability to cope with problems, mindful of cross-infection, ability to evaluate own performance, maintenance of records, post-procedure instructions, professional standards</i>
**	<i>e-Learning, simulation, courses, targeted clinical experience, journals</i>