



Trainee:		Year of training:	
Hospital/venue:		Month/ Year:	
Trainer:		Rank of Trainer:	
Mini-CEX details			
Clinical problem/ diagnosis			
Specialty		Context	OPD/ Ward/ AED
Focus	History/ Physical exam/ Investigation		

Trainee's reflection:
Specific area in which I wish to receive feedback:
What I had done well?
What can be improved and how to achieve that?
What did I learn from this experience?
Trainer's feedback: (Please focus at least one and at most three domains)
Feedback 1:
Feedback 2:
Feedback 3:

General Feedback		
N = not applicable; I = improvement required ; C = compatible with level of training ; E = excellent		
	Rating (N/I/C/E)	Remarks
History taking skills		
Physical examination skills		
Clinical reasoning and use of investigation		
Shared decision making		
Relevant Orthopaedic knowledge		
Organization and efficiency		
Communication and listening skills		
Health advocacy		
Professionalism		

Entrustment level recommended		Please tick
Level 1	Allowed to observe or assist only in the next similar WBA	
Level 2	Allowed to execute next similar WBA with direct or proactive supervision	
Level 3	Allowed to execute next similar WBA with indirect or quickly available supervision	
Level 4	Allowed to carry out next similar WBA unsupervised	
Level 5	Allowed to supervise junior learners in next similar WBA	

Signature of Trainee: _____

Signature of Trainer: _____