

ASSET Mini-Clinical Evaluation Exercise Paediatric Version

(This must be completed on the ASSET website www.asset.rcpch.ac.uk)

(Please answer all questions with block capital letters using blue or black ink. Mark boxes with a ☒)

Trainee's Forename:																				
Trainee's Surname:																				
Trainee's GMC:							Date of Assessment (dd/mm/yyyy):	/	/	20										

Clinical setting: A&E OPD In-patient Acute Admission Community Neonates

Clinical problem category: Airway/Breathing CVS/Circulation Gastro Neuro Infection

Other (specify):

Assessor's position: Consultant GP SpR SASG AHP Nurse Specialist Nurse ST1 ST2 ST3 ST4 ST5 ST6 ST7 ST8

Other (Please specify):

Focus of clinical encounter: History Diagnosis Management Explanation
 Complexity of case in relation to stage of training: Low Average High
 New or follow-up: New Follow up

Please grade the below areas using the following scale: (U/C = Unable to comment or not observed)	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	U/C
	1	2	3	4	5	6	U/C
Question							
History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills with child / young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills with parent / carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation/efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of previous assessments of this type observed by assessor with any trainee: 0 1-4 5-9 >10

Number of times this patient was seen before by trainee:

Please record areas of strength:	Please record suggestions for development:
Agreed Action:	

