

Each pair of examiners should **jointly complete** one Scenario Assessment Form per scenario. This form should be returned to the College, by the host, to enable a bank of high quality scenarios to be developed.

PLEASE COMPLETE ALL SECTIONS OF THE FORM

Scenario No.		Examiner Nos.	
Diagnoses			
Hospital		Centre No.	
Date	_/_/___		

Overall rating:

Good

Adequate

Poor

Please give an **overall rating** for the scenario:

Sections:

Please rate **each section** of the scenario and add any comments to explain your rating in the box below:

Good

Adequate

Poor

Information for the candidate:

Information for the surrogate:

Information for the examiners:

Comments on scenarios:

Level of difficulty and skills:

Please rate the **level of difficulty** for candidates:

Easy

Appropriate

Difficult

Was the scenario...?

i) **Suitable for a brief clinical consultation:**

Yes

No

ii) **Worth retaining in the bank:**

Yes

No

Surrogate performance:

If you have any comments or concerns about your surrogate that the host may find helpful, we encourage you to share these with them and the Chair of Examiners on the day of the exam.

Other feedback:

Please add any other comments in the box below (continue overleaf if necessary):