

Doctor's Surname	<input type="text"/>
Doctor's Forename	<input type="text"/>
Doctor's GMC Number	<input type="text"/>
Assessor's Name	<input type="text"/>
Assessor's GMC number	<input type="text"/>
Assessor's Position	Select <input type="button" value="v"/>
Clinical Setting	Select <input type="button" value="v"/>
Title of Procedure	<input type="text"/>

Please select referring to the descriptors in the [competency areas](#)

**Practising holistically** \*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient evidence	Needs further development	Competent	Excellent

[Curriculum entry for Practicing Holistically \(Click to display\)](#)

**Data gathering and interpretation** \*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient evidence	Needs further development	Competent	Excellent

[Curriculum entry for Data gathering and interpretation \(Click to display\)](#)

**Making a diagnosis/decisions** \*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient evidence	Needs further development	Competent	Excellent

[Curriculum entry for Making diagnoses/decisions \(Click to display\)](#)

**Clinical management** \*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient evidence	Needs further development	Competent	Excellent

[Curriculum entry for Clinical Management \(Click to display\)](#)

**Managing medical complexity** \*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insufficient evidence	Needs further development	Competent	Excellent

[Curriculum entry for Managing medical complexity \(Click to display\)](#)

Primary care admin and IMT \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

[Curriculum entry for Primary care administration/IMT \(Click to display\)](#)

Working with colleagues and in teams \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

[Curriculum entry for Working with colleagues and in teams \(Click to display\)](#)

Community orientation \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

[Curriculum entry for Community orientation \(Click to display\)](#)

Maintaining an ethical approach \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

[This competency is about practising ethically with integrity and a respect for diversity \(Click to display\)](#)

Fitness to practise \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

[Curriculum entry for Fitness to practise \(Click to display\)](#)

Overall assessment \*

<input type="checkbox"/> Insufficient evidence	<input type="checkbox"/> Needs further development	<input type="checkbox"/> Competent	<input type="checkbox"/> Excellent
---	---	---------------------------------------	---------------------------------------

Feedback and recommendations for further development \*

Agreed action \*

--	--

**Time taken for discussion (in minutes)**

**Time taken for feedback (in minutes)**

Doctor's Surname	<input type="text"/>
Doctor's Forename	<input type="text"/>
Doctor's GMC number	<input type="text"/>
Assessor's Name	<input type="text"/>
Assessor's registration number (GMC, NMC etc)	<input type="text"/>
Assessor's Position	<input type="text" value="Select"/>
Clinical Setting	<input type="text" value="Select"/>
Title of Procedure	<input type="text"/>
Please fill in name of organisation	<input type="text"/>

Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT

## A. Discover the reasons for the patient's attendance

### 1. Encourages the patient's contribution

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC1 \(Click to display\)](#)

### 2. Responds to cues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC2 \(Click to display\)](#)

### 3. Places complaint in appropriate psychosocial contexts

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC3 \(Click to display\)](#)

### 4. Explores patient's health understanding

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC4 \(Click to display\)](#)

## B. Defines the clinical problem

### 5. Includes or excludes likely relevant significant condition



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC5 \(Click to display\)](#)

### 6. Appropriate physical or mental state examination



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC6 \(Click to display\)](#)

### 7. Makes an appropriate working diagnosis



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC7 \(Click to display\)](#)

## C. Explains the problem to the patient

### 8. Explains the problem in appropriate language



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC8 \(Click to display\)](#)

## D. Address the patient's problem

### 9. Seeks to confirm patient's understanding



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC9 \(Click to display\)](#)

### 10. Appropriate management plan



Insufficient Evidence



Needs further development



Competent



Excellent

[Performance criteria for PC10 \(Click to display\)](#)

**11. Patient is given the opportunity to be involved in significant management decisions**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC11 \(Click to display\)](#)

**E. Makes effective use of the consultation**

**12. Makes effective use of resources**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC12 \(Click to display\)](#)

**13. Conditions and interval for follow up are specified**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient Evidence	Needs further development	Competent	Excellent

[Performance criteria for PC13 \(Click to display\)](#)

**Overall Assessment**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Needs further development	Competent	Excellent

**Feedback and recommendations for further development\***

**Agreed action\***

**Time taken for observation**

**Time taken for feedback**

**Structured Clinical Supervisor's Report**

**Doctor's Surname**

**Doctor's Forename**

**Doctor's GMC Number**

**ST Year\***

**Specialty\***

Please grade the trainee in comparison with doctors at the same stage of training

**Relationship**

**Explores patient's agenda (their Ideas, Concerns and Expectations)\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

**Works in partnership to negotiate a plan\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

**Recognises the impact of the problem on the patient's life\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

**Works co-operatively with team members, using their skills appropriately\***



Below Expectations



Borderline



Meets Expectations



Above Expectations



Unable to Grade

**Comments/Concerns**

Empty text box with scrollbars

**Diagnostics**

**Takes a history, examines and investigates systematically & appropriately\***



Below Expectations



Borderline



Meets Expectations



Above Expectations



Unable to Grade

**Comments/Concerns**

Empty text box with scrollbars

**Elicits important clinical signs & interprets information appropriately\***



Below Expectations



Borderline



Meets Expectations



Above Expectations



Unable to Grade

**Comments/Concerns**

Empty text box with scrollbars

**Suggests an appropriate differential diagnosis\***



Below Expectations



Borderline



Meets Expectations



Above Expectations



Unable to Grade

**Comments/Concerns**

Empty text box with scrollbars

**Recommends appropriate management plans and follow-up arrangements\***



Below Expectations



Borderline



Meets Expectations



Above Expectations



Unable to Grade

**Comments/Concerns**

**Refers appropriately and co-ordinates care with other professionals\***

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

## Management

**Keeps good medical records\***

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

**Uses resources cost effectively\***

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

**Keeps up-to-date and shows commitment to addressing learning needs\***

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

**Comments/Concerns**

# Professionalism

## Identifies and discusses ethical conflicts\*

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

### Comments/Concerns

## Shows respect for others\*

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

### Comments/Concerns

## Is organised, efficient and takes appropriate responsibility\*

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

### Comments/Concerns

## Deals appropriately with stress\*

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Expectations	Borderline	Meets Expectations	Above Expectations	Unable to Grade

### Comments/Concerns

If you have concerns, or are unable to grade please elaborate further. Do you have any recommendations that might help the learner or the Educational Supervisor?



## Endorsement by Clinical Supervisor

I confirm that the above is based on my own observations and the results of workplace-based assessments and has been discussed with the trainee concerned

**Clinical Supervisor's name\***

**Clinical Supervisor's GMC number\***

**Clinical Supervisor's contact details (assessors will be contacted at random for confirmation)**



## DOPS

<b>Doctor's Surname</b>	<input style="width: 80%;" type="text"/>
<b>Doctor's Forename</b>	<input style="width: 80%;" type="text"/>
<b>Doctor's GMC Number</b>	<input style="width: 80%;" type="text"/>
<b>Clinical Setting</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Procedure</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>If Other, please specify</b>	<input style="width: 80%;" type="text"/>
<b>Assessor's position</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Number of previous DOPS observed by assessor with ANY trainee</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Number of times procedure performed by this trainee</b>	<input style="width: 80%;" type="text" value="Select"/>
<b>Difficulty of procedure</b>	<input style="width: 80%;" type="text" value="Select"/>

### Please grade the following areas using the scale below:

*Please mark as 'Insufficient Evidence' if you have not observed the behaviour and feel unable to comment*

#### **Demonstrates understanding of indications, relevant anatomy, technique of procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Obtains informed consent\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Demonstrates appropriate preparation pre-procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Appropriate analgesia or safe sedation\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Technical ability\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

#### **Aseptic technique (if appropriate)\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Seeks help where appropriate\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Post procedure management\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Communication skills\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Consideration of patient/professionalism\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Overall ability to perform procedure\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectation for completion	Borderline for completion	Meets expectation	Above expectation

**Please use this space to record areas of strength or any suggestions for development.**

**Have you had training in the use of this assessment tool?:**

**Time taken for observation: (in minutes)**

**Time taken for feedback: (in minutes)**

**Assessor's Name**

**Assessor's GMC number**

**Assessor contact details**

Preview of miniCEX

<b>Doctor's Surname*</b>	<input type="text"/>
<b>Doctor's Forename*</b>	<input type="text"/>
<b>Doctor's GMC Number*</b>	<input type="text"/>
<b>Clinical Setting*</b>	Select <input type="button" value="v"/>
<b>Title of Procedure</b>	<input type="text"/>
<b>Clinical Problem Category</b>	
<input type="checkbox"/> Pain <input type="checkbox"/> Airway/Breathing <input type="checkbox"/> CVS/Circulation <input type="checkbox"/> Psych/Behav <input type="checkbox"/> Neuro <input type="checkbox"/> Gastro <input type="checkbox"/> Other	
<b>If Other please specify</b>	<input type="text"/>
<b>New or FU?</b>	Select <input type="button" value="v"/>
<b>Focus of clinical encounter</b>	
<input type="checkbox"/> History <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation	
<b>Number of times patient seen before by trainee</b>	Select <input type="button" value="v"/>
<b>Complexity of case</b>	Select <input type="button" value="v"/>
<b>Assessor's position*</b>	Select <input type="button" value="v"/>
<b>Number of previous mini-CEXs observed by assessor with any trainee:</b>	Select <input type="button" value="v"/>

**Please grade the following areas using the scale below:**

*Please mark as 'Insufficient Evidence' if you have not observed the behaviour and feel unable to comment*

**History Taking\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Physical Examination Skills\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Communication Skills\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Clinical judgement\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Professionalism\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Organisation/Efficiency\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Overall clinical care\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

**Anything especially good**

**Suggestions for development\***

**Agreed action\***

**What training have you had in the use of this assessment tool?:**

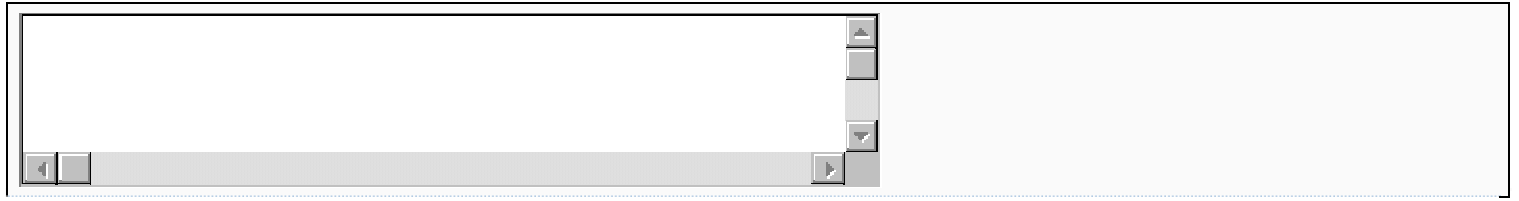
**Time taken for observation: (in minutes)**

**Time taken for feedback: (in minutes)**

**Assessor's Name**

**Assessor's GMC number**

**Assessor contact details**



**Making you feel at ease... (being friendly and warm towards you, treating you with respect; not cold or abrupt)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Letting you tell "your" story... (giving you time to fully describe your illness in your own words; not interrupting or diverting you)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Really listening... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Being interested in you as a whole person... (asking/knowing relevant details about your life, your situation; not treating you as "just a number")**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Fully understanding your concerns... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Showing care and compassion... (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Being positive... (having a positive approach and a positive attitude; being honest but not negative about your problems)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Explaining things clearly... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Helping you to take control... (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**Making a plan of action with you... (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**How would you rate your consultation with this doctor today?**



Poor to Fair



Fair



Fair to Good



Good



Very Good



Excellent



Outstanding