

Mini-Clinical Evaluation Exercise (mini-CEX)

Date of Assessment (DD/MM/YY) Trainee's Surname

/ /

Trainee's Forename

Trainee's Year

Trainee's GMC Number

Assessor's Registration Number (e.g.GMC, NMC, GDC)

Assessor's Name

Assessor's Email

Assessor's Position:

- Consultant SAS SpR SHO GP Nurse Other

Brief Summary of Case:

Setting for Assessment (e.g. A&E, GP Surgery etc.):

Please score the trainee on the scale shown. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage/year of training and level of experience. Please mark 'Unable to Comment' if you feel you have not observed the behaviour.

<i>Well below expectation for stage of training</i>	<i>Below expectation for stage of training</i>	<i>Borderline for stage of training</i>	<i>Meets expectation for stage of training</i>	<i>Above expectation for stage of training</i>	<i>Well above expectation for stage of training</i>	<i>Unable to Comment</i>
Medical Interview Skills						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination Skills						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling and Communication Skills						
<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"/>
Consideration for Patient/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 Competence						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on this observation please rate the level of overall competence the trainee has shown:

Overall Clinical Judgement		
Rating	Description	
Below Level expected during Foundation Programme	Demonstrates basic consultation skills resulting in incomplete history and/or examination findings. Shows limited clinical judgement following encounter	<input type="checkbox"/>
Performed at the level expected at completion of Foundation Programme / early Core Training	Demonstrates sound consultation skills resulting in adequate history and/or examination findings. Shows basic clinical judgement following encounter	<input type="checkbox"/>
Performed at the level expected on completion of Core Training/ early Higher Training	Demonstrates good consultation skills resulting in a sound history, and/or examination findings. Shows solid clinical judgement following encounter consistent with early Higher Training	<input type="checkbox"/>
Performed at level expected during Higher Training	Demonstrates excellent and timely consultation skills resulting in a comprehensive history and/or examination findings in a complex or difficult situation. Shows good clinical judgement following encounter	<input type="checkbox"/>
Performed at level expected for completion of Higher Training	Demonstrates exemplary consultation skills resulting in a comprehensive history and/or examination findings in a complex or difficult situation. Shows excellent clinical judgement following encounter consistent with completion of Higher Training.	<input type="checkbox"/>

Which aspects of the encounter were done well?

Any suggested areas for improvement?

Agreed Action:

Trainee's Signature.....
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Assessor's Signature.....