MINI-CLINICAL EVALUATION EXERCISE (MINI-CEX)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Assessor's GMC No.** | | | | | | |  | **Trainee's GMC No.** | | | | | | |  | **Year of training** | | | |  | **Item No.** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 2 | 3 | 4 |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient problem/Diagnosis** | | | | | | | | | | |
|  |  | | | | | | | | |  |
|  | | | | | | | | | | |
| Case Complexity: | | Low | Moderate | High | | | | | | |
| Context of Mini-CEX: | | Manager referral | Self-referral | Other referral | Routine/statutory | | | Other | | |
| Assessor: | | Clinical Supervisor | Other consultant | Peer | Other | | |  | | |
| Is the patient: | | New? | Follow-up? |  | |  |  |  |  | |
| No. of previous Mini-CEXs observed by assessor (with any trainee) | | | None | 1-5 | 6-10 | | | >10 | | |
| Have you had training in use of this tool? | | Read guidelines | Face to face training | Web/CD ROM | Course | | | Other | | |

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered below expected, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

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|  | **BELOW EXPECTED** | | |  | **SATISFACTORY** | | |  | **ABOVE EXPECTED** | | |  |
| **1. Medical interviewing skills** |  | | | |  | | | |  | | | |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **2. Physical examination skills** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **3. Professionalism** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **4. Ethical behaviour** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **5. Clinical Judgement in the occupational setting** | | |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **6. Communication skills** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **7. Organisation/Efficiency** |  |  |  |  |  |  |  |  |  |  |  |  |
| Not observed or applicable | 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |
| **8. OVERALL CLINICAL AND OCCUPATIONAL HEALTH COMPETENCE** |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | 2 | 3 |  | 4 | 5 | 6 |  | 7 | 8 | 9 |  |

**Assessor's comments on trainee's performance on this occasion**

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|  |

*(Expand box to add more text if necessary)*

**Trainee's comments on their performance on this occasion**

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|  |

*(Expand box to add more text if necessary)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee's signature** |  | **Assessor's signature** | | **Date (DD/MM/YY)** | | | | | | | |
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| Time for observation (mins) |  |  |

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| Time for feedback (mins) |  |  |