



Evidence

miniCEX

Doctor's Surname: *

Doctor's Forename: *

Doctor's GMC Number: *

Clinical setting: *

Title of procedure: *

Clinical problem category:

- Pain
- Airway/Breathing
- CVS/Circulation
- Psych/Behav
- Neuro
- Gastro
- Other

If Other please specify:

New or FU: *

Focus of clinical encounter:

- History
- Diagnosis
- Management
- Explanation

Number of times patient seen before by trainee:

Complexity of case:

Assessor's position: *

Number of previous mini-CEXs observed by assessor with any trainee:

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.

Area	Grade				
History Taking	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Physical Examination Skills	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Communication Skills	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Clinical judgement	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Professionalism	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Organisation/Efficiency	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations
Overall clinical care	<input checked="" type="radio"/> Insufficient evidence	<input type="radio"/> Below expectations	<input type="radio"/> Borderline	<input type="radio"/> Meets expectations for completion	<input type="radio"/> Above expectations

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's contact details: