MINI CLINICAL EXAMINATION (MINI-CEX) - ASSESSMENT FORM

DATE OF ASSESSMENT: _____/____/____

NAME OF TRAINEE: ____________________________________________________________

HOSPITAL: __________________________________________________________________

SURGICAL UNIT: ___________________________ No. of surgeons on unit: _________

ASSESSOR (completing this form): ______________________________________________

Notes to Trainees and Assessors on completing Mini-CEX forms

☐ The mini-CEX is designed to assess competencies essential to the provision of good clinical care. It is also used to facilitate feedback in order to drive learning.

☐ The assessment involves an assessor observing the trainee interact with a patient in an unrehearsed clinical encounter in the work place. The assessor’s evaluation is recorded on a structured checklist which enables the assessor to provide verbal developmental feedback to the trainee immediately after the encounter.

☐ The complexity of the patient’s condition must be commensurate with what a SET1, SET 2 or SET 3 trainee would be expected to assess and plan management.

☐ All SET1-SET4 trainees must complete 1 DOPS every quarter.

☐ These assessments are formative and are aimed at guiding further development of surgical skills.

☐ Assessments must be conducted mid-term (within 4 weeks of the mid-term date).

☐ Trainees may choose which of their consultants will act as the assessor.

☐ Assessors are required to observe and assess the trainee taking a history, performing a physical examination and discussing a plan of management with the patient, marking the identified areas using the following descriptors:

  - Below expectations for level of training
  - Borderline
  - Meets expectations
  - Above expectations for level of training
  - Not observed/not applicable

☐ Assessors must also give an overall mark for the assessment. Multiple scores of “Borderline” or a single score of “Below Expectations” indicates a need for significant improvement in performance. Trainees should be counselled and given opportunity to improve in the relevant skills before being reassessed.

☐ This process may be repeated until significant improvement is demonstrated. Reassessment by a different assessor is advisable.

☐ All completed assessment forms must be signed and must be retained by the trainee in their Portfolio.
## Mini-Clinical Examination – Assessment Form

**Setting:**  
- [ ] Ward/ICU  
- [ ] OPD  
- [ ] ED  
- [ ] Other  

**Type:**  
- [ ] New case  
- [ ] Follow-up  

**Focus:**  
- [ ] History  
- [ ] Phys Ex  
- [ ] Diagnosis  
- [ ] Management  
- [ ] Explanation  

**Complexity:**  
- [ ] Low  
- [ ] Average  
- [ ] High  

### Please assess and mark the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Below expectations for level of training</th>
<th>Borderline</th>
<th>Meets expectations</th>
<th>Above expectations for level of training</th>
<th>Not observed / not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>History taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Physical Examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Communicates to patient (and family) about diagnosis, management, and potentialities to encourage their participation in informed decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Adjusts the way they communicate with patients for cultural and linguistic differences and emotional status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Recognises what constitutes 'bad news' for patients (and their family) and communicates accordingly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Recognises the symptoms of, accurately diagnoses, and manages common problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Organisation / Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Overall Score

<table>
<thead>
<tr>
<th>Significant Improvement Required</th>
<th>Some Improvement Required</th>
<th>Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall performance during encounter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suggestions for development:**  

**Other comments:**  

**Agreed action:**  

**Assessor’s signature:**  

**Trainee’s signature:**  

**Trainee’s satisfaction with mini-CEX process**  
- [ ] Not at all  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ] Extremely satisfied  

**Assessor’s satisfaction with mini-CEX process**  
- [ ] Not at all  
- [ ]  
- [ ]  
- [ ]  
- [ ]  
- [ ] Extremely satisfied  

**Has the Assessor had training in the use of this assessment tool?**  
- [ ] Yes: attended a workshop  
- [ ] Yes: other  
- [ ] No  

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