

COLLEGE OF EMERGENCY MEDICINE
MINI-CLINICAL EVALUATION EXERCISE (CEX) ST1 ACCS EM

Trainees
Surname

Trainees
Forename

GMC
Number

CLINICAL SETTING (PLEASE CIRCLE) A&E CLINIC WARD ACUTE
ADMISSION

CLINICAL PROBLEM CATEGORY Airway / Breathing CVS / Circulation Gastro
Neuro Pain Psych / Behav

(PLEASE CIRCLE)
Other _____

NEW OR FU: NEW FU FOCUS OF CLINICAL ENCOUNTER History
Diagnosis Management Explanation

Complexity of case (PLEASE CIRCLE) LOW HIGH MED

ASSESSORS POSITION (PLEASE CIRCLE) CONSULTANT SpR SASG OTHER (please specify) _____

Number of previous Mini CEX's observed by 0 1 2 3 4 5-9 >9

Assessor with any Trainee: (PLEASE CIRCLE)

Please grade the following areas using scale heading as appropriate:	Below Expectations for level of Trainee	Borderline for level of Trainee	Meets Expectations for level of Trainee	Above Expectations for level of Trainee	Totally Exceeds Expectations for level of Trainee	U/C*
History Taking						
Physical Examination Skills						

Communication Skills						
Clinical Judgement						
Professionalism						
Organisation / Efficiency						
Overall Clinical Care						
*U/C - PLEASE MARK THIS IF YOU HAVE NOT OBSERVED THE BEHAVIOUR AND THEREFORE FEEL UNABLE TO COMMENT						

HAVE YOU HAD TRAINING IN THE USE OF THIS ASSESSMENT TOOL ?

Face-To-Face

Have Read Guidelines

Web / CD Rom

Approximately how long did it take to complete this assessment?.....minutes

	Not at all satisfied		reasonably satisfied		very satisfied	
	1	2	3	4	5	6
<i>Trainee's satisfaction with Mini-CEX</i>	#	#	#	#	#	#
<i>Assessor's satisfaction with Mini-CEX</i>	#	#	#	#	#	#

ASSESSOR

SIGNATURE.....SURNAME.....

.....

.....GMC.....

Date