

Preview of miniCEX

Doctor's Surname*	<input type="text"/>
Doctor's Forename*	<input type="text"/>
Doctor's GMC Number*	<input type="text"/>
Clinical Setting*	Select
Title of Procedure	<input type="text"/>
Clinical Problem Category	
<input type="checkbox"/> Pain <input type="checkbox"/> Airway/Breathing <input type="checkbox"/> CVS/Circulation <input type="checkbox"/> Psych/Behav <input type="checkbox"/> Neuro <input type="checkbox"/> Gastro <input type="checkbox"/> Other	
If Other please specify	<input type="text"/>
New or FU?	Select
Focus of clinical encounter	
<input type="checkbox"/> History <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation	
Number of times patient seen before by trainee	Select
Complexity of case	Select
Assessor's position*	Select
Number of previous mini-CEXs observed by assessor with any trainee:	Select

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

History Taking*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Physical Examination Skills*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Communication Skills*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Clinical judgement*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Professionalism*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Organisation/Efficiency*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

Overall clinical care*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient evidence	Below expectations	Borderline for completion	Meets expectations for completion	Above expectation

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 contact details

