

Mini Clinical Examination Exercise (Mini CEX form)

Student's name _____ Group _____

Assessment date _____

Name and position of the practice supervisor _____

Phone and e-mail of the supervisor: _____

A brief description of the clinical case:

Place of assessment (Example: FMC, classroom, virtual clinic of IMF, etc.)

Please rate the trainee on the scale below. Please note that your evaluation should reflect the trainee's level of performance that you would reasonably expect at this stage of the training. Please mark "Difficult to answer" if you have not directly observed this performance.

| Very low at this stage of training | Low at this stage of training | Satisfactory at this stage of training | Conforms to expectations at this stage of the training | Above expectations at this stage of the training | Much higher at this stage of training | Difficult to answer (haven't had a chance to observe) |
|---|-------------------------------|--|--|--|---------------------------------------|---|
| Anamnesis taking skills | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspections skills | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication and counselling skills | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical thinking | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient attitude/professional behaviour | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to organise the admission and examination of a patient | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General clinical competencies | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

See next page for continuation

Based on the observations, please assess the level of general competence demonstrated by the trainee:

| Clinical thinking | | |
|---|--|--|
| Rating | Description | |
| Low level at this stage of learning | Basic counselling skills, providing an incomplete anamnesis and/or examination. Poor clinical reasoning skills. | |
| Performs at the expected level at this stage of training | Intermediate counselling skills, providing anamnesis and/or examination findings meets the required level. Basic clinical reasoning skills are available. | |
| Performs above the level of expectation at this stage of the training | Good counselling skills, providing a thorough anamnesis and or examination findings. Skillfully uses clinical reasoning skills in the clinical situation. | |
| Performs at the level expected of a doctor | Excellent and accurate counselling, resulting in the provision of a complete anamnesis and/or findings in a complex clinical situation. Good clinical thinking skills are available. | |

Which aspects did the practitioner perform well?

Which aspects should be improved?

Agreed actions/plan to improve resident's skills

Resident's attitude towards the patient and the learning/training process

Signature of the practitioner _____ Signature of practice supervisor _____