

Subject:	Mini-Clinical Evaluation (Mini-CEX) – Assessment Form
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Name:	RACS ID:
SET Level:	IMG:
Hospital:	Assessment Date:
Clinical Case:	

Clinical Setting

Outpatient
 Ward
 Emergency Department
 Other _____

Type of Case

New case
 Follow up case

Complexity of Case

Low
 Average
 High

Focus of Clinical Encounter (can be multiple)

History
 Diagnosis
 Management
 Explanation

Please assess and mark the following areas:	Unsatisfactory	Borderline / needs attention	Competent	Not Observed/ Not Applicable
History Taking				
Physical Examination				
Communicates to patients (and their family) about procedures, potentialities and risks to encourage their participation in informed decision making				
Adjusts the way they communicate with patients for cultural & linguistic differences & emotional status				
Recognises what constitutes “bad news” for patients (and their family) and communicates accordingly				
Recognises the symptoms of and accurately diagnose condition				
Appropriate management plan				
Professionalism				
Organisation/Efficiency				
Overall Clinical Care				

Suggestions for development:			
.....			
.....			
Other comments:			
.....			
.....			
Agreed action:			
.....			
Trainee/IMG Name: (BLOCK Letters)		Trainee/IMG signature:	
Assessor Name: (BLOCK Letters)		Assessor signature:	