



### Mini-Clinical Examination (Mini-CEX) – Assessment Form

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Id Number: \_\_\_\_\_

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

Overall Score	Significant Improvement Required	Some Improvement Required	Competent
Overall performance during encounter			

Suggestions for development :

Other comments :

Agreed action :

Trainee Signature: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_