

|                                                                                                 |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------|--------------------------|------------------------------|--------------------------|-------------------------------------|------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mini-Clinical Evaluation (CEX)                                                                  |                          |                              |                          |                                     | First/Second (please circle) |                               |                          |                          |                          |                          |
| Student Name:                                                                                   |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |
| Clinical Setting                                                                                |                          | GP surgery                   |                          | <input type="checkbox"/>            | Home visit                   |                               | <input type="checkbox"/> | Chronic disease clinic   |                          |                          |
| Clinical problem Category                                                                       | Resp                     | CVS                          | Psyc/Behav               | Nur o                               | Gastr o                      | Paed                          | Womens Health            | Locomotor                |                          |                          |
|                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| New F/u:                                                                                        | New                      | <input type="checkbox"/>     | FU                       | <input type="checkbox"/>            | Complexity of case:          |                               | Low                      | <input type="checkbox"/> | Average                  |                          |
|                                                                                                 |                          |                              |                          |                                     |                              |                               |                          | <input type="checkbox"/> | High                     |                          |
| Focus of clinical Encounter                                                                     |                          | History                      |                          | <input type="checkbox"/>            | Diagnosis                    |                               | <input type="checkbox"/> | Management               |                          |                          |
|                                                                                                 |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |
| PLEASE grade the following areas using the scale below                                          |                          | Below expectation (Referred) |                          | Borderline/meets expectation (Pass) |                              | Above expectation (Commended) |                          | U/C*                     |                          |                          |
|                                                                                                 |                          | 1                            | 2                        | 3                                   | 4                            | 5                             | 6                        | u/c                      |                          |                          |
| History Taking                                                                                  |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Patient Centeredness                                                                            |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Physical examination Skills                                                                     |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Communication Skills                                                                            |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Clinical Judgement                                                                              |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| Therapeutic Skills                                                                              |                          | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| <i>*U/C- Please mark this if you have not observed the behaviour and feel unable to comment</i> |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |
| Anything especially good?                                                                       |                          |                              |                          |                                     | Suggestions for development? |                               |                          |                          |                          |                          |
| <b>Action Agreed</b><br><br><br><br><br><br><br><br><br><br>                                    |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |
| Student satisfaction with mini-CEX                                                              |                          | Not at all                   | 1                        | <input type="checkbox"/>            | 2                            | <input type="checkbox"/>      | 3                        | <input type="checkbox"/> | 4                        | <input type="checkbox"/> |
| Tutor satisfaction with mini-CEX                                                                |                          | 1                            | <input type="checkbox"/> | 2                                   | <input type="checkbox"/>     | 3                             | <input type="checkbox"/> | 4                        | <input type="checkbox"/> | 5                        |
|                                                                                                 |                          |                              |                          |                                     |                              |                               |                          |                          |                          | Highly                   |
| Tutor Signature                                                                                 |                          |                              |                          |                                     | Date                         |                               |                          |                          |                          |                          |
| (Adapted from NCAA Document)                                                                    |                          |                              |                          |                                     |                              |                               |                          |                          |                          |                          |

### What is mini-CEX?

It is an assessment tool designed to provide feedback on skills by observing a clinical encounter. Not all elements need be assessed at the same time. Strengths, areas for development and agreed action points should be identified and discussed with the student as part of the tutor feedback.

Please ensure the patient is aware that the mini-CEX is being carried out. The process needs to be student led. They should choose the clinical encounter. The observed process should be no longer than 15-20 minutes. Immediate feedback should take no longer than 5 minutes.

#### Mini-CEX: Competencies Assessed and Descriptors

| Question area:       | Descriptor for a satisfactory student:                                                                                                                                                    |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| History Taking       | Facilitates patient's telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues             |
| Patient-Centeredness | Shows respect, compassion, empathy; Sensitive to patient's needs of comfort and confidentiality. Considers risks and benefits of intervention for the patient. Gains appropriate consent; |
| Physical examination | Follows efficient logical sequence; examination appropriate to clinical problem, Explains to patient; sensitive to patient's modesty                                                      |
| Communication skills | Explores patient's perspective, jargon free, open and honest, empathic, agrees management plan/therapy with patient                                                                       |
| Clinical Judgement   | Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies,                                                        |
| Therapeutics skills  | Makes appropriate therapeutic decisions taking into consideration past history of the patient, evidence base for intervention and socioeconomic factors                                   |

#### Specific points to consider when completing the form:

*Focus of clinical encounter:* Diagnosis should include an assessment of the student's examination skills and abilities to reach a provisional diagnosis.

*Complexity of case:* Score the difficulty of the clinical case considering the student proceeding to Finals

*Satisfaction with mini-CEX:* Please grade your satisfaction with mini-CEX as an assessment process.

**Using the scale:** Please use the full range of the rating scale. Comparison should be made with a student ready to take their Final MBBS examination. It is expected that ratings in the lower ranges may be in keeping with the student's experience at the beginning of the academic year.

*Feedback:* The discussion about agreed strengths, areas for development and an action plan needs to be done sensitively and in a suitable environment. **The student should keep the original but please send a copy to the Unit Convenor with the final Grade Form.**