Mini-CEX Assessment Form

The Mini-CEX involves the trainee being observed in an encounter with a patient and rated by the Clinical Supervisor on a number of dimensions.

This is a work-based, in-training assessment which involves rating the trainee on an activity which already occurs in current training such as seeing a patient in the clinic.

This form is to be completed by both the Trainee and the Clinical Supervisor. Please refer to the Mini-CEX Instructions on the College website for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its Privacy Policy.

The Trainee is to retain the completed assessment and return to the College by 31 January 2022 together with other completed assessments using the Training Assessment Summary Submission Form.

Trainee and Site Information:

1. **Trainee Information:**

   Full Name: ____________________________
   
   Email Address: ____________________________

2. **Site Information:**

   Training Site: ____________________________  Training Network: ____________________________
   
   State: ____________________________  Country: ____________________________

3. **Assessment Details:**

   Assessor Name: ____________________________  Date of Assessment: ____________________________

Directions to complete the Assessment:

The assessor is required to select a rating for each component on a scale of 1 (extremely poor) to 9 (extremely good).

A score of 1-3 is considered unsatisfactory, 4-5 satisfactory and 7-9 is considered above that expected for a trainee at the same stage of training and level of experience.

If the assessor did not observe a competency below, please input N/A.

Descriptors of competencies assessed during the Mini-CEX:

1. **Medical interviewing Skills:** Facilitates patient’s telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues; identifies and explores the patient’s issues and concerns within the scope of a focused consultation.

2. **Physical examination Skills:** Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patients’ comfort, modesty.

3. **Professionalism/Humanistic Qualities:** Shows respect, compassion, empathy, establishes trust, attends to patient’s needs of comfort, confidentiality, modesty.
4. **Counselling Skills**: Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management. Where appropriate explains the natural history of the cancer including prognosis and treatment options.

5. **Clinical Judgement**: Selectively orders/perform appropriate diagnostic studies, considers risks, benefits; interprets clinical investigations and synthesize these with patient history and symptoms; justifies treatment recommendations, based on current evidence, multidisciplinary advice, and relevant patient-related factors.

6. **Organization/Efficiency**: Priorities; is timely, succinct.

7. **Overall Clinical Competence**: Demonstrates judgement, synthesis, caring, effectiveness, efficiency.

**Assessment**

**Patient Problem/DX:**

**Patient Age:**

**Patient Gender:**

- Male
- Female

**Problem Complexity (select one):**

- LOW
- MEDIUM
- HIGH

**Patient Location:**

- Ward
- Clinic
- Planning
- On Treatment
- Other

**Patient Location (If ‘other’ is selected please specify):**

1. **Medical Interviewing Skills**

   - Boxed options: Unsatisfactory, Satisfactory, Above expected, N/A, Not observed

2. **Physical Examination Skills**

   - Boxed options: Unsatisfactory, Satisfactory, Above expected, N/A, Not observed

3. **Professionalism/Humanistic Qualities**

   - Boxed options: Unsatisfactory, Satisfactory, Above expected, N/A, Not observed

4. **Counselling Skills**

   - Boxed options: Unsatisfactory, Satisfactory, Above expected, N/A, Not observed

5. **Clinical Judgement**

   - Boxed options: Unsatisfactory, Satisfactory, Above expected, N/A, Not observed
6. Organisation/Efficiency

☐ 1  ☐ 2  ☐ 3  ☐ 1  ☐ 2  ☐ 3  ☐ 1  ☐ 2  ☐ 3  ☐ N/A
Unsatisfactory    Satisfactory    Above expected    Not observed

7. Overall Clinical Competence

☐ 1  ☐ 2  ☐ 3  ☐ 1  ☐ 2  ☐ 3  ☐ 1  ☐ 2  ☐ 3  ☐ N/A
Unsatisfactory    Satisfactory    Above expected    Not observed

Time observing (minutes): __________________________________________________________

Time providing feedback (minutes): __________________________________________________

This case adequately tested the trainee’s abilities    ☐ Yes    ☐ No

Overall comments on the trainee’s performance:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Clinical Supervisor __________________________________________ Date ____________

Signature of Trainee __________________________________________ Date ____________