

**Mini-Clinical Evaluation Exercise (CEX)**

Trainee's name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Hospital: \_\_\_\_\_

Current Hospital: \_\_\_\_\_

Specialty/Subspecialty\*: CTS                      Ped Surg  
O&T    ENTPlastic Surgery                      NS                      Urology  
A&E    ICUTrainee level\*: ST1                      ST2  
Others (please state level):Term\*: 0-6<sup>th</sup> month                      7<sup>th</sup>-12<sup>th</sup> month  
13<sup>th</sup>-18<sup>th</sup> month                      19<sup>th</sup>-24<sup>th</sup> month  
24<sup>th</sup> month or above

Case setting\*: Inpatient    Outpatient

Clinical Problem\*: Surgical emergency / Trauma                      End of Life Care                      General

Hospital Number / Outpatient Number: \_\_\_\_\_

\* Please circle as appropriate.

**TRAINEE'S REFLECTIONS ON THIS ACTIVITY**

What did I learn from this experience?

What did I do well?

What do I need to improve or change? How will I achieve it?

**ASSESSOR'S COMMENTS ON THIS ACTIVITY****RATINGS**

The assessment should be judged against the standard expected at completion of this stage of training (e.g. initial stage ST1/ST2). Stages of training are defined in the curriculum.

N = Not observed

I = Improvement required

S = Satisfactory

O = Outstanding

Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			Please <b>tick</b> the overall level at which the CEX was performed.		
1. History taking			Level 0	Undergraduate Level or below	
2. Physical Examination Skills					
3. Use of investigations			Level 1	Appropriate for 1 <sup>st</sup> year BST training	
4. Diagnosis					
5. Management			Level 2	Appropriate for 2 <sup>nd</sup> year BST training	
6. Communication Skills					
7. Clinical Judgement			Level 3	Appropriate for completed BST training	
8. Professionalism					
9. Organisation/Efficiency			Level 4	Level beyond BST training	

**FEEDBACK**

Verbal and written feedback is a mandatory component of this assessment.

General

Strengths

Improvement needs

Recommended actions

Time taken for observation (mins): \_\_\_\_\_

Time taken for feedback (mins): \_\_\_\_\_

Assessor's name: \_\_\_\_\_

Assessor's institutional e-mail address: \_\_\_\_\_

Assessor's signature: \_\_\_\_\_

Trainee's signature: \_\_\_\_\_

**General guidelines on Mini-CEX**

- Trainees admitted **between 1 July 2010 – 30 June 2016** must complete **at least 2** during 2 years of BST training; And staple it to your record of curriculum
- Trainees admitted **from 1 July 2016 onwards** must complete at least 1 of this form in every training year; AND at least 2 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.
- Trainees admitted **from 1 January 2019 onwards** must complete at least 1 of this form in every 6 months of surgical training, AND at least 4 of this form during the first 2 years of basic training; AND submit the forms to the College Secretariat together with the half-yearly assessment during January and July.

© For the last rotation of BST training, Trainees are strongly advised to complete their competency assessments before they sit for Conjoint Selection Exercise.

^ Copy of this form should be made and retained by the trainee for his / her personal record of curriculum.