



## Mini-Clinical Evaluation Exercise (CEX)

### Please complete the questions

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.

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

Trainee's name:

Date:

Parent Hospital:

Current Hospital:

Specialty/Subspecialty:

Declared Specialty if any:

CTS

Ped Surg

Plastic Surgery

NS

Urology

Vascular Surgery

O&T

ENT

A&E

ICU

Trainee level:

ST1

ST2

Term:

1<sup>st</sup> half

2<sup>nd</sup> half

Others (please state level):

Case setting:

inpatient

outpatient

ward

New case

FU case

Clinical Problem (eg inguinal hernia)

Case Number (HNO/OPD No):

Location:

Ward

OPD

Complexity of case:

Easier than usual

Average difficulty

More difficult than usual

**Please grade the areas below using the scale 1-6:**

**Standard:** 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. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.

Below expectations	Borderline	Meets expectations	Above expectations	U/C <sup>1</sup>	
1	2	3	4	5	6

1. History taking

2. Physical Examination Skills

3. Use of investigations

4. Diagnosis & Management

5. Communication Skills

6. Clinical Judgement

7. Professionalism

8. Organisation/Efficiency

<sup>1</sup> Please mark this if you have not observed this aspect and therefore feel unable to comment.

**Please use this space to record areas of strength or any suggestions for development.**

Time taken for observation (mins):

Time taken for feedback (mins):

Trainee satisfaction with Mini-CEX

Not at all

1

2

3

4

5

6

7

8

9

10

Highly

Assessor satisfaction with Mini-CEX

1

2

3

4

5

6

7

8

9

10

Assessor's name:

Assessor's position:

Consultant

SMO/AC

Assessor's signature:

Assessor's institutional e-mail address:

Trainee's initial