

Mini-Clinical Evaluation Exercise (CEX)

MINI-CLINICAL EVALUATION EXERCISE FOR HIGHER SURGICAL TRAINING IN PAEDIATRIC SURGERY

Trainee's name: _____ Date: _____

Parent Hospital: _____ Current Hospital: _____

Year of Training*: Year 1 / 2 / 3 / 4 / EEC Training Period: _____

Case setting*: Inpatient _____ Outpatient _____

Clinical Problem: _____

Hospital Number / Outpatient Number: _____

* Please circle as appropriate.

TRAINEE'S REFLECTIONS					
What did I learn from this experience?	<i>Please write in the boxes overleaf</i>				
What did I do well?					
What do I need to improve or change? How will I achieve it?					
ASSESSOR'S COMMENTS					
RATINGS					
N = Not observed		I = Improvement required		O = Outstanding	
Domain	Rating	Specific Comments	GLOBAL SUMMARY		TICK
			<i>Please tick the overall level at which the CEX was performed.</i>		
1. History taking			Level 0	Need improvement	
2. Physical Examination Skills					
3. Use of investigations					
4. Diagnosis			Level 1	Appropriate to the year of HST training	
5. Management					
6. Communication Skills					
7. Clinical Judgement			Level 2	Level beyond year of HST training	
8. Professionalism					
9. Organisation/Efficiency					
FEEDBACK					
<i>Verbal and written feedback is a mandatory component of this assessment.</i>					

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 must complete at least 2 CBD or mini-CEX every 6 months of surgical 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.

