

# Mini-CEX Assessment Form

This mini-CEX assesses: (circle one)

Physical Examination                      History                      Counselling                      Management

Doctor \_\_\_\_\_  
(Please print name)

Assessor \_\_\_\_\_  
(Please print name)

Current level of appointment\* \_\_\_\_\_  
(for example, PGY1)

Date \_\_\_\_\_

Problem Complexity                      Low                      Medium                      High  
(circle one)

Patient Problem \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Setting \_\_\_\_\_  
(for example: ward/outpatients)

Discipline \_\_\_\_\_

1. Medical Interviewing Skills ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

2. Physical Examination Skills ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

3. Professionalism/Humanistic Skills ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

4. Counselling Skills ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

5. Clinical Judgment ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

6. Organisation/Efficiency ( \_\_\_\_ Not observed)

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

7. Overall Clinical Competence

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Unsatisfactory                      Satisfactory                      Superior

Mini-CEX time: Observing \_\_\_\_\_ minutes, and providing feedback \_\_\_\_\_ minutes.

Comments on the doctor’s performance (Describe what was effective, what could be improved, and your overall impression. If required, please specify suggested actions for improvement and timeline)

To what degree was this case an adequate test of the doctor’s abilities at the end of PGY1?

1                      2                      3                      |                      4                      5                      6                      |                      7                      8                      9

Inadequate test                      Adequate test                      Superior test

Rate the doctor’s level of performance relative to that expected at end of PGY1\*:

Did not meet expectations                      Borderline                      Met expectations

Current Level of Appointment\* \_\_\_\_\_

Signature of Assessor \_\_\_\_\_

Signature of Doctor \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_