

Subject:	Paediatric Surgery Mini-Clinical Evaluation (Mini-CEX) – Assessment Form	Ref. No.	ETA-SET-056
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Surname..... First Name.....

Assessment Date..... iMIS ID number.....

SET Level:

IMG:

Hospital:

Clinical Case:

Clinical Setting: ☐ Outpatient ☐ Ward ☐ Emergency Department ☐ OtherType of case: ☐ New Case ☐ Follow-upFocus of clinical encounter: ☐ History ☐ Diagnosis ☐ Management ☐ Explanation
(can be multiple)Complexity of case: ☐ Low ☐ Average ☐ HighAssessor's position: ☐ Consultant ☐ Other

Please assess and mark the following areas:	Unsatisfactory	Borderline / needs attention	Competent	Not Observed/ Not Applicable
1. History Taking				
2. Physical Examination				
3. Communicates to patients (and their family) about procedures, potentialities and risks to encourage their participation in informed decision making				
4. Adjusts the way they communicate with patients for cultural & linguistic differences & emotional status				
5. Recognises what constitutes "bad news" for patients (and their family) and communicates accordingly				
6. Recognises the symptoms of and accurately diagnose condition				
7. Appropriate management plan				
8. Professionalism				
9. Organisation/Efficiency				
10. Overall Clinical Care				

Suggestions for development

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Other comments

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Agreed Action.....

Assessor's signature..... Assessor's name.....

Signature of person being assessed