

Mini-Clinical Evaluation Exercise (Mini-CEX)

Assessment

Trainee

RANZCOG ID
xxxxxx

DOB
xx/xx/xxxx

Name
xxxxx

Email
xxxxx

Observation

Year
Two

Speciality
Obstetrics

Setting
Clinic

Focus
Counselling

Please pass this device to the Observer to complete the assessment.

Please rate the observed competence in the following skills

Overall Clinical Care

Not observed

History Taking

Not observed

Physical Examination

Not observed

Professionalism

Meets expectations

Clinical Judgement

Meets expectations

Communication Skills

Meets expectations

Organisation Efficiency

Not observed

Please pass this device to the Trainee and discuss your observations with them.

Things done well

Rapport with patient
Listening to pt's perspective
Creating a safe environment

Areas for improvement

Eye contact
Body language
Involving the partner

Agreed action plan

Role play with other trainees
Repeat mini CEX

Please pass this device to the Observer for a final sign-off.

Observer

RANZCOG ID

xxxxxx

Name

xxxxxx

Email

xxxxxx

Job Title

xxxxxx

Signature

Observation Date

xx/xx/xxxx

Please pass this device to the Trainee for a final submission.

After submission: