Mini-Clinical Evaluation Exercise (CEX)

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| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Clinical scenario observed** | **Curriculum elements covered** |
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| **Please TICK to indicate the standard of the trainee’s performance in each area**  | *Not observed* | *Further core learning needed* | *Demonstrates good practice* | *Demonstrates excellent practice* |
| *Must address learning* | *Should address learning* |
| Initial operational approach |  |  |  |  |  |
| Initial clinical approach |  |  |  |  |  |
| History and information gathering |  |  |  |  |  |
| Examination |  |  |  |  |  |
| Clinical decision making and judgment |  |  |  |  |  |
| Communication with patient, relatives, staff |  |  |  |  |  |
| Overall plan |  |  |  |  |  |
| Adherence to Good Medical Practice  |  |  |  |  |  |

Mini-Clinical Evaluation Exercise (CEX) (cont.)

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| --- | --- | --- | --- |
| **Trainee name:** |  | **Training Phase:** |  |
| Assessor name: |  | Registration no: |  |
| Grade of assessor:  |  | Date |  |
| **Areas of strength** |
|  |
| **Areas for improvement** |
|  |
| **Action plan** |
|  |
| Assessor Signature: | Trainee Signature: |

**Guidance notes for rating satisfactory or unsatisfactory performance**

**Mini-Clinical Evaluation Exercise (CEX)**

The following table provides descriptors of unsatisfactory performance in a CEX which can be used for providing feed back to the trainee.

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| Domain | Descriptors of unsatisfactory performance |
| Initial approach | Scene safety, personal safety and/or dynamic risk assessment were omitted or undertaken haphazardly |
| Scene survey, history & information gathering | Scene survey was omitted or haphazardHistory taking was not focusedCritical symptoms or symptom patterns were not recognizedFailure to gather all the important information from the patient or other sources, missing important pointsNon-engagement with the patient or inappropriate delegationUnable to elicit history in difficult circumstances – busy, noisy, multiple demands |
| Examination | Failure to detect/elicit and interpret important physical signs Failure to maintain dignity and privacy when possible  |
| Monitoring & investigations | Failure to use appropriate monitoring and/or diagnostic tests with recognition of need for reassessment |
| Clinical decision making & judgement | Failure to identify the most likely diagnosis in a given situationFailure to construct a likely differential diagnosisFailure to identify patients who require hospitalisation or notFailure to recognise atypical presentationFailure to recognise urgency of caseFailure to select the most effective treatmentsFailure to make decisions in a timely fashionDecisions made which do not reflect clear understanding of underlying principlesFailure to reassess patientLack of anticipation for need of interventions and slow to respond to changes in patient’s conditionFailure to review effect of interventions |
| Communication with crew, patient, relatives, other staff | Communication skills with colleagues* Failure to listen to other views
* Failure to discuss issues with the team
* Failure to follow the lead of others when appropriate
* Rude behaviour
* Failure to give clear and timely instructions
* Failure to seek advice

Communication with patients* Failure to elicit concerns, understanding or expectations of the patient,
* Failure to inform patient and educate when appropriate
* Failure to protect patient’s dignity when possible
* Insensitivity to patient’s opinions, hopes or fears
* Failure to explain plans and risks of treatment when appropriate in a way the patient could understand
 |
| Overall care | Failure to ensure that the patient is in a safe monitored environmentFailure to anticipate or recognise complicationsFailure to focus sufficiently on safe practiceFailure to follow published standard guidelines or protocolsFailure to follow infection control measuresFailure to safely administer medication |