Clinical Setting: Emergency/ In-patient Gynaecology

Mini- Clinical Evaluation Exercise (Mini-CEX) – Obstetrics and Gynaecology
Please complete the questions using a cross   Please use black ink and capital letters

Site ---

Student Surname--

Forenames---

Complexity of case: Low / Average / High   **Examiner**: Consultant / SAS / SPR / Other doctor (nominated by your Consultant)

Please grade the following areas using the full range of scores. The standard expected is that of a safe and competent doctor at the start of the foundation programme (FY1). We are interested in your global assessment of this student's ability. *This mini-CEX should take no more than 15 minutes to observe and 15 minutes to feedback*.

	Below expectations 1	Borderline 2	Meets expectations 3	Above expectations 4
Professionalism-welcomes patient using full name, is polite attends to their comfort. Is aware of social and ethical issues.				
History: Listens to patient. Asks appropriate questions to obtain accurate, adequate information. Responds appropriately to verbal and non verbal cues.				
Physical Examination; follows a logical sequence. The examination is appropriate to the clinical problem; explains what they are doing to the patient and is sensitive to the patient's comfort and modesty.				
Communication- Uses jargon free language, is open, honest and empathetic				
Clinical judgement- makes appropriate diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic investigations.				
Organisation/ Efficiency – Prioritises is succinct. Summarises.				
Overall Presentation- demonstrates satisfactory clinical judgement, synthesises information in an effective manner				

Total score (add scores for each element) ------------   Borderline is between 14 and 18

Feedback- You and the student need to identify and agree strengths, areas for development and an action plan. This should be done with sensitivity and in the appropriate environment.

Particular strengths	**Suggestions for development**

Time taken for observation --------   Time taken for feedback   -------

Examiners signature -----------------------------------   Date -----------------------------------

Examiner's name (Print) ------------------------------------