

Mini-clinical evaluation exercise (Mini-CEX)

Foundation doctor

Name of Foundation Doctor	Auto-filled
GMC No	Auto-filled
Training period from	Auto-filled
Training period to	Auto-filled
Local education provider	Auto-filled
Specialty	Auto-filled

This form records a "patient/foundation doctor encounter" observed by a trainer for teaching purposes. Topics should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

It is important to anonymise any patient identifiable information.

Date of clinical event: *	Date widget
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Title / Description of clinical event: *

Here you can record a brief, anonymous history to allow the SLE to be contextualised: *

Clinical Setting: *	<input type="radio"/>	ED
	<input type="radio"/>	OPD
	<input type="radio"/>	Ward
	<input type="radio"/>	Admissions
	<input type="radio"/>	GP Surgery
	<input type="radio"/>	Home Visit
	<input type="radio"/>	Other

If Other (please specify)*:

Clinical problem category: *	<input type="checkbox"/>	New patient
	<input type="checkbox"/>	Follow up
	<input type="checkbox"/>	Complexity
	<input type="checkbox"/>	Airway
	<input type="checkbox"/>	Breathing
	<input type="checkbox"/>	Circulation
	<input type="checkbox"/>	Neuro and Visual
	<input type="checkbox"/>	Psych
	<input type="checkbox"/>	Pain
	<input type="checkbox"/>	Long term illness
	<input type="checkbox"/>	Communication
	<input type="checkbox"/>	Other

If Other (please specify)*:

Focus of encounter: *	<input type="checkbox"/>	History
	<input type="checkbox"/>	Diagnosis
	<input type="checkbox"/>	Examination
	<input type="checkbox"/>	Management plan
	<input type="checkbox"/>	Communication
	<input type="checkbox"/>	Discharge
	<input type="checkbox"/>	Other

If Other (please specify)*:

Feedback based on the behaviours observed: *

The trainer should focus on those areas performed well and also identify areas for development.

Agreed action: *

Reflection:

The doctor should reflect on this learning event.

Reflective notes can be recorded in the above text box area or a separate, structured Reflection form linked to this SLE can be created.

Trainer details

Trainer's Name: *	
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Trainer's Position: *	<input type="radio"/>	GP
	<input type="radio"/>	Consultant
	<input type="radio"/>	ST3 or above / SPR
	<input type="radio"/>	ST/CT 1/2
	<input type="radio"/>	Pharmacist
	<input type="radio"/>	Other

If Other (please specify)*:

GMC / Other Registration Number: *	
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Trainer's Email: *	
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Have you been trained in providing feedback? *	<input type="radio"/>	Yes
	<input type="radio"/>	No

If No selected, following message to appear:

Should you wish to complete training in providing effective feedback (and details about supervised learning event tools); you can access a free, online portal: the 'Educator Hub' on e-Learning for Health (e-LfH). You need to register to be able to access the content; registration is free for NHS staff. Specifically, look for the following module and section: "Educator Training Resources" > "04 - Enhancing Learning Through Assessment".

The Educator Hub is a web-based multiprofessional e-learning resource for clinical educators. It brings together video-based modules from HEE Kent, Surrey, Sussex's eLFT platform together with the more academic ones from London's Multiprofessional Faculty Development site. Please see <http://www.e-lfh.org.uk/programmes/educator-hub/> for details.

Signatures

Trainer signature:	
Date signed by Trainer:	