Mini-clinical evaluation exercise (Mini-CEX)

Foundation doctor

Name of Foundation Doctor	
GMC Number	
Training period from	
Training period to	
Local education provider	
Specialty	

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.

Here you can record a brief, anonymous description to allow the Mini-CEX to be contextualised: *

Clinical Setting: *	0	Acute (eg ED, theatre, a	admissions)	
	0	Non-acute (eg OPD, wa		
	0	Community (eg GP surg	gery, home visits)	
	0	Other	If Other (please specify)*:	
Provide more detail of clinical setting if desired	[free-text]			
Did this event involve a telephone/video consultation?	0	Yes		
	0	No		
			Tooltip:	
Clinical problem category: *		1. Clinical Assessment	Assess patient needs in a variety of clinical settings including acute, non-acute and cor	nmunity
		2. Clinical Prioritisation	Recognise and, where appropriate, initiate urgent treatment of deterioration in physical	and mental health
		3. Holistic Planning	Diagnose and formulate treatment plans (with appropriate supervision) that include ethi	cal consideration of the physical, psychological and social needs of the patier
		4. Communication and 0	C Provide clear explanations to patients/carers, agree a plan and deliver health care advi	ce and treatment where appropriate
		5. Continuity of Care	Contribute to safe ongoing care both in and out of hours	
		Other	If Other (please specify)*:	

Feedback on the behaviours observed during the Mini-CEX: *

The trainer should focus on those areas performed well and also identify areas for development, taking into consideration the GMC's Generic Professional Capabilities Framework (https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework).

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: *				
Trainer's Position: *	0	GP		
	0	Consultant		
	0	ST3 or above / SPR		
	0	ST/CT 1/2		
	0	SAS doctor		
	0	Pharmacist		
	0	Other	If Other (please specify)*:	
GMC / Other Registration Number: *				
Trainer's Email: *				
Have you been trained in providing feedback? *	0	Yes		
	0	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 Training Resources' programme on e-Learning for Health (e-LfH): https://www.e-lfh.org.uk/programmes/educator-training-resources/. 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 (ETR) NEW > Training for the foundation supervisor".

Signature

Trainer signature:	
Date signed by Trainer:	