### Paediatric Surgery Mini-Clinical Evaluation (Mini-CEX) – Assessment Form

**Surname**…………………………………………………………………………….  **First Name**………………………………………………………..

**Assessment Date**……………………………………………………………….  **iMIS ID number**…………………………………………………..

**SET Level**: IMG:  
**Hospital**: …………………………………………………………………………………

**Clinical Setting**:  
- [ ] Outpatient  
- [ ] Ward  
- [ ] Emergency Department  
- [ ] Other

**Type of case**:  
- [ ] New Case  
- [ ] Follow-up

**Focus of clinical encounter**:  
- [ ] History  
- [ ] Diagnosis  
- [ ] Management  
- [ ] Explanation

**Complexity of case**:  
- [ ] Low  
- [ ] Average  
- [ ] High

**Assessor’s position**:  
- [ ] Consultant  
- [ ] Other

**Please assess and mark the following areas:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Unsatisfactory</th>
<th>Borderline / needs attention</th>
<th>Competent</th>
<th>Not Observed/Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History Taking</td>
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<tr>
<td>2. Physical Examination</td>
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<tr>
<td>3. Communicates to patients (and their family) about procedures, potentialities and risks to encourage their participation in informed decision making</td>
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<td>4. Adjusts the way they communicate with patients for cultural &amp; linguistic differences &amp; emotional status</td>
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<td>5. Recognises what constitutes “bad news” for patients (and their family) and communicates accordingly</td>
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<td>6. Recognises the symptoms of and accurately diagnose condition</td>
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<td>7. Appropriate management plan</td>
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<td>8. Professionalism</td>
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<td>9. Organisation/Efficiency</td>
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<td>10. Overall Clinical Care</td>
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</table>

**Suggestions for development**

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**Other comments**

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**Agreed Action**

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**Assessor’s signature**..................................................  **Assessor’s name**..........................................................

**Signature of person being assessed**...........................................................

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*Version 1 June 2017*