Subject:	Paediatric Surgery Mini-Clinical Evaluation (Mini- CEX) – Assessment Form				Ref. No.	Ref. No. ETA-SET-056	
Surname			Fii	st Name			
Assessment Da	te		iN	IS ID number			
SET Level:			IMG:				
Hospital:]		
Clinical Case:							
Clinical Setting:	Outpatient		Ward Eme	rgency Departr	nent	Other	
Type of case:	New Case		Follow-up				
Focus of clinica (can be multipl Complexity of c Assessor's posit	e)	History Low ultant	y Diagnosis Average Other	Manage		Explanation	
Please assess and	d mark the following a	ireas:	Unsatisfactory	Borderline / no attention	eeds Com	npetent Not Ob Not Ap	
1. History Taking	g						
family) about and risks to e	nination es to patients (and their procedures, potentialiti ncourage their participat decision making						
patients for c differences & 5. Recognises w for patients (a communicate 6. Recognises th accurately dia	ray they communicate w ultural & linguistic emotional status hat constitutes "bad nev and their family) and es accordingly he symptoms of and agnose condition management plan						
8. Professionalis							
9. Organisation/							. <u></u>
10. Overall Clinica	al Care						
Suggestions for Other commen							
Agreed Action.							
Assessor's sign	ature			Assessor's	name		
Signature of pe	rson being assessed						