## Mini Clinical Evaluation Exercise (Mini-CEX)

### Details
- **Assessor's Registration Number**:
- **Trainee's GMC Number**:  
- **Date of Assessment (DD/MM/YY)**:  
- **Assessor's Name**:  
- **Year of specialty training**:  
  - 1 (ST3)  
  - 2 (ST4)  
  - 3 (ST5)  
  - 4 (ST6)  
  - 5 (ST7)  
- **Case description**:  
- **Setting**:  
- **Difficulty of case(s)**:  
  - Low  
  - Medium  
  - High  
- **What type of consultation was this?**:  
  - Good news  
  - Bad news  
  - Neither  

### Performance Assessment

<table>
<thead>
<tr>
<th>Well below expectation for stage of training</th>
<th>Below expectation for stage of training</th>
<th>Borderline for stage of training</th>
<th>Meets expectation for stage of training</th>
<th>Above expectation for stage of training</th>
<th>Well above expectation for stage of training</th>
<th>Unable to comment*</th>
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</thead>
<tbody>
<tr>
<td>1. History taking</td>
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<td>2. Physical examination</td>
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<td>3. Professionalism</td>
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<td>4. Clinical Judgement</td>
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<td>5. Communication skills</td>
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<td>6. Organisation / efficiency</td>
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<td>7. Overall clinical care</td>
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</table>

*Unable to comment* – Please mark this if you have *not observed* the behaviour and feel unable to comment.

### Assessor’s Comments
If you have noticed anything especially good or needing further development please note it here: *(mandatory field)*

### Trainee’s Comments
*(mandatory field)*

### Signatures
- **Trainee’s Signature**  
- **Assessor’s Signature**