



**WORKPLACE-BASED ASSESSMENT
FORM**

CHEMICAL PATHOLOGY

**Mini clinical evaluation exercise
(Mini-CEX)**

Trainee's name:		GMC N°:		Stage of training:	A	B	C	D
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Assessor's name:		Please circle one	Consultant Trainee	SAS Other
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Patient problem/diagnosis:	
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Indicate focus for assessment (refer to topics in curriculum).
One or more may be selected.

<input type="checkbox"/> Data gathering	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Management	<input type="checkbox"/> Counselling	<input type="checkbox"/> Other	
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Setting

<input type="checkbox"/> Out-patient	<input type="checkbox"/> In-patient	<input type="checkbox"/> Other (please specify)	
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Is the patient:	<input type="checkbox"/> New	<input type="checkbox"/> Follow-up
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What type of consultation was this?

<input type="checkbox"/> Good news	<input type="checkbox"/> Bad news	<input type="checkbox"/> Neither
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Complexity of procedure:	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> High
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Please ensure this patient is not identifiable		Please grade the following areas using the scale provided. This should relate to the standard expected for the end of the appropriate stage of training:						Unable to comment
		Below expectations		Borderline	Meets expectations	Above expectations		
		1	2	3	4	5	6	
1	Medical interviewing skills							
2	Physical examination skills							
3	Consideration for patient/professionalism							
4	Clinical judgement							
5	Counselling and communication skills							
6	Organisation/efficiency							
7	Overall clinical competence							

PLEASE COMMENT TO SUPPORT YOUR SCORING:

SUGGESTED DEVELOPMENTAL WORK:
(particularly areas scoring 1-3)

Outcome:	Satisfactory	Unsatisfactory
	(Please circle as appropriate)	

Date of assessment:	
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Time taken for assessment:	
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Signature of assessor:	
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Signature of trainee:	
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Time taken for feedback:	
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