# Clinical Assessment Rating Form | Mini-CEX | Core Emergency Medicine Training

|  |  |
| --- | --- |
| Date | Click or tap to enter a date. |
| Registrar name | Click or tap here to enter text. |
| Assessor name | Click or tap here to enter text. |
| Current training post | Click or tap here to enter text. |

This form is for use by the assessor conducting a mini-CEX assessment. Assessors may elect to conduct a non-focussed or focussed mini-CEX which concentrates on a particular competency area or areas. The assessment is based on three cases. All cases should be completed by the same assessor.

Consultation – Case 1

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | | | Sex: Click or tap here to enter text. | | | |
| Patient’s problem(s) | Click or tap here to enter text. | | | | | | | |
| Consultation type | New to the registrar  Follow up | | | | | | | |
| Case complexity | High  Medium  Low | | | | | | | |
| Rating  Not all competencies are rated on every occasion. Focus only on the relevant sections for this assessment.  Select the option that best represents the registrar’s performance. You can also use these to provide narrative anchors for what you have observed and add these into the comments as appropriate.  The expected standard is set at the level of Fellowship. | | | | | | | | |
|  | | **Not observed/ insufficient evidence to assess** | | **Well below Fellowship standard** | | **Progressing towards Fellowship standard** | | **At Fellowship standard** |
| **Competency Area** | | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** | |  |  |  | |  |  |  |
| **Information gathering** | |  |  |  | |  |  |  |
| **Clinical management** | |  |  |  | |  |  |  |
| **Partnering with the patient** | |  |  |  | |  |  |  |
| **Professionalism** | |  |  |  | |  |  |  |
| **Organisation and systems** | |  |  |  | |  |  |  |
| **Comments/recommendations for improvement**  Click or tap here to enter text. | | | | | | | | |

Consultation - Case 2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | | | Sex: Click or tap here to enter text. | | | |
| Patient’s problem(s) | Click or tap here to enter text. | | | | | | | |
| Consultation type | New to the registrar  Follow up | | | | | | | |
| Case complexity | High  Medium  Low | | | | | | | |
|  | | **Not observed/ insufficient evidence to assess** | | **Well below Fellowship standard** | | **Progressing towards Fellowship standard** | | **At Fellowship standard** |
| **Competency Area** | | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** | |  |  |  | |  |  |  |
| **Information gathering** | |  |  |  | |  |  |  |
| **Clinical management** | |  |  |  | |  |  |  |
| **Partnering with the patient** | |  |  |  | |  |  |  |
| **Professionalism** | |  |  |  | |  |  |  |
| **Organisation and systems** | |  |  |  | |  |  |  |
| **Comments/recommendations for improvement**  Click or tap here to enter text. | | | | | | | | |

Consultation - Case 3

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | | | Sex: Click or tap here to enter text. | | | |
| Patient’s problem(s) | Click or tap here to enter text. | | | | | | | |
| Consultation type | New to the registrar  Follow up | | | | | | | |
| Case complexity | High  Medium  Low | | | | | | | |
|  | | **Not observed/ insufficient evidence to assess** | | **Well below Fellowship standard** | | **Progressing towards Fellowship standard** | | **At Fellowship standard** |
| **Competency Area** | | Not the focus of this assessment | Not observed/ insufficient evidence to assess | Significant concerns in this area | | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** | |  |  |  | |  |  |  |
| **Information gathering** | |  |  |  | |  |  |  |
| **Clinical management** | |  |  |  | |  |  |  |
| **Partnering with the patient** | |  |  |  | |  |  |  |
| **Professionalism** | |  |  |  | |  |  |  |
| **Organisation and systems** | |  |  |  | |  |  |  |
| **Comments/recommendations for improvement**  Click or tap here to enter text. | | | | | | | | |

Global assessment

Global assessment is rated at the end of the clinical assessment. This represents your overall impression across all direct observation of patient consultations performed. Competent overall performance includes communication, information gathering, management, partnering with the patient, organisation and systems, and professionalism.

Based on these assessments it reflects the doctor’s readiness for competent, unsupervised practice in Australia for this curriculum unit.

|  |  |  |  |
| --- | --- | --- | --- |
| Global assessment of competence |  |  |  |
|  | **Well below Fellowship standard** | **Progressing towards Fellowship standard**  *Needs further development to meet performance expectations for indicated competencies* | **At Fellowship standard** |
| Registrar strengths  Click or tap here to enter text. | | | |
| Areas for improvement  Click or tap here to enter text. | | | |
| Comments  Click or tap here to enter text. | | | |

Concerns regarding registrar performance

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate your level of concern with this registrar’s performance.  *Please check the appropriate box* | Significant concern | Moderate concern | No concern |
| Details of concern  Click or tap here to enter text. | | | |
| If significant concern selected:  Does this meet criteria for critical incident reporting?  *Refer to Critical incident and adverse event management and reporting guidelines for training programs* | | | |
| Have you reviewed your concerns with the registrar?  Yes  No | | | |

Feedback and future development plans

Goal 1

|  |  |
| --- | --- |
| Specific area for improvement | Click or tap here to enter text. |
| Registrar’s goal  *Specific, measurable, achievable, relevant and time-bound* | Click or tap here to enter text. |
| Registrar’s actions  *How is the registrar going to achieve the goal* | Click or tap here to enter text. |
| Outcome measure  *How will registrar and supervisor measure improvement* | Click or tap here to enter text. |

Goal 2

|  |  |
| --- | --- |
| Specific area for improvement | Click or tap here to enter text. |
| Registrar’s goal  *Specific, measurable, achievable, relevant and time-bound* | Click or tap here to enter text. |
| Registrar’s actions  *How is the registrar going to achieve the goal* | Click or tap here to enter text. |
| Outcome measure  *How will registrar and supervisor measure improvement* | Click or tap here to enter text. |

Goal 3

|  |  |
| --- | --- |
| Specific area for improvement | Click or tap here to enter text. |
| Registrar’s goal  *Specific, measurable, achievable, relevant and time-bound* | Click or tap here to enter text. |
| Registrar’s actions  *How is the registrar going to achieve the goal* | Click or tap here to enter text. |
| Outcome measure  *How will registrar and supervisor measure improvement* | Click or tap here to enter text. |

Acknowledgment and review

***Assessor acknowledgement***

I have completed the assessment and provided direct feedback to the registrar. We have discussed areas for further learning and development.

**Registrar Sign-Off**

|  |  |
| --- | --- |
| Registrar Name |  |
| Signature |  |

**Assessor Sign-Off**

|  |  |
| --- | --- |
| Assessor Name |  |
| Signature |  |