# Mini Clinical Evaluation Exercise (Mini-CEX)

## Trainee Data
- First Name: 
- Last Name: 
- ACEM ID: 

## Assessor Data
- First Name: 
- Last Name: 
- ACEM ID: 
- Hospital: 
- Date of Assessment: 

## Patient Case Details

**Presenting Category**
**Brief Case Summary**

**Patient Case Complexity**
As per calculator in online form (see end of p.2)

**Patient Type**
- Adult:  
- Paediatric: 

**Brief Description**
Why this case was selected as the chosen complexity

## Component Assessment

Select the ONE best option that describes the level of input required on this observed occasion:

<table>
<thead>
<tr>
<th>Component</th>
<th>Trainee performed; senior clinician input required for majority of task</th>
<th>Trainee performed; senior clinician input required for minority of task</th>
<th>Trainee performed independently; senior clinician observed and advised for trouble shooting</th>
<th>Trainee performed independently; senior clinician required to check</th>
<th>Trainee performed independently at junior FACEM level</th>
<th>N/A Not Applicable</th>
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<tbody>
<tr>
<td>History Taking</td>
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<td>From patient and/or collateral sources</td>
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<tr>
<td>Physical Examination</td>
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<td>Presence or absence of signs, structured examination</td>
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<td>Clinical Synthesis</td>
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<td>Appropriate, prioritised differential diagnosis, investigation approach and/or management plan</td>
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<td>Shared Decision Making with Patient/Carer</td>
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Please rate as many of the following tasks as observed. AT LEAST ONE task must be rated:

- [ ] History Taking
- [ ] Physical Examination
- [ ] Clinical Synthesis
- [ ] Shared Decision Making with Patient/Carer

Please rate ALL THREE of the following skills:

- Communication: Clear, collaborative, culturally safe
  - [ ]
- Professionalism: Competent, caring and honest
  - [ ]
Organisation and Efficiency
Organisation and prioritisation of assessment or tasks. Performs assessment or tasks in a timely manner.

<table>
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<tr>
<th>Rationale</th>
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</table>

GLOBAL ASSESSMENT
Select the ONE best option that describes the level of input required on this observed occasion:

- Trainee performed; senior clinician input required for majority of task
- Trainee performed; senior clinician input required for minority of task
- Trainee performed independently; senior clinician observed and advised for trouble shooting
- Trainee performed independently; senior clinician required to check
- Trainee performed independently at junior FACEM level

Areas of strength:

Areas for development and/or agreed learning goals for next encounter:

Any other Assessor comments about this assessment (optional):

Trainee comments about this assessment:

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Time taken for observation: [ ] Minutes

Time taken for feedback: [ ] Minutes

(end of assessment)

Patient Case Complexity

**LOW complexity cases include those that are best described as:**
- A patient with a single-system presentation, with minimal complications (medical and/or social) and responsive to first-line treatment.
- A patient with a self-evident diagnosis where management is straightforward.
- A stable patient, with a common presentation or a clear diagnosis.

**Modifiers:** No modifiers such as language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management. (See Curriculum Framework)

Examples of low complexity cases:
- Isolated limb fracture;
- Renal colic;
- DVT;
- Cellulitis;
- Pneumonia

**MEDIUM complexity cases include those that are best described as:**
- A patient with multi-system presentations, and minimal complications (medical and/or social).
- A patient with a single-system presentation and multiple or significant complications or;
- A patient with a single-system presentation and multiple or significant co-morbidities or;
- A patient with a single-system presentation with at least one modifier or;
- A stable patient, without a clear diagnosis.

**Modifiers:** At least one modifier such as language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management (see Curriculum Framework)

Examples of medium complexity cases:
- Fracture with nerve/neurovascular compromise;
- Syncope/abdominal pain/chest pain with at least one modifier.
- STEMI etc.

**HIGH complexity cases include those that are best described as:**
- A patient with multi-system problems and multiple/significant complications (medical and/or social).
- A patient with multi-system presentation with multiple or significant co-morbidities or;
- A patient with multi-trauma or;
- An unstable/deteriorating patient, with an uncommon presentation or without a clear diagnosis.
- A patient presenting with a life/limb/sight threatening condition.

**Modifiers:** At least two modifiers such as language, mental health status, social representation or inconsistent, clinical findings impacting on assessment or management (see Curriculum Framework)

Examples of high complexity cases:
- Elderly patient with fracture of secondary to syncope on oral anticoagulants;
- Undifferentiated shock;
- Immunocompromised patient with shortness of breath with renal failure;
- GI bleed patient with chest pain on warfarin with mechanical valve.