Mini Clinical Evaluation Exercise (Mini-CEX)

TRAINEE DATA

Trainee First Name:

Trainee Last Name:

Trainee ACEM ID:

ASSESSOR DATA

Assessor First Name:

Assessor Last Name:

Assessor 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)

Low Complexity	Medium Complexity	High Complexity
○	○	○

Patient Type*

Adult	Paediatric
○	○

Brief description as to 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:	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	N/A Not Applicable
Please rate as many of the following tasks as observed. AT LEAST ONE task must be rated:						
History Taking From patient and/or collateral sources	○	○	○	○	○	○
Rationale:						
Physical Examination Presence or absence of signs, structured examination	○	○	○	○	○	○
Rationale:						
Clinical Synthesis Appropriate, prioritised differential diagnosis, investigation approach and/or management plan	○	○	○	○	○	○
Rationale:						
Shared Decision Making with Patient/Carer	○	○	○	○	○	○
Rationale:						
Please rate ALL THREE of the following skills:						
Communication Clear, collaborative, culturally safe	○	○	○	○	○	
Rationale:						
Professionalism Competent, caring and honest	○	○	○	○	○	
Rationale:						

Organisation and Efficiency Organisation and prioritisation of assessment or tasks. Performs assessment or tasks in a timely manner	○	○	○	○	○	
	Rationale					

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:

(end of assessment)

Time taken for observation: [ ] Minutes   **Time taken for feedback:** [ ] Minutes

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 a 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.