



New Zealand Orthopaedic Association
(Royal Australasian College of Surgeons)

PO Box 5545
Wellington 6140
Phone: 04 913 9898
Fax 04 913 9890
Email: prue@nzoa.org.nz

Mini-Clinical Evaluation (Mini-CEX) Assessment Form

Trainee name _____

Assessment date _____

- | | | |
|-------|-------|--------------------------|
| Level | SET 1 | <input type="checkbox"/> |
| | SET 2 | <input type="checkbox"/> |
| | SET 3 | <input type="checkbox"/> |
| | SET 4 | <input type="checkbox"/> |
| | SET 5 | <input type="checkbox"/> |

Hospital _____

Type of case _____

- | | |
|-----------|--------------------------|
| New case | <input type="checkbox"/> |
| Follow-up | <input type="checkbox"/> |

- | | | |
|-----------------------------|-------------|--------------------------|
| Focus of clinical encounter | History | <input type="checkbox"/> |
| | Diagnosis | <input type="checkbox"/> |
| | Management | <input type="checkbox"/> |
| | Explanation | <input type="checkbox"/> |

- | | | |
|--------------------|---------|--------------------------|
| Complexity of case | Low | <input type="checkbox"/> |
| | Average | <input type="checkbox"/> |
| | High | <input type="checkbox"/> |

Please assess and mark the following areas		Unsatisfactory	Borderline	Competent	Excellent	Not observed / not applicable
1	History-taking					
2	Physical examination					
3	Communicates to patients (and their family) about procedures, potentialities and risks to encourage their participation in informed decision-making					
4	Adjusts manner of communication with patients for cultural and linguistic differences and emotional status					
5	Recognises what constitutes 'bad news' for patients (and their family) and communicates accordingly					
6	Recognises the symptoms of, accurately diagnoses, and manages common problems					
7	Professionalism					
8	Organisation/efficiency					
9	Overall clinical care					

Suggestions for development

Agreed action

Self-reflection – what did you learn from this assessment experience?

Assessor's signature _____

Assessor's name _____

Signature of trainee _____

Notes to trainee

- The trainee should keep a copy of this evidence for their records.
- The original form should be sent to the NZOA office:

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