



Masters of Medicine Conjoined Programme (UM, UKM, USM, UPM, UITM) Assessment by Mini CEX

Trainee's Name							
Date of enrolment				Matric Number			
Date of assessment				Student's MMC Number			
Phase of study				Posting			
Hospital							
Clinical Setting: <input type="checkbox"/> Neonates <input type="checkbox"/> In-patient <input type="checkbox"/> OPD <input type="checkbox"/> A&E <input type="checkbox"/> Acute Admission							
Clinical Problem Category: <input type="checkbox"/> Sepsis <input type="checkbox"/> CVS <input type="checkbox"/> Shock <input type="checkbox"/> Gastro <input type="checkbox"/> Neuro <input type="checkbox"/> Airway/Breathing							
<input type="checkbox"/> Behaviour/Developmental <input type="checkbox"/> Others (Please specify):							
New or follow up case: <input type="checkbox"/> New <input type="checkbox"/> Follow up							
If follow up, number of time patient seen before by trainee: <input type="checkbox"/> 0 <input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> >10							
Focus of clinical encounter: <input type="checkbox"/> History <input type="checkbox"/> Diagnosis <input type="checkbox"/> Management <input type="checkbox"/> Explanation							
Complexity of case in relation to stage of trainee: <input type="checkbox"/> Low <input type="checkbox"/> Average <input type="checkbox"/> High							
Using the given scales, please grade the areas listed below:	Weak	Borderline	Satisfactory	Good	Excellent	*UC	
	1	2	3	4	5	6	
History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills with child/young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication skills with parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initial management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organisation/efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*U/C = Please mark this if you have not observed the behavior and therefore unable to comment.							
Please address any concern or serious issues regarding the trainee via appropriate channels.							
Areas of strength:			Suggestions for development:				
Agreed Action:							
Assessor's Name							
MMC's Number				Assessor's position:	<input type="checkbox"/> Consultant <input type="checkbox"/> Specialist		

Number of previous Paediatric Mini-CEX observed by assessor with any trainee:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								0	1	2	3	4	5	5-9	>9
What training have you had in the use of this assessment tool: <input type="checkbox"/> Have read guidelines <input type="checkbox"/> Face-to face <input type="checkbox"/> Web/CD-rom															
Time taken for discussion (in minutes):							Time taken for feedback (in minutes):								
Assessor's signature							Trainee's signature								

Date :