



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

Student's Name										
Date of enrollment										
D	D	/	M	M	/	Y	Y	Y	Y	Matric Number
Date of assessment										
D	D	/	M	M	/	Y	Y	Y	Y	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.										
Strength of trainee:					Suggestion for professional 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"/>
						0	1	2	3	4
									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					Student's signature					

