



## Mini-Clinical Evaluation Exercise (Mini-CEX)

### Assessment

#### Trainee

**RANZCOG ID**  
xxxxxx

**DOB**  
xx/xx/xxxx

**Name**  
xxxxx

**Email**  
xxxxx

#### Observation

**Year**  
Two

**Speciality**  
Obstetrics

**Setting**  
Clinic

**Focus**  
Counselling

*Please pass this device to the Observer to complete the assessment.*

**Please rate the observed competence in the following skills**

**Overall Clinical Care**

Not observed

**History Taking**

Not observed

**Physical Examination**

Not observed

**Professionalism**

Meets expectations

**Clinical Judgement**

Meets expectations

**Communication Skills**

Meets expectations

**Organisation Efficiency**

Not observed

*Please pass this device to the Trainee and discuss your observations with them.*

**Things done well**

Rapport with patient  
Listening to pt's perspective  
Creating a safe environment

**Areas for improvement**

Eye contact  
Body language  
Involving the partner

**Agreed action plan**

Role play with other trainees  
Repeat mini CEX

*Please pass this device to the Observer for a final sign-off.*

**Observer****RANZCOG ID**

xxxxxx

**Name**

xxxxxx

**Email**

xxxxxx

**Job Title**

xxxxxx

**Signature****Observation Date**

xx/xx/xxxx

*Please pass this device to the Trainee for a final submission.*

**After submission:**

- *Trainee will receive a copy of this assessment via email.*
- *Observer will receive further information on CPD and self-relection via email.*