

Please refer to curriculum and logbook for details of expected competences

# Mini-Clinical Evaluation Exercise (CEX) – Obstetrics

Please complete the questions using a cross:

Please use black ink and CAPITAL LETTERS

Doctor's surname:

Forename:

GMC number:  **GMC NUMBER MUST BE COMPLETED**

**Clinical setting:** Labour Ward  ANC  AN Ward  PN Ward  Assessment Unit

**Clinical problem category:** Antenatal care  Maternal & fetal medicine  Intrapartum care  Postpartum care detail:

**New or Follow-up:** New  FU  **Focus of clinical encounter:** History  Diagnosis  Management  Explanation

**Number of times patient seen before by trainee:** 0  1-4  5-9  ≥10

**Complexity of case:** Low  Average  High  **Assessor's position:**  (Trainees must specify year)

Please grade the following areas using the scale indicated at right:	Below expectations		Borderline	Meets expectations	Above expectations		U/C*
	1	2	3	4	5	6	
1 History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Physical examination skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Organisation and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall clinical care	<input type="checkbox"/>	<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 behaviour and therefore feel unable to comment

**Anything especially good?**

**Suggestions for development**

**Agreed action:**

Assessors signature

Assessors surname

Date:

Time taken for discussion:  (in minutes)

Time taken for feedback:  (in minutes)