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

**Supervised Learning Event Form**

**Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS**

Specialty Registrar’s surname

Specialty Registrar’s forename(s)

GMC number (GMC NUMBER MUST BE COMPLETED)

|  |  |
| --- | --- |
| Description of Case |  |
| StR’s summary notes of case |  |

Observed by

GMC number (GMC NUMBER MUST BE COMPLETED)

Date (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

Signature of supervising doctor

**Clinical Setting** (check one option only):

Critical Care [ ]  ED [ ]  Ward [ ]  Transfer [ ]  Other [ ]

|  |  |
| --- | --- |
| Summary of discussion between StR and trainer: |  |

|  |  |
| --- | --- |
| StR's notes and reflections on the learning from the case reviewed: |  |

|  |  |
| --- | --- |
| Examples of good practice were: |  |
| Areas of practice requiring improvement were: |  |
| Agreed plan to develop on any areas of practice requiring improvement: |  |

**This supervised learning event is a formative tool to guide learning and is not a pass/fail assessment. Based on the capability level descriptors as detailed in the ICM curriculum handbook the assessor should however give an indication of overall level of performance to inform StRs and educational supervisors. It should be appreciated that StRs may pick procedures that they feel are challenging or have identified as areas for improvement.**

|  |  |
| --- | --- |
| Suggested level of performance / global impression (see [Capability Level Descriptors](https://www.ficm.ac.uk/sites/default/files/icm_curriculum_supporting_excellence_v1.0.pdf#page=39) in the ICM Curriculum for reference) | [ ]  Below level of competence expected for stage of training [ ]  At expected level of competence for stage of training [ ]  Exceeds level of competence for stage of training  |