



Mini Clinical Evaluation Exercise – Formative

Candidate name						
Component of training	Core Generalist			Advanced Specialised		
	AST Discipline					
Assessment date						
Assessor name						
Assessor email						
Assessor position	ACRRM Accredited Supervisor Other Specialist (AST only)		Medical Educator		FACRRM	
Training Post name						
Location						
Type of consultation	Face to face		Telehealth		Phone Video	
Patient	Presenting with					
	Gender		Age		Consent gained	
Case complexity	Low	Medium	High	New patient	Yes	No
Physical examination	Was a physical examination conducted?				Yes	No
	If Yes, which body system/s?					
	Abdominal Antenatal (first visit) Cardiovascular Endocrine			Mini-mental state assessment Musculoskeletal region Neonatal/Paediatric Neurological Respiratory		



SCORING

Categories	Beginning	Progressing	Achieved	Exceeded
Communication				
History taking				
Physical exam (Ex) overall				
Ex appropriate				
Ex technique				
Ex interpretation				
Clinical management				
Professionalism				
Overall				
Candidate strengths				
Candidate areas for development				

MiniCEX report discussed with registrar	Yes	No
Assessor name		
Assessor signature		
Date		



ACRRM USE ONLY	
Medical Educator name	
Medical Educator signature	
Date	
Comments	

Conducting formative miniCEX

Assess a combination of face to face and telehealth consults.

Observe consults either in person or virtually. Where possible, observe in person, consults with physical examination.

Information on workplace-based assessment requirements is found in the [Fellowship Training Program Handbook](#) and [MiniCEX training course for clinicians](#).

Achieved rating

Communication

- Patient centered communication evident. Built trust and rapport with patient.
- Showed empathy and respect. Asked patient for their story.
- Explored patient issue using a range of relevant question types.
- Considered and discussed the impact of presentation on patient function.
- Flexible in approach. Considered cultural values, attitudes, and beliefs.
- Explained aspects of care clearly.
- Involved patient in decision making and provided appropriate advice.

History taking

- Obtained a clinical history including presenting problems, epidemiology and cultural context.
- Questions focused and appropriate.

Physical examination (see a [Physical Exam Reference](#) for further information)

- Sound assessment conducted and several key differentials considered.
- Relevant signs and symptoms covered.
- Assessment organised, logical and efficient.
- Patient comfort and safety considered.

Clinical management

- An appropriate range of evidence gathered, and most plausible diagnosis provided to the patient.
- All required appropriate tests arranged.
- Short-term management and possible long-term management plan appropriate and discussed with patient.
- Follow-up arranged.
- Clearly addressed ethical / potential legal / work cover issues.

Professionalism

- Ensured patient privacy and confidentiality.
- Demonstrated a commitment to teamwork, collaboration, coordination and continuity of care.
- Critically appraised own performance.
- Clinical documentation is in accordance with professional standards.
- Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.

Overall

- Overall approach systematic and consistently competent across marking categories.
- Made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate.
- Communication skills effective. Patient involved in decision making.
- Diagnosis sound and based on information gathered.
- Appropriate history and assessment undertaken.
- Relevant further tests arranged to confirm diagnosis as required.
- Management appropriate and includes short and some long-term recommendations based on information gathered.

More detailed descriptors for the competency standards for Fellowship - beginning/progressing/achieved are provided in the [Rural Generalist Curriculum](#).