

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

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| **Learner Details**  |
| **Full Name**:   |

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| **Overview**  |
| **Title of mini-CEX**:  |
| **Date of mini-CEX:**   |

| Area | Significantly below expectations | Below expectations | Meets expectations | Borderline | Aboveexpectations | Significantly above expectations | Unable to comment |
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| **Patient and Pharmaceutical Care** |
| Patient consultation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Need for the medicine | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Selection of the medicine | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medicine specific issues(previous and newly prescribed) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Provision of the medicine | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Medicines information and patient education | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Professionalism | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Problem Solving** |
| Gathering information | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Knowledge | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Analysing information | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Overall clinical care** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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| **Summary of Case**  |
| Summary of patient interaction (to include sector, patient type, focus of interaction, new or follow up case, complexity case):      |

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| **Summary**  |
| Anything especially good:       |
| Suggestions for development:       |
| Agreed action:       |

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| **Mapping** |
| **Professional Practice** | **Communication & collaborative working** | **Leadership & Management** | **Education** | **Research** |
| 1.1 | [ ]  | 2.1 | [ ]  | 3.1 | [ ]  | 4.1 | [ ]  | 5.1 | [ ]  |
| 1.2 | [ ]  | 2.2 | [ ]  | 3.2 | [ ]  | 4.2 | [ ]  | 5.2 | [ ]  |
| 1.3 | [ ]  | 2.3 | [ ]  | 3.3 | [ ]  | 4.3 | [ ]  |  |  |
| 1.4 | [ ]  | 2.4 | [ ]  | 3.4 | [ ]  | 4.4 | [ ]  |  |  |
| 1.5 | [ ]  | 2.5 | [ ]  | 3.5 | [ ]  | 4.5 | [ ]  |  |  |
| 1.6 | [ ]  | 2.6 | [ ]  | 3.6 | [ ]  | 4.6 | [ ]  |  |  |
| 1.7 | [ ]  | 2.7 | [ ]  | 3.7 | [ ]  |  |  |  |  |
| 1.8 | [ ]  | 2.8 | [ ]  | 3.8 | [ ]  |  |  |  |  |
| 1.9 | [ ]  |  |  | 3.9 | [ ]  |  |  |  |  |
| 1.10 | [ ]  |  |  |  |  |  |  |  |  |
| 1.11 | [ ]  |  |  |  |  |  |  |  |  |
| 1.12 | [ ]  |  |  |  |  |  |  |  |  |
| 1.3 | [ ]  |  |  |  |  |  |  |  |  |
| 1.14 | [ ]  |  |  |  |  |  |  |  |  |

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| **Collaborator Details** |
| **Collaborator Name**:  |
| **Collaborator Role:** | Educational supervisor / tutor | [ ]  |
|  | Employer | [ ]  |
|  | Practice supervisor | [ ]  |
|  | Senior pharmacist | [ ]  |
|  | Workplace facilitator | [ ]  |
|  | Other | [ ]  |
| **Collaborator Signature:**   |
| **Date:**   |