Text

Description automatically generated

**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 | Above  expectations | Significantly above expectations | Unable to comment |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | |