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

|  |
| --- |
| Please use **black** ink, complete in CAPITAL LETTERS and use a cross x to answer questions |

Doctor’s Surname ………………………………………… Forename ……………………………….

Clinical Setting: Colposcopy clinic [ ] In-patient [ ] Other [ ] explain: ………………...

Clinical problem: New Patient [ ] Follow Up [ ]

Focus of Consultation:

History [ ] Diagnosis [ ] Management [ ] Explanation [ ]

Complexity of case: Low [ ] Average [ ] High [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale below** | Below expectations | Borderline | Meets expectations | Above expectations | U/C\* |
| 1 History Taking | 1 2  [ ] [ ] | 3  [ ] | 4  [ ] | 5 6  [ ] [ ] | [ ] |
| 2 Examination Skills | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 3 Communication Skills | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 4 Clinical Judgement | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 5 Professionalism | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 6 Organisation/Efficiency | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| 7 Overall clinical care | [ ] [ ] | [ ] | [ ] | [ ] [ ] | [ ] |
| \*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 plan:**

Date (dd/mm/yyyy) \_\_\_ / \_\_\_ / \_\_\_\_\_

Assessor’s Signature: …………………………………… Time taken for observation

(in minutes) [ ] [ ]

Assessor’s Surname: …………………………………… Time taken for feedback

(in minutes) [ ] [ ]