

Mini-CEX

Title

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Key skill

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Category (please tick one of the options below)

[ ] Generic

[ ] GYN

[ ] OBS

Event date

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Describe the event

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Trainee’s analysis

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Trainee’s learning plan

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Additional actions

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Assessor’s additional comments

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Trainee’s reflection

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Assessor name (please print in full)

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Assessor role

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Assessor sign-off and date (please provide hard copy or electronic signature and date of sign-off)

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