

Record of Learning and Development

Mini-Clinical Evaluation Exercise (Mini-CEX) Feedback Form

This form should not be used for feedback from patients, service users and carers

This form can be used to receive feedback on your communication with a patient or carer, by a colleague, manager or supervisor.

The form is also available in TURAS Professional Portfolio

**Feedback
Type**

**Title of
Feedback**

**Date of
Observation**

Details of Practitioner being observed

**Name of
Practitioner**

**Registration
Number**

Details of Observation

**Procedure,
Skills or
clinical
encounter
observed**

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**Complexity
of procedure**

	Low
	Average
	High

**Brief
description
of feedback
requested**

**Feedback
provider
forename**

**Feedback
provider
surname**

**Feedback
provider
e-mail**

Feedback on observed practice:

	Not observed	Needs further development	Competent	Excellent
Practising holistically				
History taking				
Communication with patients/carers				
Physical Examination				
Clinical Judgement/ Making Decisions				
Clinical management				
Working with colleagues and in teams				
Documentation				
Professionalism/Person Centred approach				
Fitness to Practice				

Feedback Summary

Feedback and recommendations for further development



**Feedback
provider role**

**Feedback
provider date**