

Emergency Medicine Mini Clinical Evaluation Exercise

Clinical Clerk Name: _____ Attending Staff Name: _____

Date: _____

Location: Health Sciences Centre

St. Clare's Mercy Hospital

Other: _____

Case Encounter

Patient Primary Complaint: _____

Patient age (years): _____

Patient Gender: Male / Female

	Does Not Meet Expectations	Meets Expectations
History-taking		
Physical examination skills		
Communication skills		
Professionalism		
Organization/efficiency		

Global Assessment Scale

Does Not Meet Expectations	Meets Expectations

Strengths

Areas for improvement

The Evaluator's signature (below) confirms that the Learner was observed for the entire clinical encounter and that the contents of this assessment (above) were discussed with the Learner.

Evaluator's name: _____ Evaluator's signature: _____

The Learner's signature (below) confirms that the above evaluation was discussed with the Learner and that the Learner was observed during this examination.

Clinical clerk's name: _____ Clinical clerk's signature: _____