

Mini-CEX Policy: All residents and interns (categorical and preliminary) need to complete 3 Mini-CEXs before each year of training is completed. Arrange for an Attending faculty to observe you do a history and/or physical exam (or part of a history or exam), and give you feedback. Submit a copy of the completed Mini-CEX to the Dept. of Medicine to put in your file, or give it to your Academic Advisor.

Mini-Clinical Evaluation Exercise (CEX)

Evaluator: _____ Date: _____

Resident: _____ ☐ R-1 ☐ R-2 ☐ R-3

Patient Problem/Dx: _____

Setting: ☐ Ambulatory ☐ In-patient ☐ ED ☐ Other _____

Patient: Age: _____ Sex: _____ ☐ New ☐ Follow-Up

Complexity ☐ Low ☐ Moderate ☐ High

Focus: ☐ Data Gathering ☐ Diagnosis ☐ Therapy ☐ Counseling

1. Medical Interviewing Skills (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

2. Physical Examination Skills (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

3. Humanistic Qualities/Professionalism

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

4. Clinical Judgment (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

5. Counseling Skills (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

6. Organization/Efficiency (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

7. Overall Clinical Competence (☐ Not observed)

1	2	3	4	5	6	7	8	9
UNSATISFACTORY			SATISFACTORY				SUPERIOR	

Mini-CEX Time: Observing _____ Mins Providing Feedback _____ Mins

Evaluator Satisfaction with Mini-CEX

LOW	1	2	3	4	5	6	7	8	9	HIGH
-----	---	---	---	---	---	---	---	---	---	------

Resident Satisfaction with Mini-CEX

LOW	1	2	3	4	5	6	7	8	9	HIGH
-----	---	---	---	---	---	---	---	---	---	------

Comments: _____

Resident Signature _____

Evaluator Signature _____