

Mini-Consultation Evaluation Exercise (CEX)

Evaluator: _____ **Date:** _____

Fellow: _____ F-1 F-2 F-3

Patient Problem/Dx: _____

Setting: Ambulatory In-patient consultation services 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 (No Observed)

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

7. Overall Clinical Competence as a consultant subspecialist (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

Fellow Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

Comments: _____

Fellow Signature

Evaluator Signature

GUIDELINES FOR IMPLEMENTING THE MINI-CEX

- The mini-consultation evaluation exercise (CEX) focuses on the core skills that subspecialty fellows demonstrate in patient encounters.
- It can be easily implemented by attending physicians as a routine, seamless evaluation of fellows in any setting.
- The mini-CEX is a 15-20 minute observation or “snapshot” of a fellow/patient interaction.
- Based on multiple encounters over time, this method provides a valid, reliable measure of fellows’ performance.
- *Attending physicians are encouraged to perform one mini-CEX per fellow during the rotation.*

Settings to Conduct Mini-CEX: Mini-CEX Evaluators:

In-patient consultation services Attending Physicians

Ambulatory Program Director

Other including admission, discharge Division Chief

Forms and Rating Scale: After completing form, provide “original” to program director and “copy” to fellow. Nine point rating scale is used; *rating of 4 is defined as “marginal”* and conveys the expectation that with remediation the fellow will meet the standards for Board certification.

DESCRIPTORS OF COMPETENCIES DEMONSTRATED DURING THE MINI-CEX

- Medical Interviewing Skills:** Facilitates patient’s telling of story; effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues.
- Physical Examination Skills:** Follows efficient, focused sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient’s comfort, modesty.
- Humanistic Qualities/Professionalism:** Shows respect, compassion, empathy, establishes trust; attends to patient’s needs of comfort, modesty, confidentiality, information.
- Clinical Judgment:** Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.
- Counseling Skills:** Explains rationale for test/treatment, obtains patient’s consent, educates/counsels regarding management.
- Organization/Efficiency:** Prioritizes; is timely; succinct.
- Overall Clinical Competence as a Consultant Specialist:** Demonstrates judgment, synthesis, caring, effectiveness, efficiency.