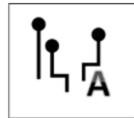


ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Mini-Clinical Evaluation Exercise (CEX)

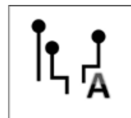
Instructions:

General principles

- This tool is designed to help assess the interactions of residents and fellows with dermatology patients. For pediatric dermatology patients, the Pediatric Dermatology CEX may be more appropriate, although either could be used. It is appropriate for encounters in an outpatient or inpatient clinical setting. The evaluation can include minor procedures integral to the encounter (e.g. KOH prep, cryotherapy for actinic keratoses, etc.), but this tool is not designed to assess the trainee's technical skills in the performance of procedures, per se.
- All or part of an encounter can be observed. It is not required to observe the entire encounter.
- In general, it is advisable to let the trainee know you will be assessing their performance prior to the encounter.
- In general, it is also advisable for the supervisor to notify the patient about the assessment before the resident begins the encounter.
- Provide direct, specific constructive feedback to the trainee after the encounter. Determine what are 'must' areas for improvement vs. 'the art of how I would have done it' areas for improvement (ie, corrections vs. advice)

Specific instructions

- **Encounter complexity** – Determined by the evaluator. Factors to consider include the diagnosis, clinical situation, patient interactions.
    - For example, a visit for a routine skin cancer check in a patient with a history of basal cell carcinoma with nothing new to see but a well-healed scar is likely low complexity. A visit for a routine skin cancer check in a patient with signs of recurrent skin cancer might be of moderate complexity. A visit for routine skin cancer check in a patient upset by the resulting scar made by a previous resident colleague could be moderate or high complexity.
- **Diagnosis / summary** – Describe the diagnosis and / or what occurred.
    - Ex: Suspect allergic contact hand dermatitis, discuss patch testing
- **Focus** – Check the focus or foci that are assessed. Several foci may be checked if several parts of the encounter were observed.
- **Skills** – Rate the trainee on the milestones scale for each skill. It is important to remember that trainees are not being compared relative to other trainees; they are being rated on a continuum; on a scale designed to assess progression of skills from novice to master. It is common for first year residents to score 3 or 4 out of 10 and still be great first year residents.
- If a particular skill is not observed, check the "Not observed" box.
- **Feedback and comments** – Note specific positives in the encounter and give constructive feedback on how the trainee could improve.



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Mini-Clinical Evaluation Exercise (CEX)

Resident: ______________________________ Derm Yr: __________

Evaluator: ______________________________ Date: ____________

Encounter Complexity: ☐ Low ☐ Moderate ☐ High

Diagnosis Summary: ____

Focus: ☐ Data gathering ☐ Exam ☐ Diagnosis ☐ Therapy ☐ Counseling

I.1

1. Quality of Patient History (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Missing key history elements for basic disease	Identifies key history but misses some associated ?s (if this is routine condition)	Accurate targeted hx, but misses some associated ?s (if this is complex condition)	Elicits difficulty/subtle information. Readily probes to clarify.	Identifies appropriate and thorough information in complex disease.	Role models history taking.
1	2 3	4 5	6 7	8	9 10

I.1

2. Physical Examination Skills (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Failed to perform key exam for routine skin condition.	Performs principal exam but fails to examine associated areas. Errors in morphology.	Accurate targeted exam. Correctly describes morphology.	Identifies difficult/subtle exam findings. May misinterpret or miss a subtle finding.	Identifies subtle clinical patterns and examines all associated areas.	Role models examination.
1	2 3	4 5	6 7	8	9 10

I.1

3. Organization/Efficiency/Presentation to Supervisor (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Disorganized, inefficient; difficulty conveying	Requires verbal cues to present thorough history.	Clear, targeted presentation; misses some information.	Clear, targeted, precise presentation with pertinent negatives.	Efficient patient management and targeted, organized presentation.	Role models presentation.
1	2 3	4 5	6 7	8	9 10

IV.1

4. Humanistic Qualities/Demeanor/Professionalism (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Argumentative.	Needs guidance to build rapport in most encounters. Misses non-verbal cues.	Builds rapport in unstressed. Misses opportunity for empathy.	Builds rapport in stressful encounters. Misses some non-verbal cues and some rapport with families.	Builds rapport with patient and families. Uses non-verbals to an advantage. Keeps pace without seeming rushed.	Coaches to communicate.
1	2 3	4 5	6 7	8	9 10

I.7

5. Clinical judgment (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
No differential; Assessment/Plan is way off the mark.	Limited differential and incorrect prioritization. Needs guidance for plan.	Appropriate differential (common and complex). Acceptable plan for common.	Appropriately weighted differential makes excellent plan for common; acceptable plan for complex.	Makes independent management decisions. Customizes care in context of patient preference and other patient factors.	Teaches DDx and Plan.
1	2 3	4 5	6 7	8	9 10

I.7

6. Counseling Skills (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Rude, belittling, or confusing.	Needs counseling guidance for most every patient, including longitudinal care.	Educates patients regarding common disorders; needs guidance to counsel complex.	Educates complex patients with only little guidance. Patient-centered. Accurately selects longitudinal plan.	Educates patients without guidance. Patient-centered counseling. Good longitudinal planning.	Role models counseling and follow-up timing.
1	2 3	4 5	6 7	8	9 10

I.2

7. In-Office Diagnostics/Procedures (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
Uncertain of test purpose or steps.	Requires prompting and guidance to perform test. Needs help in interpreting.	Proficiently performs but requires guidance to interpret results of diagnostics.	Proficiently performs and correctly interprets in-office diagnostics. Accurately selects/interprets labs.	Teaches others to interpret and justify use of diagnostics.	Role models diagnostics.
1	2 3	4 5	6 7	8	9 10

8. Overall Clinical Competence (☐ Not observed)

Below Expected 1st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level
1	2 3	4 5	6 7	8	9 10

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE: