**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.
## Mini-Clinical Evaluation Exercise (CEX)

**Resident:** _______________________________  
**Evaluator:** _______________________________  
**Derm Yr:** ________  
**Date:** ___________

**Diagnosis Summary:**

<table>
<thead>
<tr>
<th>Encounter Complexity</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus:</strong></td>
<td>Data gathering</td>
<td>Exam</td>
<td>Diagnosis</td>
</tr>
</tbody>
</table>

### 1. Quality of Patient History

- **1.1** Missing key history elements for basic disease  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7.  
  - **Below Expected**

### 2. Physical Examination Skills

- **1.1** Failed to perform key exam for routine skin condition.  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7.  
  - **Below Expected**

### 3. Organization/Efficiency/Presentation to Supervisor

- **1.1** Disorganized, inefficient, difficulty conveying.  
  - 1.  
  - 2.  
  - 3.  
  - 4.  
  - 5.  
  - 6.  
  - 7.  
  - 8.  
  - 9.  
  - 10.  
  - **Below Expected**

### 4. Humanistic Qualities/Demeanor/Professionalism

- **1.1** Argumentative.  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7. Senior Resident Performance  
  - 8. Senior Resident Performance  
  - 9.  
  - 10.  
  - **Below Expected**

### 5. Clinical Judgment

- **1.7** No differential or incorrect prioritization. Needs guidance for plan.  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7. Senior Resident Performance  
  - 8. Senior Resident Performance  
  - 9.  
  - 10.  
  - **Below Expected**

### 6. Counseling Skills

- **1.7** Rude, belittling, or confusing.  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7.  
  - 8.  
  - 9.  
  - 10.  
  - **Below Expected**

### 7. In-Office Diagnostics/Procedures

- **1.2** Uncertain of test purpose or steps.  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7.  
  - 8.  
  - 9.  
  - 10.  
  - **Below Expected**

### 8. Overall Clinical Competence

- **1.7**  
  - 1. Below Expected 1st Yr  
  - 2. Beginning Resident Level  
  - 3. Senior Resident Performance  
  - 4. Senior Resident Performance  
  - 5. Senior Resident Performance  
  - 6. Senior Resident Performance  
  - 7.  
  - 8.  
  - 9.  
  - 10.  
  - **Below Expected**

**FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:**