ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Mini-Clinical Evaluation Exercise (CEX)

Resident: _____ Derm Yr: _____ Date: _____

Evaluator: _____ Diagnosis Summary:_____

PC1

1. Quality of Patient History (☐ Not observed)

Missing basic history elements for basic disease	Obtains some history but misses several expected associated ?s for routine derm conditions	Accurate targeted disease-specific hx of common dz, but needs assistance to complete	Independently obtains excellent hx from pt with common, even difficulty/subtle information. Readily probes to clarify.	Independently elicits excellent hx from pt with complex conditions	Independently obtains hx from pts with rare, atypical, or refractory condition
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

PC1
MK2

2. Physical Examination Skills (☐ Not observed)

Failed to perform key exam for routine skin condition.	Performs basic exam of common chief complaint, but not associated areas. Defines morphology.	Accurate targeted exam. Requires assistance to complete exam for common conditions. Needs morphology assist	Independently performs A+ exam for common, Identifies difficult/subtle findings. May misinterpret/miss subtle finding. Fluent morphology. Integrates dermoscopy w assist	Independently performs excellent examin complex conditions. Identifies subtle clinical patterns and examines all associated areas. Reliable, accurate dermoscopy interp.	Independently performs thorough exam in pts with rare, atypical, or refractory conditions. Includes wide range dermoscopy
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

PC1
PC7

3. Organization /Presentation/Prioritization (☐ Not observed)

Disorganized, inefficient; difficulty conveying; No differential	Requires verbal cues to present thorough history. Makes DDx for common, some incorrect priority.	Clear, targeted presentation; misses some information. Appropriate DDx for common.	Clear, targeted, precise presentation with pertinent negatives. Appropriately prioritized differential for complex.	Efficient patient management and targeted, organized presentation.	Role models presentation.
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

PRF1
PRF2

4. Professionalism and Conscientiousness (☐ Not observed)

Unprofessional behavior during encounter or regarding encounter. No accountability for care responsibilities	Identifies ethics arising during encounter but uncertain/ uncomfortable navigating. Responds promptly when reminded of overlooked tasks in care	Professional behavior in straightforward. Able to navigate ethical conundrums, with assist. Accountable. Timely. Detailed.	Professional in stressful or complex ethical situation. Identifies when help needed to resolve such. Accountable in stressful. Ensures needs of patients are met.	Recognizes potential triggers for professionalism lapses. Utilizes resources to manage ethical dilemmas, when needed. Promotes team accountability	Coaches others onprofessionalism lapses. Resource for others who face ethical dilemmas. Accountable to system outcomes.
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

PC1
PC8
MK2

5. Critical Thinking, Diagnosis, and Patient Management Skill (☐ Not observed)

Assessment/Plan is not accurate/ appropriate. Unaware of options to treat common derm.	Able to dx classic common. Able to list some correct options for treating common derm. Names drugs we monitor.	Can dx classic uncommon. Manages pts with common derm conditions, with assist. Includes lab monitoring, w/ assist.	Identifies variable presentation of common disease. Independently manages patient with common derm condition. Selects tx (and lab monitoring), with guidance.	Identifies variable presentations of uncommon/rare diseases. Independently manages patients with complex derm conditions including adjustments due to evolving factors that influence diagnosis or management.. Manages adverse events	Independently manages pts with atypical conditions or high-risk situations. Evaluates emerging tx.
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

ICS1
SBP2

6. Patient-Centered Care and Communication Skills (☐ Not observed)

| Exhibits non-ideal counseling: Rude, belittling, or confusing. Takes no responsibility with care of patient	Demonstrates respect. Needs assist in basic counseling. Needs assist with follow-up decisions for patients.	Active listening. Clear speaking. Educates patients regarding common disorders, with assist. Coordinates care of routine patients. Establishes therapeutic relationship in regular encounters.	Minimizes communication barriers. Counsels in challenging encounters, w assist. Educates complex patients with only little guidance. Coordinates care in complex situations	Establishes therapeutic relationship in challenging encounter. Uses shared decision-making. Educates patients without guidance. Patient-centered counseling. Good longitudinal planning.	Very patient-centered in approach when faced with uncertainty
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

PC6

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

Uncertain of test purpose or steps.	Does not suggest test. Can describe the test but cannot perform or interpret.	Requires assistance to select, perform & interpret dx test/ procedure for common	Requires assistance to accurately interpret in-office dx. Can interpret ancillary studies for routine / common	Independently selects, performs, and interprets any local in-office test. Interprets ancillary for complex or rare presentations	Involved in evaluation and application of emerging diagnostic tests
○	○	○ ○	○ ○	○ ○	○ ○
Below Level 1	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

8. Overall Clinical Competence

○	○	○ ○	○ ○	○ ○	○ ○
Below Expected 1st Yr	LEVEL 1	LEVEL 2	LEVEL 3	Ready for Unsupervised Practice	LEVEL 5

FEEDBACK AND COMMENTS TO HELP THE RESIDENT IMPROVE PERFORMANCE:
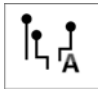
Mini-Clinical Evaluation Exercise (CEX)

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
- **Diagnosis / summary** – Describe the diagnosis and / or what occurred.
  - Ex: Suspect allergic contact hand dermatitis, discuss patch testing
- **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 performance continuum; on a scale designed to assess progression of skills. Level 4 is the performance level goal for each subcompetency and would be the level of performance expected for someone in unsupervised practice. It is common for first year residents to score 3 or 4 out of 10 and still be great first year residents. The exceptional resident performance in a subcompetency could reach Level 5
- 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.
- **Try and meet with the resident as soon as possible after the encounter** to provide genuine, timely, contextual, formative feedback.