

ASSOCIATION OF PROFESSORS OF DERMATOLOGY

Pediatric Dermatology Clinical Evaluation Exercise (CEX) -Non-procedural encounter-

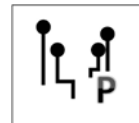
Instructions

General principles

- This tool is designed to help assess the interactions of residents and fellows with pediatric patients and their parents / families. 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 warts), but this tool is not designed to assess the trainee's skill 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.
- Provide direct constructive feedback to the trainee after the encounter.

Specific instructions

- Encounter complexity – Determined by the evaluator. Factors to consider include the diagnosis, clinical situation, agenda of the patient / parents.
 - For example, a visit for warts in a healthy child who is able to comply with any treatment is likely low complexity. A visit for warts in an immune compromised child who is afraid of procedures could be moderate or high complexity.
- Diagnosis / summary – Describe the diagnosis and / or what occurred.
 - Example: atopic dermatitis, education about treatment
- Focus – Check the focus or foci that are assessed. Foci cover more than one specific skill.
- 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 scale designed to assess the progression of skills from novice to master. Thus, it should not be typical for even a “stellar” resident to rated more than 1 category higher than their year of training.
- If a particular skill is not observed, check the “Not observed” box.
 1. Patient history – How well does the trainee gather information pertinent to the encounter?
 2. Physical examination – How adept is the trainee at examining the patient?
 3. Patient / parent rapport – How does the trainee interact with the child / parents? How do the child / parents respond to the trainee?
 4. Data synthesis and presentation to supervisor – How does the trainee interpret and use information from the history and examination? How is the information and reasoning behind conclusions conveyed to the supervisor?
 5. Therapeutic judgment – How well does the trainee incorporate a “pediatric perspective” into developing treatment plans?
 6. Patient / parent counseling – How well does the trainee convey information to the patient / parent?
- Feedback and comments – Note specific positives in the encounter and give constructive feedback on how the trainee could improve.



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-Non-procedural encounter-

Resident: _____ Derm Year: _____

Evaluator: _____ Date: _____

Encounter Complexity: Low Moderate High

Diagnosis / Summary: _____

Focus: Data gathering (1,3) Exam (2,3) Judgment (4,5) Communication (3,4,6)

I.1 1. Patient history (Not observed) – Gathers information effectively and efficiently from the child, parent / guardian / caregiver, medical record, and other relevant sources

I.5	Misses key history elements for basic diseases.	Identifies key history elements but misses some associated elements for routine conditions.	Obtains a targeted history but misses some associated elements for complex conditions.	Obtains most elements of a complete history, including relevant developmental history and psychosocial factors that impact care.	Obtains an accurate complete history, including relevant developmental history and psychosocial factors that impact care.	Models pediatric history taking.
	1	2 3	4 5	6 7	8	9 10
	Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.1 2. Physical examination skills (Not observed) – Uses inspection, palpation and other maneuvers to identify normal and abnormal findings affecting the skin and other associated organ systems

Fails to perform principle exam elements.	Performs principle exam elements but fails to examine associated areas.	Performs principle exam elements and examines associated areas. May miss or misinterpret principle findings.	Examines principle and associated areas completely. May miss or misinterpret supportive findings.	Examines principle and associated areas completely. Able to identify and/or elicit subtle supportive findings.	Models pediatric skin examination.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

IV.1 3. Patient / parent rapport (Not observed) – Demonstrates comfort with the patient and parent; puts the child and parent at ease; gains the trust of the child and parent; demonstrates respect and professionalism

Uncomfortable with patient / parent. Makes little effort to build rapport with patient / parent.	Developing comfort with patient / parent. Needs guidance to put patient / parent at ease. Misses non-verbal cues.	At ease with patient / parent and able to build rapport in routine encounters. May miss some non-verbal cues and opportunities for empathy.	Builds rapport in stressful encounters. May miss some non-verbal cues and opportunities for empathy.	Maintains rapport in difficult encounters. Uses non-verbal cues and opportunities for empathy to gain patient / parent trust.	Models effective rapport with patient / parent.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.1 4. Data synthesis and presentation to supervisor (Not observed) – Analyzes information from the history and examination critically and effectively; arrives at accurate diagnoses; presents findings and conclusions clearly

Disorganized presentation. No or very limited differential. Data and physical findings do not support diagnosis.	Requires verbal cues to present. Basic fluency with morphology. Limited differential. Data and physical findings support basic diagnosis.	Presents without prompting. Uses morphologic terms fluently. Broad differential of common and rare conditions. Confident with basic diagnoses but can miss rare or complex diagnoses.	Delivers a clear, targeted, precise presentation with pertinent negatives. Appropriate and relevant differential. Able to explain how data and physical findings support common diagnoses.	Able to explain how data and physical findings support rare or complex diagnoses.	Models data synthesis and presentation
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

I.5 5. Therapeutic judgment (Not observed) – Selects and recommends therapeutic options appropriate to the diagnosis and the patient's age, developmental status, and psychosocial situation

Incorrect or inappropriate treatment plan	Requires guidance to shape treatment plan appropriate for patient. Requires guidance to select and dose medications.	Creates an acceptable treatment plan for common conditions. Selects and doses common medications independently.	Creates an acceptable treatment plan for uncommon or complex conditions. Requires guidance to select and dose higher risk medications.	Creates an acceptable treatment plan for all conditions. Selects and doses all medications independently.	Models fluency in creating therapeutic plans and prescribing pediatric medications.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

L.7 6. Patient / parent counseling (Not observed) – Communicates diagnoses clearly; counsels patient / parent about therapeutic options; educates patient / parent on effective use of medications

Unable to communicate assessment or plan to patient and/or parent.	Needs guidance to explain assessment and plan to patient and/or parent.	Explains some common diagnoses and treatment options clearly. Requires guidance for complex or rare conditions.	Explains uncommon diagnoses and complex treatment options clearly. Requires guidance when addressing questions from families.	Educates patients independently. Allows for patient-centered dialogue when counseling about treatment options.	Models effective counseling of patients and their parents.
1	2 3	4 5	6 7	8	9 10
Below Expected 1 st Yr	Beginning Resident Level	Junior Resident Level	Senior Resident Performance	Ready for Unsupervised Practice	Mastery Level

FEEDBACK AND COMMENTS: