### Mini-Clinical Evaluation Exercise (CEX)

<table>
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<tr>
<th>Resident: _______________________________</th>
<th>Derm Yr: ________ Date: __________</th>
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#### 1. Quality of Patient History
- **PC1**
  - Missing basic history elements for basic disease
  - Below Level 1
  - LEVEL 1

#### 2. Physical Examination Skills
- **PC1**
  - Failing to perform key exam for routine skin condition.
  - Below Level 1
  - LEVEL 1

#### 3. Organization /Presentation/Prioritization
- **PC1**
  - Organized, efficient; difficulty conveying; No differential
  - Below Level 1
  - LEVEL 1

#### 4. Professionalism and Conscientiousness
- **PRF1**
  - Professional behavior in straightforward. Able to navigate a clinical scenario. Includes lab monitoring, with assist.
  - Below Level 1
  - LEVEL 1

#### 5. Critical Thinking, Diagnosis, and Patient Management Skill
- **PC1**
  - Identifies variable presentation of common disease. Independently manages patients with common disease condition. Selects tx (and lab monitoring), with guidance.
  - Below Level 1
  - LEVEL 1

#### 6. Patient-Centered Care and Communication Skills
- **ICS1**
  - Exhibits non-ideal counseling. Rude, belittling, or confusing. Takes no responsibility with care of patient.
  - Below Level 1
  - LEVEL 1

#### 7. In-Office Diagnostics/ Ancillary Studies / Procedures
- **PC6**
  - Uncertain of test purpose or steps.
  - Below Level 1
  - LEVEL 1

#### 8. Overall Clinical Competence
- Below Expected 1st Yr
- LEVEL 1

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

- Uncertain of test
- Care of patient
- Responsibility with belittling, or counseling: Rude
- Exhibits non
- Assessment/Plan is care responsibilities
- Behavior during
- Unprofessional
- Differential
- Conveying; No
- Failed to perform key
- Elements for basic
- Evaluator: ______________________ Diagnosis Summary:________________________
- Resident: _______________________________ Derm Yr: ________ Date: ___________
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.