

## FAMILY MEDICINE - Mini-CEX (Observation of Clinical Skills Form)

EVALUATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_

PATIENT PROBLEM/DX: \_\_\_\_\_

SETTING:      Ambulatory      In-patient      ED      Nursing Home/LTC/Other \_\_\_\_\_

PATIENT INFO:    Age: \_\_\_\_\_      Sex: \_\_\_\_\_      New    or    Follow-up

COMPLEXITY:    Low    Moderate      High

FOCUS:          Data Gathering      Diagnosis      Therapy      Counseling

<b>A</b>	MEDICAL INTERVIEWING SKILLS					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>B</b>	PHYSICAL EXAMINATION SKILLS					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>C</b>	HUMANISTIC QUALITIES/ PROFESSIONALISM									
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>D</b>	CLINICAL JUDGMENT					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>E</b>	COUNSELING SKILLS					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>F</b>	ORGANIZATION/EFFICIENCY					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

<b>G</b>	OVERALL CLINICAL COMPETENCE					(Not observed)				
	1	2	3	4	5	6	7	8	9	
	Unsatisfactory			Satisfactory			Superior			

DURATION OF OBSERVATION: \_\_\_\_\_ mins

DURATION OF FEEDBACK: \_\_\_\_\_ mins

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

EVALUATOR SIGNATURE: \_\_\_\_\_      Staff    Resident R1 / R2 / R3 / R4