

Mini-Clinical Evaluation Exercise (CEX)

NOTE: Direct observation by assessor with candidate is mandatory.

Candidate: _____ Assessor: _____ Date: _____

Patient Problem/Dx: _____ Age: _____ Sex: M/F

Setting: Office Hospital Out-patient Hospital In-patient ER Other: _____

Patient Care Provided: In-Person Telemedicine: Phone call - OR - Videoconference

Patient Details: New Follow-up **Complexity:** Low Moderate High

Domain of Care (select ONE most relevant): Behavioral medicine/mental health Children/adolescents

Maternity/newborn Adults Elderly Palliative Procedural Skills Vulnerable/Underserved

Medical Interviewing Skills									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Physical Examination									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Humanistic Qualities /Professionalism									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Clinical Judgment									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Counseling Skills									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Organization/Efficiency									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
Overall Clinical Competence									<input type="checkbox"/> Not Observed
1	2	3	4	5	6	7	8	9	
Unsatisfactory			Satisfactory			Superior			
MiniCEX Time (in minutes):			Observing:			Providing Feedback:			

Assessor Comments:

Candidate Comments:

Candidate Signature

Date

Assessor Signature

Date