

Mini-Consultation Evaluation Exercise (CEX)

Evaluator: _____ **Date:** _____

Fellow: _____ F-1 F-2 F-3

Patient Problem/Dx: _____

Setting: Ambulatory In-patient consultation services Other _____

Patient: Age: _____ Sex: _____ New Follow-up

Complexity: Low Moderate High

Focus: Data Gathering Diagnosis Therapy Counseling

1. **Medical Interviewing Skills** (Not Observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

2. **Physical Examination Skills** (Not Observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

3. **Humanistic Qualities/Professionalism**

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

4. **Clinical Judgment** (Not Observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

5. **Counseling Skills** (Not Observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

6. **Organization/Efficiency** (No Observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

7. **Overall Clinical Competence as a consultant subspecialist** (Not observed)

1	2	3		4	5	6		7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

Mini-CEX Time: Observing: _____ Mins Providing Feedback: _____ Mins

Evaluator Satisfaction with Mini-CEX
 LOW 1 2 3 4 5 6 7 8 9 HIGH

Fellow Satisfaction with Mini-CEX
 LOW 1 2 3 4 5 6 7 8 9 HIGH

Comments: _____

Fellow Signature

Evaluator Signature