MINI-CEX – EVALUATION OF RESIDENT SKILLS

History Taking	(+)	(-)	N/A
Data Gathering Skills			
Elicited chief complaint			
Characterized chief comp			
Elicited associated symptoms			
Obtained relevant PMH			
Obtained relevant FH			
Obtained relevant SH			
Demonstrated organization			
Communication Skills			
Used open-ended questions			
Listened w/o interruption			
Invited pt comments/concerns			
Repeated or clarified pt comments			
Encouraged question asking			
Used language that pt understands			
Used smooth & appropriate transitions			
Made eye contact			
Responded to pt affect & non-verbal cues			

Physical Exam	(+)	(-)	N/A
Physical Exam Skills			
Efficient & logical sequence of exam			
Appropriate systems eval	*Identify system below*		
•			
•			
•			
Complete exam of appropriate systems	*Identify system below*		
•			
•			
•			
Communication Skills			
Alerted pt to doctor's next move			
Gave clear exam instructions to pt			

Clinical Judgment, Counseling, Assessment & Plan	(+)	(-)	N/A
Counseling Skills			
Explained diagnosis, diagnostic possibilities			
Explained etiology, progression, goals of therapy			
Explained the rationale for tests			
Explains risk/benefits of tests & treatment vs none			
Selectively ordered/performed diagnostic tests			
Gave pt feedback @ exam findings & / or tests			
Explained treatment plans & options, considers cost			
Obtained patient consent to treatment plan			
Educated patient regarding management			
Gave written instructions to patient			
Practice - Based Learning			
Used time effectively (Estimated time _____)			
Coded appropriately			
Charged for appropriate level of care			
Clinical Judgment → Assessment → Plan			
Demonstrated appropriate clinical judgment			
Synthesized all data in assessment & to develop plan			

Humanistic Behaviors	(+)	(-)
Was courteous & respectful		
Used encouraging, supportive or empathic statements		
Conveyed a caring attitude		
Was attentive to pt comfort / modesty		
Was non-judgmental toward pt		
Established trust		

RIME Evaluation

___Reporter
___Interpreter
___Manager
___Expert

Resident:
_____

PGY-Level:
1 2 3 4

Evaluated by:
_____

Date: _____

SUGGESTIONS FOR CONTINUED DEVELOPMENT OF SKILLS:
(Provide resident with both written & verbal feedback)

THE NEXT STEP HISTORY TAKING SKILLS:	
THE NEXT STEP PHYSICAL EXAM SKILLS:	
THE NEXT STEP COUNSELING ASSESSING & PLANNING SKILLS:	

Verbal Feedback Session with Resident took place? Yes No

Attending Signature _____

Resident Signature _____

Provide Verbal Feedback