

CLINICAL EVALUATION EXERCISE

General Instructions

This two-hour exercise is conducted by a staff physician. The patient selected for the exercise is unknown to the resident. Please note that the format for the exercise is quite detailed and should be reviewed **completely** before use so that all sections are marked properly. Please fill out the demographic information requested below.

Approximately one hour should be designated for the evaluator to observe the resident interviewing the patient and performing a physical examination. During this hour, the evaluator should remain inconspicuous and not interrupt, so that the patient relates primarily to the resident. The evaluator may have to change position periodically for a better vantage point.

When the interview and physical examination are completed, ten minutes should be allotted for the resident to prepare the case. The evaluator should use this time to complete the form and to personally examine the patient's major findings. Then, thirty minutes should be designated for the resident's presentation and discussion of the history and physical examination, initial impression and plans for further diagnostic studies and medical care. Following this, the evaluator should discuss in detail with the resident the strengths and weaknesses observed in his/her clinical performance. When necessary, the evaluator should return to the patient at the conclusion of the exercise to demonstrate proper techniques to the resident or elicit findings missed.

Resident's Name: _____

Evaluator's Name: _____

Date of Evaluation: _____ **Age of Patient:** _____ **Sex of Patient:** _____

Location: **Inpatient Service** **Ambulatory Clinic** **Other** _____

Major Diagnosis: _____

Other Diagnoses: _____

Part I: History

This section includes detailed documentation of the fact-gathering component of the interview. Please circle the rating for each part of the history, noting that ratings 1-3 are unsatisfactory, 4-6 are satisfactory, and 7-9 are superior. The standard for satisfactory performance is defined as a good general internist, acceptable from both a professional and patient viewpoint.

Please include comments about omissions or problems noted during the resident's history-taking. These comments can be used to generate questions for the resident, to note specific problem areas, and to identify areas of clinical expertise. Complete this section by giving an overall rating for the resident's history-taking skills.

	Rating									Comments
	Unsatisfactory						Superior			
1. Extracts chief complaint and obtains history of the time course of the chief complaint.	1	2	3	4	5	6	7	8	9	
2. Asks questions about the chief complaint that reveal hypotheses generation, diagnostic intent, and awareness of alternative diagnoses.	1	2	3	4	5	6	7	8	9	
3. Reviews all systems and follows with detailed questions where appropriate.	1	2	3	4	5	6	7	8	9	
4. Obtains information about smoking and ethanol or drug use.	1	2	3	4	5	6	7	8	9	
5. Obtains information about past major illnesses and hospitalizations.	1	2	3	4	5	6	7	8	9	
6. Obtains a history of medications used, their dosages, and their purposes.	1	2	3	4	5	6	7	8	9	
7. Obtains information needed to assess level of functioning and home and work stresses.	1	2	3	4	5	6	7	8	9	
8. Obtains family history of at least the immediate family.	1	2	3	4	5	6	7	8	9	
9. Obtains accurate information on all parts of the history.	1	2	3	4	5	6	7	8	9	
10. Proceeds in a systematic thorough manner.	1	2	3	4	5	6	7	8	9	

Overall History-Taking Skills

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

Part II: Interpersonal Communication Skills

This section is designed to document the resident's abilities to communicate with and make the patient feel comfortable. Although this section is presented before the physical examination is observed, information about interpersonal skills obtained during the physical examination can be used to revise the ratings in this section.

Please provide comments about omissions, problems or areas of clinical expertise demonstrated by the resident. Complete this section with an overall rating of the resident's interpersonal communication skills.

	Rating									Comments
	Unsatisfactory						Superior			
1. Greets patient, introduces self, and makes patient feel comfortable at the beginning of the history and physical examination.	1	2	3	4	5	6	7	8	9	
2. Conveys an attitude of interest and respect for the patient throughout the interview.	1	2	3	4	5	6	7	8	9	
3. Uses appropriate eye contact.	1	2	3	4	5	6	7	8	9	
4. Asks and answers questions clearly.	1	2	3	4	5	6	7	8	9	
5. Uses open ended questions and facilitators to obtain information from the patient.	1	2	3	4	5	6	7	8	9	
6. Recognizes emotional content and non-verbal signs that indicate anxiety, distress, etc.	1	2	3	4	5	6	7	8	9	

Overall Interpersonal Communication Skills

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

Part III: Physical Examination

This section documents the physical examination and requires the evaluator to make one judgment and to provide details of the resident's strengths and weaknesses as observed. The evaluator should rate the resident according to the **completeness** and **correctness** of the examination performed. Complete and correct means that the details were addressed, the techniques used were satisfactory, and the findings reported were correct. In this section the 1-9 ratings have been replaced by a response of Yes or No. A response of yes means that all items for that question were true. If one detail was not true, the rating should be no.

Please provide comments about any details omitted. By including comments any problems identified can be documented and the resident provided with accurate, detailed feedback.

For omission of a **very minor detail**, the evaluator can indicate "Yes" (for correct and complete examination) but should include a **comment** on that line.

Several examples are described below:

Resident #1, examines a patient with suspected lymphoma, fails to examine the axillary nodes and thereby misses a left axillary node. This is **not** a correct exam. Even if his technique in the other areas of lymph node examination was satisfactory, "No" should be circled because he/she did not conduct a complete exam. An explanatory comment such as "good technique but left out axilla" would be helpful.

Resident #2 examines a patient with congestive heart failure and no adenopathy. In observing his lymph node examination it is noted that he leaves out the axillary exam. In this case, the evaluator could mark "Yes" for the resident's satisfactory technique if the evaluator feels that such an exam was truly irrelevant to the patient. The evaluator would, however, comment that the resident omitted the axillary exam in providing feedback to the resident even though the omission was quite minor.

Resident #3 reviews the patient's neurologic system and forgets to conduct the Babinski examination. In this case, the evaluator would mark "No" for complete and correct, because a significant omission occurred.

Part III. Physical Examination

	Complete and Correct		Comments
Vital Signs			
Takes standing BP (> 1 min) where appropriate	Yes	No	
Takes BP in both arms where appropriate	Yes	No	
HEENT			
Neck flexion (where appropriate)	Yes	No	
Pharynx, tongue	Yes	No	
Thyroid	Yes	No	
Eyes: Anterior chamber exam	Yes	No	
Thorough funduscopic exam including macula	Yes	No	
Chest			
Non-auscultatory lung exam (observation, palpation, and percussion)	Yes	No	
Auscultatory exam (all major areas anterior and posterior)	Yes	No	
Breasts			
Thorough exam as appropriate for male and female (For female includes nipple, upright observation, and proper palpation)	Yes	No	
Cardiac			
Palpate and auscultate necessary areas (using bell and diaphragm)	Yes	No	
Heart sounds correctly	Yes	No	
Proper maneuvers for murmur diagnosed (systolic murmur	Yes	No	
- hand grip - Valsalva - stand & squat			
diastolic murmur			
- sit up for A1			
- L lateral decub for MS)			
Abdomen			
Palpation and percussion of appropriate structures	Yes	No	
Percussion of costovertebral angle	Yes	No	
Musculoskeletal			
Evaluates joints and extremities	Yes	No	
Spinal observation - mobility and percussion	Yes	No	
Vascular			
Auscultation: carotid, femorals, aorta	Yes	No	
Appreciation of cutaneous signs of arterial and venous disease	Yes	No	
Lymph nodes - all major areas	Yes	No	
Skin examination	Yes	No	
Neurologic			
Cranial nerves			
II (gross acuity and visual fields)	Yes	No	
V (sensory and Masseter muscle	Yes	No	
VII, IX and X (palate elevation)	Yes	No	
VIII (Weber-Rinne or other)	Yes	No	
XI (shoulder shrug), XII (tongue protrusion)	Yes	No	
Sensory (pin or light touch)	Yes	No	
Reflex (biceps, patella, ankle)	Yes	No	
Babinski	Yes	No	
Cerebellar	Yes	No	

Overall Physical Examination Rating

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

Part IV: Presentation and Treatment

The last section deals with the case presentation, diagnostic skills and treatment plan formulation, and once again uses the 9-point rating scale.

The evaluator should carefully listen to the case presentation and then question the resident about any specific details of the history or physical findings that still need to be completed. The evaluator should request the resident to summarize the patient's problems and question the pathophysiology and differential diagnosis of the major problem(s). Then, the resident should be assessed according to knowledge of risks and logical sequencing of tests and given hypothetical results, if necessary, to demonstrate his/her understanding of the tests. Finally, a treatment plan should be elicited and then assessed as to its adequacy and rationale.

When this section is completed, please include a final rating for overall presentation including treatment plan. At the completion of the Clinical Evaluation Exercise, please include a final rating of the resident's overall performance as indicated below.

	Rating									Comments
	Unsatisfactory						Superior			
1. Presents case in an organized and accurate manner.	1	2	3	4	5	6	7	8	9	
2. Identifies problems and establishes priorities appropriately.	1	2	3	4	5	6	7	8	9	
3. Shows an understanding of the pathophysiology and differential diagnoses of the major problems.	1	2	3	4	5	6	7	8	9	
4. Selects diagnostic tests that indicate an understanding of risk/benefit and reliability issues.	1	2	3	4	5	6	7	8	9	
5. Selects an effective treatment plan that deals with all major problems.	1	2	3	4	5	6	7	8	9	

Overall Case Presentation and Treatment Plan

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

OVERALL RATING OF PERFORMANCE ON THE CLINICAL EVALUATION EXERCISE

Unsatisfactory			Satisfactory			Superior		
1	2	3	4	5	6	7	8	9

Examiner Post-CEX Questionnaire

What specific teaching points did you try to make for the intern in each of the following aspects of the CEX?

History-Taking

- a) _____
- b) _____
- c) _____

Interpersonal Skills

- a) _____
- b) _____
- c) _____

Physical Examination

- a) _____
- b) _____
- c) _____

Case Presentation and treatment plan

- a) _____
- b) _____
- c) _____

Intern Post-CEX Questionnaire

What specifically did you learn in the aspects below from the feedback provided by the examiner(s)?

History-Taking

- a) _____
- b) _____
- c) _____

Interpersonal Skills

- a) _____
- b) _____
- c) _____

Physical Examination

- a) _____
- b) _____
- c) _____

Case Presentation and treatment plan

- a) _____
- b) _____
- c) _____

Did you prepare for this exam in any way? If so, what did you do?

