Evaluation Form - MedHub **PREVENTIVE MEDICINE RESIDENCY**

- Please return your completed evaluation form to: Jeanne.Rozzo@cuanschutz.edu
- Evaluation Form Thank you for your feedback and for your investment of time with our Residents. methods

Mini-CEX Clinical Evaluation Exercise and PDQI-9 Physician Documentation Qu	ality Instrument
Evaluator:	
Evaluation of:	
Date:	
Please perform at least one Mini-CEX assessment per trainee during the rotation to d	ocument clinical competence.
The Mini-CEX is a 15 minute direct observation assessment or "snapshot" of a trained patient encounters.	e/patient interaction that focuses on the core skills that trainees demonstrate in
A nine-point rating scale is used; a rating of 4, while classified as satisfactory, is define through program recommended remediation to ensure the trainee meets the requirements for board certification.	ed as "marginal" and conveys the need for trainees to improve performance
Descriptors of Competencies Demonstrated during the Mini-CEX: Medical Interviewing Skills: Facilitates patient's telling of story; effectively uses question appropriately to affect non-verbal cues. Physical Examination Skills: Follows efficient, logical sequence; balances screening/d comfort Humanistic Qualities/Professionalism: Shows respect, compassion, empathy, establis information Clinical Judgment: Selectively orders/performs appropriate diagnostic studies, conside Counseling Skills: Explains rationale for test/treatment; obtains patient's consent, edu Organization/Efficiency: Prioritizes; is timely; succinct Overall Clinical Competence: Demonstrates judgment, synthesis, caring, effectivenes	liagnostic steps for problem; informs patient; sensitive to patient's modesty and shes trust; attends to patient's needs of comfort, modesty, confidentiality, ers risks, benefits cates/counsels regarding management
Guidelines for Implementing the PDQI-9 The PDQI-9 is a tool to assess the quality of electronic notes. Research results demon notes. After completing the Mini-CEX evaluation, please review the medical chart com quality of the note.	
Mini-CEX Clinical Evaluation Exercise	
1. Evaluator:	
2. Resident:	
3. Year:	
4. Patient Problem/Dx:	

5. Setting:	☐ Ambula ☐ In-patie ☐ ED ☐ Other	tory nt							
6. Patient Age:									
7. Patient Gender:	☐ (please ☐ Female ☐ Male	select one)						
8. Is this a new or follow-up visit?	□ New □ Follow-t	qu							
	Low 1	2	3	4	5 High				
9. Patient Complexity:									
10. Focus of Visit (Choose 1 or more):	Data Ga Diagnos Therapy Counse	sis /							
		Unsatisfacto	ory		Satisfactory		S	Superio	r
	1	2	3	4	5	6	7	8	9
11. Medical Interviewing Skills									
12. Physical Examintion Skills									
13. Humanistic Qualities / Professionalism									
14. Clinical Judgment									

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15. Counseling Skills								
16. Organization / Efficiency								
17. Overall Clinical Competence								
	Low 1	2	3	4	High 5	N/A	1	
18. Evaluator Satisfaction with Mini-CEX Assessment and Feedback								
PDQI-9 Physician Documentation Quality Instrument After completing the Mini-CEX evaluation, please review the chart before assessing	the resident	note. Ther	n rate the note	on each	of the followi	ng attrik	outes:	
After completing the Mini-CEX evaluation, please review the chart before assessing	Not at all	Slightly	Moderately	Very	Extremely	ng attrik N/A	outes:	
19. Up-to-date - The note contains the most recent test results and recommendations	(1)	(2)	(3)	(4)	(5)			
20. Accurate - The note is true. It is free of incorrect information.								
 20. Accurate - The note is true. It is free of incorrect information. 21. Thorough - The note is complete and documents all of the issues of importance to the patient 								

23. Organized - The note is well-formed and structured in a way that helps the reader understand the patient's clinical course			
24. Comprehensible - The note is clear, without ambiguity or sections that are difficult to understand			
25. Succinct - The note is brief, to the point, and without redundancy			
26. Synthesized - The note reflects the resident's understanding of the patient's status and his/her ability to develop a plan of care			
27. Internally Consistent - No part of the note ignores or contradicts any other part			
Comments:			