

Medicine Clerkship

CEX Form

2017-18

Direct Observation Clinical Evaluation Exercise

Student		Date
Evaluator (must be faculty)		
Patient Problem/DX	Age	Sex

Setting:	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Inpatient		
Focus:	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Therapy	<input type="checkbox"/> Counseling	<input type="checkbox"/> Procedural Skills

	(not observed)	Unsatisfactory	Satisfactory
Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to evaluate their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Student Signature

Faculty Signature