

# Medicine Clerkship

## CEX Form

2019-20

## Direct Observation Clinical Evaluation Exercise

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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:**

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**Student Signature**

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**Faculty Signature**