

# Mini-CEX (observed)

## End of Life Care CEX: Evaluation and Feedback Checklist

### Preparation:

- Pt./family notified of meeting \_\_\_\_\_
- Were important people (next of kin, spouse, other loved ones, friends) to the patient notified and present? \_\_\_\_\_

### Setting:

- Appropriately quiet and private \_\_\_\_\_
- Sitting down \_\_\_\_\_

### Assessment:

- Assessed patient/family understanding of situation, issues \_\_\_\_\_
- Assessed patient/family expectations/goals \_\_\_\_\_
- Assessed how much patient/family would like to know \_\_\_\_\_

### Delivering Bad News:

- Warning shot \_\_\_\_\_
- Used short, clear sentences \_\_\_\_\_
- Allowed time for response from patient/family \_\_\_\_\_
- Limited medical jargon, communicated at level of patient/family understanding \_\_\_\_\_
- Used non-verbal communication effectively (eye contact, personal space, attentive listening) \_\_\_\_\_
- Communicated empathetically, acknowledged/validated emotions \_\_\_\_\_

### Concluding Discussions:

- Discussed treatment options, prognosis \_\_\_\_\_
- Reviewed discussion and final plan \_\_\_\_\_
- Made plans for follow up discussion, gave resources for more information \_\_\_\_\_
- Allowed opportunity for questions from patient/family \_\_\_\_\_
- Responded to questions appropriately \_\_\_\_\_

Overall Performance: 1= Poor    2= Fair    3= Good 4=Very Good    5= Excellent

Comments

**Mini CEX Observation Checklist**

STR: \_\_\_\_\_ R1 or R2: \_\_\_\_\_

Date: \_\_\_\_\_

Check off behaviors that are observed during the encounter:

**COMMENTS**

**A. Medical Interviewing skills:**

- 1. Facilitates patient's telling of the story by:
  - Use of open-ended questions
  - Use of facilitative comments
  - Use of appropriate non-verbal encouragement
- 2. Asks appropriate follow up questions
- 3. Actively listens to patient's responses
- 4. Explores patient's perspective of illness

**B. Physical Examination Skills**

- 1. Performs PEX maneuvers appropriate for history
- 2. Performs maneuvers correctly
- 3. Performs PEX in logical sequence

**C. Professionalism**

- 1. Uses empathic communication techniques effectively
  - Naming/acknowledging emotions
  - Understanding or legitimizing emotions
  - Praising/Respecting behaviors or situations
  - Supporting the patient (e.g. we're here for you)
- 2. Avoids judgmental responses or behaviors
- 3. Attends to patient's level of comfort and modesty
- 4. Demonstrates sensitivity to needs for confidentiality
- 5. Addresses needs of family members, if present, while maintaining primacy of patient's needs
- 6. Demonstrates respect for patient autonomy and right to make decisions about care

**D. Clinical Judgment**

- 1. Applies medical knowledge appropriately
- 2. Synthesizes gathered data appropriately to formulate rational differential diagnoses, and/or priorities for management
- 3. Acknowledges areas of uncertainty
- 4. Formulates sound diagnostic plan
- 5. Formulates sound therapeutic plan

**E. Counseling skills**

**COMMENTS**

*Information sharing*

- 1. Uses techniques to facilitate patient understanding when sharing information
  - Assesses patient's starting point in terms of understanding of issues
  - Gives information in manageable chunks
  - Checks for patient's understanding repeatedly
  - Repeatedly asks if patient has questions
  - Summarizes and repeats as needed
- 2. Avoids use of jargon

*Negotiation*

- 3. Incorporates patient's opinions, perspective and/or limitations in negotiating plan of action
- 4. Suggests plans rather than directs
- 5. Delineates options and rationales
- 5. Inquires about patient's assessment of his/her ability to follow the plan
- 5. Enlists other resources ancillary services effectively

**F. Organization and Efficiency**

- 1. Sets an agenda for the visit with the patient
- 2. Uses summary and transitional statements to move from one section of the encounter to the next(signposting)
- 3. Outlines a plan for addressing future issues if time is constrained

**PATIENT SURVEY**

**DOCTOR:** \_\_\_\_\_

**DATE of SERVICE:** \_\_\_\_\_

**CLINIC:** \_\_\_\_\_

*Please fill out this questionnaire so we may help the medical resident you (or your family member) saw today know how she/he did in meeting your medical needs. Your evaluation will help the individual learn how to improve his/her communication with patients. You are encouraged to write comments.*

	<b>Yes</b>	<b>No</b>	<b>Can't tell</b>	<b>N/A</b>
<b>THE DOCTOR:</b>				
Introduced him/herself to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected my privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained things to me and/or other members of my family in a way we could understand what was going on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt like the doctor listened to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was always professional in his/her interactions with me and/or my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked questions in a way that let me tell my concerns and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** please provide comments about any statements to which you answered "no" or any other comments that you think would be helpful for the resident to know.

*Thank you again for taking the time to provide this valuable feedback!*

*Please return to your doctor or fax directly to (619) 543-6529 Anne Bamrick*

## CUESTIONARIO DE PACIENTES

DOCTOR: \_\_\_\_\_

FECHA: \_\_\_\_\_

CLINICA: \_\_\_\_\_

*Por favor, complete este cuestionario para ayudar a los residentes medicos quien examinaron a usted ó su familia hoy. Su evaluacion ayudará al residente medico a cultivar la comunicación con el paciente. Le animamos a escribir comentarios.*

	Si	No	Inseguro	N/A
<b>EL DOCTOR / LA DOCTORA:</b>				
Se present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectense mi privacidad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explica cosas a mi ó a mi familia en un modo nosotros puede entender todo durante la cita	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pienso que el doctor me escuchó	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siempre profesional en todo los interacciones conmigo ó con mi familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hizo preguntas demanara que sentí poder decirle mis dudas y sentimientos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comentarios:** Por favor, amote comentarios sobre las declaraciones arriba donde usted marcó "no" ó otros comentarios que puedan ayudar al doctor/doctora.

*Gracias otra vez por el tiempo para esta informacion muy valioso!*

*Por favor, devuelve a su doctor ó fax directamente a (619) 543-6529, atencion Sra Anne Barrick.*

### 360 EVALUATION OF MEDICINE RESIDENTS

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ward/Clinic Site: \_\_\_\_\_

*In order to help our physician improve clinical performance, we thank you in advance for your candid assessment in the following areas in which you have had contact. Please feel free to make additional comments.*

<b>DOES THE PHYSICIAN</b>	<b>(Please check one)</b>					
<b>Have good listening skills</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Gather appropriate information</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Respond in a timely manner</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Clearly explain medical problems</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Show respect for your opinions</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Seem to use resources appropriately</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0
<b>Demonstrate professional behavior</b>						
1 = Needs Work	2	3	4	5 = Great		N/A
0	0	0	0	0		0

**Any suggestion for improvement you would like to share:**

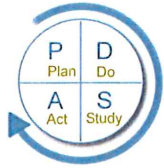
**Comments:**

**Your position:** O = Patient   O = Nurse   O = Pharmacy Service   O = Clerical

PDSA WORKSHEET *Model For Improvement*

Date:



CYCLE FOR LEARNING AND IMPROVEMENT –CHART AUDIT

**Resident:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Faculty Supervisor:** \_\_\_\_\_

**PLAN:** State the problem in charting, patient care or clinic structure that you wish to improve; plan for change/improvement.

**What change are we testing?**

**Who are we testing the change on?**

**When are we testing?**

**PREDICTION:** *What do we expect to happen?*

**DO:** Write the specifics of what, when and how you plan to make these changes/improvements. Carry out the change, collect data and document it in future chart audits.

*What was actually tested?*

*What happened?*

*Unexpected Observations:*

*Problems:*

**STUDY:** You are answering the question "Did you meet your objectives?" Your data should tell if problem (stated in PLAN) was solved. In order to answer that, your future chart audits will be analyzed and summarized for you to see if you did meet your objectives. So fill out your chart audits! Summarize what was **learned** and how it compared to your Prediction.



**ACT:** What is the next logical step based on the above P, D & S? Resolve any problems, or re-evaluate success/challenges quarterly. This is the *beginning* of the Plan for the next cycle.

*What adjustments need to be made to the change above before we go onto the next cycle?*

*Are we ready to implement the change that we just tested?*

*What will the next cycle be?*

**Resources:**

For emergency Call 911 or UCSD Campus Police 858-534-HELP (4357)

<http://health.ucsd.edu/specialties/wellbeing/Pages/default.aspx> HEAR program

San Diego Access & Crisis Line 800-479-3339

National Suicide Prevention & Crisis Hotline 800-273-TALK

UCSD Program Counselor (Business Hours) 858-642-3913

UCSD Physicians' Well-Being Committee Contact Robin Seaberg, MD, Chairman, (858) 534-8093  
(confidential 24/7 voice mail) or email: Rseaberg@ucsd.edu

**360° Rating Form**  
**PATIENT Questionnaire**

Please take a moment to complete this survey about the care you received from your resident physician. All answers will be kept confidential. We thank you very much.

<b>Did the doctor:</b>	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
1. Introduce himself/herself?	___	___	___
2. Greet you warmly, make you feel comfortable?	___	___	___
3. Show interest in you and your problem?	___	___	___
4. Treat you with respect?	___	___	___
5. Explain what you needed to know about your problem and the procedure?	___	___	___
6. Use words you could understand?	___	___	___
7. During the procedure, let you know what he/she was going to do and why	___	___	___
8. Would you return to see this doctor again?	___	___	___

Comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident evaluated: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnosis Card**

What Are Your Diagnoses? Working Diagnosis: \_\_\_\_\_

Alternative Diagnosis? \_\_\_\_\_

Competency Involved? (Circle all that apply)

- |                   |              |                 |                                      |                                       |                        |
|-------------------|--------------|-----------------|--------------------------------------|---------------------------------------|------------------------|
| Medical Knowledge | Patient Care | Professionalism | Interpersonal & Communication Skills | Practice-Based Learning & Improvement | Systems-Based Practice |
|-------------------|--------------|-----------------|--------------------------------------|---------------------------------------|------------------------|

What Are Possible Underlying Etiologies? \_\_\_\_\_

What Additional Data are Needed for this Case? \_\_\_\_\_

What are the Sources of Such Data? \_\_\_\_\_

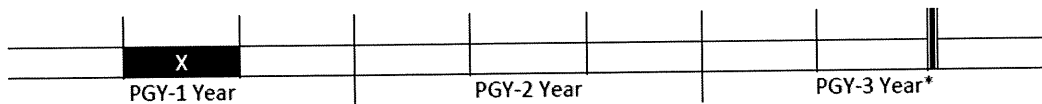
**Remediation/Treatment Card**

What are Your Management Plans? \_\_\_\_\_

How will You Monitor (Lack of) Progress \_\_\_\_\_

- Required Action?  Informal Intervention? (Remediation, Counseling, Tutoring, Verbal Warning)  
 Formal Intervention? (Suspension, Probation, Written Warning)  
 Formal Disciplinary Action? (ABIM or Disciplinary Committee Notification, Termination)

What is the Timeline for Your Case – see timeline below?



X – Incident noted

\* - decision regarding graduation must be made by March 1 of PGY-3 year

Will You Plan to "Feed Forward" and notify the next rotation/residency/fellowship director? Why (not)?

Comments on Prognosis for Full or Partial Recovery:



# UC San Diego

## SCHOOL OF MEDICINE

**UCSD Resident Self-Assessment/Reflection**  
 (Note: This template is also available in New Innovations)

Resident Name: \_\_\_\_\_

PGY: \_\_\_\_\_

Date: \_\_\_\_\_

The **University of San Diego Internal Medicine** Training Program is committed to resident development of ongoing self-assessment prior to each 6-month formal meeting with program leadership.

**PATIENT CARE competencies** (gather essential/accurate information about patients; make informed decisions about diagnostic/therapeutic interventions based on patient information/preferences, up-to-date scientific evidence/clinical judgment; develop/carry out patient management plans; counsel/educate patients and families; perform competently all medical/invasive procedures essential for the area of practice.)

How I am doing? (circle)	Feel Uncomfortable	Feel Comfortable	Feel Very Comfortable
Need Improvement (circle)	A lot	Some	Little to none

Area(s) in which I feel strong \_\_\_\_\_  
 Area(s) I need to keep Improving \_\_\_\_\_  
 Learning plan for next 6 months and strategies to achieve objectives  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL KNOWLEDGE competencies** (demonstrate an investigatory/analytic thinking approach to clinical situations; know and apply the basic and clinically supportive sciences which are appropriate)

How I am doing? (circle)	Feel Uncomfortable	Feel Comfortable	Feel Very Comfortable
Need Improvement (circle)	A lot	Some	Little to none

Area(s) in which I feel strong \_\_\_\_\_  
 Area(s) I need to keep Improving \_\_\_\_\_  
 Learning plan for next 6 months and strategies to achieve objectives  
 \_\_\_\_\_  
 \_\_\_\_\_



