Mini-Clinical Evaluation Exercise (CEX)
Direct observation by assessor with candidate is mandatory.

Date of patient visit:

2026-08-05

Patient Problem/Dx:

Age:

Setting of the patient visit:

- [ ] Office
- [ ] ER
- [ ] Hospital Out-patient
- [ ] Hospital In-patient
- [ ] UPCC/urgent care
- [ ] Other

If Other, please explain where below:

Patient Care Provided:

- [ ] In-Person
- [ ] Telemedicine - Phone call
- [ ] Telemedicine - Video conference

Patient Details:

- [ ] New
- [ ] Follow-up

Complexity:

- [ ] Low
- [ ] Moderate
- [ ] High

Domain of Care (select ONE most relevant):

- [ ] Behavioral medicine/mental health
- [ ] Children/adolescents
- [ ] Maternity/gynecology/newborn
- [ ] Adults
- [ ] Elderly
- [ ] Palliative
- [ ] Procedural Skills
- [ ] Vulnerable/Underserved

Click on one of the listed Sentinel Habits below as your focus for this assessment:

- [ ] Incorporates the patient's experience and context into problem identification and management
- [ ] Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis
- [ ] Manages patients using available best practices
- [ ] Selects and attends to the appropriate focus and priority in a situation
- [ ] Uses generic key features when performing a procedure (such as knowing indications and contraindications, etc)
- [ ] Demonstrates respect and/or responsibility for colleagues/team members/patients
- [ ] Verbal or written communication is clear and timely
- [ ] Seeks and responds appropriately to guidance and feedback

Assessors: Click on a number on each rating scale below to rate the Candidate's performance on these aspects of clinical competence during this patient encounter. Click **"Not Observed"** if an aspect of competence **was not relevant for this patient encounter.**

Medical interviewing skills evaluation 1 of 11

Does the candidate use active listening skills to facilitate patient story-telling? Is there an effective use of questions to obtain adequate and accurate information? Does the candidate respond appropriately to patient affect and/or non-verbal cues?

Medical Interviewing Skills

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Rating scale 2 of 11

Determine if the performance was unsatisfactory, satisfactory, or superior, then select which of the options within the selected category most accurately reflects the candidate's performance for each skill. Note that a rating of 4 is defined as "marginal" and represents a need for improvement through program-recommended remediation.

Physical examination evaluation 3 of 11

Does the candidate inform the patient and follow a logical sequence? Is the candidate sensitive to patient comfort and modesty?

Physical Examination

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Consideration for patient/ professionalism evaluation 4 of 11

Does the candidate demonstrate respect, compassion, and empathy to a patient's feelings? Do they establish trust? Do they focus on patient confidentiality?

Humanistic Qualities /Professionalism

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Clinical Judgement evaluation 5 of 11

Does the candidate selectively order/ perform the appropriate diagnostic investigation? Is there appropriate prescribing with the consideration of risks and benefits?

Clinical Judgment

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Communication & counselling skills evaluation 6 of 11

Does the candidate create a plan with the patient, explain the rationale for the treatment, obtain patient consent, and educate regarding management.

Counseling Skills

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Organization & efficiency evaluation 7 of 11

Does the candidate prioritize pertinent history and physical examinations required for the encounter? Is the candidate timely and succinct in their care?

Organization /Efficiency

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

Overall clinical competence evaluation 8 of 11

Does the candidate demonstrate good judgement, synthesis, caring behaviour, and effectiveness and efficiency of care?

Overall Clinical Competence

- [ ] 1
- [ ] 2 Unsatisfactory
- [ ] 3
- [ ] 4
- [ ] 5 Satisfactory
- [ ] 6
- [ ] 7
- [ ] 8 Superior
- [ ] 9
- [ ] Not Observed

MiniCEX Time (in minutes):

Providing feedback 9 of 11

When providing feedback, choose only one or two points to discuss at a time. Where possible, engage the candidate in identifying discussion points and match each point with a suggestion and plan for the candidate.

Observing:

Providing Feedback:

Assessor comments 10 of 11

Consider selecting a patient visit that may include most or all components of medical visits (e.g. history, physical exam, treatment, counselling). If the entire visit was observed and assessed, ensure you prioritize the most important one or two items to discuss with your candidate, and provide feedback accordingly. Avoid overloading your candidate with excessive information at once. For these few items, ensure accountability by setting a follow-up plan for improvement where necessary.

Assessor Comments:

Assessor acknowledgement 11 of 11

The assessor's acknowledgement on the form indicates that they have completed the form accurately and in full before submitting.

Acknowledgement:

- [ ] I acknowledge that this assessment is true and accurate.