# MINI-CEX – PSYCHIATRY

**Student Name:** **SN:**

Date: Time: Patient MRN:

Description of Problem:

**1. INTERVIEWING SKILLS** ( __ Not Observed)

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**2. MENTAL STATE EXAMINATION SKILLS** ( __ Not Observed)

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**3. PROFESSIONALISM/ HUMANISTIC QUALITIES***

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**4. COUNSELLING SKILLS** ( __ Not Observed)

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**5. RISK MANAGEMENT** ( __ Not Observed)

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**6. ORGANIZATION**

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

**OVERALL CLINICAL COMPETENCE**

1 2 3 | 4 5 6 | 7 8 9

**Unsatisfactory** **Satisfactory** **Superior**

# MINI-CEX 1– PSYCHIATRY

**Rate the student's level of performance:**

☐ Did not meet expectation ☐ Borderline ☐ Met Expectation

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***At the end of the interaction patients will be offered to the opportunity to provide feedback on the student.**

**<u>At the end of the assessment please provide the feedback to the student.</u>**

Mini-CEX time Observing ___ min. Providing feedback ___ min.

**COMMENTS ON STUDENT PERFORMANCE:**

| |
|---|
| **Effective Performance Observed:** |
| **Ineffective Performance Observed:** |
| **Suggestions for Improvement:** |

Student's Signature

Assessor Signature