

UWSOM Psychiatry CEX VII (CEX-7)

Name: _____

Instructions:

See back of page for explanation of each item.

1. Circle the appropriate level for each of the 7 items.
2. Total the number of points in each column and combine for a total score.
3. Please review your assessment with the student and provide feedback where improvement is needed.

	Missing	Performed but improvement needed	Successfully demonstrated
Acknowledgment	1	2	3
Introduction	1	2	3
Explanation	1	2	3
Listening	1	2	3
Data gathering	1	2	3
Supports appropriate self-efficacy	1	2	3
Solicits and answers questions	1	2	3
Column Totals			
		Grand total (7-21 points)	

Comments (optional):

Evaluator: _____ (please print)
 (May be an attending, fellow or senior resident in select situations)

Date: _____

General instructions: *The CEX should assess the student's ability to engage and work with patients. It does not need to be an intake interview and any patient interaction may suffice (e.g., daily rounds or a follow-up appointment). All that is essential is that the student is observed in a meaningful clinical interaction where diagnostic and/or treatment issues are being assessed or discussed with a patient. All seven areas of the CEX-7 should be demonstrated in the interaction, but the details of what is sufficient will vary considerably depending on the patient and context, i.e., if it is an outpatient vs. inpatient encounter, if they have severe mental illness vs. more isolated concerns, etc. Thus what is considered "Successfully demonstrated" will vary between patient, encounter type and the overall goals of the interaction.*

The following definitions/descriptions may be helpful:

Acknowledgment: The student greet the patient, make appropriate eye contact, and acknowledge family or friends in the room. They should establish that everyone is comfortable as possible, can hear and is able engage in a meaningful way.

Introduction: The student should introduce themselves explain their role, e.g., *"I will be leading the interview but Dr. Attending may jump in with a few questions."* If the patient is unknown to the student, the student should introduce themselves, their role on the team and who the other team members are. If this is a follow-up or routine visit new team members should be introduced. General comments, when appropriate, about the patients current state, weather, sporting events(?), sociopolitical issues (?), etc, that act as ice breakers count as introduction.

Explanation: The purpose of the encounter should be explained. This will vary depending on the nature of the encounter. If the encounter is an intake then a simple open ended statement such as *"We would like to talk with you over the next (45 minutes?) about what brought you in and how we can help"*. This could then be followed with some sort of statement about what to expect at the end, e.g. *"After we talk, we'll likely have a few recommendations for you, perhaps suggesting a medication or treatment course"*. Follow-up or daily rounds may include statements such as *"Today I want to talk about mood stabilizers with you"* or statements about wanting to review symptoms/psychosocial issues. The student may provide some info about how long an interaction is anticipated, or what the overall goals of the interview is, e.g., *"We'd like to check in with you for 5-10 minutes to see how you're doing today."*

Listening: The student should demonstrate active, engaged listening allowing appropriate time for the patient to respond, and providing encouragement or redirection as needed. Good listening can be demonstrated by relevant follow-up and clarifying questions. Returning to past statements for clarification can demonstrate good listening. Poor listening may include overt body language suggesting distraction or boredom, or, it can be reflected in multiple statements and/or questions from the student that appear out of context or non sequiturs.

Data gathering: The student should demonstrate the ability to collect relevant information from the patient. Are they using an appropriate mixture of open-ended and closed questions? Do the questions flow or do they seem disjointed? Has the interview become *"too checklisty"*. The style of discourse is as important as the individual questions that are asked, as inappropriate introduction, explanation or listening will negatively impact data gathering.

Supports appropriate self-efficacy: This is an advanced skill and included simply because meaningful mental health treatment typically begins with the patient. This may be easy for the student to foster in voluntary/collaborative patients where simple encouragement and affirmations will support the patient's self-efficacy. For involuntary/reluctant patients doing this will be more difficult and limited, but is still a goal of nearly all psychiatric encounters. Supporting non-violence, appropriate unit behavior or managing outward emotions could all be considered demonstrations of supporting self-efficacy. The student should be collaborative when working with the patient, not just relaying medical advice.

Solicit and answers questions: The student should ask the patient if they have questions and provide answers as appropriate. They may also ask if other team members have questions and/or further information for the patient.