

## Mini-CEX Evaluation Form: GI Bedside Encounter

**Learner Name** \_\_\_\_\_

**Evaluator Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Setting:** ☐ Inpatient; ☐ Outpatient

**Case Type:** ☐ GI Bleed; ☐ Acute Abdominal Pain; ☐ Liver Disease; ☐ IBD; ☐ Other:

\_\_\_\_\_

### Observed Activity

☐ History-taking; ☐ Physical Examination; ☐ Patient Communication; ☐ Clinical Reasoning / Diagnostic Planning; ☐

Management / Disposition; ☐ Procedures; ☐ Team Communication

### Evaluation Categories

| Competency Area             | Rating (1-5) | Comments |
|-----------------------------|--------------|----------|
| Medical Interviewing        |              |          |
| Physical Examination        |              |          |
| Clinical Judgment           |              |          |
| Professionalism             |              |          |
| Organization/Efficiency     |              |          |
| Patient Communication       |              |          |
| Team Communication          |              |          |
| Overall Clinical Competence |              |          |

### Strengths Observed

---

---

---

### Areas for Improvement

---

---

---

### Feedback/Teaching Points

---

## Mini-CEX Evaluation Form: GI Bedside Encounter

---

---

Time spent observing: \_\_\_\_ min \_\_\_\_\_

Time spent giving feedback: \_\_\_\_ min \_\_\_\_\_

☐ Learner agrees with feedback; ☐ Follow-up recommended; ☐ Repeat observation planned