

NAME: _____

MINI-CEX
Topic: Evaluation of Dyspnea

1. History-taking

- | | |
|--|---|
| <input type="checkbox"/> Duration | <input type="checkbox"/> Functional ability |
| <input type="checkbox"/> Chest pain
a) pleuritic
b) exertional | <input type="checkbox"/> Pertinent past history (cardiac, pulmonary, allergy) |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nocturnal symptoms |
| <input type="checkbox"/> Fevers | <input type="checkbox"/> Edema |
| <input type="checkbox"/> Allergy history | <input type="checkbox"/> Risk factor assessment
a) smoking
b) PE risk factors
c) Asthma triggers |

Rating	1	2	3	4	5
	Missing key questions or Not focused				Complete/ Focused history

Comments: observations of noteworthy strengths, weaknesses and/or suggestions for improvement

2. Physical exam
Appearance

- | | |
|---|--|
| <input type="checkbox"/> Inspection of nails/extremity exam | <input type="checkbox"/> Auscultation of chest |
| <input type="checkbox"/> Percussion of chest | <input type="checkbox"/> Cardiac auscultation |

Rating	1	2	3	4	5
	Incomplete exam/ Improper technique				Complete exam with proper technique

Comments: observations of noteworthy strengths, weaknesses and/or suggestions for improvement

3. Patient Communication
Establishes rapport

- Listens to patients' answers
- Asks questions patient understands
- Shows respect during exam

Rating	1	2	3	4	5
	Poor communication skills				Excellent communication skills

Comments: observations of noteworthy strengths, weaknesses and/or suggestions for improvement

Supervised by _____

Please be reminded that this information is to be reviewed with the student by their college faculty/mentor.
Please return form to: Medicine Student Program, FAX: 206-221-3559. Mailing address: Box 356420, Univ. of Washington, Seattle, WA 98195-6420.