

# Assess Trainees in the Clinical Workplace using the Mini-CEX (Mini Clinical Evaluation Exercise)

**Lynne Allery**

The Mini-CEX is one assessment approach currently being utilised as part of the Modernising Medical Careers programme. Originally developed by the American Board of Internal Medicine (ABIM), the mini-CEX is an approach that can be used for assessment purposes in clinical settings, since it focuses on trainees' encounters with a variety of real patient issues, in their normal, routine clinical practice.

Assessing in the clinical setting has become a key issue for healthcare educators' concerned with assessing the performance of trainee clinicians. The importance of assessing actual performance is also increasingly demanded by the public, who wish to be assured that doctors achieve and exceed minimal standards of care. In order to address these concerns a variety of assessment strategies have been developed that allow trainers to determine the level of performance that their trainees have achieved.

## Overview of Approach

A clinician will observe the trainee with a patient in a routine clinical encounter, for example, undertaking a focused history and physical examination and then offering a diagnosis and management plan. The clinician will rate the observed performance, scoring the trainee on a structured form. They will then offer immediate feedback to the trainee, indicating both the strengths of the performance that has been observed and the areas for development. From this discussion a set of actions will be agreed. The assessments are intended to reflect the routine work that the trainees will encounter in a range of diverse settings including general practice, A&E, wards and clinics. They are intended to form part of an ongoing commitment to training and provide constructive, developmental feedback to trainees. Each trainee will, over a period of time, have contact with different clinical role models and receive feedback from doctors reflecting differing specialties, expertise, capabilities, priorities and aspirations.

## Features of Mini-CEX

### Mini-CEX key features:

- ▶ Real patients
- ▶ Real clinical conditions
- ▶ Real work settings
- ▶ Real clinical tasks
- ▶ Real constraints

### The Mini-CEX relies on:

- ▶ Multiple encounters
- ▶ Multiple assessors
- ▶ Multiple settings
- ▶ Multiple occasions
- ▶ Multiple judgements

### The Mini-CEX involves:

- ▶ Clinician to score
- ▶ Short focused patient-trainee interaction
- ▶ Clinician offering about 5 minutes of developmental feedback to trainee to improve quality of care

## Advantages and Disadvantages

Work based assessments raise legitimate concerns regarding the lack of standardisation of patients, conditions and assessors. All of which have served to advance the development of standardised patient simulators over recent years. Here, the strength of the mini-CEX lies in an assessment system which includes:

- ▶ Multiple encounters – portraying a range of patient problems with different clinical challenges.
- ▶ Multiple assessors – broadening the range and educational value of the feedback and improving the reliability of the ratings.
- ▶ Multiple settings – portraying the breadth of skills and tasks required by trainee doctors dealing with patients in settings as diverse as general practice and A&E.
- ▶ Multiple occasions – multiple snapshots rather than one-off performance which can reveal performance over time.

- ▶ Multiple judgements – more observations lead to more accurate assessment.

Mini-CEX can also help to develop the dialogue between a trainee and trainer. Observation of trainees is an essential responsibility of supervisors and trainers – and one that is fundamental to promoting good clinical care. Collections of mini-CEX can add to the evidence base, both in charting a trainee's progress but also ultimately the trainee's competence for final review (ARCP / RITA).

The disadvantages of Mini CEXs are that as with all assessments the relative importance of reliability and validity become particularly crucial when the stakes are high. Having an assessor who is also in a training role can lead to a potential conflict of interest and trainees may feel that the trainers' role is compromised when they are cast in this dual position. Trainees may also feel somewhat hesitant in seeking assessments that highlight learning needs when these assessments may well form part of the evidence that the trainee is required to present to the panel at the end of year review.

General Practitioners have long supported the developmental role of the trainer and may wish to consider the implications of assessments that attempt to bridge the formative / summative divide. Ultimately, delaying or stopping the progress of a trainee has a fundamental implication for both the trainee and the training programme.

## Summary

The mini-CEX will require a community of assessors, who are prepared to observe short, focused clinical encounters and then make and stand-by judgements as to the levels of competence of the trainees they are assessing. This can prove challenging, especially in situations where an individual acts as both the trainer and the assessor. Assessors need to be well informed, aware of the competencies being assessed and the required standards that need to be obtained. They should also be skilled at providing constructive feedback. These various attributes will call for a commitment to ongoing training being provided in order to ensure that the quality of work based assessments is maintained. General practice is well placed to ensure that this occurs as part of the Professionalisation of the Speciality.

## Further Information

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