

Basic Training Mini Clinical Evaluation Exercise (Mini-CEX) Exploratory Study

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- Routine evaluation data collected for mini-CEX assessments in Basic Training through the **online portal**
- Approx. **40,000 mini-CEX cases** submitted **since 2008**
- **Random** sample of 384 **stratified** by:
 - Calendar year (2010, 2011, 2012, 2013)
 - Year of training (1st, 2nd, 3rd)
 - Division (75% Adult Medicine: 25% Paediatrics)
- Merged with data on the **country**, **number of years assessors had been FRACP** and **Clinical Examination results**

Aim



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Gain insight into:

1. The **context** in which mini-CEX are commonly performed
2. Time reportedly taken for **observation** and **feedback**
3. Trainee and supervisor **satisfaction** with mini-CEX
4. Trends in **clinical performance** ratings provided to trainees
5. Frequency and nature of **written feedback** provided to trainees

1. Context in which mini-CEX are performed



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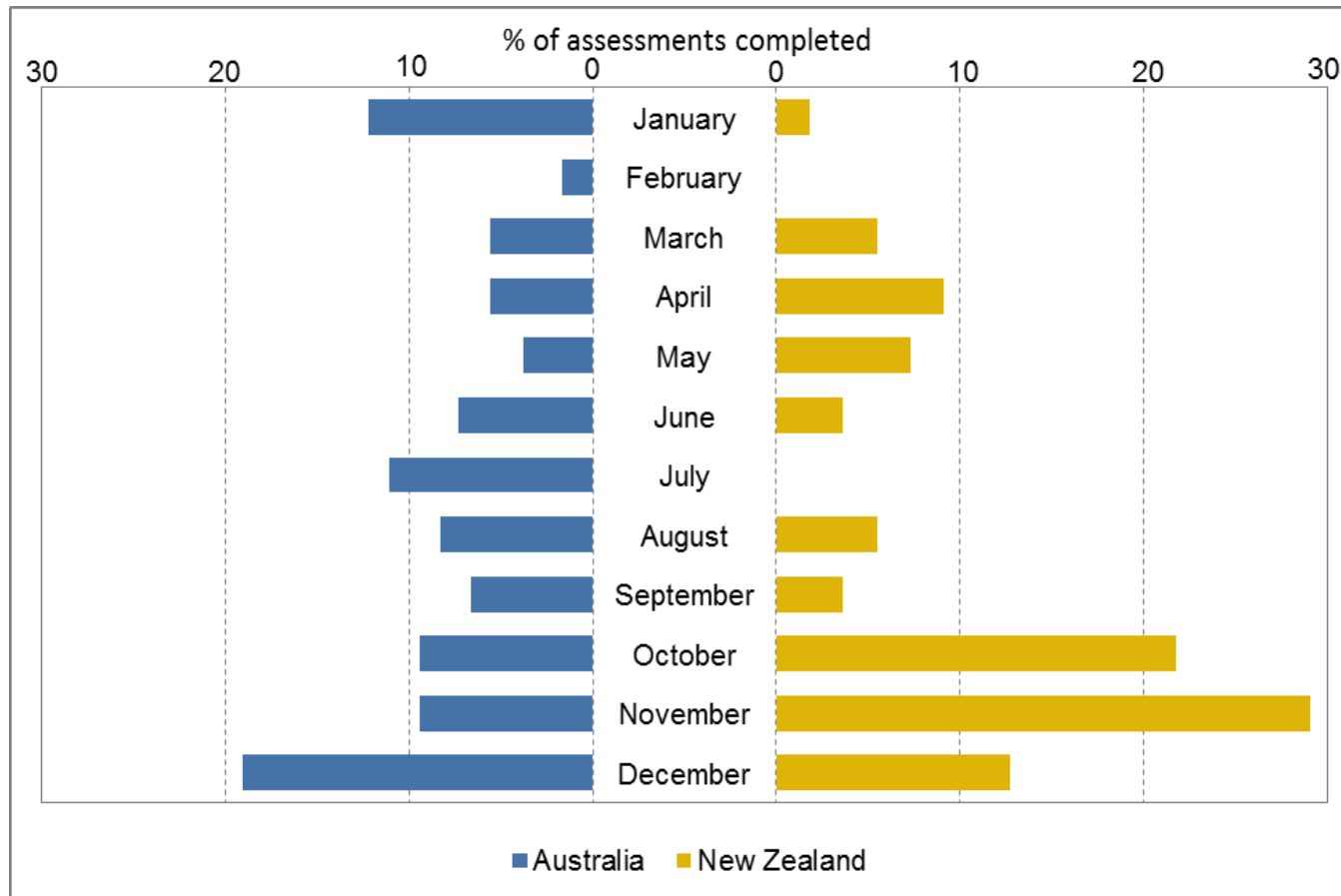
Variable	Level	Random sample (n=384) n (valid %)
Country	Australia	288 (84.0)
	New Zealand	55 (16.0)
Setting	In-patient	305 (79.4)
	Out-patient	44 (11.5)
	Emergency	28 (7.3)
	Other ¹	7 (1.8)
Case Complexity	Low	42 (10.9)
	Medium	245 (63.8)
	High	97 (25.3)

¹ 'Other' response category included: Mock exam, journal club, ALS training, new admission and clinical scenario.

Month Mini-CEX completed by country



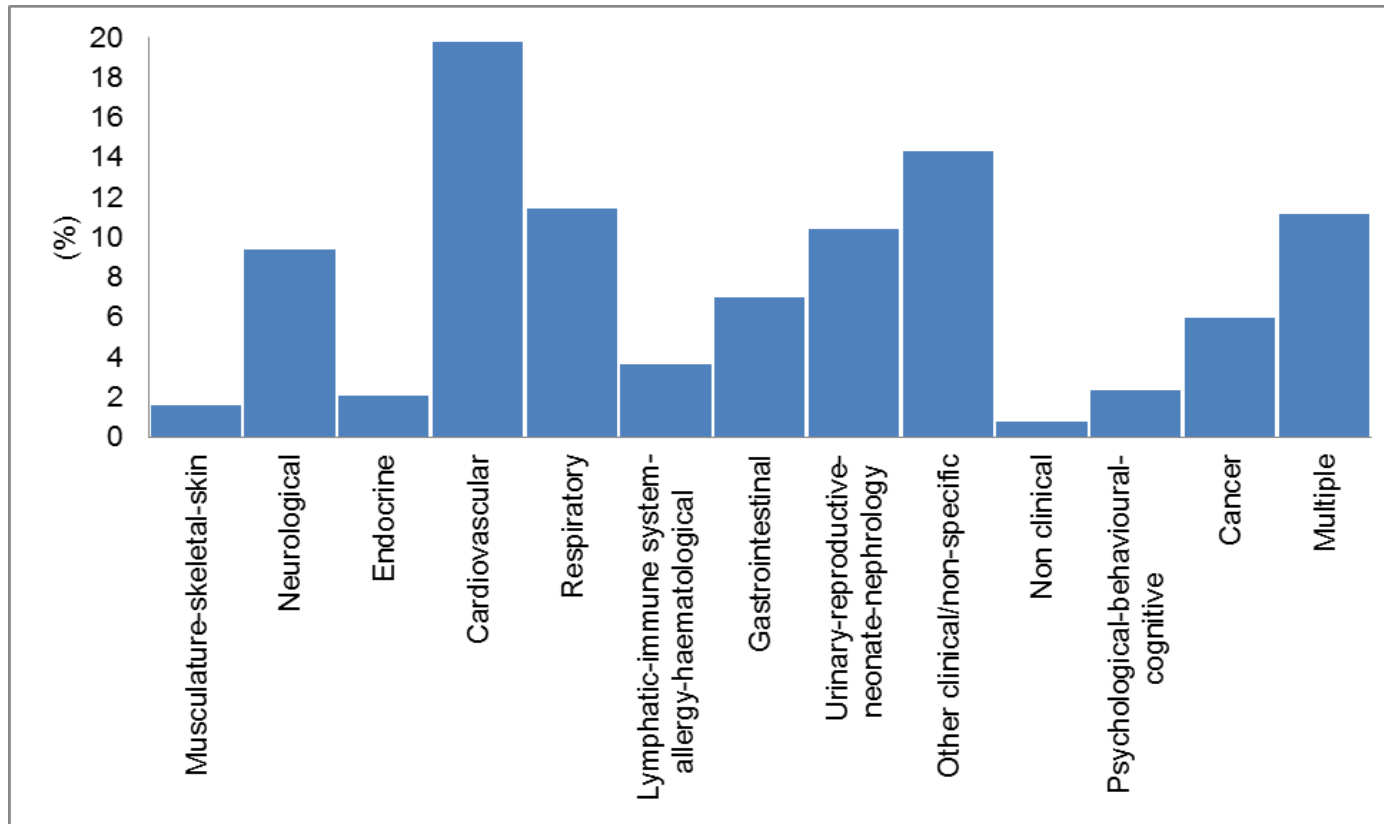
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Patient problem/diagnosis



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Note. 'Other clinical/ non-specific' category included things such as fever, falls, dizziness or abdominal pain. 'Non-clinical' category included things such as advanced life support courses, review of a journal article or a guardianship hearing.

2. Time taken to complete the mini-CEX



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- Mean **observation** time = **21 min** (SD= 12.3)
- Mean **feedback** time = **12 min** (SD = 6.1)
- **Time taken** to observe and provide feedback increased with **case complexity**.
- **Adult Medicine** trainees and **more experienced** trainees more likely to perform mini-CEX assessments on more **complex cases** and within **in-patient** settings.

3. Satisfaction with the mini-CEX



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- 9 point Likert scale of satisfaction for trainees and assessors
- Both trainees and assessors **reasonably satisfied**
- **Trainee satisfaction** (mean = 6.7, SD = 1.3)
- **Assessor satisfaction** (mean = 6.6, SD = 1.4)
- **Positive correlation** between **assessor satisfaction** and **trainee satisfaction**.

4. Trends in clinical performance ratings



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	n (%)									Mean (SD)	Total observed
	Unsatisfactory			Satisfactory			Superior				
	1	2	3	4	5	6	7	8	9		
Medical interviewing skills				8 (3.1)	16 (6.1)	47 (17.9)	100 (38.2)	78 (29.8)	13 (5.0)	7.0 (1.2)	262
Physical examination skills		1 (0.3)	1 (0.3)	7 (2.4)	36 (12.1)	72 (24.2)	106 (35.7)	61 (20.5)	13 (4.4)	6.7 (1.2)	297
Professional qualities/ communication			1 (0.3)	12 (3.4)	15 (4.2)	52 (14.6)	136 (38.1)	97 (27.2)	44 (12.3)	7.2 (1.2)	357
Counselling skills			1 (0.5)	4 (2.0)	13 (6.3)	42 (20.5)	67 (32.7)	60 (29.3)	18 (8.8)	7.1 (1.2)	205
Clinical judgement			2 (0.5)	8 (2.1)	27 (7.0)	73 (19.0)	125 (32.6)	89 (23.2)	20 (5.2)	7.0 (1.2)	344
Organisation/ efficiency		1 (0.3)	2 (0.6)	10 (2.9)	23 (6.7)	61 (17.7)	121 (35.2)	96 (27.9)	30 (8.7)	7.0 (1.2)	344
Overall clinical performance			2 (0.5)	10 (2.6)	29 (7.6)	74 (19.4)	143 (37.5)	103 (27.0)	20 (5.2)	6.9 (1.1)	381

5. Written feedback



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- Two open-ended response fields: **Strengths** and **suggestions for development**
- **92% had at least one written comment; 73% had both**
- Assessors **less likely to provide comments** over time
- Assessors **less likely to provide suggestions for development** if they rated the trainee highly for overall clinical performance
- Majority of comments of **moderate quality or above**
- Majority of comments focused on **medical expertise and communication.**

Key recommendations



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- Evaluating mini-CEX data on a **regular basis**
- Conducting **similar investigations into other tools** used in RACP training programs
- Examining what **training** assessors currently receive and explore opportunities for additional support
- Encouraging assessors to maintain a **broader perspective** when commenting on trainees' strengths and providing suggestions for development
- Communicating to assessors the **importance of providing written feedback** to trainees