

PROFESSIONALISM: Swick, HM(2000) defined professionalism as a combination of attributes including:

- Place others interests superior to their own
- Avoid doing any harm
- Responds to the needs of society in an acceptable manner
- Honesty, empathy, respect for others, kindness
- reflection

BACKGROUND : Different professional assessment tools used in my experience as trainee are:

1. Work place based assessments
2. Team Observation Forms
3. Educational Supervisor meetings

RELIABILITY

•Good **reliability scores** of 0.73-0.96 for mini-cex with 8 mini-cex encounters (Cees P M van der Vleuten & Lambert W T Schuwirth ., 2005) .

•**G coefficient** 0.99 for 10 encounters. (Nair BR.et al .,2008)

• Requires more number of assessors to make it reliable. Margolis et al (2006) concluded that one assessor taking 10 encounters is much less reliable than 10 assessors taking one encounter each (0.39 and 0.83, respectively

•**Internal consistency reliability good:** (Durning SJ et al., 2002 alpha coefficient 0.9)

•**Interrater reliability:** High inter rater variation in results and that training of assessors does not improve the reliability. (Cook DA .,2009)



Royal College of
Obstetricians &
Gynaecologists

Mini-Clinical Evaluation Exercise (CEX) Supervised Learning Event – Obstetrics

Trainee Name:	StR year:	Date:
Trainer Name:	Grade:	
Clinical setting: Labour Ward /ANC / AN Ward / PN Ward / Assessment Unit		
Clinical problem category: Antenatal care / Maternal & Fetal medicine / Intrapartum care / Postpartum care / Other		
Focus of clinical encounter: History / Diagnosis / Management / Explanation		
Complexity of case: Low / Average / High		Encounter declared in advance: Yes / No

This is a **formative** tool designed to provide feedback to the trainee about their performance in some or all areas of this clinical encounter. Please provide **specific, constructive feedback** to the trainee in verbal and written forms (in box below) that you feel will enhance training. There is **NO** overall judgement relating to competence for this event.

Areas to consider (may be others):

1. History taking (completeness, logic, focus)
2. Physical examination skills (approach to patient, technical skill, interpretation of findings)
3. Communication skills (patient friendly, questioning style, empathy, clear explanation)
4. Clinical judgement (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits and appropriate advice sought)
5. Professionalism (respectful, courteous, confident, use of team members)
6. Organisation and efficiency (efficient, logical and ordered approach)
7. Overall clinical care (global judgement of performance)

Feedback (continued overleaf):

What went well?
What could have gone better?
Learning Plan:

Trainee signature: Trainer signature:

Trainee Reflection:

ACCEPTIBILITY

• Good satisfaction rate and acceptance by faculty as an effective assessment tool (Joshi, M. K., Singh, T., & Badyal, D. K.,2017)

•The reason that mini-cex are easier to incorporate in daily work without stress as they are not marked as pass or fail (Hayes.K .,2011)

•RCOG mini-cex resource suggests that no verdict is associated with this assessment but only constructive feedback

VALIDITY

•**Construct validity:** It is able to differentiate clearly between satisfactory, unsatisfactory and superior trainees. (Holmboe E.S et al ., 2003)

•**Content validity:** Kogan et al 2009 reviewed studies from 1965 to 2009 and no study showed content validity.

•RCOG mini-cex resource suggests that it assesses the professionalism values of being deferential, well-mannered, self-assured and team player.

•**Criterion validity:** Strong correlation between mini cex and monthly evaluation forms and examination scores. (Durning SJ et al ., 2002)

FEASIBILITY

•Time constraints (Bashir et al 2021 24.5 % of trainees concerned), (Hayes.K 2011), (Joshi .,2017 22,2% of trainees and 33.3%of faculty)

•Financial constraints is also an issue for effective implementation.(Hayes.K., 2011)

IMPACT ON LEARNING

•Yusuf et al 2018 did thematic analysis which resulted that feedback was found to be useful for 21.43% of the participants, who later did preparation for further mini-cex based on previous feedback.

•**Constructive feedback:** Joshi, M. K., Singh, T., & Badyal, D. K. (2017) mentioned that feedback through mini-cex was constructive was agreed by 9/16 trainees and strongly agree by 7/16. It was agreed by faculty 6/9 and strongly agree by 3/9

CONCLUSION

Mini-cex has insufficient reliability and validity (Yates.PJ .,2013) but having training workshops for faculty regarding assessments and allocating protected time for doing mini-cex with trainees can improve the outcome(Bashir.K et al., 2021)

Please scan the QR code
for references

