



The Australasian College of Aerospace Medicine

MINI-CLINICAL EVALUATION EXERCISE (MINI- CEX) POLICY

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Contact Officer:	Assessment Subcommittee Chair
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1. Overview:

- 1.1. This policy defines the requirements for the Mini-Clinical Evaluation Exercise (Mini-CEX) which is a requirement for all Australian and New Zealand trainees enrolled in the Australasian College of Aerospace Medicine Training Program.
- 1.2. The Mini-CEX is a workplace based assessment consisting of an observed clinical encounter with a patient.
- 1.3. The Mini-CEX is used as a formative assessment tool to help PREP Program trainees and supervisors focus discussions about learning and to help trainees gauge their progress on aspects of on-the-job performance

2. Background and Purpose:

- 1.1. The College is committed to ensuring a comprehensive, flexible and educationally focussed level of supervision, teaching and learning support for all trainees. In addition it has committed to ensuring that all assessment processes are educationally sound, open and transparent.
- 1.2. Mini-CEX encounters are used in the Aerospace Medicine Training Program as formative assessment activities to assist trainees in reviewing their on-the-job performance, focus and inform discussions about learning progress, improve trainees' clinical practice and develop trainees' professional competence.
- 1.3. Mini-CEX encounters are used to cover assessment domains from both the Professional Qualities Curriculum and the relevant Training Curricula. The assessment domains include medical interviewing skills, physical examination skills, professional qualities and communication, counselling skills, clinical judgement and organisational efficiency.
- 1.4. Relevant curricula and supporting documentation should be referred to in preparation for any Mini-CEX encounter undertaken.

3. The Policy:

3.1. Assessment Requirements

- 3.1.1. The number of Mini-CEX encounters required in the Training Program will be determined by the relevant Education/Training Committee of the College (Refer relevant training guidelines). Trainees are required to complete at least one Mini-CEX for every six months of training and these should be spread across the calendar year.
- 3.1.2. Part time trainees are required to complete the same number of Mini-CEX encounters per calendar year as full time trainees, irrespective of full time equivalency.
- 3.1.3. The requirements for interrupted trainees per calendar year will be determined on a pro-rata basis according to percentage of the calendar year worked. For example, a trainee who interrupts for half the calendar year will be required to complete half the Mini-CEX requirements.
- 3.1.4. Mini-CEX encounters are trainee initiated. This means trainees are responsible for organising meetings with their assessor to discuss the focus of the Mini-CEX encounter for that period, as well as actively seeking suitable opportunities for Mini-CEX encounters in the workplace.

- 3.1.5. Trainees must ensure that Mini-CEX encounters cover a range of learning objectives from the relevant training curriculum.
- 3.1.6. Mini-CEX encounters must be undertaken in accordance with the procedures outlined in the document Mini Clinical Evaluation Exercise Procedures.
- 3.1.7. The Mini-CEX encounter may be undertaken on a patient known to the trainee provided the trainee's previous dealings with the patient have not covered the assessment domains of the encounter to be assessed.
- 3.1.8. It is a requirement that a discussion occurs between the trainee and the Mini-CEX assessor following completion of the encounter so that feedback is provided to the trainee.
- 3.1.9. Mini-CEX encounters may be observed and then assessed by any of the following:
 - Educational Supervisors
 - Other College Fellows or
 - individuals approved by the Educational Supervisor.
- 3.1.10. Mini-CEX assessors should have completed an appropriate educational activity on the use of this assessment tool.

3.2. Failure to Complete Assessment Requirements

- 3.2.1. Trainees are responsible for ensuring their Mini-CEX requirements are met. Given the flexible nature of this training program requirement it is expected that all trainees comply with this policy and associated procedures.
- 3.2.2. If the Mini-CEX is not completed according to the requirements set out above (item 3.1), it will not be accredited towards the requirements for training and the trainee will be required to complete a new Mini-CEX.
- 3.2.3. The relevant Education/Training Committee is responsible for monitoring and assessing trainees who fail to successfully complete Mini-CEX requirements.
- 3.2.4. Failure to complete annual Mini-CEX requirements will result in a delay in the trainee's progress in the PREP Program.
- 3.2.5. Eligibility to present for the centralised written and clinical examinations is contingent upon completion of the equivalent of 24 months of satisfactory full time training including all Mini-CEX requirements for that period.

3.3. Evaluation

- 3.3.1. The College will monitor and evaluate the Mini-CEX tool using de-identified data obtained from these formative assessments. Feedback from trainees and assessors will be an integral part of the monitoring and evaluation process which in turn will lead to improvements in usability along with increased validity and reliability of the Mini-CEX tool.

4. Procedures, forms and supporting documentation:

Procedures for Case-based Discussion (Appendix 1)

5. Risk implications:

ACAsM recommends the CbD tool be used as a formative assessment tool in the teaching and learning environment and does not recommend it being used for purposes other than training.

ACAsM has the same reporting obligations regarding adverse incidents and behaviours as occur generally in medical practice. The ACAsM may have an obligation to report information if it is required to do so by law.

APPENDIX 1: PROCEDURES FOR CASE BASED DISCUSSION

1. Purpose and scope

College policy requires that all Australian and New Zealand trainees enrolled in the Training Program complete Case-based Discussion (CbD) encounters during their training (refer CbD Policy). This document provides a detailed outline of the procedures for this formative assessment tool and outlines the steps involved for both trainees and assessors. It should be read in conjunction with the Case-Based Discussion Policy.

2. Definitions

2.1.

CbD: Case-based Discussion

Trainee: Any Australian or New Zealand trainee registered in the ACAsM Training Program.

Assessor: May be one of the following:

- Trainee Supervisor
- Any College Fellow
- Individuals approved by the Educational Supervisor.

3. Access to CbD Documents

Reserved

4. The Procedure:

Step 1: Trainee nominates/is assigned an appropriate assessor for the CbD encounter, usually the Trainee's Supervisor.

Step 2: Trainee contacts assessor to discuss and agree on the focus for the CbD encounter for that period. Each trainee is required to cover a range of learning objectives from training curriculum during the training program (refer CbD Policy, item 3.1).

Step 3: Following the meeting with the assessor, the assessor chooses the case(s) for discussion (refer CbD Policy, item 3.1). These are usually case(s) in which the Trainee has been significantly involved, for example, a case in which the Trainee has made substantial entries in the case notes. The Trainee confirms that they are willing to conduct a Case-based Discussion on the chosen case(s).

Step 4: The CbD encounter is undertaken in accordance with policy requirements (refer CbD Policy, item 3.1). The encounter should take about 20 minutes during which time the assessor makes notes on the CbD Assessment Form.

Step 5: Immediately after the encounter, or as soon as possible thereafter, the trainee and assessor discuss the encounter. This is the most important aspect of the exercise. The assessment is formative, meaning there is no pass or fail grading. The feedback includes discussion with the trainee about the areas of strength and areas for further work and development. The feedback session should take about 10 minutes. In total, each CbD encounter and feedback session should be 30 minutes duration.

Step 6: The CbD Assessment Form is completed by the assessor providing an overall judgement of the Trainee's performance. It is signed by the trainee and the assessor and copies are retained by both parties. If a Trainee receives a rating which is unsatisfactory, the assessor must complete the 'Suggestions for development' section. The assessor scans and emails the completed CbD Assessment Form to the Chair of the Assessment Subcommittee.

Step 7: Trainee enters details of the completed CbD assessment in the Training Log Book, as per the completed signed CbD Assessment Form.

Step 8: If the assessor is not the supervisor, then the trainee provides a hard copy of the signed CbD Assessment Form to the supervisor.

Step 9: The CbD is automatically accredited towards requirements for training and appears in the trainee's College learning records.

5. Review

This procedures document will be reviewed annually by the Assessment Subcommittee.