

Mini-clinical evaluation exercise (mini-CEX)

Guidance for foundation doctors and trainers

This guidance is designed to accompany the 'SLE Frequently asked questions' document.

What is a mini-clinical evaluation exercise (mini-CEX)?

A mini-CEX is a supervised learning event (SLE) which involves direct observation of a doctor/patient clinical encounter by a trainer for teaching purposes.

Who can contribute to a mini-CEX?

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- supervising consultants
- GP principals
- doctors who are more senior than an F2 doctor
- experienced nurses (band 5 or above); or
- allied health professional colleagues.

How does it work?

Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as the mini-CEX.

The process is typically led by the foundation doctor. Topics should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor's benefit.

Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed. An appropriate record of all mini-CEX events must be kept within the foundation doctor's e-portfolio.

The observed process typically takes around 20 minutes and immediate feedback around 5 minutes. It may be necessary to allocate more time.

What areas should mini-CEX focus on?

Mini-CEX is most useful when considering the following areas:

- history
- diagnosis
- examination
- management plan
- communication
- discharge
- other

Focus of encounter	Positive indicators
History	Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.
Diagnosis	Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.
Examination	Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty.
Management plan	Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.
Communication	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan/therapy with patient.
Discharge	Starts planning from moment of admission; considers long-term conditions; recognises impact of long-term conditions on patients, family and friends; liaises with patient, family, carers and primary care teams; considers role of other agencies; considers need for environmental adaptations; ensures necessary care plans are in place; arranges follow-up

Remember: Not all areas need be reviewed on each occasion.

What is the reference standard?

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback

In order to maximise the educational impact of using mini-CEX it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many mini-CEX should be completed?

Foundation doctors are expected to undertake directly observed encounters per placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX. The other encounters may use the 'direct observation of procedural skills' (DOPS) tool. Foundation doctors should therefore complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period. There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

Supervised learning event (SLE)	Recommended minimum number
Direct observation of doctor/patient interaction: Mini-CEX DOPS	3 or more per placement* Optional to supplement mini-CEX

*based on a clinical placement of four month duration.

How is the form accessed?

The mini-CEX SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor's e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor's login, an automatic email will be sent to the trainer and the mini-CEX will be flagged as self-entered.

How should trainers complete the form?

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer's details:** this should include registration number and position. If there is no relevant option select 'other' and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select 'other' and specify.
- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select 'other' and specify. More than one category can be selected.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor's curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.