



## MINI CLINICAL EVALUATION EXERCISE (MINI-CEX)

### Guidance for assessors and trainees in chemical pathology

#### What is Mini clinical evaluation exercise?

Mini clinical evaluation exercise (mini-CEX) is a tool designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The Mini-CEX assessment focuses on the core clinical skills that trainees demonstrate in patient encounters. It can be easily implemented in any setting as it takes only as long as the routine patient encounter. It can therefore be integrated seamlessly into the normal ward or outpatient environment. The focus can be on any aspect of the patient encounter that is appropriate. The patient should be aware that a Mini-CEX is being undertaken and their permission should be sought.

The observation takes about 15-20 minutes and provides a 'snapshot' of the trainee/patient interaction. Studies by the Royal College of Physicians show that it provides a reliable assessment of a trainee's performance. Not all elements need be assessed on each occasion. Feedback should be provided immediately afterwards to the trainee.

- ▶ [Chemical pathology overview](#)
- ▶ [Purpose of assessment tools](#)

#### Suitable events

Suitable events for Mini-CEX are observations of encounters with patients in out-patient or in-patient environments involving:

- Diabetes
- Lipids/cardiovascular risk/hypertension
- Metabolic bone/calcium metabolism
- Inherited metabolic disease
- Obesity
- Parenteral nutrition ward round

These assessments should be carried out for a wide variety of patient types within each clinical modality. Refer to topics in the chemical pathology and metabolic medicine curricula.

#### Who can be an assessor?

Assessors can be consultants, staff grade and associated specialists (SAS), a more senior trainee or other healthcare professionals competent in the area being assessed (e.g. nurses). Medically qualified assessors do not have to be specifically accredited in Chemical Pathology or Metabolic Medicine. Assessors need not have prior knowledge of the trainee but should be briefed about the standard required of the stage of training (see curriculum). Assessors do not need to be approved by the College.

- ▶ [Curriculum](#)

### **How does the assessment work?**

The process is led by the trainee who chooses the event for discussion and the assessor. However, over time the assessments should cover a broad range of events and a range of assessors.

The process is a structured discussion between trainee and assessor, with the trainee talking through what occurred, considerations and reasons for actions. It should take no longer than 15–20 minutes, followed immediately by feedback lasting about 5-10 minutes.

At the end of the discussion, a mini-CEX form should be completed with the trainee present. Workplace-based assessments should be recorded in the [Learning Environment for Pathology Trainees \(LEPT\) system](#). The LEPT system is an ePortfolio to capture trainees' progress during training. It records workplace-based assessments including multi-source feedback (MSF) and includes a functionality to support the [Annual Review of Competence Progression \(ARCP\)](#) process. However, the printable workplace-based assessment forms on the College website will still be available, for instances when trainees/assessors do not have direct access to a PC/internet when the assessment is being conducted. In such cases, it is expected that the forms will be used to record the assessment with the intention of transferring the contents to the LEPT system either by the trainee or assessor.

### **Standards for assessment**

Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

- Stage A** – ST1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.
- Stage B** – ST2 and ST3 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.
- Stage C** – ST3 onwards leading to the Part 2 examination. The trainee will be undertaking further specialised general training.
- Stage D** – Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'.

### **Grading scale**

The form offers a grading scale from 1-6:

- 1-2 Below expectations
- 3 Borderline
- 4 Meets expectations
- 5-6 Above expectations

### **Definition of borderline**

In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Definitions for the grading scales are provided at:

▶ [Standards for assessment tools](#)

### **Outcome of assessment**

The outcome of the assessment is a global professional judgement of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

- Satisfactory - The trainee meets the standard overall
- Unsatisfactory - The trainee needs to repeat the assessment

### **Feedback**

To maximise the educational impact of mini-CEX, aspects of performance that are particularly good as well as those where there is scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the mini-CEX form.

### **Record keeping**

An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. If the paper-based assessment form was completed in the first instance for entering onto the LEPT system at a later date, then it should be duly signed and dated by the trainee and the assessor. Trainees are asked to check with their local arrangements whether they are required to give a photocopied version of the form to their educational supervisor/assessor and/or retain the original copy of the form in their portfolio for possible presentation to the ARCP panel.

▶ [Mini-CEX form](#)

**Thank you for performing the assessment and providing feedback.**

**ASSESSMENT DEPARTMENT  
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