

Mini Clinical Evaluation Exercise (Mini-CEX) Paper Form

Case Details	Procedure									
	Age			ASA						
Medical status of the patient										
Overall complexity <small>(circle)</small>	Low			Moderate			High			
	1	2	3	4	5	6	7	8	9	
Assessment	<i>To ensure safe, efficient and effective care on this aspect:</i>									
	<i>Significant input required from assessor</i>			<i>Some guidance provided from assessor</i>			<i>Able to manage independently</i>			<i>Unable to assess</i>
Clinical knowledge	<i>Demonstrates relevant knowledge and understanding pertaining to the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
Patient assessment	<i>Performs a complete and appropriate assessment of the patient and presents well documented findings</i>									
	1	2	3	4	5	6	7	8	9	UTA
Planning	<i>Formulates an appropriate clinical plan demonstrating an understanding of relevant issues related to the patient, procedure, pathology, positioning and place etc</i>									
	1	2	3	4	5	6	7	8	9	UTA
Preparation	<i>Prepares appropriately for any intervention, checks equipment, organizes theatre and monitoring, prepares drugs and ensures appropriate personnel are present</i>									
	1	2	3	4	5	6	7	8	9	UTA
Organisation/efficiency	<i>Creates a well organized workspace, uses time effectively and efficiently</i>									
	1	2	3	4	5	6	7	8	9	UTA
Vigilance	<i>Demonstrates situational awareness through constant monitoring of the patient (clinically and electronically), the procedure and other personnel</i>									
	1	2	3	4	5	6	7	8	9	UTA
Problem solving / decision making	<i>Demonstrates sound judgment and clinical decision making</i>									
	1	2	3	4	5	6	7	8	9	UTA
Insight	<i>Recognises limits of their expertise and experience. Takes on responsibility appropriately</i>									
	1	2	3	4	5	6	7	8	9	UTA
Technical proficiency	<i>Demonstrates proficiency (including appropriate informed consent and infection control)</i>									
	1	2	3	4	5	6	7	8	9	UTA
Documentation	<i>Comprehensively, concisely and legibly documents relevant matters</i>									
	1	2	3	4	5	6	7	8	9	UTA
Patient interaction	<i>Develops rapport and trust; accurately elicits, synthesizes and conveys relevant information; develops a common understanding of issues, problems and plans</i>									
	1	2	3	4	5	6	7	8	9	UTA
Team interaction	<i>Participates effectively and appropriately in an inter professional healthcare team</i>									
	1	2	3	4	5	6	7	8	9	UTA
Risk minimisation	<i>Practices to reduce medical error; complies with hospital and college protocols and guidelines</i>									
	1	2	3	4	5	6	7	8	9	UTA
Please note the focus of any discussion during this assessment										

Feedback and Global Assessment									
Examples of what was done well									
Areas that needed supervisory input									
Suggestions for gaining greater independence									
What level of supervision did the trainee require for THIS case overall?	<i>Trainee needs assessor in the theatre suite</i>			<i>Trainee needs assessor in the hospital</i>			<i>Trainee could manage this case independently and does not require direct supervision</i>		
	1	2	3	4	5	6	7	8	9
<ol style="list-style-type: none"> Not comfortable leaving trainee unsupervised in theatre for any period of time Comfortable to leave trainee to go on brief coffee break in theatre tearoom. Not happy for trainee to instigate changes in management in your absence As in 2, but comfortable staying out of theatre for a bit longer, e.g. while eating your lunch. Trainee may instigate some new actions that you have previously discussed Happy to leave the theatre block, but remain immediately available in the hospital. Feels the need to check in on the trainee at regular intervals Happy to leave the theatre block but remain immediately available in the hospital e.g. not take on another case themselves. Expect trainee to notify supervisor of any significant problem or event, e.g. persistent abnormal physiological parameter, major blood loss As in 5 but expect trainee to manage most problems initially, and call you if their initial management doesn't work Could potentially be off-site but would want to review the trainee's management plan before they started the case Supervisor Off-site. Confident that trainee can make a good assessment and plan, but want to be notified that they are doing the case Trainee could manage this case as a consultant. Appropriate if they don't contact supervisor. May have collegial discussion on case 									
At what level of training do you think this trainee is currently performing?	Early IT	Late IT	Early BT	Late BT	Early AT	Late AT	Early PFT	Late PFT	
Does another mini CEX need to be completed for this type of clinical case?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, why?					
Trainee comments									
Date of assessment									
Trainee name				Trainee email					
Assessor name				Assessor email					
Assessment toward completion of SSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, SSU name						

Mini-Clinical Evaluation Exercise (Mini-CEX) Information Sheet

Introduction	
<p>The Mini-CEX is designed to assess the clinical skills of trainees. It provides an assessor with a structured format for directly observing and assessing the performance of a trainee, usually from the pre-operative assessment to the patient's discharge from recovery however an assessment can focus on aspects of a case such as preoperative assessment and clinical encounters outside the operating theatre can be used. This assessment will assist the trainee to learn and attain greater autonomy.</p>	
Conducting a Mini-CEX	
<p>Either the trainee or a supervising anaesthetist can initiate a Mini-CEX. While supervising anaesthetists are encouraged to initiate assessments, ensuring the completion of the required number of assessments is ultimately the responsibility of the trainee.</p> <p>A typical Mini-CEX may start with the trainee and the supervising anaesthetist agreeing on a suitable case or aspect of a case during a list. This would be something that the trainee should reasonably be expected to manage fairly independently and be working towards independent practice. There should be a clear understanding that the trainee is in the "driver's seat" and that the assessor will only intervene for reasons of safety or efficiency. The trainee should be encouraged to articulate their relevant thoughts as much as possible such as the issues identified from the assessment of the patient, their perioperative plan and rationale, potential hazards that they envisage and how they would manage these etc. The assessor should take notes, particularly on why they (the assessor) did or did not need to intervene at various points in the case. This will form the basis of the feedback. The most important aspect of this assessment is the constructive feedback provided. It should be given immediately after the completion of the case in as private a setting as possible. The trainee may be asked to self assess before the assessor provides their feedback and assessment.</p>	
Rating Case Complexity	
Low (1-3)	Peripheral minor surgery, age 16-70 ASA 1-2 not 2 nd or 3 rd trimester of pregnancy
Moderate (4-6)	The case has some elements of surgical or patient complexity but not both
High (7-9)	Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaesthetist may need to lead a number of team members (including other anaesthetists) in order to attain an optimal outcome
Additional Descriptions of Items on the Mini-CEX form	
Patient assessment	<p>Adapts history taking, examination and orders further investigations where clinically indicated e.g. to determine severity, to clarify diagnosis etc. taking into account the context (i.e. urgency) of the situation</p> <p>Gathers information from all available sources including from patient's notes, investigations and other professionals where required.</p> <p>Presents findings concisely and in a logical order</p> <p>Arranges pre-operative treatment when required</p> <p>Correctly interprets and discusses the implications of results of investigations</p> <p>Identifies the significant issues and problems to be addressed including the patient's preferences and cultural beliefs and incorporates these into the perioperative plan (see Planning)</p>
Organisation/efficiency	<p>Arrives early enough to prepare equipment and drugs</p> <p>Organizes things so the most important are done first</p> <p>Performs tasks and coordinates staff to ensure an efficient use of time resources</p>

Planning	<p>Formulates an appropriate clinical plan in collaboration with the patient, their family and other team members</p> <p>Outlines potential problems and alternatives</p> <p>Articulates a comprehensive plan for the case that relates to the above and makes sense</p>
Vigilance	<p>Maintains focus on patient care and avoids distraction</p> <p>Anticipates and prepares for predictable clinical changes</p> <p>Responds in a timely manner to changes in the patients status</p>
Problem solving / decision making	<p>Adequately justifies clinical decisions and demonstrates understanding of risks and benefits</p> <p>Interprets available data; integrates information to generate differential diagnoses and management plans</p> <p>Manages emerging clinical problems and complications</p>
Insight	<p>Consults with colleagues and other health professionals to optimise patient care</p> <p>Aware of issues that may effect own performance such as fatigue and illness</p>
Technical proficiency	<p>Includes vascular access, airway management, invasive monitoring procedures neuraxial block and other regional procedures</p>
Documentation	<p>Includes patient assessment, consent, risks, complications, difficulties, procedures, observations and care plans etc.</p>
Patient interaction	<p>Demonstrates effective communication skills including;</p> <ul style="list-style-type: none"> • active listening • encouraging discussion • reinforcing key points • attending to verbal and nonverbal cues • adapting to individual patient context including language (uses interpreter appropriately), and education (avoids jargon and complex language) • recognising and addressing miscommunication <p>Adapts communication to a variety of clinical contexts including emergency or life threatening situations where time is limited</p> <p>Communicates in a way that encourages confidence, allays anxiety and facilitates co-operation</p> <p>Comforts and re-assures patients during stressful situations, procedures and/or during conscious sedation</p> <p>Demonstrates respect, compassion and empathy</p> <p>Respects autonomy, dignity, confidentiality, privacy and diversity</p>
Team interaction	<p>Functions as an effective team member by;</p> <ul style="list-style-type: none"> • participating in team decision making • recognising and respecting others roles, expertise and responsibilities <p>Consults, negotiates and enlists the cooperation of others to;</p> <ul style="list-style-type: none"> • develop and provide a shared plan of care that optimises patient care and safety • select an anaesthetic technique that is appropriate to the patient's needs, anaesthesia and/or surgical priorities • identify and use resources effectively and efficiently <p>Synthesises and conveys relevant information concerning patients and plans to team members</p> <p>Provides clear and concise instructions to assisting staff for clinical task such as the requirements for the case in terms of equipment and drugs</p> <p>If required, introduces themselves, explains their role and elicits the same information from other staff to ensure effective team communication</p> <p>Maintains an approach that is calm, methodical and flexible</p> <p>Demonstrates effective handover of responsibility of patient care</p>