The Mini-CEX: What Makes this so Hard?

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Disclosures

- We have no financial relationships to disclose
- We will not discuss off-label or investigational therapies
- We will discuss Resident Management Suite (RMS)™ but have no personal stakes in this product
Goals

- Describe the evidence-based, psychometric properties of the mini-CEX
- Identify barriers to performing mini-CEX at participant's home institution
- Propose strategy for performing mini-CEX at participant's home institution
The Problem

- Residents want more feedback
- Programs need to document residents’ mastery of skills
- Faculty habits:
  - Focus mostly on (passive) role-modeling and case discussion
  - Little time spent observing resident doing the doctoring
The Answer

“You can observe a lot just by watching”
-Yogi Berra
Or, as stated by the ACGME:

“Clear supervision leads to fewer errors, lower patient mortality, and improved quality of care . . . These recommendations are designed to ensure that we better train today’s residents so they can better treat tomorrow’s patients.”

-2010 Common Program Requirements
Agenda

- Introduction 5 minutes
- Presentation 25 minutes
- Break-out groups 25 minutes
- Large group discussion 25 minutes
- Wrap-up & evaluation 10 minutes
Evaluation: Whence we come

- Pre-history: ABIM Oral exam
- 1972: Introduce CEX
  - 1 encounter
  - 1 examiner
  - 2 hours
- 1995: Mini-CEX
The Mini-CEX*

- Higher fidelity than CEX
- Real-time
- High face value
- Multiple data points

Keys to Optimizing Mini-CEX

• Get in the room!
• Set expectations
  • With resident
  • With patient
• Promote resident-patient relationship
  • Watch quietly
  • Position self optimally
• Document: provide written feedback
  • To resident
  • To program portfolio
Maintaining Resident-Pt Relationship

Resident

Patient

Faculty
Maintaining Resident-Pt Relationship

Faculty -> Resident -> Patient
But there are alternatives; e.g., SEGUE

S et the stage
E licit information
G ive information
U nderstand the patient’s perspective
E nd the encounter

## Mini-CEX psychometrics


<table>
<thead>
<tr>
<th>Encounters, n</th>
<th>95% CI</th>
<th>95% CI for total score = 5</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>± 1.47</td>
<td>3.53 – 6.47</td>
</tr>
<tr>
<td>2</td>
<td>± 1.04</td>
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<tr>
<td>10</td>
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</tr>
<tr>
<td>12</td>
<td>± 0.42</td>
<td>4.58 – 5.42</td>
</tr>
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<td>14</td>
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## Mini-CEX Psychometrics Properties


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The New Feedback Sandwich

• Start with self-feedback: “How did this encounter go for you?”
  • Diagnoses self-awareness, ability to self-assess and reflect
  • Allows more tailored feedback from faculty
• Then explore: “What worked (i.e., was clinically effective)?”
• Probe: “What could have been done differently?”
• Summarize: “I recommend you add/continue/do more/do less/cut out . . . .”

The Local Situation

- Committed to $\geq 4$ mini-CEX’s per resident as EIP goal
- $N \approx 60$ categorical IM residents
- Single hospital program
- EIP site
Previously Attempted Fixes

- The CEX
- Standardized patients (evaluation by faculty)
- Standardized patients (patients evaluating)
- Video-recorded clinic encounters, reviewed by faculty
- Mini-CEX using paper evaluations
Barriers

- Clinic not organized like rotation blocks
- Faculty habits (see above)
- Clumsy access to evaluation tools
- Variable faculty buy-in
Interventions

• Make it easy for faculty
  • Online data entry
  • Easily accessible, multiple online access points

• Frequent faculty reminders
  • Routine RMS notes
  • Periodic reminders to individual faculty of their residents still needing mini-CEX’s
Example: Making it Easy
Making it Easy

Welcome Peter Weissmann

Filter by year: All

Residency Evaluations

Submit Selected Evaluations as NET (Not Enough Time with subject)

All | None | Invert

<table>
<thead>
<tr>
<th>NET</th>
<th>Subject Name</th>
<th>Session Name</th>
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<tbody>
<tr>
<td>Evaluate</td>
<td>Khowaja, Ameer Ali</td>
<td>Faculty Eval of Senior Resident 2010–2011 (HCMC–IMED–Internal Medicine Residency)</td>
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<td>Evaluate</td>
<td>Ali, Muhammad Arbab</td>
<td>Mini–CEX (On-the-Fly) (HCMC–IMED–Internal Medicine Residency)</td>
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<td>Rehman, Tauseef Ur</td>
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## Individualized Reminder to Faculty

<table>
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<tr>
<th>Resident</th>
<th># m-CEX</th>
<th>next in clinic:</th>
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<tr>
<td>Ali, Karim</td>
<td>3</td>
<td></td>
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<tr>
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<td>May</td>
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<tr>
<td>Bora, Anushree</td>
<td>4</td>
<td>Apr</td>
</tr>
<tr>
<td>Brenes, Jorge</td>
<td>2</td>
<td>Apr</td>
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Results: We got to the Goal . . .

355 mini-CEX’s!
completed over 4 months

Every resident had \( \geq 4 \) m-CEX’s
... with variable faculty support
Going Forward

• Mini-CEX now part of the routine for most faculty
  • Routine reminders sent to clinic faculty
• Need to broaden support by all faculty
• Evaluate for quality
  • Residents’ view
  • Faculty view
• Introduce outside of clinic
• Need to expand faculty skills:
  • Teach by more than role-modeling and case discussion
  • See Branch, Weissmann, et. al. Teaching the human dimensions of care in clinical settings. JAMA. 2001;286:1067