

The Mini-CEX: What Makes this so Hard?

Peter Weissmann MD, Anne Pereira MD MPH,
Steve Hillson MD MPH

Hennepin County Medical Center, Minneapolis VAMC,
University of Minnesota

Disclosures

- We have no financial relationships to disclose
- We will not discuss off-label or investigational therapies
- We will discuss Resident Management Suite (RMS)TM 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

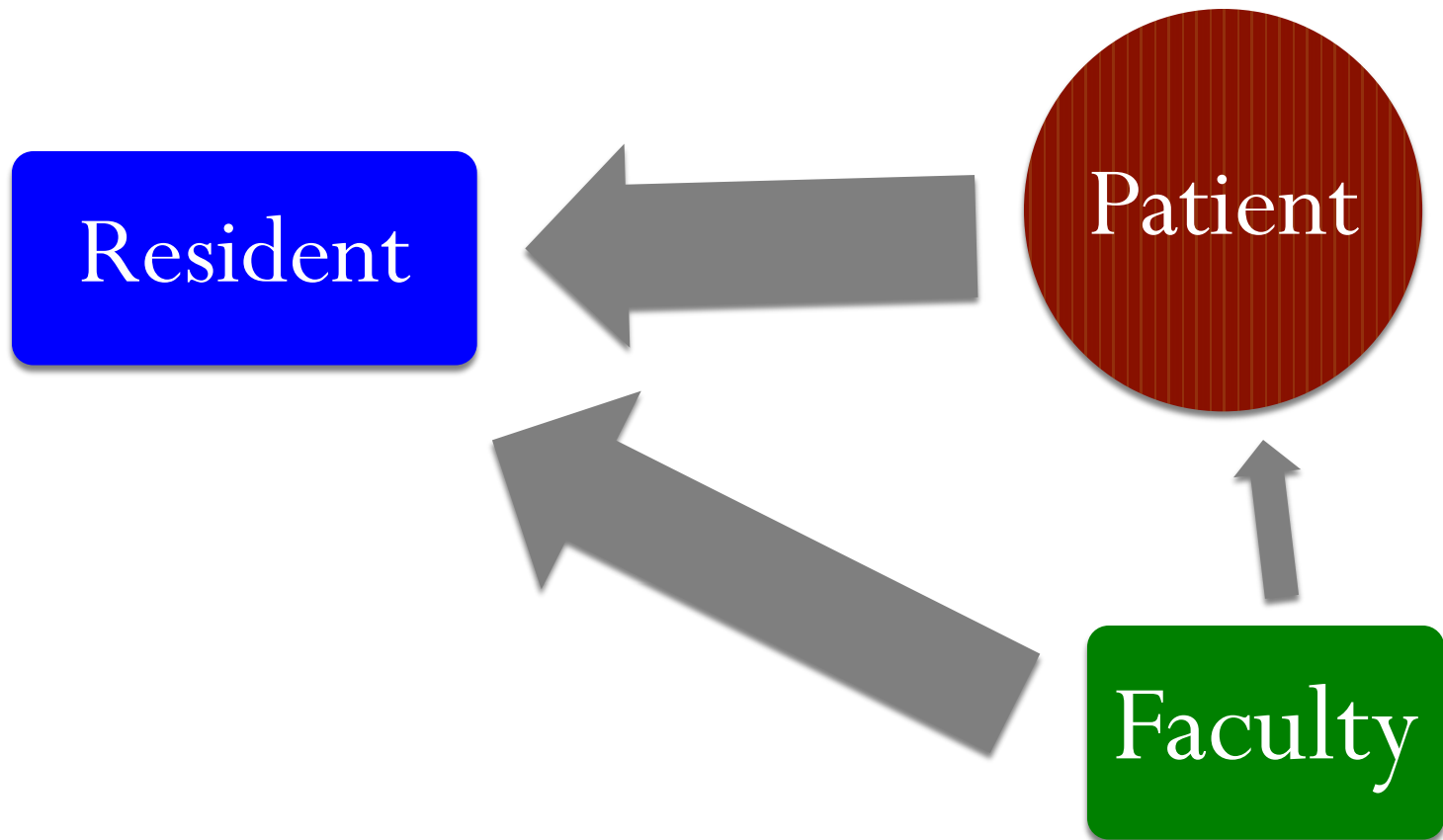
*Norcini J, et al. Ann Intern Med. 2003;138:476.

& Norcini J, et al. Ann Intern Med. 1995;123:795.

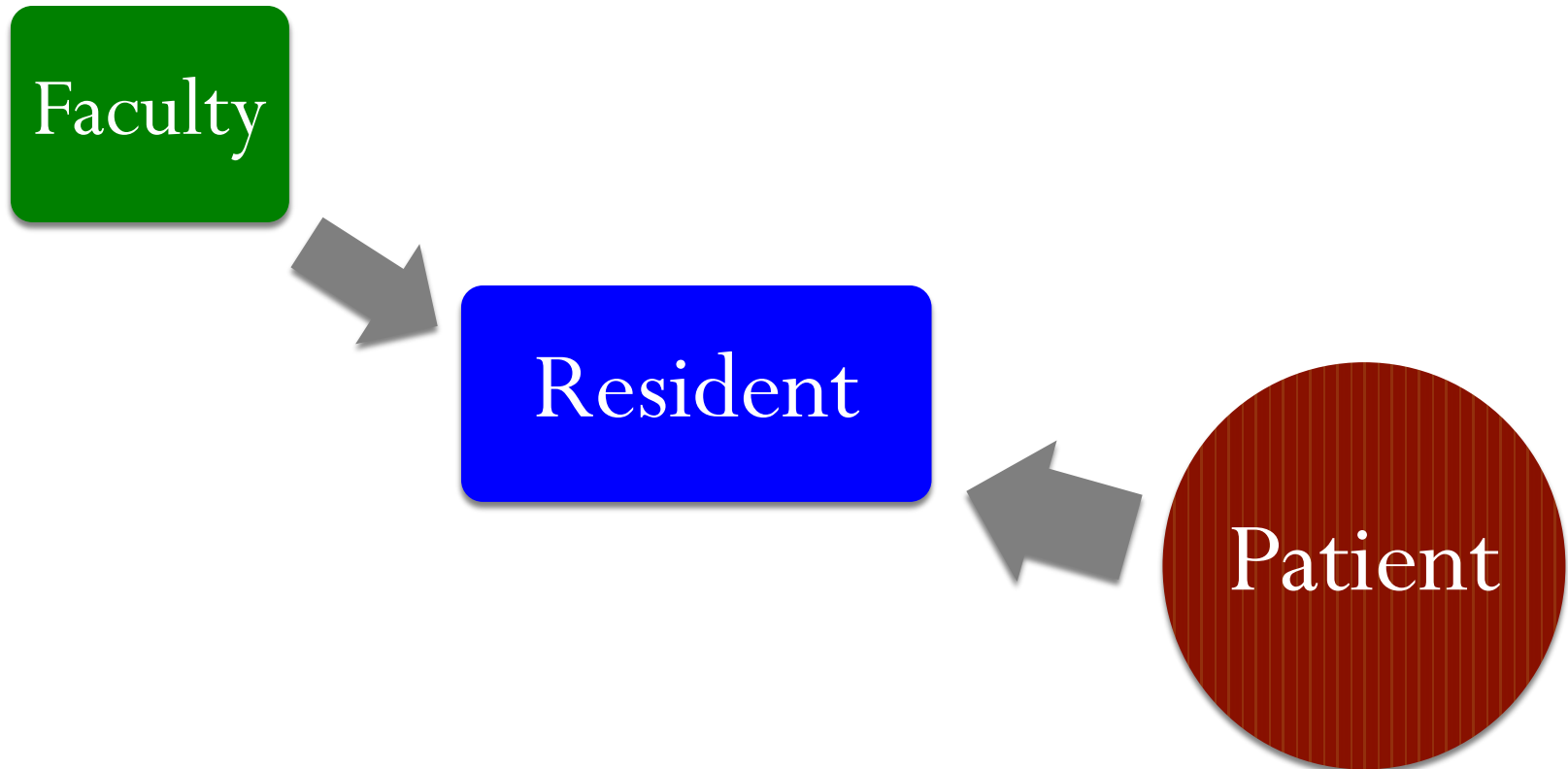
Keys to Optimizing Mini-CEX

- *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



Maintaining Resident-Pt Relationship



But there are alternatives; e.g., SEGUE

Set the stage

Elicit information

Give information

Understand the patient's perspective

End the encounter

Makoul G. The SEGUE Framework. Pat Educ Couns. 2001;45:23.

Mini-CEX psychometrics

Norcini JJ. Ann Int Med. 2003;138:476-81.

Encounters, <i>n</i>	95% CI	95% CI for total score = 5
1	± 1.47	3.53 – 6.47
2	± 1.04	3.96 – 6.04
4	± 0.73	4.27 – 5.73
6	± 0.60	4.40 – 5.60
8	± 0.52	4.48 – 5.52
10	± 0.46	4.54 – 5.46
12	± 0.42	4.58 – 5.42
14	± 0.39	4.61 – 5.39

Mini-CEX Psychometrics Properties

Norcini JJ. Ann Int Med. 2003;138:476-81.

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14	± 0.39	4.61 – 5.39

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”

-Branch, et al. Feedback and reflection. Acad Med 2002;77:1185.

The Local Situation

- Committed to ≥ 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

Hennepin County Medical Center Info **Oncall**

Home | **Clinical** | Departments | Directories | Forms | Policies | Regulations | Systems | Links | HCMC.org | Help

Home > Oncall > Clinical Portal

Clinical Portal

Content on this page is managed by one of the following:

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[Kathy Warner](#)
3-2714
- All Other Content
[Kevin Larsen](#)
3-3306

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- [HCMC Library Catalog](#)
- [Diseases \(Ovid, Easco\)](#)
- [eMedicine](#) (Free registration required)
- [Journal List A - Z](#)
- [Easco DynsMed](#)
- [Textbooks](#)
- [Easco Influenza Evidence-Based Information Portal](#)
- [Disease Activity Score](#)
- [UpToDate Online](#)

Clinical Systems

- [Minnesota Immunization Information Connection](#)
Org Code: 21 Use the name HCMC Password: HCMC
- [ISIS Online Radiology Images](#)
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- [ED/EBG Physician/Res/MS Clinical Schedule](#) (link to new website)
- [Family Medicine Schedules](#)
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Drug Information

HCMC Resources

Mini-CEX

Making it Easy



Evaluations
Complete Evaluations

Main | Questionnaires | Sessions | View | Reports | Tools

Welcome Peter Weissmann

Filter by year:

Residency Evaluations

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

[All](#) | [None](#) | [Invert](#)

* NET	Subject Name	Session Name
<input type="checkbox"/> Evaluate	Khowaja, Ameer Ali	Faculty Eval of Senior Resident 2010-2011 (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Ali, Muhammad Arbab	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Benson, Joseph Arlo	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Dashoush, Nurin	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Dean, Carl Evans	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Narotzky, Sarah Ann	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Noska, Amanda Jean	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)
<input type="checkbox"/> Evaluate	Rehman, Tauseef Ur	Mini-CEX (On-the-Fly) (HCMC-IMED-Internal Medicine Residency)

Individualized Reminder to Faculty

Resident	# m-CEX	next in clinic:	
Ali, Karim	3		
Ali, Muhammad	2		
Baggenstos, Brooke	2	May	Tu am & pm
Benson, Joseph	1	May	Tu all day
Bora, Anushree	4	Apr	Th all day
Brenes, Jorge	2	Apr	Th am only

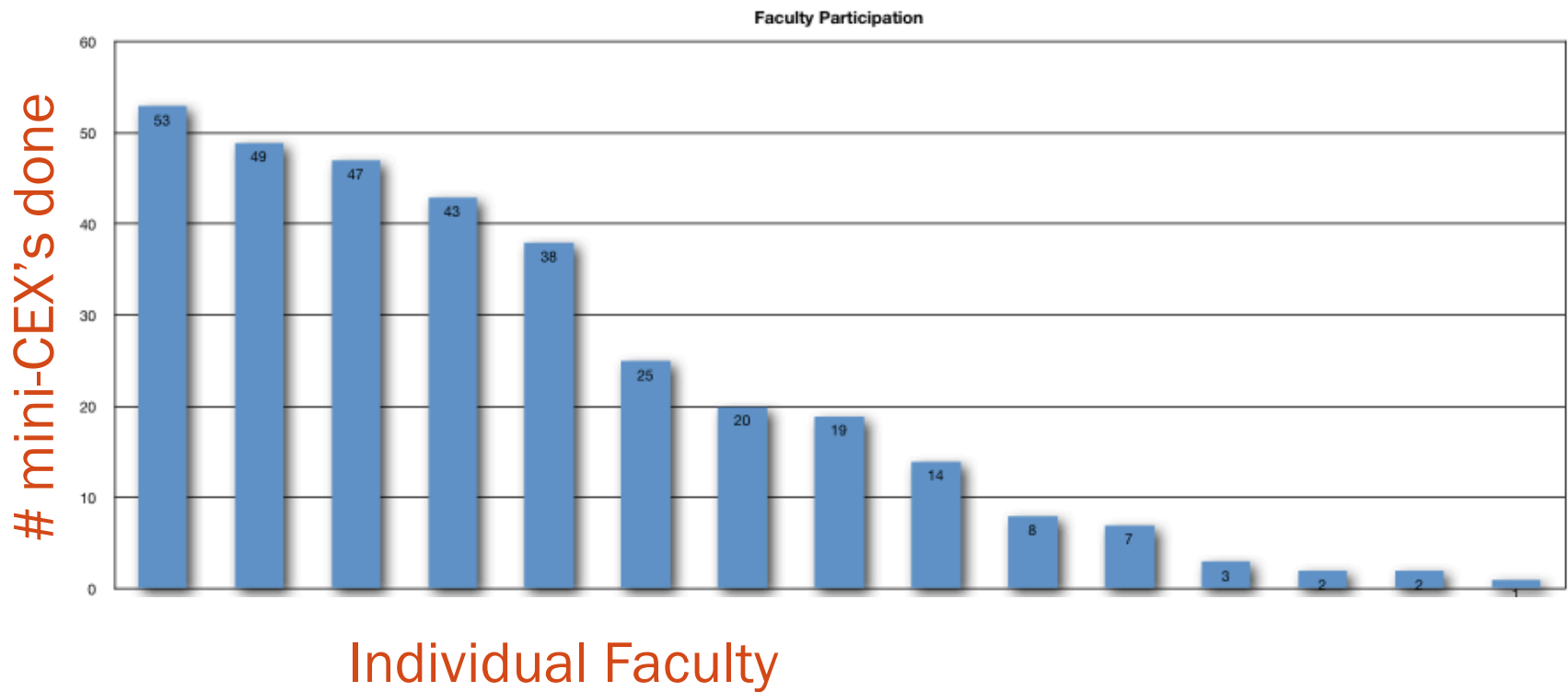
Results: We got to the Goal . . .

355 mini-CEX's!

completed over 4 months

Every resident had ≥ 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