

# *Practice Experience Program (PEP) mini-clinical evaluation exercise*

*The mini-CEX is a workplace-based assessment used to evaluate a trainee's clinical performance in real-life settings. In the PEP the mini-CEX is designed to:*

- Provide the participant with the opportunity to be observed during patient consultations.
- Encourage the participant to consider areas of focus to improve their practice.
- Gather evidence of competence in the core skills of general practice.

## *Overview*

The mini-CEX involves the participant being observed while consulting with a patient. The participant is provided with the opportunity to engage in feedback with the assessor immediately after the observation.

## *Areas of focus*

Each mini-CEX should focus on specific aspects of the consultation. The participant is responsible for ensuring that a range of areas have been assessed.

## *The Workplace Based Assessment (WBA) competencies that will be assessed*

1. Communication
2. Consultation skills
3. History
4. Physical examination
5. Investigations
6. Management
7. Partnering with the patient, family and community
8. General practice systems and requirements
9. Overall clinical competence

Any of these or the remaining WBA competencies can be the agreed focus of the consultation. The standard is set at the level of RACGP Fellowship. Participants are rated as being at or progressing towards the standard.

## *Assessor responsibilities*

- Encourage the participant to reflect on areas of focus for the assessment.
- Observe, evaluate and provide feedback on anything directly viewed during the consultation. This includes reviewing patient notes, referral letters and any other documentation associated with the consultation.
- Observe a consultation without interruption.
- Consider how the participant has performed in each of the areas and how they are progressing towards the expected standard.
- Encourage the participant to reflect on their own performance prior to discussing your observations.
- Provide feedback on the performance and agree on any action items.
- Encourage the participant to update their learning plan based on agreed learning outcomes.
- Complete and submit the rating form.

## *Participant responsibilities*

- Ensure that the patient is aware that there is an observer in the room and has provided consent.
- Ensure that the appointments are appropriate for assessments.
- Keep the consultation to an appropriate length so that there is time for feedback.

- Actively seek feedback and make sure that you get answers to the questions about your performance that you want to ask.
- Reflect on the feedback and update the learning plan accordingly.

## *Process*

- A minimum of four consultations assessed in each six-month term.
- The consultations should cover a range of different clinical problems, age groups and gender.
- Where possible the assessment should take place in the participant's usual place of work.
- Practice visits are arranged in accordance with RTO processes.
- Patients need to provide consent.
- The appointment schedule for the session needs to be adjusted appropriately. Allow 30 minutes per patient to ensure at least 10 minutes of time for feedback after each assessment.
- Rating forms are completed in the PEP online portal.

## *Communication and consultation skills*

### **Communication**

Communication is appropriate to the person and the sociocultural context.

Engages the patient to gather information.

Matches modality of communication to patient needs, health literacy and context.

Communicates effectively in routine and difficult situations.

Demonstrates active listening skills.

Uses a variety of communication techniques and materials.

### **Consultation skills**

Adapts the consultation to facilitate optimal patient care.

Consults effectively in a focussed manner within the time-frame of a normal consultation.

Prioritises problems, attending to both the patient's and the doctor's agenda.

## *Information gathering and interpretation*

### **History**

A comprehensive biopsychosocial history is taken from the patient.

All available sources of information are appropriately considered when taking a history.

### **Physical examination**

An appropriate and respectful physical examination is undertaken.

Physical examination findings are detected accurately and interpreted correctly.

### **Investigations**

Rational options for investigations are chosen using an evidence-based approach.

Interprets investigations in the context of the patient's presentation.

## *Management*

### **Pharmacological and non-pharmacological options, including rationale for these choices**

Demonstrates knowledge of common therapeutic agents.

Rational prescribing is undertaken.

Monitors for medication side-effects and risks of polypharmacy.

Safely prescribes restricted medications using appropriate permits.

Non-pharmacological therapies are offered and discussed.

### **Management plan including referral, follow up and safety net**

A patient-centred and comprehensive management plan is developed.

Provides effective explanations, education and choices to the patient.

## *Manages the uncertainty of ongoing undifferentiated conditions*

Partnering with the patient, family and community.

### **Screening and prevention**

Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality.

### **Community resources**

Coordinates a team-based approach.

Demonstrates understanding of available services in the local community.

### **Public health**

Current and emerging public health risks are managed appropriately.

### **Health promotion**

Educates patients and families in disease management and health promotion skills.

Uses appropriate strategies to motivate and assist patients in maintaining health behaviours.

Identifies opportunities to effect positive change through health education and promotion

## *General practice systems and requirements*

### **Use of the computer**

Appropriately uses the computer / IT systems to improve patient care in the consultation.

### **Medical records**

Maintains comprehensive and accurate clinical notes.

Written communication is clear, unambiguous and appropriate to the task.

### **Use of recall systems**

Demonstrates efficient use of recall systems to optimise health outcomes.

### **Certification and legal requirements**

Accurately completes legal documentation appropriate to the situation.

Patient confidentiality is managed appropriately.

Informed consent is explained and obtained.

### **Infection control**

Implements best practice guidelines for infection control measure.

## *Overall clinical competence*

To be rated as being at the standard expected for Fellowship would require that the participant performs consistently at that standard across all the domains.