

# Mini-clinical evaluation exercise (mini-CEX): a guide for supervisors

## Introduction

Consultation observation has long been used by GP supervisors in their teaching and has been a central feature of workplace-based assessment programs used in GP training. The RACGP has adopted the mini-CEX (mini clinical evaluation exercise) format for assessment of consultation observation. This format has been used extensively in both undergraduate and vocational medical education. It provides a competency-based structure for feedback and assessment.

Despite registrars knowing they are being observed creating some artificiality in the assessment, they still report finding the mini-CEX assessment to be an authentic and impactful assessment. It is a workplace-based assessment of the core GP skill of consulting.

From 2024, supervisors are required to complete two mini-CEX assessments per term for GPT1 and GPT2 registrars in the AGPT program. It is recommended that there is a gap between mini-CEX assessments in each term so that your registrar has sufficient time to reflect on their performance and respond to feedback. A mini-CEX can be incorporated into your set aside time for one-on-one teaching.

A mini-CEX can be non-focused or focused on a particular competency. A focused mini-CEX is used when a concern has been raised in a previous assessment or when you or your registrar have determined a need to focus on a particular element.

Providing feedback is essential to making the assessment educational for the registrar.

## The Steps of Mini-CEX

1. Prepare
2. Consent
3. Observe
4. Feedback
5. Assessment

### Step 1: Prepare

A mini-CEX is ideally conducted during your teaching time. Ask your staff to schedule an appointment during the teaching session that is only available to a patient who consents to having the supervisor present. If possible, try and avoid simple appointments like immunisations, removal of sutures, or wound dressings during this time as these may be of little educational value.

Your registrar should also be made aware of the upcoming assessment. Often registrars feel uncomfortable about being observed the first time and it is useful to acknowledge that discomfort. Reassure your registrar that although you want them to progress as far as they can in the consultation and to treat you like a 'fly on the wall', you can still be consulted if necessary. You will only interrupt if there is a safety risk.

### Step 2: Consent

As these observed consultations have been scheduled in advance, the patient should have been made aware on booking the appointment that you will be present during the consultation. Ideally the consent to your presence is confirmed again by reception staff when the patient attends and finally by your registrar when they are called from the waiting room. Some practices like to obtain written consent, but it is not mandatory.

### Step 3: Observe

Ideally position yourself out of the eyeline of both the patient and your registrar. Make notes of what you observe as these can be a useful to refer to during feedback and assessment. Do not interrupt the consultation unless you have concerns about patient safety.

### Step 4: Feedback

Feedback as part of assessment is challenging to do well. The assessment task can position you as someone 'finding fault' rather than as being supportive and this may lead to registrar defensiveness and rejection of feedback suggestions.

To overcome this, start with the registrar's self-assessment and an understanding of the areas they would like feedback on. Make sure these are addressed before progressing on to issues on your feedback agenda. The conversation should include areas that were done well to reinforce these behaviours. Use your notes to describe what you observed and as a springboard for suggesting what might have been done differently. Don't feel obliged to correct every observed error! Time spent establishing a relationship in which the registrar perceives you as invested in their improvement will enable you to have effective feedback conversations in subsequent interactions.

### Step 5: Assessment

Assessment should follow on naturally from feedback. Assessment is the documentation of the feedback already given about performance with the additional requirement to rate performance against a standard.

In mini-CEX workplace-based assessments you are required to rate performance against the standard 'at Fellowship'. That is, do you think the performance was at the standard one would expect for a competent GP practicing unsupervised anywhere in Australia? Registrars, particularly early in training, are likely to be below this standard and comparing their performance against Fellowship standard should enable you to describe what the registrar needs to do differently to reach this standard. This is how the assessment becomes valuable as an educational activity.

The components of the assessment are:

1. Case details – brief details of the case are entered.
2. Rating of performance against Fellowship standard across the 10 competencies used in WBA
3. A global assessment
4. Flagging of any concerns with registrar performance.

Currently, the assessments are not able to be submitted through the Training Management System (TMS). A Word file is available in the documents tab of the TMS for you to download and record your assessment. This should be retained by the practice as a record of the assessment. If significant concerns are raised during the mini-CEX you should contact your local medical education team, and it will be useful if you can also send them the documented assessments.

More details of the 10 competences and the assessment rubric are available in the [WBA assessor handbook](#).