

Introduction of Mini-Clinical Evaluation Exercise (CEX) in the Subject of Oral Pathology & Microbiology for B.D.S. Student (Learner/Intern)

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Abstract

Assessing the performance of students & interns in the clinical setup is important but challenging. Performance assessment is not done well in most instances as it requires multiple sampling overtime. In-training assessments done at the end of a term introduce a 'halo effect'. Most of these problems can be overcome by the Mini-CEX.

So for this reason gradual introduction & implementations of different learning aids specifically Mini-CEX should be there from preclinics and clinics in order to improve education standard. In present study the learners (interns) performance was seen to be satisfactory. They perceived Mini-CEX positively with few good & important suggestions.

Keywords: Intern/ Learner; Mini-Cex; Feedback.

Introduction

One good way to conceptualize the assessment of a clinical competence is use to Miller's pyramid, the model which provides a framework for assessment methods from 'knows' to 'know how' to 'shows' and to 'does'. Mini-CEX (Clinical Valuation Exercise) assesses the learner at higher levels of Miller's pyramid [1].

Mini-CEX was first introduced the American Board of internal medicine in 1995 for the assessment of post-graduates [2].

It is a formative assessment tool designed to provide feedback on skills essential for good medical care by observing an actual clinical encounter. In its original format, mini-CEX assessed the learner on the seven core skills: medical interviewing, physical examination, professionalism, clinical judgment, counseling organization and efficiency and overall clinical competence.

The form used for recording the results in generic

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so that it would be applicable in most patient situations (Mini-CEX rating Form). The form also records the satisfaction of both the learner as well as the faculty member with the process of mini-CEX [1].

In dept. of oral pathology when patient comes in the OPD, for any type of oral or dental pathology, detail clinical examination of oral and extra oral findings is very important which is called case history taking/ data gathering. On this findings diagnosis is confirmed on the basis of clinicopathological findings.

Context of the Study:

The mini-CEX is a valuable tool to evaluate clinical performance. It requires direct observation of a resident engaged in a clinical encounter, rating of performance in a set of competencies, and a feedback session immediately afterwards [1].

The mini-CEX, is valuation of clinical skills. Previous work has shown the mini-CEX method is reliable and possesses construct validity. The mini-CEX is a potentially powerful tool to provide high-quality, interactive feedback that could contribute to improvement in trainees' clinical skills. Direct observation of clinical skill is a critical first step in helping trainees to improve their clinical skills. The mini-CEX provides a reliable, structured format for performing direct observation [3].

So idea of introduction of mini-CEX format for interns case history recording came to my mind when actual direction observation assessment

Procedure :- (Total 18 mini-CEX & 18 feedback)

This study comprised of OPD patients of various complexity ranging from low to high were considered for mini-CEX. The interns examined the patients. Each encounter was observed by evaluator for various competencies of mini-CEX form. After each clinical encounter evaluator gave feedback then each intern were asked to fill feedback form using Likert's scale questions & narrative suggestion if any. Institutional ethics committee clearance was obtained.

Results

In the present study mini-CEX rating performance of the interns were satisfactory in seven different competencies expect first competency (medical interviewing skill) showed 50% satisfactory & 50% unsatisfactory performance.

Evaluators satisfaction with mini-CEX was marginal satisfactory whereas learner/interns feedback regarding the mini-CEX was also positive ranging from 7-9 Likert's scale.

They felt the overall exercise were very helpful to get a specific feedback of their performance. They experienced improved confidence in concluding clinical diagnosis, improvement in communication skills and increased trust from patient's side.

The following suggestion were obtained

1. To introduce mini-CEX in preclinics,
2. Mini-CEX must be emphasized in academics,
3. Each clinical encounter should carried out in mini-CEX format,
4. Feedback of patient should considered.

Discussion

The mini-CEX combines the 'prove' and 'improve' function of assessment, by not only grading the performance of the learner, but also offering them a development feedback based on direct observation. It has been found to be effective for assessing medical students [5,6].

The mini-CEX, is a valuation of clinical skills. Previous work has shown the mini-CEX method is reliable and possesses construct validity. Because the mini-CEX involves the direct observation of clinical skills, faculty have a significant opportunity to provide meaningful real time feedback to trainees. In present study the learners (interns) performance was

seen to be satisfactory. They perceived mini-CEX positively with few good & important suggestions.

Project Summary

Assessing the performance of students & interns in the clinical setup is important but challenging. Performance assessment is not done well in most instances as it requires multiple sampling overtime. In-training assessments done at the end of a term introduce a 'halo effect'. Most of these problems can be overcome by the mini-CEX [4].

So for this reason gradual introduction & implementations of different learning aids specifically mini-CEX should be there from preclinics and clinics in order to improve education standard.

Learning Experience

After attending advanced workshop HSET so many new strategies were there in mind about different teaching, assessment and evaluation methods.

In class room I had carried out different interactive sessions on communication skills and included PBL MCQs, SAQs and LAQs in internal assessment examination.

When I actually started with the present study, I thought I have only consider different learning competencies of mini-CEX format but when I came across different literature specifically ABIM guideline and competencies then explored that each aspect of mini-CEX is based on different components which were discussed in HSET workshop.

Overall it was a great learning experience as teacher as well as it was very helpful endeavor for improvement of academic carrier and personal life.

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