

Effectiveness of Mini-CEX as an Assessment Tool in Pediatric Postgraduate Residents Learning

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ABSTRACT

OBJECTIVE: To determine the effectiveness of Mini-CEX as a formative assessment instrument in improving the clinical skills of postgraduate residents in Pediatrics.

METHODOLOGY: This cross-sectional study was conducted from January to August 2021 at Ziauddin Medical University. A total of 176 Mini-CEX encounters were conducted on twenty-two Pediatric postgraduate residents by eight faculty members. The non-probability convenience technique was used for sampling. Each resident underwent one Mini-CEX encounter per month, and the ratings were recorded. An Objectively Structured Clinical Evaluation (OSCE) was conducted before the first Mini-CEX session, and the last and the mean scores were compared. Data were analyzed using SPSS version 20. ANOVA was used to determine inferential statistics to calculate the p-value and the improvement in score over time to report statistical significance.

RESULTS: Mean scores of all clinical competencies improved with subsequent Mini-CEX sessions. Maximum improvement was noted in clinical management skills and organization/efficiency. Marked improvement was observed in OSCE scores before the first Mini-CEX session and after the eighth session (p-value <0.001). An increase in the satisfaction rate of both faculty and residents with each subsequent Mini-CEX session was also noted.

CONCLUSION: Mini-CEX effectively improves pediatric postgraduate residents' clinical learning; therefore, it should be incorporated into the national residency program.

KEYWORDS: Clinical competency, Feedback, Formative assessment, Medical Education, Mini-CEX, Workplace-based assessment

INTRODUCTION

Mini Clinical Evaluation Exercise (Mini-CEX) is a structured and validated workplace-based assessment (WPBA) tool, initially developed in 1995 in the USA, to evaluate the clinical competencies of internal medicine residents¹. Three components of Mini-CEX are clinical performance, direct Observation, and timely, constructive feedback. The developed countries have widely used Mini-CEX for undergraduate and postgraduate training, and several international research studies have emphasized its feasibility and acceptability. However, there are some inconsistencies in the research literature regarding its effectiveness as a workplace-based assessment method². Moreover, only a few studies from developing countries highlight the role of Mini-CEX in improving trainees' clinical skills³.

Mini-CEX for continuous evaluation of postgraduate trainees has not yet been incorporated into the pediatric residency program by the College of

Physicians and Surgeons Pakistan⁴. This study was designed to determine the effectiveness of Mini-CEX as a formative assessment tool in improving the learning and clinical performance of Pediatric postgraduate trainees. The study was conducted to evaluate the usefulness of Mini-CEX and make recommendations for its introduction as a mandatory requirement for the national residency program in Pediatrics. Moreover, there is no research study from Pakistan on using Mini-CEX as an assessment tool for Pediatric residents. Therefore, the effectiveness and usefulness of Mini-CEX as a teaching and formative assessment tool in the context of Pediatrics need to be established, especially in developing countries, by conducting research studies on a larger scale⁵. This study aimed to evaluate the role of Mini-CEX in improving clinical competencies and skills of pediatric residents in the local context and thus will serve as a basis for future research.

METHODOLOGY

This prospective, cross-sectional study was undertaken at the Department of Pediatrics at Ziauddin Medical University from January to August 2021. A total of 22 Pediatric postgraduate residents in their second year of training and eight faculty members were included in this study. The same faculty members conducted all eight Mini-CEX encounters of the same group, ensuring that all eight

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faculty members assessed the postgraduate residents. Written informed consent was taken from the students and those residents who were unwilling to participate in the study were excluded. The hospital's Ethics Review Committee approved the study (ERC letter No.2701020SEPED), after which the study was initiated. The non-probability convenience sampling technique was used for sampling. Before the initiation of the study, a workshop to train the faculty in Mini-CEX was held. A ten-station OSCE was conducted before Mini-CEX sessions; another was arranged after the last. The same stations were included in both OSCE; their mean scores were recorded on a performa and compared afterwards. Each trainee underwent eight Mini-CEX encounters, i.e. one per month. The Mini-CEX encounters were assessed, and the scores were recorded on a modified Mini-CEX evaluation form, pilot tested before being administered. Cronbach's alpha was calculated to measure the reliability of items included in the clinical encounter form.

A total of 176 clinical encounters were conducted in various clinical settings. The core competencies assessed included: physical examination, clinical judgment, history taking, clinical management, counselling skills, professionalism, and broader clinical competence. The performance in Mini-CEX encounters was rated on a 9-point Likert scale. If the scores were between 1-3, the assessments were considered unsatisfactory, i.e. there were gaps in knowledge or skills that would not be expected at the level of training and some concerns about professionalism or patient safety. If the trainee was generally clinically competent and with clinical competencies such as communication skills and professionalism at their expected level of training, the scores were between 4-6 and the assessments were considered satisfactory. If the trainees performed beyond their desired level of learning scores with no concerns about their clinical competence, they were assigned scores between 7-9, considered excellent. The satisfaction of assessors and residents with Mini-CEX was also recorded on a 9-point Likert scale ranging from extremely satisfied to highly dissatisfied. Furthermore, the time given to Observation and feedback was also recorded.

Data from Mini-CEX clinical encounter forms were entered and analyzed using SPSS version 20. Mean and standard deviation (SD) were calculated for quantitative variables. ANOVA was used to determine inferential statistics to calculate the p-value and the improvement in score over time to report statistical significance. Paired t-test was applied to compare the mean and standard deviation (SD) of students' OSCE scores before and after performing the Mini-CEX. For quantitative variables, an independent t-test was used. A Chi-square test was used for qualitative variables. The results were expressed as percentages and frequencies, and a p-value of less than 0.05 was considered significant.

RESULTS

A total of 176 Mini-CEX encounters took place over eight months. A maximum number of encounters, i.e. 65(36.9%), were assessed by assistant professors (**Figure I**). As all the faculty members were trained in the use of Mini-CEX before the initiation of the study to ensure inter-rater reliability, no difference in assessment scores concerning faculty designation was observed.

For Mini-CEX encounters, patients with a wide array of clinical problems were selected. The majority of the clinical cases, i.e. 62(35.2%), belonged to the infectious disease category, 31(17.6%) had neurological and respiratory problems, and the gastrointestinal and cardiac cases were 27(15.3%) and 25(14.2%), respectively. Of 176 clinical encounters, 148(84.1%) were conducted on new patients, while 28(15.9%) were on follow-up patients. The majority of the cases, i.e. 156(89.9%), were moderate in complexity, while 17(9.6 %) were highly complex, and only 1(0.6%) was of low complexity. Those clinical cases with a straightforward diagnosis and no comorbidity were considered low complexity. Those with an evolving clinical presentation or one or two comorbidities were moderately complex cases. In contrast, patients with multi-morbidity and high analytical complexity requiring a holistic approach were considered highly complex⁶. A total of 37 (21.02%) % observations were made in the emergency department, 33(18.76%) were conducted in the out-patient department (OPD), 51(28.97%) in the Pediatric ward, 43(24.43%) took place in the Pediatric Intensive Care Unit (PICU) and 12(6.82%) in the Neonatal Intensive Care Unit (NICU). The mean observation time was 16.5 minutes (range 15–20 minutes), while the mean feedback time was 9 minutes (range 5–10 minutes). It was observed that during May, the examiner satisfaction with Mini-CEX decreased, which could be explained by the increased clinical workload of the faculty during this month. However, an overall increase in the satisfaction rate of both trainees and assessors with Mini-CEX encounters for eight months was observed (**Figure II and III, respectively**).

A Cronbach's alpha of 0.9 indicated high internal consistency reliability of Mini-CEX items. Mean scores and Standard Deviation (SD) of all the competencies observed during the eight Mini-CEX sessions (**Table I**). A progressive improvement in mean scores of competencies in subsequent Mini-CEX encounters was observed, i.e. from encounter 1st till encounter 8th; there was a rising trend in the mean scores of the trainees (p-value <0.001) (**Table II**). The mean score on the first encounter was highest for professionalism and physical examination skills. In contrast, the maximum improvement in the mean score was observed in clinical management skills and organization/efficiency. The mean score in OSCE Pre and post-Mini-CEX sessions is shown in table II.

Paired sample t-test was significant between the mean scores of pre and post-Mini-CEX OSCE (Table III).

Figure I: Assessor Designation and Frequency of Mini-CEX Encounters

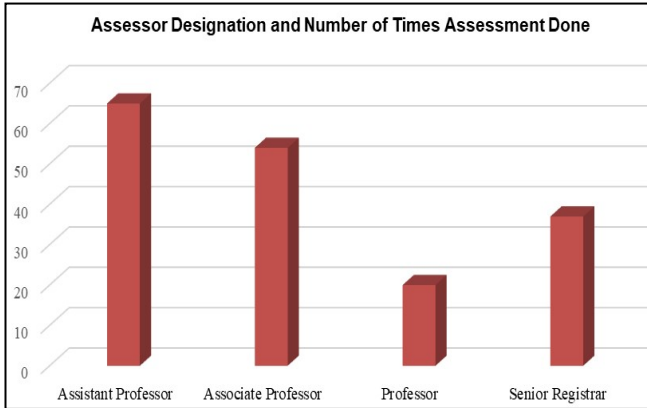


Figure II: Mean Plot of Student Satisfaction using MINI CEX

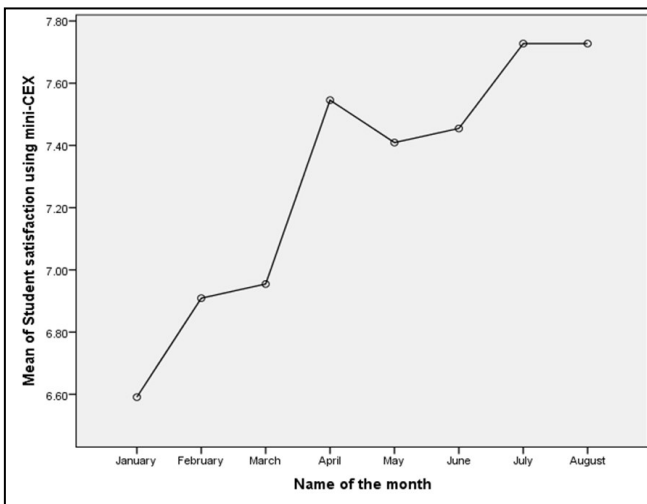


Figure III: Mean Plot of Examiner Satisfaction using MINI CEX

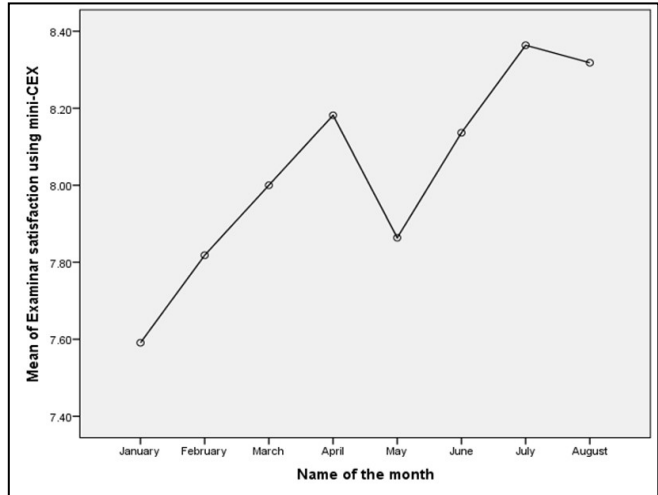


Table II: Mean score in OSCE Pre and Post Mini-CEX Sessions

	Mean	N	Std. Deviation	
Pair 1	Pre-Mini CEX OSCE marks	60.2273	22	8.20529
	Post-Mini CEX OSCE marks	64.2273	22	6.68283

Table III: Paired Mean Score differences between Pre and Post Mini-CEX OSCE

	Mean	Std. Deviation	P-value	
Pair 1	Pre Mini CEX OSCE Marks	-	3.5456	.000
	Post-Mini CEX OSCE Marks	4.0000	2	

Table I: Comparison of Means of Competencies Evaluated during Eight Mini-CEX Sessions

Skills Assessed	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	July 21	Aug 21	p-value
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	
History Taking	3.86±.35	4.18±.58	4.5±.59	5.04±.65	5.22±.81	5.95±.72	6.36±.84	6.86±.88	<.0001
Physical Exam	3.90±.42	4±.61	4.6±.65	4.86±.71	5.59±.85	6.13±.63	6.22±.86	7.13±.99	<.0001
Critical Thinking	3.68±.71	4.13±.83	4.40±.59	4.95±.84	5.59±.66	5.81±.95	6.40±1.0	6.9±.92	<.0001
Counselling Skills	3.72±.45	4.18±.58	4.45±.67	4.90±.68	5.18±.66	5.86±.94	6.36±.72	6.81±1.05	<.0001
Management Skills	3.54±.73	4.18±.85	4.63±.65	4.90±.97	5.54±.80	6.13±.94	6.54±.73	7.04±.99	<.0001
Professionalism	4.0±.00	4.09±.42	4.45±.59	4.86±.56	5.27±.63	5.68±.89	6.22±.81	6.81±1.0	<.0001
Organization/ Efficiency	3.59±.79	4.09±.86	4.68±.56	5.27±.82	5.36±.95	5.95±.84	6.72±.88	7.09±1.06	<.0001
Overall Clinical Competence	3.77±.52	4.18±.58	4.68±.64	5.13±.63	5.54±.80	6.0±.69	6.68±.71	7.13±.99	<.0001

DISCUSSION

Mini-CEX helps assess a trainee's ability to focus on diagnosis, management plan, and counselling skills in real-life clinical practice using direct Observation². In Pakistan, only a few studies have been conducted at undergraduate and postgraduate levels for assessing the effectiveness and utility of Mini-CEX as a workplace-based evaluation tool in residency training programs⁷. As per our knowledge, this was the first local study of its kind to be conducted with Pediatric postgraduate residents to assess the effectiveness of Mini-CEX in improving their clinical competencies.

This study observed a significant and progressive improvement in the postgraduate residents' performance in nearly all the clinical competencies in subsequent Mini-CEX encounters. The difference between the mean scores for each clinical skill on the first Mini-CEX session and the last session was statistically significant. These findings can be explained by the fact that Mini-CEX helps identify gaps in teaching and learning, and instructional strategies can be modified accordingly⁸. Moreover, timely, constructive, and contextual feedback given to the trainees by the evaluators led to the observed improvement in performance. The findings of this study agree with the results of Azeem M et al.⁹ and a few other studies from India^{10,11}, wherein the clinical performance of most residents significantly improved in the later sessions of mini-CEX when juxtaposed with the initial session. In a study on Mini-CEX by Baqai S 2018¹², a substantial improvement in the clinical performance of postgraduate residents in Gynecology and Obstetrics was observed, which they attributed to direct Observation and timely and constructive feedback. Our study showed profound improvement in residents' organizational efficiency and clinical management skills. Similar findings have been reported in a study from Lahore by Zareen A 2018¹³, wherein maximum improvement was observed in the trainees' organizational efficiency. However, a study from Islamabad by Saeed N 2015¹⁴ with undergraduate trainees reported a profound improvement in history-taking, clinical judgment, and communication skills over successive Mini-CEX encounters. In contrast to other local studies^{13,15}, a different aspect of this study was an OSCE conducted before the first Mini-CEX session and after the last session, and the scores were compared after that. A significant improvement in the mean OSCE score was observed, which was indicative of the efficacy of Mini-CEX in improving the clinical competencies of trainees. A similar study by Kim S et al.⁸ corroborates these findings, wherein a decrease in the failure rate on the undergraduate summative OSCE was observed from 12% pre-Mini-CEX to 2% post-Mini-CEX (p-value =0.046). On the contrary, a study from Peshawar by Shah MI 2021¹⁶ did not find Mini-CEX effective in improving undergraduate students' summative assessment scores.

To improve reliability and minimize inter-rater bias in this study, multiple faculty members conducted 8 Mini-CEX encounters per trainee. Moreover, 89.9% of the clinical cases in our study were of similar complexity. Several studies^{17,18} have advocated using multiple raters and at least 8 Mini-CEX encounters in an academic year of a trainee for better reliability and validity. We observed a significant and progressive increase in the mean satisfaction level of the faculty and residents over subsequent Mini-CEX encounters. An increase in the residents' satisfaction level can be explained based on the feedback provided at the end of each Mini-CEX was directed at improving the trainee's performance and fostering self-reflection. The high satisfaction rate of the faculty can be attributed to the flexibility and convenience of conducting Mini-CEX encounters¹⁹. Goel A 2015²⁰ and Gupta S 2017²¹ have reported similar results, with a majority of students feeling satisfied with the feedback provided to them by their teachers and considering it feasible in most Pediatric clinical settings. A similar study by Khalil S 2017²² and Bashir K et al.²³ reported that faculty and residents had high acceptability for Mini-CEX. Zareen A 2018¹³ have reported a satisfaction rate with Mini-CEX of 87.5% in Gynaecology and Obstetrics postgraduate residents. This study's average observation time was 16.5 minutes, while the feedback time was 9 minutes. Saeed N 2015¹⁴ reported similar results with an average observation time of 16.4 minutes and 9.8 minutes for feedback. Thus, the entire exercise can be easily adjusted to the busy work schedule of the faculty.

CONCLUSION

Mini-CEX as a formative assessment tool significantly improves the clinical competencies of Pediatric postgraduate residents with subsequent clinical encounters. It is recommended that further research studies to elucidate the role of Mini-CEX in improving clinical learning be conducted in Pakistan to reorganize undergraduate and post-graduate national curricula.

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AUTHOR CONTRIBUTIONS

Ehsan S: Study design, data collection, literature review, analysis, drafting and interpretation of the manuscript.

Usmani A: Contributed to the idea and critical review of the manuscript.

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