

# Board in Vascular Surgery

Royal Australasian College of Surgeons, Australian and New Zealand Society for Vascular Surgery

## Mini-CEX Assessment Form



### Trainee Information

Trainee Name: \_\_\_\_\_

Training Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Assessment Type:  Mid Term  End of Term Probationary Term:  No  Yes

SET Level: \_\_\_\_\_ iMIS ID Number \_\_\_\_\_

### Clinical Case Information

Clinical Setting:  Outpatient Dept.  Private Rooms  Emergency Dept.  
 ICU  Other

Hospital: \_\_\_\_\_

Type of Case:  Initial Consult  Review

Description of Case: \_\_\_\_\_

\_\_\_\_\_

Case Complexity:  Easy  Average  Difficult

### Assessment

4 – Exceptional    3 – Satisfactory    2 – Borderline    1 - Unsatisfactory    Assessment

		4	3	2	1	4	3	2	1
		Trainee				Supervisor			
SITUATION AWARENESS	History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interpretation of History, Physical Examination & Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Projection of Future State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECISION MAKING	Considers the Range of Management Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Selects an Appropriate Management Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Implements and Reviews Decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		4	3	2	1	4	3	2	1
		Trainee				Supervisor			
COMMUNICATION WITH PATIENT	Exchanges Information with the Patient and/or Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Establishes a Shared Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communicates in an Effective Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION WITH OTHER MEMBER OF THE SURGICAL TEAM	Exchanging Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Establishing a Shared Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plays an Appropriate Role in the Clinical Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORE KNOWLEDGE APPLICABLE TO THIS CASE	Applicable Clinical Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applicable Level 1 Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Applicable Level 2 Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Overall Performance and Supervisor Recommendation

Exceptional     Satisfactory     Borderline     Unsatisfactory (Supervisor Only)

Comments

Recommendations for Development & Agreed Action (Supervisor Only)

Assessor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Trainee Signature: \_\_\_\_\_

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## Mini-CEX Assessment Form

### Instructions for Supervisors and Trainees

Pages 2-4 are included as a guide for the assessment standard. **Only Page 1 is to be submitted to the Board of Vascular Surgery.**

**Assessment Objectives.** The Mini-CEX is intended to evaluate a trainee's non-operative interactions with patients in routine clinical situations. The emphasis is on the trainee's collection and synthesis of clinical information, development of an accurate situation assessment, and formulation and execution (if appropriate) of an appropriate management plan.

Assessment of communication with the patient and other members of the surgical team are also key assessment objectives. The supervising consultant will also make an assessment of the trainee's clinical knowledge applicable to the case.

**Setting.** Any of the indicated clinical settings may be used. Throughout the course of a rotation it would be appropriate to assess in a variety of different settings.

**Assessment Scoring.** Some assessment elements are not appropriate to all cases or all clinical settings. The assessing consultant is to exclude these from assessment where appropriate. The trainee is to then self assess, the supervisor assessment then follows. Both score each element with reference to the Competency Standard descriptors below.

**Exceptional** – Performance is well above the expected standard for the Trainee's SET Level; trainees in this category could be considered for reduced length of training.

**Satisfactory** – Performance is at the expected standard for the trainee's SET Level; there may be some areas which are better than expect OR some areas which can be improved on but these are expected to improve with additional training and/or experience and the improvement required are minor.

**Borderline** – Performance is just below the expected standard for the trainee's SET Level but there is an expectation that with additional training performance can be improved and that the trainee can ultimately perform at the required standard; trainees with Borderline performance would be strongly advised to do remedial training.

**Unsatisfactory** – Performance is significantly below the standard expected for the trainee's SET Level, Unsatisfactory in Essential Criteria, and/or the trainee's capacity to improve their performance is considered unlikely; trainees with Unsatisfactory performance would normally repeat a year of training and go onto a period of Probationary Training in the first instance.

**Overall Rating** is performed by the assessing Consultant. 2 or more Borderline scores by the assessing consultant will result in a Borderline Assessment overall. 1 or more Unsatisfactory scores will result in a Unsatisfactory Assessment overall.

**Supervisor Recommendations** for development and action should follow the "SMART" guidelines where possible: Specific, Measurable, Attainable, Relevant, Timely Supervisors are free to attach additional pages for comment if required.

### Clinical Judgement – Situation Awareness

	Trainee's Independent Assessment of Patients Competency Standard		
	Information Gathering	Understanding Information	Projecting and Anticipating Future State
<b>SET 1-2</b>	Can organise information gathered from history and examination, and uses test appropriately. May miss some critical details. History taking may not always be efficient or timely. Examination technique may lack precision. May need guidance selecting the most appropriate investigations.	Can independently arrive at a well-reasoned diagnosis for common problems Can interpret test results but relies heavily of reports rather than the trainee's own independent interpretation of results. Not necessarily sensitive to mismatching information. Decisions are sometimes wrong. Understanding limited by core knowledge deficiencies	Recognises common conditions that may deteriorate and makes allowances for this in management plans. Does not necessarily recognise all possible contingencies.
<b>SET 3-4</b>	Can more efficiently gather information from a focused clinical assessment of patients with common conditions. Diagnostic choices focus on key attributes of patient's condition. Chooses the most appropriate diagnostic tests.	Efficiently processes history and examination results. Can accurately interpret results of diagnostic investigations. Makes reliable independent interpretation of test results. May still lack confidence in own judgement.	Can anticipate complications or failures and project likely outcomes. Can formulate management plans including potential risks for the majority of surgical conditions. May need assistance to devise alternative strategies in a timely manner. Can identify when a contingency (backup), exit plan may be required
<b>PART II EXAM &amp; SET 5+</b>	Conduct an effective, efficient and focused history and examination of patients with complex conditions. Time utilization matches the needs of the situation.	Sees situations holistically rather than in terms of single components and deals with deviations according to the patient's needs. Identifies what is most important in each clinical situation. Can recognise information mismatch and is sensitive to outliers/feasible alternative diagnoses.	Sensitive to complexity and uncertainty. Plans for changing patient needs or circumstances. Can devise alternative strategies in a timely manner. Has insight as to when to involve other teams or support of colleagues.

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### Clinical Judgement – Decision Making

Clinical Decision Making Competency Standard			
	Considering Options	Selecting and Communicating Options	Implementing and Reviewing Decisions
<b>SET 1-2</b>	Aware of the range of management options, but may be limited by deficient core knowledge. Able to identify and plan for some of the most common problems and options. May miss some critical details. The process may not be time efficient.	Management plans are usually simple/uni-dimensional and/or protocol driven. Can prepare for an operating list. Can obtain informed consent for common elective and emergency conditions. May have difficulty communicating complex plans. May overlook some critical details. May not be the ideal/best plan for the situation May be indecisive at times.	Implements non-operative management of common clinical problems effectively, including management of common peri-operative problems. Can recognise when a plan of management is failing but cannot not always devise an alternative in a reasonable timeframe May miss some critical details or subtle details.
<b>SET 3-4</b>	Can more efficiently gather decision making information from a focused clinical assessment of patients with common conditions Diagnostic choices focusing on key attributes of patient's condition Chooses the most appropriate diagnostic tools Can accurately interpret results of diagnostic investigations	Can formulate management plans including potential risks for the majority of surgical conditions Can identify when a contingency (backup), exit plan may be required Can constructively participate in M&Ms	Implements patient management in complicated clinical situations effectively. Can recognise complications or failures and project likely outcomes May need assistance to devise alternative strategies in a timely manner. May still not be sensitive to management subtleties.
<b>PART II EXAM &amp; SET 5+</b>	Conduct an effective, efficient and focused examination of patients with complex conditions. Identifies what is most important in each clinical situation. Can recognise mismatch and is sensitive to outliers/feasible alternative diagnoses, and recognises what does not fit.	Sees situations holistically rather than in terms of single components and deals with deviations according to the patient's needs. Management plans include potential options, problems and solutions.	Manages complexity and uncertainty. Adapts appropriately to changing patient needs or circumstances and sensitive to early subtle changes in the clinical situation. Can devise alternative strategies in a timely manner. Have insight as to when to involve other teams or support of colleagues.

### Communication Competency – Patient Communication

Communication Competency Standard			
	Exchanging information	Establishing a Shared Understanding	Communicates Effectively
<b>SET 1-2</b>	Sets an appropriate 'tone' for any communication with patients (their families), peers and colleagues Elicits information from patients with a combination of open and closed questions	Ensure patients are fully informed, and fully understand, prior to giving consent.	Identify potential areas where communication may break-down and take action to avoid problems of mis-communication. Communication difficulties at times.
<b>SET 3-4</b>	Recognises and adapt communication to potential perception of differing status relationships. Effectively interprets both verbal and non-verbal forms of communication.	Recognises and adapt communication to potential bad news situations. Respond appropriately to patient (family) questions. Recognize limits of own knowledge and willing to refer to other members of the health care team.	Works effectively with interpreters and other support staff to ensure patient understanding. Communicates complex / difficult information clearly.
<b>PART II EXAM &amp; SET 5+</b>	Sensitive to, and effectively manage stressful situations. Maintain emotional balance.	Identify and address unspoken concerns when appropriate Know who to provide information to, and when	Recognizes and repair communication errors quickly Ensure that all parties in a communication process achieve their goals

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### Teamwork & Collaboration Competency – Interaction with Other Members of the Surgical Team

Teamwork & Collaboration Competency Standard			
	Exchanging Information	Establishing a Shared Understanding	Plays an Active Role in the Clinical Team
<b>SET 1-2</b>	Freely exchanges information Applies a wide range of information to prioritise needs and demands Plan relevant elements of health care delivery (work schedules, coordination of patient information)	Identify the feelings and needs of other people, and compare these with their own responses	Takes appropriate steps to resolve simple conflicts Identifies and accepts that there are consequences for their actions, both for themselves and for others Accurately evaluates their own contribution towards the team progress towards achievement of agreed goals
<b>SET 3-4</b>	Respects other team members and ensures an open exchange of information	Accepts responsibility for own roles and tasks and recognises roles and areas of expertise of others	Maintains positive relationships with all members in all working teams Works with others to reduce, avoid and resolve conflict. Develops and implements strategies for improving their own contribution to achieving team goals
<b>PART II EXAM &amp; SET 5+</b>	Supports others by encouraging the sharing of information and offering assistance	Works effectively in different teams, takes on a variety of roles to complete tasks of varying length and complexity Respects the expertise of others	Identifies and uses a variety of strategies to manage and resolve conflict Evaluates their own and the team's performance and provides appropriate feedback to others

### Medical Expertise – Core Knowledge

Competency Standard			
	Basis Surgical Sciences	Level 1 Curriculum Topics	Level 2 Curriculum Topics
<b>SET 1-2</b>	Has an in-depth knowledge of the Basic Surgical Sciences	Has an understanding of the specific applied anatomy, pathophysiology, clinical features and management principles. Knowledge may still be patchy.	Understands relevant applied anatomy, pathophysiology, clinical features, imaging features and principles and management options of common clinical conditions. Includes knowledge of common procedures and techniques Gaps in detail expected.
<b>SET 3-4</b>	Has an in-depth knowledge of the Basic Surgical Sciences and can readily apply this to clinical situations	Knowledge to greater depth and breadth. There should be no major gaps in knowledge. Aware of relevant data from clinical trials.	Has a broader understanding including less common conditions. Knowledge of common conditions to greater depth. Aware of clinical study data. Some gaps in detail still expected.
<b>PART II EXAM &amp; SET 5+</b>	Has an in-depth knowledge of the Basic Surgical Sciences and can readily apply this to clinical situations	Understands relevant clinical study data, its applicability to practice, and strengths and weakness	No significant gaps in knowledge. Understands relevant clinical study data, its applicability to practice, and strengths and weakness