Remote Vocational Training Scheme

5 December 2007

Dear RVTS Supervisors,

It was great to meet many of you at the recent workshop in Sydney. Thank- you for your contributions to both the educational and entertainment parts of the program!

2008 Workshops
Inevitably many of you were busy with other work and life commitments and could not make it to Sydney. We'd love to see at next year's workshops and so that you can make your leave requests here are the provisional dates:

Townsville 19- 23 May 2008 Melbourne 17-21 November 2008

December Tele-Tutorials
Tonight is our final tele-tutorial for the year, and Dr Simon Hammond, Neurologist from Orange, New South Wales, will discuss headaches. I'll let you know when the tele-tutorials start up again next year.

RVTS News
The RVTS board met after the Sydney workshop and Dr Cathy Love is the new Chair of the Board, with Dr Tom Doolan as Deputy-Chair. I was first involved with RVTS as Cath's supervisor so it's great to see her now elected to being Chair.

Applications open for new registrars
RVTS is funded for more registrars next year. If you know of any doctors who are currently in isolated or solo practice and might be interested in RVTS training please let Pat, Louise, Jeanette, Doris or me know.

December's teaching tip/resource
ACRRM is introducing the mini clinical exam or mini CEX to both its formative and summative assessment, so I've dug up some work written by their originator, Dr John Norcini.

"A mini-CEX encounter consists of a single faculty member observing a resident while that resident conducts a focused history and physical examination in any of several settings. After asking the resident for a diagnosis and treatment plan, the faculty member rates the resident and provides educational feedback. The encounters are intended to be short (about 20 minutes) and to occur as a routine part of training so that each resident can be evaluated on several occasions by different faculty members.

The mini-CEX assesses residents in a much broader range of clinical situations than the traditional clinical examination, has better reproducibility, and offers residents greater opportunity for observation and feedback by more than one faculty member and with more than one patient. On the other hand, the mini-CEX may be more difficult to administer because multiple encounters must be scheduled for each resident. Exclusive use of the mini-CEX also prevents residents from being observed while doing a complete history and physical examination. "

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John J. Norcini, Linda L. Blank, Gerald K. Arnold and Harry R. Kimball The Mini-CEX (Clinical Evaluation Exercise): A Preliminary Investigation Annals Internal Medicine 1995: 123; 795-9

Information that is recorded on a Mini CEX form

Patient problem/diagnosis, age, gender and context Complexity of problem: Low, Moderate, High

Evaluator (supervisor), doctor and year level   Focus: Data gathering, Diagnosis, Therapy, Counselling

Aspects assessed

1. Medical interviewing
2. Physical examination skills
3. Humanistic qualities/professionalism
4. Clinical judgement
5. Counselling skills
6. Organisation/efficiency
7. Overall clinical competence

Comments

Each assessment area is marked as observed or not observed and ranked from 1-9, with 1-3 unsatisfactory, 4-6 satisfactory, 7-9 superior

Descriptors of competencies

Medical interviewing Facilitates patient's telling of story, effectively uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect, non-verbal cues

Physical examination skills Follows efficient, logical sequence; balances screening/diagnostic steps for problems; informs patient; sensitive to patient's comfort, modesty

Humanistic Qualities/professionalism Shows respect, compassion, empathy, establishes trust, attends to patient's needs of comfort, modesty, confidentiality, information

Clinical Judgement Selectively orders/performs appropriate diagnostic studies, considers risks, benefits

Counselling skills Explains rationale for test/treatment, obtains patient's consent, educates/counsels regarding management

Organisation/efficiency Prioritises, is timely, succinct

Overall clinical competence Demonstrates judgement, synthesis, caring, effectiveness, efficiency

I look forward to seeing what format ACRRM are planning to use for their miniCEX and am sure that it will be a useful teaching tool when doing ECT visits. With best wishes for Christmas and 2008, Susan

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