

Education of medical students using a community event – The medical team at rural rugby championship

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The region of Shoalhaven in NSW has many sporting groups and it was with the Junior Rugby Group at the Shoalhaven Rugby Club that a novel way of educating a group of medical students, junior medical doctors and nursing staff became available. A championship for under 12 through to under 18 year-old rugby players from country NSW, allowed the medical team to be involved in the planning and provision of on-site medical treatment for the two day weekend. Hundreds of players and their relatives and friends were concentrated in the rugby complex for the championship. The weekend provided an insight into the treatment of injuries both on and off the field and how to co-ordinate care with the local ambulance service, local hospital and also to provide information for the injured players local medical officers (on return to their homes all over rural NSW).

Utility and validity of Mini-CEX in a graduate entry medical program

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Introduction/background:

Assessment of clinical skills is seen as an essential component of any clinical program. Observed structured clinical examinations (OSCE) have done much to standardise this process and have been widely adopted. However, this type of clinical assessment often does not involve 'real' patients, occurs in a somewhat artificial examination setting and may not truly reflect a students performance 'on the wards'.

The Mini-clinical evaluation exercise (Mini-CEX) has been developed as a practical clinical assessment tool that can be used in a variety of settings. Its reliability characteristics in post-graduate and undergraduate settings have been demonstrated but its validity in terms of comparability to currently standard methods of assessment (OSCE) has not been studied in an undergraduate setting.

The Griffith Medical Program is a 4 year post-graduate course, in which the final 2 years are mainly based around clinical placements, including 9 rotations through various discipline areas. We have utilised the Mini-CEX assessment process in these rotations with students being required to complete 2 Mini-CEX assessments in 8 rotations. Students also undertake an 18 station OSCE towards the end of the course.

Purpose:

To study the reliability and validity of Mini-CEX assessments used in the clinical years of the Griffith Medical Program through comparison with the same students' result in the final OSCE.

Results:

Reliability of Mini-CEX, assessed using Cronbach's alpha, was 0.607 compared with 0.739 for the OSCE. The Pearson's correlation coefficient for Mini-CEX against OSCE performance was significant ($p = 0.015$) but the correlation was modest 0.291.

Discussion:

We encountered a range of issues in implementing this method of assessment. In general, the process is understood by clinicians and students alike. However, there are issues around the use of a primarily formative tool as part of summative assessment. There are concerns amongst students relating to the variability of both the process and the applicable standards of the Mini-CEX.

Mini-CEX is less reliable than OSCE and this can in part be explained by the greater variability in terms of tasks, raters, times and locations. The level of correlation between Mini-CEX and OSCE is not high and this may reflect random variation in both assessment tools, but may also reflect the fact that they are measuring different things.

Conclusions:

Mini-CEX is a useful and valid tool for assessing student clinical performance and implementation is both feasible and practical in an undergraduate setting.