

Mini-Clinical Evaluation Exercise (CEX)

Supervised Learning Event

Date: 2/11/2022

Trainee Name: *Dr Sadie Sink*

Trainee Grade: *CT2*

Trainer Name: *Dr David Harbour*

Trainer Grade: *Consultant*

Clinical Setting: *Elderly Care Ward*

Focus of Clinical Encounter: *History / Diagnosis / Management / Explanation*

Complexity of Case: *Low / Average / High*

Encounter declared in advance: *No / Yes*

The purpose of this Mini-CEX is for trainees to obtain feedback on their performance in some or all areas of this clinical encounter. Please provide specific, constructive feedback to the trainee in verbal and written forms that you feel will enhance their learning.

Areas to consider:

1. **History Taking** (completeness, focus, logic)
 2. **Physical Examination Skills** (approach to patient, technical skill, interpretation of findings)
 3. **Communication Skills** (patient-friendly, questioning style, empathy, clear explanation)
 4. **Clinical Judgment** (use of clinical knowledge, correct interpretation, logical approach, safe and confident, recognising limits, and appropriate advice sought)
 5. **Professionalism** (respectful, courteous, confident, use of team members)
 6. **Organisation and Efficiency** (efficient, logical, and ordered approach)
 7. **Overall clinical care** (global judgement of performance)
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What went well:

Sadie saw a 92 year old female following a fall on the ward. The patient had been assessed post-fall and x-ray revealed a right IC NOF #. Sadie presented this finding to the patient and their family, and formulated a robust management plan that was agreed in collaboration with the patient. She explained the diagnosis to the patient and the rationale for the management plan. She remembered to include the risks and benefits of surgical repair and brought along a consent form which was very proactive.

She remained professional throughout the encounter, and demonstrated empathy when addressing the patients questions and concerns.



What could have gone better:

Sadie's bleep rang several times during this encounter and she had to leave on one occasion to return the call. Though this was acceptable on this occasion as the patient was not distressed and was with family, it may be better in the future to hand the bleep to an available colleague when breaking bad news.

Though Sadie explained the procedure for hemi-arthoplasty clearly and competently, she may wish to expand her practical knowledge of this surgical technique by spending more time in theatre when she can.

Learning Plan:

Sadie will discuss with a colleague about handing over the bleep when 'breaking bad news' to a patient, while ensuring that she sign-posts to patients that she may be called away in an emergency.

Sadie will discuss with Ms. W. Rider to see whether she can join her in theatre this month to assist with her hemi-arthoplasty list.

Trainee Signature:

Sadie Fink

Trainer Signature:

David Harbour

Trainee Reflection:

Explaining the management plan to the patient and their family highlighted some gaps in my knowledge about surgical success rates and types of anaesthetics used to manage peri-operative pain. I feel that some time in theatre will help me understand these things better and if needed, I can also contact the Pain Management Team for better insight into regional blocks and pain management for hip fractures. It is not always practical to handover my bleep to a colleague, particularly when I am assisting the Crash Team, though I agree that signposting to the patient in advance is important and I will endeavor to handover the bleep when possible.

