

What procedures do teaching general practitioners use when using the MiniCeX and DOPS to assess student performance?

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Introduction: Teaching general practitioners (GPs) assess the performance of students in their general practices (4 weeks period) during the clinical practical year (year 6 at University) by using the MiniCex (Mini Clinical Evaluation Exercise) and DOPS (Direct Observation of Procedural Skills). To determine whether GPs understand these tests and to find out what procedures they choose to measure performance, we analyzed students' test sheets from September to December 2016.

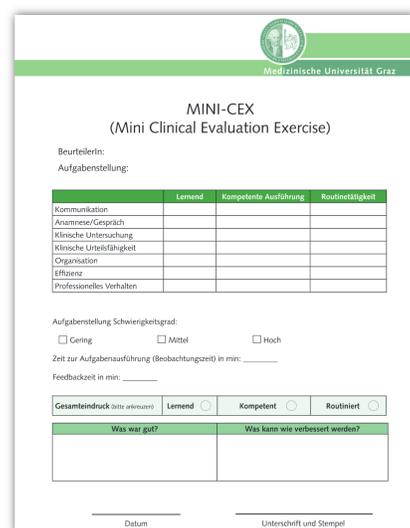
Objective: To find out what procedures teaching GPs select and to determine whether they assign them in the right way either to MiniCex or DOPS.

Methods: We collected 320 test sheets over a 4-month period, after the students had finished their clinical practical year inclusive their 4 weeks internship in a GPs practice.

Results: For the DOPS (n=167), intramuscular injections, n=30, were chosen most often, followed by intravenous medication applications, n=24, blood taking, n=20, and applying a urinary catheter, n=11. For the MiniCex (n=153), targeted medical history taking, n=33, was selected most often, followed by screening examinations, n=30, and examinations of persons with a viral infection, n=13.

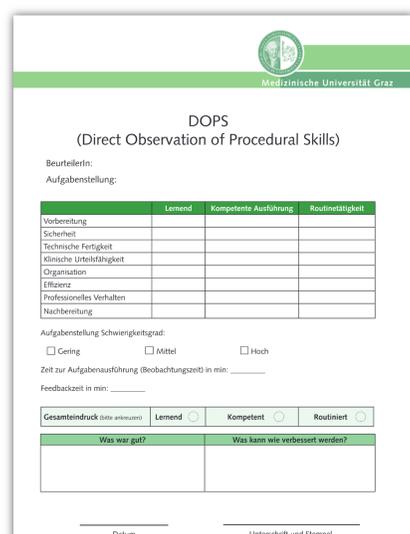
7 unsuitable procedures were chosen for the DOPS and 12 for the MiniCex.

Figure 1: Assessment sheet Mini-Cex



The form is titled 'MINI-CEX (Mini Clinical Evaluation Exercise)'. It includes a header with the university logo and name. Below the title, there is a section for 'Beurteilerin:' and 'Aufgabenstellung:'. A table with columns 'Lernend', 'Kompetente Ausführung', and 'Routinetätigkeit' lists various skills: Kommunikation, Anamnese/Gespräch, Klinische Untersuchung, Klinische Urteilsfähigkeit, Organisation, Effizienz, and Professionelles Verhalten. There are checkboxes for 'Gering', 'Mittel', and 'Hoch' for 'Aufgabenstellung Schwierigkeitsgrad'. It also has fields for 'Zeit zur Aufgabenausführung (Beobachtungszeit) in min:' and 'Feedbackzeit in min:'. At the bottom, there are radio buttons for 'Gesamteindruck (siehe unten): Lernend', 'Kompetent', and 'Routiniert', and two text boxes for 'Was war gut?' and 'Was kann wie verbessert werden?'. The footer includes 'Datum' and 'Unterschrift und Stempel'.

Figure 2: Assessment sheet DOPS



The form is titled 'DOPS (Direct Observation of Procedural Skills)'. It includes a header with the university logo and name. Below the title, there is a section for 'Beurteilerin:' and 'Aufgabenstellung:'. A table with columns 'Lernend', 'Kompetente Ausführung', and 'Routinetätigkeit' lists various skills: Vorbereitung, Sicherheit, Technische Fertigkeit, Klinische Urteilsfähigkeit, Organisation, Effizienz, Professionelles Verhalten, and Nachbereitung. There are checkboxes for 'Gering', 'Mittel', and 'Hoch' for 'Aufgabenstellung Schwierigkeitsgrad'. It also has fields for 'Zeit zur Aufgabenausführung (Beobachtungszeit) in min:' and 'Feedbackzeit in min:'. At the bottom, there are radio buttons for 'Gesamteindruck (siehe unten): Lernend', 'Kompetent', and 'Routiniert', and two text boxes for 'Was war gut?' and 'Was kann wie verbessert werden?'. The footer includes 'Datum' and 'Unterschrift und Stempel'.

Figure 3 : Number of chosen procedures for DOPS most often

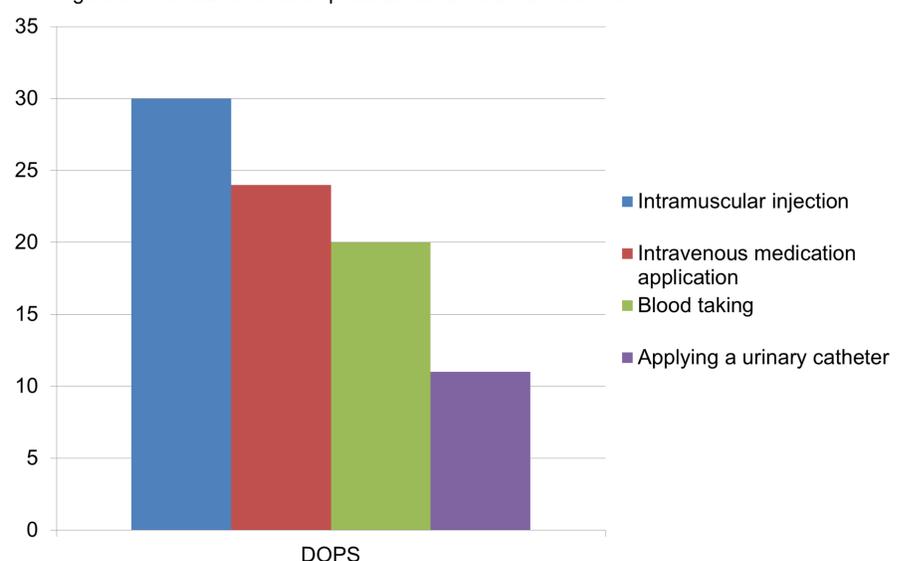
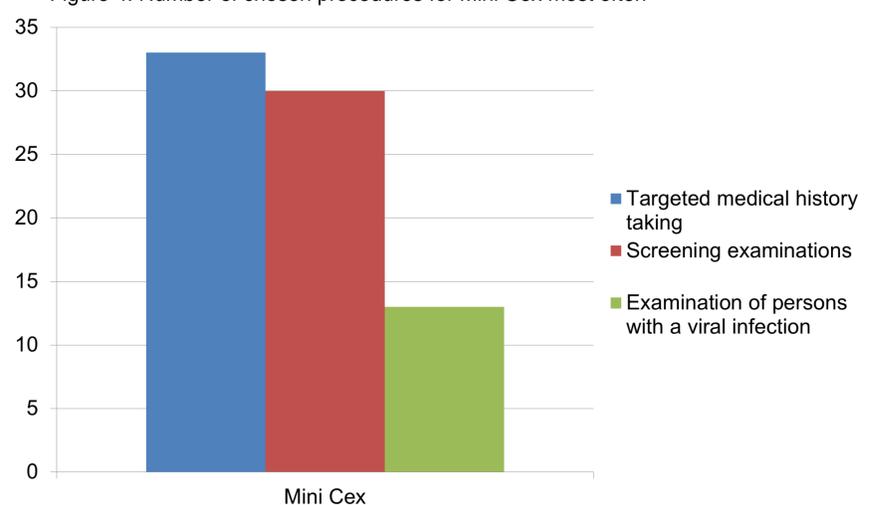


Figure 4: Number of chosen procedures for Mini Cex most often



Discussion: In the analysis, we found that GPs tend to choose same procedures. For 4 % of the DOPS and 12 % of the MiniCex, the selected procedures were unsuitable. In order to provide a wider range of procedures and to avoid the use of unsuitable ones, it is necessary to provide teaching GPs with structured and repeated support.

