

SAC Recommendations and Guidance on the introduction of Mini-Cex and MSF (Multi-source feedback) in Training for Renal Medicine Version 1: 7/12/2006

1. Time-line

The JCHMT has indicated that it expects Mini-Cex and MSF to be introduced from the autumn of 2006. From October 2006 Training programs should commence introduction of DOPS to all trainees who have not yet had their Penultimate Year Assessment. From April 2006 review of Mini-Cex and MSF will be a compulsory part of the RITA.

2. Assessments covered

- a.* Mini-Cex – direct observation of clinical practice
- b.* Multisource feedback (360° feedback), MSF

3. Minimal requirements

- a.* Mini-Cex: Four assessments per year for the first four years of training conducted by a minimum of two different assessors. Equal split of in-patient and out-patient assessment with a level of complexity appropriate for the stage of training
- b.* MSF. Minimum of one in the first year and one in the penultimate year before the PYA.
- c.* Requirements for the final year will be set at the PYA.

For trainees already partway through training it would be appropriate for a *pro rata* reduction in the number of Mini-Cex assessments according to the number of years training already completed. It is required that *all* trainees undergo MSF during the first year of its introduction.

4. Supervision & Teaching versus Assessment

Mini-Cex provides an ideal vehicle for training. Indeed the trainee may wish to use Mini-Cex to document their training in many areas; it needs to be recognised that additional time will be needed, which will require some prior planning and notification.

MSF. The process of feedback needs dedicated, uninterrupted private time between trainee and educational supervisor.

5. Who should assess?

Mini-Cex assessments must be undertaken by a consultant nephrologist who is currently involved in supervision of the trainee.

Assessment for MSF should be undertaken by 5 raters each from four categories: (*a*) Allied health professional, (*b*) Medical staff to include all grades, (*c*) Nurses, all grades and (*d*) secretarial and clerical staff.

Trainees also undertake a self-assessment.

Summary of MSF is undertaken by the educational supervisor.

6. Documentation

The documentation developed and validated by JCHMT will be used. The exception to this might be within deaneries that have already introduced MSF using a different

documentation. This should be discussed at educational committees and agreed so that trainees are clear.

The educational supervisor is responsible for collating the data on MSF and using the JCHMT summary form which is then submitted to the RITA. RITA panel makes any decisions taking whole picture into account.

Copies of the documentation should be made in triplicate, for the trainee folder, deanery and the educational supervisor. The latter two copies should be kept secure.