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The role of narrative medicine in promoting mini-clinical evaluation exercise in postgraduate year training program for dentists

Mini-clinical examination exercise (Mini-CEX) was originally introduced by the American Board of Internal Medicine for the evaluation of postgraduate physicians' clinical skills.¹ Mini-CEX is a practical assessment method by the direct observation of a real patient encounter and immediate structured feedback to the trainee. Mini-CEX is a workplace-based assessment including history taking, physical examination skills, communication skills, clinical judgment, professionalism, organization/efficiency, and overall clinical care.

Mini-CEX is ease of use with short duration usually within 15 min, it has been adapted to other health-profession programs including dentistry. In Taiwan, two-year postgraduate year training program for dentists (PGYD) was launched by the Joint Commission of Taiwan in July, 2010. Mini-CEX is a mandatory assessment tool for patient-centered and comprehensive dental treatment as well as oral pathology training course.

Traditional dental education emphasizes the skill competency-based learning and training.² Almost all of the dental schools spent a lot of investments in simulation equipment for facilitating trainees' hand eye coordination in pre-clinical skill learning. Compared to direct observation of procedural skills (DOPS), most PGYD trainees were not familiar with the examination of Mini-CEX. The experience of Department of Dentistry, Chung Shan Medical University Hospital (CSMUH) revealed that the average score of Mini-CEX was usually between "borderline" and "meets expectations of completion".

Mini-CEX is considered as a formative assessment tool which can be carried out in routine clinical environment without any additional infrastructure.¹ This method is a more practically suited assessment tool emphasized in situations involving patient–doctor interactions. Recently, narrative medicine implemented into dental education has been reported to promote holistic dental care by the

development of narrative competency including empathy, reflection, professionalism, and trust.³ Narrative medicine was conducted into PGYD in CSMUH with the purpose to improve the communication with patients, reflection and empathy as the part of patient-centered and oral pathology training courses.

In this preliminary survey, total 14 PGYD (years 108–110) trainees in CSMUH were invited to fill out their perceptions that the narrative competency could improve the grade of six scales in Mini-CEX. Likert scale was used to measure the PGYD trainees' anonymized replies from website without collection of Internet Protocol addresses for computers. The response rate of this survey was 78.6% (11/14). As shown in Table 1, about 100%, 81.8%, 90.9%, 100%, 90.9%, and 100% of PGYD trainees agreed that narrative medicine could improve Mini-CEX in medical interview skills, physical examination skills, humanistic qualities/professionalism, clinical judgment, counseling skills, physical examination skills, humanistic qualities/professionalism,

Table 1 The PGYD trainees' perceptions on the role of narrative medicine in promoting Mini-CEX by Likert scale.

	Strongly agree	Agree	Neutral
Medical interview skills	7 (63.6%)	4 (36.4%)	—
Physical examination skills	3 (27.3%)	6 (54.5%)	2 (18.2%)
Humanistic qualities/professionalism	7 (63.6%)	3 (27.3%)	1 (9.1%)
Clinical judgment	7 (63.6%)	4 (36.4%)	—
Counseling skills	7 (63.6%)	3 (27.3%)	1 (9.1%)
Organization/efficiency	6 (54.5%)	5 (45.5%)	—

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clinical judgment, counseling skills, and organization/efficiency, respectively.

Mini-CEX is not specifically designed to evaluate the practical skills like DOPS. It is not surprised that the score of physical examination skills was relative lower as other non-clinical skill assessments in this survey. Narrative medicine has been proposed to be a powerful tool for facilitating structured communication between patient and dentist in dental curriculum.⁴ Recently, narrative medicine was also reported to be beneficial in non-operational capabilities including patient-dentist discourse, treatment plan, and patient-centered care.⁵

Taken together, narrative medicine is a good education tool for improving Mini-CEX in PGYD. Further evaluation of the outcome of Mini-CEX after the narrative medicine implemented is warranted. The real indicator of the given feedback from the patient is also required to be investigated.

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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