



Work-Place Based Assessment

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Overview

HC

Learning Outcomes

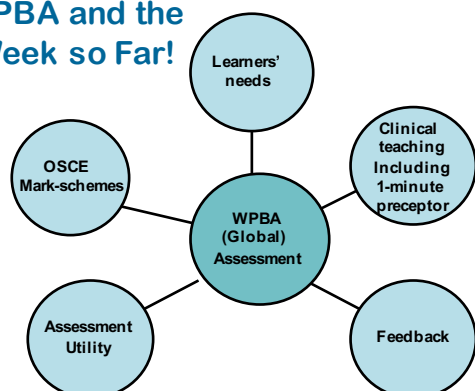
1. Discuss the rationale for WPBA
 2. Describe and evaluate different WPBAs
 3. Develop and use anchor statements
 4. Deliver simple WPBA and FEEDBACK
- **In the every day clinical situation**

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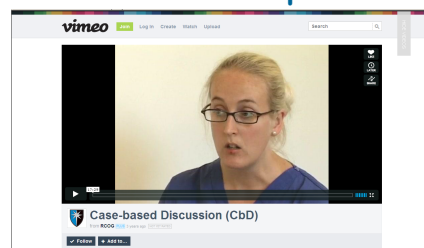


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WPBA and the Week so Far!



What do we mean by WPBA CBD Example



<http://vimeo.com/6793464> - start only

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Types of WPBA

- Five main types
 - Clinical Encounter [Mini-CEX, DOPS/DONCS]
 - Case-based Discussion [CBD]
 - Multi-source Feedback
 - Peers / 360
 - Patient Feedback – new
 - Performance Data [Logbook] [Clinical Outcomes]
 - Developing the Clinical Teacher
- View examples online
 - <http://www.rcotb.org.uk/assessment/workplace-based-assessment>

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General Literature

- **Van Der Vleuten, C.P., 1996.** The assessment of professional competence: developments, research and practical implications. *Advances in Health Sciences Education*, 1(1), pp.41-67.
- **Miller & Archer, BMJ 2010;** 341, Systematic Review
 - 16 studies, only one RCT, 8 on MSF
 - Multi-Source Feedback - most benefit in developing performance
- **Jacques, BMJ Careers, 30 Nov 2011**
 - RCGP Review of three year programme
 - Little or no correlation of WPBA to final outcome
 - Submitted [successfully] business case for 4 year training
- **Rees, C.E. et al., 2014.** Supervised learning events in the Foundation Programme: a UK-wide narrative interview study. *BMJ Open*, 4(10), p.e005980.

Putting WPBA into practice mini-CEX- examples

- Running a mini-CEX
<http://www.youtube.com/watch?v=ubQ7KH7ixLU&feature=relmfu>
- Giving feedback (with patient)
<http://www.youtube.com/watch?v=nod7SKwIQhg&feature=relmfu>
- Giving feedback (bad then good)
<http://www.youtube.com/watch?v=PRIinUAKwDY&feature=relmfu>



Putting WPBA into practice Entrustable Professional Activities

Assessment of large task types e.g.

- Care of patient in stable condition
- Care of patient in emergency
- Discharge of patient
- General ward management



- Assessed on level of supervision e.g.
 - Immediate supervision
 - End of ward
 - Within hospital
 - From home

ten Cate, O. & Scheele, F., 2007. Viewpoint: Competency-Based Postgraduate Training: Can We Bridge the Gap between Theory and Clinical Practice? *Academic Medicine*, 82(6), pp.542-547.

Anchor Statements

- These guide marking to the appropriate level
 - Trainee at current stage vs end of training
 - Novice, advanced beginner, competent, proficient, expert¹
- See examples in handouts

¹ Dreyfus, H.L. and Dreyfus, S.E. (1986) *Mind over Machine: the power of human intuition and expertise in the age of the computer*. Oxford, Basil Blackwell.

1 Communication and consultation skills			
This competency is about communication with patients, and the use of recognised consultation techniques.			
Insufficient Evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.	Develops a working relationship with the patient, but one in which the problem rather than the person is the focus.	Explores the patient's agenda, health beliefs and preferences. Elicits psychological and social information to place the patient's problem in context.	Incorporates the patient's perspective and context when negotiating the management plan.
	Produces management plans that are appropriate to the patient's problem.	Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.	Whenever possible, adopts plans that respect the patient's autonomy.
	Provides explanations that are relevant and understandable to the patient, using appropriate language.	Explores the patient's understanding of what has taken place.	Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient.
	Achieves the tasks of the consultation but uses a rigid approach.	Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient.	Appropriately uses advanced consultation skills such as confrontation or catharsis to achieve better patient outcomes.

Example M
RCGP
Anchor
Statements

Please refer to curriculum and logbook for details of expected competencies.

Case-based discussion (CbD) - Obstetrics

Please complete the questions using a pen or pencil. Please use black ink and CAPITAL LETTERS.

Doctor's name: _____
 For name: _____
 GMC number: _____ **GMC NUMBER MUST BE COMPLETED**

Clinical setting: ☐ Labour Ward ☐ ANC ☐ Outpatient ☐ Physio ☐ Assessor Unit

Clinical problem category: Antenatal ☐ Planned & fetal ☐ Intrapartum ☐ Postnatal ☐ Care death ☐

Focus of clinical encounter: ☐ History ☐ Clinical assessment ☐ Management ☐ Professionalism

Complexity of case: Low ☐ Average ☐ High ☐

Please grade the following areas using the scale indicated at right:

	Novice	Advanced beginner	Competent	Proficient	Expert
1. History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Investigation and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything especially good? _____
 Suggestions for development: _____

Agreed action: _____
 Assessor's signature: _____ Date: _____
 Assessor's surname: _____ Time taken for discussion: _____
 Assessor: _____ Time taken for feedback: _____

Mini-Clinical Evaluation Exercise (mini-CEX)

Date of Assessment (DD/MM/YYYY): _____
 Trainer's Name: _____
 Trainer's GMC Number: _____
 Assessor's Name: _____
 Assessor's GMC Number: _____
 Assessor's Role: _____
 Assessor's Specialty: _____
 Assessor's Grade: _____
 Assessor's Specialty: _____
 Assessor's Specialty: _____

Setting for Assessment (e.g. A&E, GP Surgery etc.): _____

Please refer to the curriculum and logbook for details of expected competencies. Please use black ink and CAPITAL LETTERS. Please use the following scale to grade the performance of the trainee. Please use the following scale to grade the performance of the trainee. Please use the following scale to grade the performance of the trainee.

	Novice	Advanced beginner	Competent	Proficient	Expert
1. History taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Investigation and referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything especially good? _____
 Suggestions for development: _____

Agreed action: _____
 Assessor's signature: _____ Date: _____
 Assessor's surname: _____ Time taken for discussion: _____
 Assessor: _____ Time taken for feedback: _____

Feedback Postcards

Remember to ask for feedback BEFORE STARTING the task

Name: **Joel Dewar**
 UoW: **40333475**
 Year: **5**
 Card: **1**

Please circle your module below
 General GP MSc Paeds GRCare/Anaes Surg ISt

What did you do? (Task/Setting):
 When? (Date):
 Where? (Site):
 Date:

Summary of feedback can be written by student or tutor

How to improve:

Please circle observed level (descriptors overlaid): **Red** **Amber** **Green**

Action points – if appropriate (student to complete this box)

Tutor to complete this box or use practice stamp
 CRCC: Dr/Name/Pharmacist/Other: _____ Grade: _____
 GMC/AMC No: _____ Signature: _____
 Name: _____ Please tick if you would like a copy ☐
 E-mail: _____

These feedback postcards are designed to facilitate and record feedback discussions, aid recall and use of tutors' guidance, and note progress. More information at: <https://www.exeter.ac.uk/academic/feedback/>
 Please email joel.dewar@exeter.ac.uk to let us know what you think.

WHAT THE STUDENT DOES
 Select setting, ask a tutor if he could observe you and give feedback. See module guidance on EBMAC for regulated tasks and role of tutors. Suitable tutors: a doctor, nurse, pharmacist or other health professional. Suitable tasks: history taking, giving advice, examining, presenting a patient, clinical procedures, contributing during ward rounds, clinics, bedside teaching etc. Suitable settings: bedside teaching, clinics, surgeries, tutorials, ward rounds etc.

USE: the module – circle the appropriate one
 Tick – see examples above
 Sorting – see examples above
 Tick – name of hospital/surgery, e.g. 602 West Richmond Medical Practice date

Then give the card to the tutor.

WHAT THE TUTOR DOES
 A summary of the feedback you give can be written by you at the student. Please be constructive and address:
 • Strengths
 • How to improve (students are particularly keen on this)

Three indicated observed level of performance:
Red – demonstrated level below that expected for this stage.
Amber – demonstrated level expected for stage, but not yet start of FY1 level.
Green – demonstrated level expected at the start of FY1.


Please do not use these cards to report serious concerns about quality, illegal practice or professional behaviour. Instead contact the Year Coordinator or Student Officer.

USE THESE QUESTIONS
 We intend to audit the cards to demonstrate the feedback given by a wide range of tutors and we ask you to give tutors a copy of their feedback for their own development and appraisal. Please fill in your GMC/AMC number overlaid so we can track your card, and indicate if you would like a copy.


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Summary of Models for Giving Feedback

Feedback Sandwich



Traffic Lights / SHIM



Pendleton's 'Rules'

Clarify factual details
 Learner comments on what went well
 Teacher comments on what went well
 Learner identifies areas for improvement
 Teacher identifies areas for improvement
 Discuss suggestions for change

Pendleton D, Schofield T, Tate P, Havelock P (1984) The consultation: an approach to learning and teaching. OUP, Oxford

ALOBA - Agenda-led Outcomes Based Analysis SET-GO

Silverman JD, Kurtz SM, Draper J. (1996) *J Educ Gen Pract* 4:288-299.
 Silverman JD, Draper J, Kurtz SM. (1997) *J Educ Gen Pract* 8:16-23.

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Ende's Principles of Feedback

- Well-timed and expected
- Teacher & trainee allies, with common goals
- Based on first-hand data
- Regulated in quantity
- Limited to remediable behaviours
- Descriptive non-evaluative language
- Specific, not generalizations
- Not based on assumptions

Ende J (1983) Feedback in clinical medical education. *Journal of the American Medical Association* 250:777-81

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THE ONE MINUTE PRECEPTOR MODEL OF TEACHING INTERVENTION		
SPIT Step 1: Get a commitment Purpose <ul style="list-style-type: none"> The student discloses the beginning of the problem solving process allowing the tutor to assess the learning needs What to do <ul style="list-style-type: none"> Create a supportive environment of intellectual honesty – make it safe to make mistakes Collect more data from the patient rather than through questioning the student in detail Common errors <ul style="list-style-type: none"> The student presents data, pauses. Tutor fills in the blanks instead of asking what the student thinks about the data The Tutor asks many questions about data to "get on top" of the problem themselves. This doesn't disclose the student's thinking processes but rather the tutor's 	SPREAD Step 2: Probe reasoning, evidence and ask alternative suggestions Purpose <ul style="list-style-type: none"> To identify what the student does and does not know, and prime teaching points for future instruction What to do <ul style="list-style-type: none"> Ask what evidence supports the commitment Ask what alternatives were considered Encourage thinking out loud Common errors <ul style="list-style-type: none"> When student commits then looks to tutor, they pass judgement and tell instead of asking for evidence Guiding the student about general concepts – makes risk taking less likely in the future 	STUFF Step 3: Teach general principle Purpose <ul style="list-style-type: none"> To teach strategically round any gaps or incidents that have been revealed To allow the student to extrapolate to other situations What to do <ul style="list-style-type: none"> Keep the information general and relevant to future patient care Try to find something to teach in every case, even when the student has performed well Using exercises and personal preferences instead of an evidence based approach
STANDFAST Step 4: Reinforce what was done right Purpose <ul style="list-style-type: none"> To build professional self-esteem, and to reinforce competencies What to do <ul style="list-style-type: none"> Focus on specific remediable behaviours Inform the student of the positive impact of his/her actions on others Common errors <ul style="list-style-type: none"> General praise, which reinforces nothing Focus on the negative Don't give any feedback at all 	SCRUB Step 5: Correct errors and explore suggestions for improvement Purpose <ul style="list-style-type: none"> To help student learn from mistakes and to ensure safe practice What to do <ul style="list-style-type: none"> Choose an appropriate time and place, which may mean waiting till later Ask for self-evaluation first If the student was unaware, discuss both what was wrong and the potential negative consequences Use good feedback skills Focus on learning from this to perform well next time Common errors <ul style="list-style-type: none"> Putting this as Step 1 and not Step 5 Using vague judgemental statements 	

<http://www.youtube.com/watch?v=h7v-wCeyz-pU7P-Mw>
<http://www.youtube.com/watch?v=s937G0m6SUsI>

Key points

- Limited evidence base, but necessary in some form to give a modern assessment of clinical 'performance'
- Importance of triangulation with other data in the wider portfolio to contribute to end of placement and programme reviews
- Their value in motivating
- Their value in helping the struggling trainee / revalidation

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Further References about Feedback

- Arum R, and Roksa, J., 2011. *Academically adrift: limited learning in college*. Chicago: University of Chicago Press.
- Black P, William D. 1998. Assessment and classroom teaching. *Assess* 4: 7-23.
- Boshier, ML, et al., 2006. An investigation of medical student reactions to feedback: a randomised controlled trial. *Medical Education*, 40(8), pp.746-749.
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- Silverman JD, Draper J, Kurtz SM. 1997. The Calgary-Cambridge approach in communication skills teaching 2: The SET-GO Method of descriptive feedback. *Educ Gen Pract* 8:16-23.
- Van de Ridder et al., 2008. What is feedback in clinical education? *Med Ed* 42:189-197

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