David Evans  Officer for Assessment
@RCPCH_Assess

Supervised Learning Events
Supervised Learning Events

• Why the change in name?
  – Review the uses and abuses of WPBAs
• SLEs and formative feedback
• Judging the value of SLEs
Why assess?
Why assess?

• Protect the public (standards, accreditation)
• Assessment drives learning
• Assessment facilitates learning
  – Feedback
  – Reflection
  – Plan further learning
• Assessment measures learning (teaching)
Workplace based assessment

Based on work by Miller GE. The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)
WPBA Abuse
Learning and assessment in the clinical environment: the way forward – November 2011

Proposals for discussion in this paper include the introduction of new terminology to distinguish between two purposes of assessment. The first is assessment used for feeding back on progress (formative) through Supervised Learning Events (SLEs). The second is assessment used to determine progress (summative) which would be referred to as Assessments of Performance (AoPs).
Mini CEX & CbD 2013

- Supervised Learning Events (Formative)
- Removed scoring
- More emphasis on feedback and reflection
  - DOPS became an AoP (Assessment of Performance)
Pilot (LEADER, HAT, ACAT)

- Supervised Learning Events (Formative)
  - Handover
  - Acute care,
  - Leadership

- In addition, made all assessments electronic – SAIL into DOC
JoIN THE COLLEGE
Apply for and manage your membership

PAEDIATRIC CAREERS AND RECRUITMENT
REGISTER FOR TRAINING
POSTGRADUATE TRAINING

ASSESSMENT AND EXAMINATIONS
Assessment

ePortfolio
ASSET (Assessment Services for Education and Training)
Safe Prescribing Tool
Paediatric Mini Clinical Evaluation Exercise (ePaedMiniCEX)
Paediatric Case Based Discussion (ePaedCBd)
Directly Observed Procedural Skills (DOPS)
Multi-Source Feedback (ePaedMSF)
DOC (Discussion of Correspondence)

HAT, ACAT and LEADER
(Handover Assessment Tool, Acute Care Assessment Tool and LEADER CbD)

Examinations
START

HAT, ACAT and LEADER (Handover Assessment Tool, Acute Care Assessment Tool and LEADER CbD)

HAT, ACAT and LEADER are pilot SLEs (Systematic Learning Environment) based assessment tools for paediatric run-ins to assess handover, acute care assessment and leadership.

How many HAT, ACAT and Leader assessments are there?

In general, we recommend that trainees do at least 1 of each task included in the minimum number of 12 that you need to complete.

As these are pilot assessments, you should try and complete:

- 1 HAT and LEADER for Level 1
- 1 HAT, ACAT and LEADER for Level 2
- 1 HAT, ACAT and LEADER for Level 3

Download further guidance:
- HAT Guidance 2013 (PDF, 2 pages, 56KB)
- ACAT Guidance 2013 (PDF, 2 pages, 89KB)
- LEADER Guidance 2013 (PDF, 4 pages, 220KB)

Who should assess my SLEs?

HAT and ACAT: At least one of each of these to be done every 3 months, such as SAS. Note that those conducting these assessments should have suggestions for modification.

LEADER: Consultant.

Acute Care Assessment Tool (ACAT) Guidance for use

<table>
<thead>
<tr>
<th>Clinical assessment</th>
<th>The trainee should identify specific additional history required and examine the patient as appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical record keeping</td>
<td>The trainee should check that clinical findings and decisions made on the ward round are correctly recorded in the notes.</td>
</tr>
<tr>
<td>Investigations and referrals</td>
<td>The trainee should order appropriate and timely investigations and referrals and interpret them correctly.</td>
</tr>
<tr>
<td>Safe prescribing</td>
<td>The trainee should look at the drug chart and fluid prescription to check doses, times intervals etc. He/she should stop medication appropriately and identify missing data e.g. allergies.</td>
</tr>
<tr>
<td>Management of the acutely unwell patient</td>
<td>The treatment given to any seriously ill patients encountered on the take (recognition, assessment, resuscitation, investigations, urgent treatment, delegation and involvement of appropriate colleagues including senior) should be assessed.</td>
</tr>
<tr>
<td>Time management</td>
<td>The trainee should process cases and issues ensuring sick children are seen first and issues such as discharges given priority to ensure patient flow. Interruptions should be dealt with appropriately so as not to delay ward round.</td>
</tr>
<tr>
<td>Team management</td>
<td>The trainee should maintain the cohesiveness of the ward round and ensure that the opinion of all staff is sought. Tasks that need doing should be appropriately delegated or delayed.</td>
</tr>
<tr>
<td>Conflict resolution</td>
<td>The trainee should manage any issues with patients, visitors and staff either during the ward round or at an agreed time afterwards.</td>
</tr>
<tr>
<td>Clinical leadership</td>
<td>The trainee should maintain control. He/she should be supportive of staff – providing appropriate feedback as necessary. There should be a summary of key jobs at the end of the ward round.</td>
</tr>
<tr>
<td>Decision making</td>
<td>The trainee should demonstrate the ability to make decisions even if the diagnosis is unclear or the case is complex. These should be evidence based.</td>
</tr>
<tr>
<td>Teaching</td>
<td>The trainee should identify educational opportunities on the ward round and be able to make use of them for the benefit of all staff.</td>
</tr>
<tr>
<td>OVERALL</td>
<td>On the basis of this ward round / take, how would you rate this trainee's performance in relation to the standard expected of a trainee at this level?</td>
</tr>
</tbody>
</table>
# TABLE OF ASSESSMENTS

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST1</td>
<td>ST2</td>
<td>ST3</td>
</tr>
<tr>
<td><strong>SLEs (Supervised Learning Events)</strong> - 20 SLEs per training year (FTE) (minimum 12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MiniCeX and CbD</td>
<td>20 per year, 12 min*</td>
<td>20 per year, 12 min*</td>
<td>20 per year, 12 min*</td>
</tr>
<tr>
<td>Ratio of MiniCeX to CbD 2:1</td>
<td>Ratio of MiniCeX to CbD 1:1</td>
<td>Ratio of MiniCeX to CbD 1:2</td>
<td></td>
</tr>
<tr>
<td>DOC</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td><strong>AOP (Assessment of Performance)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPs</td>
<td>A minimum of 1 satisfactory AoP for the each of the compulsory procedures**</td>
<td>1 satisfactory AoP for each of the compulsory procedures outstanding**</td>
<td>A minimum of 1 satisfactory AoP for the compulsory procedures within a specific sub-specialty curriculum</td>
</tr>
<tr>
<td>ePaed CCF</td>
<td></td>
<td></td>
<td>1***</td>
</tr>
<tr>
<td>ePaed MSF</td>
<td>1</td>
<td>1</td>
<td>(1)</td>
</tr>
<tr>
<td><strong>Other assessments that contribute to ARCP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>START</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MRCPCH Examinations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRCPCH written exams</td>
<td>1-2 written papers (desirable)</td>
<td>2 out of 3 written papers (essential)</td>
<td>All written papers (essential)</td>
</tr>
<tr>
<td>MRCPCH Clinical Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainers report (inc ePortfolio)</td>
<td>1</td>
<td>1</td>
<td>(1)</td>
</tr>
</tbody>
</table>

- Trainees must also complete accredited neonatal and paediatric life support training during Level 1 Training
- Trainees must achieve the level 1 and 2 Intercollegiate Safeguarding Competences by the end of ST3, the majority of Level 3 competences by the end of ST5 and all Level 3 competences along with the additional paediatrician competences by the end of ST8
- Years ST3, ST5 or ST8 may not be necessary in exceptional circumstances

* In each year there must be a safeguarding CbD, a LEADER and a HAT assessment. ACAT must be assessed each year from ST4 onwards
**Skills log to be used to demonstrate development and continued competence.
***ePaed CCF to be used as an additional tool when required
SLE Pilot Evaluation

- ASSET submissions
- Questionnaire
  - Trainees (n= 2917)
  - Assessors (n=4505)

- Focus groups
  - 10 groups:
    - Trainees (n=96)
    - Assessors (n=25)
    - Tutors (n=10)
Questionnaire response
Trainee 17% of 2917; Assessor 12% of 4202

<table>
<thead>
<tr>
<th>Category</th>
<th>Trainees</th>
<th>Assessors</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safeguarding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Totals 2012-15
September – January submissions for each training year

<table>
<thead>
<tr>
<th>WBA/SLE</th>
<th>Total number submitted (n)</th>
<th>2012-13</th>
<th>2013-14</th>
<th>% increase /year</th>
<th>2014-15</th>
<th>% increase /year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACAT</strong></td>
<td></td>
<td></td>
<td>144</td>
<td>-</td>
<td>418</td>
<td>34%</td>
</tr>
<tr>
<td><strong>DOC</strong></td>
<td></td>
<td></td>
<td>1308</td>
<td>-</td>
<td>1914</td>
<td>68%</td>
</tr>
<tr>
<td><strong>HAT</strong></td>
<td></td>
<td></td>
<td>464</td>
<td>-</td>
<td>919</td>
<td>50%</td>
</tr>
<tr>
<td><strong>LEADER</strong></td>
<td></td>
<td></td>
<td>128</td>
<td>-</td>
<td>412</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Safeguarding CbD</strong></td>
<td></td>
<td></td>
<td>747</td>
<td>-</td>
<td>855</td>
<td>13%</td>
</tr>
<tr>
<td><strong>DOPs</strong></td>
<td></td>
<td>7019</td>
<td>7039</td>
<td>0.3%</td>
<td>7520</td>
<td>7%</td>
</tr>
<tr>
<td><strong>CbD</strong></td>
<td></td>
<td>4935</td>
<td>5754</td>
<td>14%</td>
<td>6412</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Mini CEX</strong></td>
<td></td>
<td>4930</td>
<td>6129</td>
<td>20%</td>
<td>7055</td>
<td>14%</td>
</tr>
</tbody>
</table>
Snack Food model® for SLEs
Learning from the snack food and retail industries

- Excellent educational value
- Free (no marginal cost)
  - 12 /person
- Poor nutritional value
- Cost money
  - 6 billion UK (1 packet /3min)
- 100 /person
Snack Food model® for SLEs
Identifying the barriers

Snack foods and WPBA

https://www.youtube.com/watch?v=PsfQDH39jQc
What were the barriers?

Oh dear, my satisfactory ARCP outcome is now hanging by a thread.
Overcoming the barriers
Learning from the snack food and retail industries
Overcoming the barriers
Learning from the snack food and retail industries

• “Point of Sale” technology
  – Mobile Apps to connect to e-portfolio
  – Integration of Assessment and e-portfolio systems
Overcoming the barriers
Learning from the snack food and retail industries

• Advertising (Education)
  – Clear, simple message about products
  – Supporting materials (easy to use)
  – Assessor training (Supervisors and Trainees)
Assessment

The RCPCH offers guidance for all paediatric trainees in approved training posts on workplace-based assessments/Supervised Learning Events (SLEs).

On this page:

- Assessment guide
- Workplace-based assessments - including falsification protocol
- Online assessment systems - ASSET and ePortfolio

Assessment guide for trainees and trainers (2015)

Our guide, An Informative Guide to Formative and Summative Assessment for Paediatric Trainees and Trainees (2nd edition, August 2015), is available to read on-screen or download.

Workplace-based assessments / SLEs

We recommend that trainees do at least one or two supervised learning events (SLEs) per month, across all training levels.

For further information on assessment requirements, please see the updated Table of Assessments document Table of Assessments 2015 (PDF, 2 pages, 218KB)

Follow the links for detailed guidance and information on each SLE:

- Paediatric Mini Clinical Evaluation Exercise (ePaedMini-CEX)
- Paediatric Case Based Discussion (ePaedCbD)
- Directly Observed Procedural Skills (DOPS)
- Paediatric Multi-Source Feedback (ePaedMSF)
- Discussion of Correspondence (DOC)
- Handover Tool, Acute Care Assessment Tool, LEADER CbD (HAT, ACAT, LEADER)
An informative guide to formative and summative assessment for Paediatric Trainees and Trainers

Second Edition August 2015
(First edition Sep 2014)
Assessor behaviour
CbD submissions

CbD Submissions

- 2012-13
- 2013-14
- 2014-15

number of submissions

Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul

0 1000 2000 3000 4000

@RCPCH_Assess
DOPS submissions
‘Actually, there is almost always a judgement assigned to feedback information. Somehow, on the wards, positive feedback sounds good, while negative feedback sounds bad.

There is simply no way you can inform a student that a differential diagnosis did not include the most likely disease without causing some disappointment or embarrassment.

This does not mean that you shouldn’t bring such information to the student’s attention but, rather, that it should be done with some skill and understanding of the process’.
What makes good feedback?
Maslow’s hierarchy


- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities

Basic needs → Psychological needs → Self-fulfillment needs
ALOBA
Agenda-Led, Outcomes-Based Analysis

• Start with the learner’s agenda
  – Encourage self-assessment and self problem-solving
  – Facilitate identification of specific tasks / goals
  – Provide balanced feedback
• Make **offers and suggestions**, provide alternatives
  – Reflect back to learner
  – Rehearse suggestions
• Structure and summarise learning so that a constructive endpoint is reached
Offers and Suggestions
Offers and Suggestions
Assessor behaviour

Start Assessment

Mandatory assessments

- PAEDS Mini-Clinical Evaluation Exercise (CEX) 2013
- Case Based Discussion (ePaedCbD) 2013
- Directly Observed Procedural Skills - Paediatric Version 2013
- Discussion of Correspondence (DOC)

Trainee

Type name or email address for suggestions (search for name first then email address)
Assessor behaviour
Learning from the snack food and retail industries
Feedback for Assessors
Learning from the snack food and retail industries
SLEs and the ARCP
## Supervised Learning Events (SLE) – Aim for 20 SLEs per training year\(^{(2)}\) (FTE); MINIMUM MANDATORY requirements are as follows:

<table>
<thead>
<tr>
<th>Event Type</th>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ST1, ST2, (ST3)</td>
<td>ST4, (ST5)</td>
<td>ST6, ST7, (ST8)</td>
</tr>
</tbody>
</table>

#### Mini CEX & CbD

- **ACAT (CEX/CbD):** Optional
- **HAT (CEX):** 1 (note 6)
- **LEADER (CbD):** Optional
- **Safeguarding CbD:** 1, 1, 1, 1
- **DOC:** Optional

#### Assessment of Performance (AoP)

- **DOPS:** A minimum of 1 satisfactory AoP for the compulsory procedures\(^{(7,8)}\) 1 satisfactory AoP for the compulsory procedures outstanding\(^{(7,8)}\) A minimum of 1 satisfactory AoP for the compulsory procedures within the relevant sub-specialty curriculum\(^{(7,8)}\)
- **Paed CCF:** 1 (note 11)
- **ePaed MSF:** 1, 1, (1)

#### Other assessments that contribute to ARCP

- **START:** 1

### MRCPCH Examinations

- **Written exams:**
  - 1-2 written exams (desirable)
  - 2 out of 3 written exams (essential)
  - All written exams (essential)

- **Clinical Exam:** Essential

#### Trainer’s Report

- **Trainer’s Report (inc. ePortfolio):** 1, 1, (1), 1, 1, 1, (1)
“Everything that can be counted does not necessarily count”
Don’t count the assessments:
make sure the assessments count
Summary

• Don’t let the mechanisms pervert the intended purpose
• Need to be useful, representative of workplace
• Formative feedback to aid reflection
• Need to challenge, enlighten, stretch, promote learning
David Evans  Officer for Assessment
@RCPCH_Assess