“Workplace Based Assessment-The Elephant in the Room”

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PATRON HRH The Princess Royal
Overview

• What are WPBAs?
• Why have changes been made to WPBAs?
• Formative v Summative assessment
• Types of WPBA
• Educational Supervisor & trainee roles
• Completing WPBAs in the workplace
• Summary
What WPBAs are……and what they are not

• What WPBAs are
  – “an essential part of an assessment system alongside traditional examination” – GMC
  – a means of informing trainer’s report for ARCP
  – an opportunity for the trainee to receive feedback, reflect and develop
  – mandatory
  – a valuable tool to promote active learning
What WPBAs are……and what they are not

• What WPBAs are
  – an opportunity to see how the trainee functions in “real life”
  – a chance for the trainee to demonstrate important skills such as professionalism and decision making

• And what they are not
  – a pass/fail assessment
  – going away!
Miller’s Pyramid for assessing clinical competencies

- Workplace assessments
- MRCPCH clinical
- MRCPCH Part 1 and part 2 written
- MRCPCH Part 1

Levels:
- Knows
- Knows How
- Shows How
- Does
- Action
- Performance
- Competence
- Knowledge

London Speciality School of Paediatric Training Guide, 3rd Edition
So why the changes?

• WPBAs introduced as part of the then PMETB curriculum
• Mixed reception from trainees and trainers about WPBAs
• Realisation that not meeting full potential
• Assessment Methodology Working group set up by RCPCH in 2010
Types of Assessment (1): Formative v Summative Assessments

• **Formative** – assessment *for* learning. The key element is reflection based on structured feedback in the context of *supervised learning events (SLEs)*

• **Summative** – assessment *of* learning. These are referred to as *assessments of performance (AoPs)* as this is a more accurate reflection of their purpose. AoPs should be recognised as a planned series of events, identified as part of the relevant curriculum.
Types of Assessment (2):
Case Based Discussion (CbD) & Mini Clinical Evaluation Exercise (Mini CeX)

Discussing/observing the clinical encounter much as before.

Recording changes:
- No scoring
- Constructive feedback
- Development suggestions

Assessor may initiate assessment

Case Selection
Purpose is to learn – choose case that has created challenge, doubt, difficulty

Reflection by trainee

Completed by consultant or experienced higher level trainee

Use your imagination!
Any aspect of work can be assessed
Types of Assessment (3): Leadership (Pilot) & Safeguarding CbDs

Important areas of Training –
Frequently not adequately learned or assessed

Safeguarding form
trainee to fill in case description prior to assessment

NHS Medical Leadership Framework
Types of Assessment (4): Handover Assessment Tool (HAT)

- NEW PILOT
- Formative assessment of handover
- Assessed on the presentation of up to 3 patients
- Looks at structure/organisation/safety
- Trainees to have their HAT completed by a Consultant
- More guidance to follow from RCPCH
Types of Assessment (5):
Acute Care Assessment Tool (ACAT)

• NEW PILOT
• Aims to assess the ability to integrate multiple skills in a complex and challenging environment eg. Ward round/A&E “take”
• Facilitates feedback on the trainee’s performance during their practice
• Trainees to have their ACAT completed by a Consultant
• More guidance to follow from RCPCH
Types of Assessment (6): Discussion of Communication (DOC)

- NEW PILOT
- Replaces SAIL
- Aims to allow structured assessment & learning development across all written communication
- Trainees to have their DOC completed by a Consultant
- More guidance to follow from RCPCH
Types of Assessment (7):
Directly Observed Procedure (DOP) aka. The Odd Man Out

AoP: Assessment of Performance
Is trainee ready to do this procedure without supervision?

Must achieve for set compulsory DOPs

Fewer compulsory than previously
BUT
expectation is they are done more rigorously

NB. Curriculum hasn’t changed still need to provide evidence of competence in other procedures
But can use Log books, simulation etc as well as optional DOPS
Types of Assessment (8):
Compulsory DOPs

- Trainee must be competent to perform the procedure unsupervised
- DOPs repeated until satisfactory level achieved
- Aim to complete by end of level 1 training
- Compulsory DOPs (must be assessed by a consultant):
  - Bag, valve and mask ventilation
  - Capillary blood sampling
  - Venesection
  - Peripheral venous cannulation
  - Lumbar puncture
  - Non invasive blood pressure measurement
  - Tracheal intubation of term and preterm babies
  - Umbilical venous cannulation
Types of Assessment (9):
The rest……

• ePaed MSF
  – Online Multi-Source Feedback
  – Complete 1/year

• ePaed CCF
  – Carers for Children Feedback
  – Used as an additional tool when required

• Specialty Trainee Assessment of Readiness for Tenure (START)
  – Completed in Level 3 training (ST7)
  – Next assessment March 2014
### Assessment Table

<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>ST4</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 &amp;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>DOC</td>
<td>5</td>
<td></td>
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<tr>
<td><strong>AOP (assessment of progress)</strong></td>
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<tr>
<td>DOPs</td>
<td>A minimum of 1 satisfactory AoP for the compulsory procedures**</td>
<td>1 satisfactory AoP for the compulsory procedures outstanding**</td>
<td>A minimum of 1 satisfactory AoP for the compulsory procedures within a specific subspecialty curriculum**</td>
</tr>
<tr>
<td>ePaed CCF</td>
<td>1</td>
<td>1</td>
<td>(1)</td>
</tr>
<tr>
<td>ePaed MSF</td>
<td></td>
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<tr>
<td></td>
<td>1 (if required)</td>
<td>1 (if required)</td>
<td>1 (if required)</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>
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<tr>
<td>MRCPCH</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 review)</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.
* 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.
Implementation Strategy

1yr pilot commences 1st September 2013

- Roll out amended CbD, Mini-CEX and DOPs first
- Roll out new ACAT, HAT, Leader and DOC in Oct 2013

Regular communication updates via website, ePortfolio, ASSET, Bulletins and Twitter.

Evaluation, collation and presentation to all stakeholders by October 2014
KEY POINTS WITHIN NEW APPROACH

- WPBA become mostly formative supervised learning events
- Feedback and learning outcomes to be followed up by ES
- Timed reminders to trainee and ES
- Aim for 20/yr, min 12 at regular intervals
- Informs trainers report for ARCP
- Need for further training of assessors to maximise learning
Role of the Educational Supervisor (ES)

- Follow up feedback and learning outcomes for trainees
- Encourage trainees to complete assessments in a timely manner (roughly one every 2 weeks)
- Respond to alerts (6 week inactivity & “cause for concern”)
- To complete a training report that informs the trainee’s ARCP (Annual Review of Competence Progression)
Role of the Educational Supervisor (ES) – The Trainer’s Report

• New ES report from Summer 2013
• Used to inform the ARCP
• Complete Clinical Supervisor’s part also unless advised otherwise
• Use trainee’s PDP section/Development Log & Skills Log to aid completion
• Check if trainee is ticking off competencies on E-portfolio
• Review trainee’s WPBAs
Role of the Trainee

• Complete assessments in a timely manner (roughly one every 2 weeks)
• Do not leave all the assessments to the end of post & update E-portfolio regularly
• Send forms for completion & reflect soon after the assessment
• Supply dates of APLS/NLS/Safeguarding courses to ES
• Perform 1-2 of the pilot assessments in 2013/14
How do we go about completing assessments in the workplace?

Over to you..................
Summary

- Mini-CEX/CBDs-scoring removed
- Focus on feedback/reflection
- Pilot assessments: DOC/HAT/ACAT/LEADER
ANY QUESTIONS???
With Thanks To…..

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