

## **Appendix B. Summary of Assessment Methods**

### **Knowledge based assessment (KBA)**

**A structured exam of knowledge and interpretation of data which may use:**

- Multiple choice questions (MCQ)
  - Multiple true/false answers
  - Extended matching format
  - Best of 5 responses
- Written formats
  - Short notes
  - Essays
- Oral/viva voce formats
  - Case based discussion
  - Subject area-based discussion
  - Prepared presentation (by candidate)
  - OSCE (Objective Structured Clinical Examination) with multiple “stations”

[Also but not usually included in KBA definitions]

- Clinical
  - Short cases
  - Long cases

### **Workplace-based assessments(WBAs)**

- Acute Care Assessment Tool (ACAT)
- Audit Assessment (AA)
- Case-Based Discussion (CbD)
- Direct Observation of Procedural Skills (DOPS)
- Evaluation of Clinical Events (ECE)
- mini-Clinical Evaluation Exercise (mini-CEX)
- Multiple Consultant Report (MCR)
- Multi-Source Feedback (MSF)
- Patient Survey (PS)
- Training Observation (TO)

#### **Acute Care Assessment Tool (ACAT)**

The ACAT is designed to assess and facilitate feedback on a doctor's performance during their practice on the Acute Medical Take. Any doctor who has been responsible for the supervision of the Acute Medical Take can be the assessor for an ACAT.

#### **Audit Assessment (AA)**

The Audit Assessment tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation or on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor

#### **Case based Discussion (CbD)**

The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to

document conversations about, and presentations of, cases by trainees. The CbD should include discussion about a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

### **Direct Observation of Procedural Skills (DOPS)**

A DOPS is an assessment tool designed to assess the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

### **Evaluation of Clinical Events (ECE)**

Provides a method of assessing the trainee in the performance of their duties in complex tasks, often involving teamwork or interacting with other professional staff. Examples include clinicopathological evaluation and reporting of diagnostic material, presentation of a case at a multidisciplinary team meeting, or contributing to quality assurance and audit processes in both clinical and laboratory settings.

### **Mini-Clinical Evaluation Exercise (mini-CEX)**

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

### **Multiple Consultant Report (MCR)**

The Multiple Consultant Report (MCR) captures the views of consultant supervisors on a trainee's clinical performance. The MCR Year Summary Sheet summarises the feedback received, outcomes for clinical areas and comments which will give valuable insight to how well the trainee is performing, highlighting areas of excellence and areas of support required. MCR feedback will be available to the trainee and included in the educational supervisor's report.

### **Multisource feedback (MSF)**

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses by raters, feedback is given to the trainee by the Educational Supervisor.

### **Patient Survey (PS)**

Patient Survey address issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

### **Teaching Observation (TO)**

The Teaching Observation is designed to provide structured, formative feedback to trainees on their competence at teaching. The Teaching Observation can be based on any instance of formalised teaching by the trainee which has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

More information available at JRCPTB website, which has forms and detail <https://www.jrcptb.org.uk/assessment/workplace-based-assessment>