

Workplace based assessments

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CESMA Glasgow 13 May 2017



Plan of talk

- Evolution of assessment
- Role of CESMA
- What are workplace based assessments?
- And what are they for?
- Do they work?
- Should CESMA promote these?

Acknowledgment

Dr Alastair Miller JRCPTB

Standardised assessments

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

N Engl J Med 2007;356:387-96

MEDICAL EDUCATION

Malcolm Cox, M.D., and David M. Irby, Ph.D., Editors

Assessment in Medical Education

Ronald M. Epstein, M.D.

As an attending physician working with a student for a week, you receive a form that asks you to evaluate the student's fund of knowledge, procedural skills, professionalism, interest in learning, and "systems-based practice." You wonder which of these attributes you can reliably assess and how the data you provide will be used to further the student's education. You also wonder whether other tests of knowledge and competence that students must undergo before they enter practice are equally problematic.



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GLASGOW DECLARATION

February 2007

Representatives of the following UEMS Sections/Boards met in Glasgow on the 9th February 2007 and unanimously agreed the following:

1. The role of European Board Examinations is complementary to National Examinations where they exist.
2. Countries which do not have their own examination are encouraged to consider using the appropriate European Board Examinations.
3. European Board Examinations are regarded as a quality mark for safe independent practice at the end of specialist training.
4. All European Board Examinations shall publish both a syllabus and minimum requirements for examination.
5. Candidates for examination should be certified specialist or have been trained according to the relevant syllabus.

6. A trainee may sit the final part of a European Board Examinations provided they have fulfilled the requirements of their national training body where one exists or when approaching the end of the training.
7. Candidates of any nationality shall be eligible to sit the European Board Examinations.
8. Candidates who pass a European Board Examination and who are certified specialists in an EU/UEMS member state may call themselves “Fellow of the European Board”. Other successful candidates will be “European Board Certified”.
9. Trade sponsorship should not be used to subsidise the examination.
10. It is proposed to establish a Council for European Specialist Medical Examinations (CESME) as an advisory body to the UEMS and its sections.

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Nuclear Medicine
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Paediatric Surgery
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CESME is now CESMA



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Areas of Expertise

CME - CPD

Postgraduate Training

European Standards in Medical Training - ETRs

Competence-Based training and

The Council for European Specialists Medical Assessment

The CESMA is an advisory body of the UEMS created in 2007 with an aim to provide recommendation and advice on the organisation of European examinations for medical specialists at the European level.

It was called in the beginning the "Glasgow group" referring to the first meeting held in Glasgow. It was then decided to adopt the name CESME (Council of European Specialist Medical Examinations). This name was finally changed to CESMA (Council of European Specialist Medical Assessment)



Areas of Expertise

CME - CPD

Postgraduate Training

European Standards in Medical Training - ETRs

Competence-Based training and assessment

CESMA

Quality Assurance

Competence-Based training and assessment

The UEMS developed the idea of assessing medical specialists' competence at the European level through the evaluation of their knowledge, skills and professionalism. Thanks to the competence-based European Curricula developed for each Specialist Section, the UEMS advocate for harmonized assessment of medical training.

In this regard, the UEMS established the European [Council for Medical Specialist Qualifications \(ECAMSQ\)](#). The aim of this body is to address this issue through establishing a comprehensive mechanism of appraisal of knowledge, skills and professionalism of post-graduate medical trainees according to the highest standards of medical training in Europe.

Background information:

[eHealth week - Dr Fras - May 2011 - Harmonisation of medical competence at the European level](#)

CESMA technical documents

Background information on CESMA and European Examinations:

European assesement - Dr Zeev Goldik - October 2010

UEMS-CESMA Terms of Reference

UEMS-CESMA GUIDELINES

- UEMS-CESMA - Guideline on Quality Control of European postgraduate medical
 - UEMS 2015.15 - UEMS CESMA -Guide to successfully writing MCQs
 - UEMS 2015.16 - UEMS CESMA - Guideline for Organisation of European Postgraduate Medical Assessments
 - UEMS 2015.17 - UEMS CESMA - Guideline for Examiner Selection for European Postgraduate Medical Assessments
 - UEMS 2015.36 - UEMS CESMA - Guideline on Appeal Procedure
-

CESMA Meetings

Documents & presentations from CESMA meetings are available [here](#)

<https://www.uems.eu/areas-of-expertise/postgraduate-training/cesma>

Assessment - examinations

- When?
 - During
 - At the end
- Components
 - Short cases/Long cases
 - Lab work
 - OSCE (different stations)
 - Viva
 - MCQ
 - Essays & short notes

Assessment of training

- Duration of training OR
- Competency based

- Log books of attendance & cases
- Workplace based assessments
- Multisource feedback
- Diplomas eg DTM&H, Dip HIV Medicine etc
- Supervisors reports

- Complex portfolios
- Formal reviews (usually annual plus final)
- Importance of review at beginning of last year of training

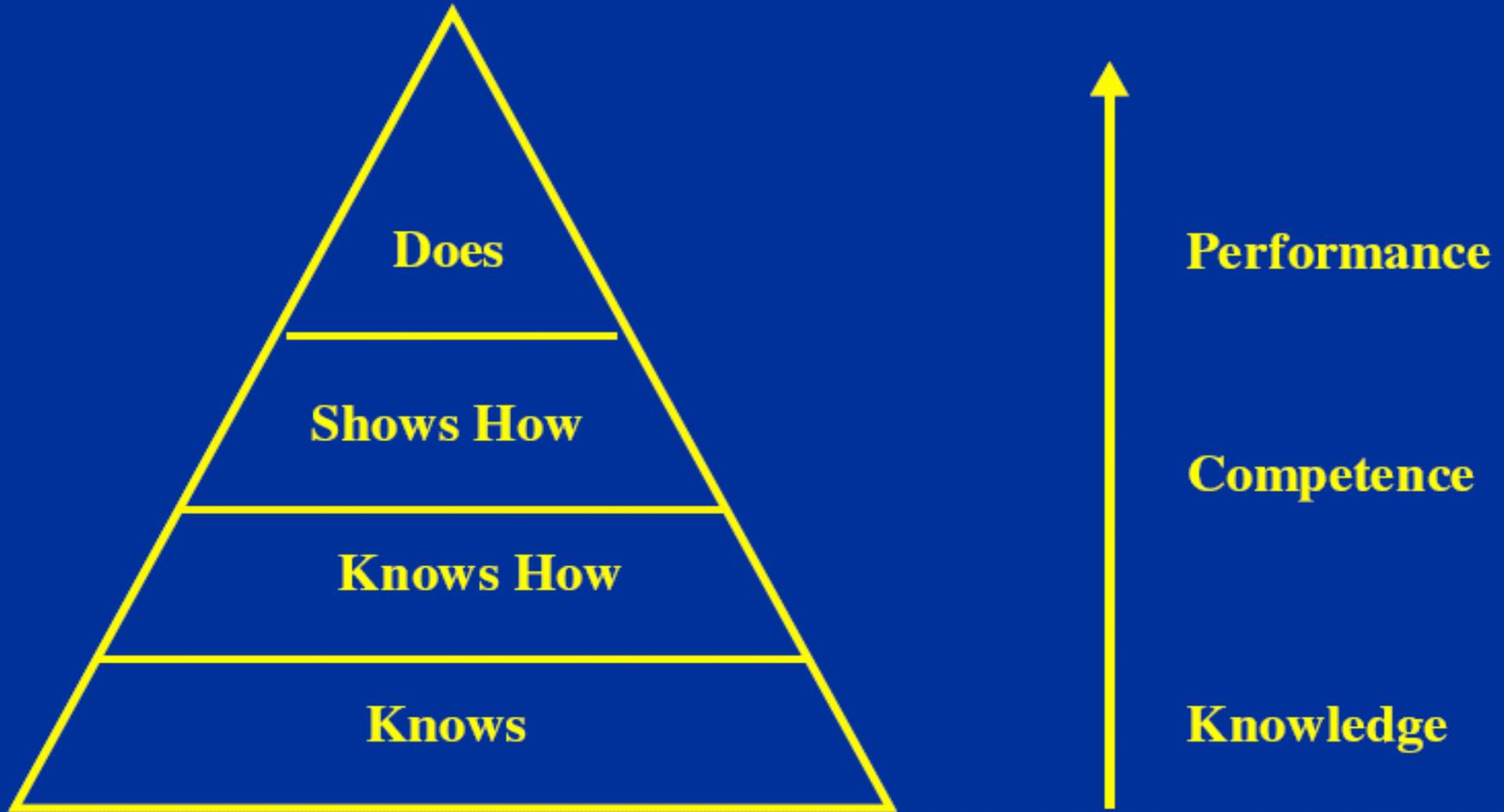
Logbook/portfolio

- Awaiting harmonisation instructions by UEMS
- Simple log book of activity OR
- Detailed logbook (preferably e-portfolio) containing all assessments, matched to curriculum objectives
- UK has very detailed e-portfolios with many types of workplace based assessment
- Comprehensive but very time-consuming for all
- Requires resources++

Areas to test

- **Knowledge:** MCQ; essays etc; workplace based
- **Skills:** Workplace based; viva; OSCE
- **Professional Behaviour:**
Workplace based; multisource
feedback; trainer reports

Assessment of Performance



Competencies in practice

- CiPs describe the professional tasks or work within the scope of internal medicine
- Each CiP has a set of descriptors of the observable activities, tasks and behaviours that will help inform entrustment decisions
- By specialist certification the doctor must demonstrate that they are capable of unsupervised practice in all CiPs

Competencies in practice

- CiPs will allow the trainee to demonstrate acquisition of generic professional competencies within a clinical context

Entrustment decisions

- Educational supervisor (ES) will make an “entrustment decision” for each CiP based on their observations and evidence in the ePortfolio
- ES will record in their annual report progress against general professional competencies and the indicative level of supervision for each CiP
- Yearly review panel will make the final summative judgement and determine whether trainee can progress to the next year/level of training

Entrustment decision level descriptors

Level	Descriptor
Level 1	Entrusted to observe only – no execution
Level 2	Entrusted to act with direct supervision: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision
Level 3	Entrusted to act with indirect supervision: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic media, to provide advice and can attend physically if required to provide direct supervision
Level 4	Entrusted to act unsupervised

Programme of assessment

- More holistic, authentic assessment based on competencies in practice (CiPs)
- Expected requirements set out for each stage of training with key progression points
- Workplace-based and knowledge-based assessment mapped to learning outcomes
- Existing assessment methodology

Workplace based assessments

- Standardised means of recording observations of practice or discussions about practice
- Recorded on paper or electronically
- Broken down into different components of the activity being assessed
- With immediate feedback both verbal and written on performance and competence level reached
- Preferably including patient feedback
- Retained for review with whole portfolio

Workplace based assessment

- Clinical supervisors and other assessors provide formative feedback to the trainee on their performance throughout the training year using anchor statements:
 - **Below** expectations for this year of training; may not meet the requirements for key progression point
 - **Meeting** expectations for this year of training; expected to progress to next stage of training
 - **Above** expectations for this year of training; expected to progress to next stage of training

Commonly used

- Case-based discussion (CbD)

<https://www.jrcptb.org.uk/assessment/workplace-based-assessment>

Supervised Learning Event (SLE)

Case based discussion (CbD) for Higher Specialist Training

Date of Assessment:

Trainee's Name:

Trainee's GMC:

Assessor's Name:

Assessor's Email Address:

Assessor's Registration Number (e.g. GMC, NMC, GDC):

State the setting for the learning event (e.g. acute admission, ward round, night shift):

Provide a brief summary of the cases observed:

Please comment on what was done well and the areas for improvement within each category. Please note, constructive feedback is required in order for this assessment/learning event to be valid, and aims to identify areas for learning and reflection.

for learning and reflection.

Clinical assessment:

Investigation and management plan:

Clinical judgement:

Professionalism (documentation, adherence to guidelines, etc):

Please comment on the overall performance of the trainee:

What was done well:

What are the suggested areas for development:

Based on this observation, please rate the overall competence the trainee has shown:

- Performed at the level expected during Core Medical Training
- Performed at the level expected at early Higher Medical Training
- Performed at the level expected during Higher Medical Training
- Performed at the level expected for completion of Higher Medical Training

Agreed action plan:

August 2014



Commonly used

- Case-based discussion (CbD)
- Direct observation of procedural skills (DOPS)
- Mini-clinical evaluation exercise (mini-CEX)
 - evaluates a clinical encounter with a patient to provide feedback on skills essential for good clinical care such as history taking, examination and clinical reasoning

More complex

- Acute care assessment tool (ACAT)
 - is designed to be used for supervised learning events (SLEs) on the acute medical take
 - but may be on a ward round or covering a day's management of admissions and ward work.
 - looks at clinical assessment and management, decision making, team working, time management, record keeping and handover for the whole time period and multiple patients.

Other activities

- Quality improvement project assessment tool (QIPAT)
- Audit assessment (AA)
- Teaching observation (TO)

More qualitative

- Multiple consultant report (MCR)
- Multi-source feedback (MSF)
- Patient survey (PS)

Rules of Feedback (Pendleton)

1. Clarify matters of fact
2. Make criticism positive, specific and behavioural
3. Trainee leads on what went well
4. Assessor discusses what went well
5. Trainee identifies what didn't go well
6. Assessor discusses what didn't go well
7. Recommendations for change
8. *Discuss how improvements can be made*

Promoting trainee ownership of feedback

- Encourage trainee to self-assess prior to receiving external feedback
- Give feedback in small, digestible quantities
- Allow the trainee to respond to the feedback given
- Try to ensure that it is a trainee-driven process

Promoting trainee ownership of feedback

- Be specific about deadlines
- Use specific examples supported by evidence
- Ensure that feedback is converted into an action plan for the trainee

Advantages of WBA

- Provides real time evidence of practice on wards/in clinic in systematic transparent manner
- With observations and feedback from a variety of trainers
- May be the only objective record of trainee performing poorly in workplace
- Particularly in areas such as team work, communication

Drawbacks of WBA

- Require large amount of time, even if done on the job
- Need systematic recording – in UK usually done on-line and linked to competencies in e-portfolio
- Can be tedious unless feedback is used correctly for formative learning at the time
- Requires motivated and trained trainers
- Trainee can be selective in choosing raters

Do WBAs have any effect?

BMJ

N= 16 studies

RESEARCH

Impact of workplace based assessment on doctors' education and performance: a systematic review

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Cite this as: *BMJ* 2010;341:c5064
doi:10.1136/bmj.c5064

ABSTRACT

Objective To investigate the literature for evidence that workplace based assessment affects doctors' education and performance.

Design Systematic review.

Data sources The primary data sources were the databases Journals@Ovid, Medline, Embase, CINAHL, PsycINFO and ERIC. Evidence based reviews (Bandolier

performance assessment, there are few published articles exploring its impact on doctors' education and performance. This review shows that multisource feedback can lead to performance improvement, although individual factors, the context of the feedback, and the presence of facilitation have a profound effect on the response. There is no evidence that alternative workplace based assessment tools (mini-clinical

Miller A, Archer J. *BMJ* 2010;341:c5064 doi:10.1136/bmj.c5064

Do WBAs have any effect?

- This review shows that **multisource feedback** can lead to **performance improvement**, although the following have a profound effect on the response:
 - individual factors
 - the context of the feedback
 - the presence of facilitation
- There is **no evidence** that alternative **workplace based assessment tools** (mini-clinical evaluation exercise, direct observation of procedural skills, and case based discussion) **lead to improvement in performance**, although subjective reports on their **educational impact are positive**.

Multisource feedback

Ferguson *et al.* *BMC Medical Education* 2014, **14**:76
<http://www.biomedcentral.com/1472-6920/14/76>



RESEARCH ARTICLE

Open Access

Factors influencing the effectiveness of multisource feedback in improving the professional practice of medical doctors: a systematic review

Julie Ferguson^{1,2*}, Judy Wakeling¹ and Paul Bowie¹

Ferguson J et al. BMC Medical Education 2014, 14:76

Multisource feedback

- N=16 studies
- 7 studies reported a general change in professional practice
- 7 identified specific changes in behaviour
- These were mainly:
 - communication, both with colleagues and patients
 - improvement in clinical competence/skills
- Emphasized the importance of facilitated narrative comments, especially from credible sources

A BEME (Best Evidence in Medical Education) review of the use of workplace-based assessment in identifying and remediating underperformance among postgraduate medical trainees: BME Guide No 43

Twenty studies met the inclusion criteria.

The use of WBA within the context of remediation **is not supported** within the existing literature.

The identification of underperformance is **not supported by the use of stand-alone, single-assessor WBA events** although specific areas of underperformance may be identified.

Multisource feedback (MSF) tools may facilitate identification of underperformance.

Barrett A et al. Med Teach 2016; 38: 1188-1198

Conclusion

The extent to which WBA can be used to detect and manage underperformance in postgraduate trainees is unclear

Although evidence to date suggests that multirater assessments (i.e. MSF) may be of more use than single-rater judgments (e.g. mini-clinical evaluation exercise).

Your experiences?

My summary

- Our personal experiences varied
- Evidence suggests rather limited role
- DOPS useful for documenting technical performance
- MSF more useful for improving behaviour and attitudes
- Requires careful and timely feedback for formative development

What does this mean for CESMA?

- Should CESMA promote workplace based assessment?
- If so should CESMA produce technical documents to support WBAs?
- If not what is the alternative?