Assessing the performance of Psychiatrists in the workplace

Dr Andrew Brittlebank
Vice President (Education and Training)
Section of Psychiatry
Intended outcomes

By the end of this presentation, I aim to:

• Describe how performance assessment fits into a whole assessment system

• Introduce you to the performance assessment tools used in Psychiatry Specialty Training in a number of European countries

• Outline the evaluation of the UK pilot study of performance assessments in Psychiatry
Why fix it?

“In Europe, being a psychiatric patient is a bit like being a passenger of a pilot who learned to fly by reading about it”

Compernolle, 1998
“The most important things are not measured”

W Edwards Deming
Miller’s pyramid

1. Knows
   - Competence
2. Knows how
3. Shows how
4. Does
   - Performance
Miller’s pyramid and assessment

- **Performance**
- **Competence**
- **Shows how**
- **Knows how**
- **Knows**

WPBA = Workplace based assessment
OSCE = Observed structured clinical examination

WPBA
OSCE
Written tests

360°
CEX
DOPs
CSR
The Assessment System

• Includes:
  – Standardised (national) exams
  – Performance assessments in the workplace
  – Integration of all the evidence to make progress decisions
Integration – the annual review by Faculty?

- Assess the evidence
  - Contained in Portfolio
  - Formal assessments/exams
  - Observations
- Make a decision based on the evidence
  - Summative pass/fail
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EUROPEAN FRAMEWORK FOR COMPETENCIES IN PSYCHIATRY
Four core methods 1

- Based on documents:
  - Log book assessment
  - Case based Discussion (Chart Stimulated Recall)
Four core methods 2

• Direct observation of a procedure
  – DOPS
  – DONCS
  – Teaching
  – Case presentation
  – Journal Club presentation
Four core methods 3

- Observed clinical encounters
  - Mini-CEX/CEX
  - Mini-Assessed Clinical Encounter
  - Assessment of Clinical Expertise
Four core methods

• Multi-source feedback (360°)
  – Mini-Peer Assessment Tool
  – Team Assessment of Behaviour
  – Patient Satisfaction Questionnaire
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Development of WPBA

• Small scale local pilot (2005)
  – Acceptability and feasibility data

• National pilot (2006/7)
  – Involved 20 sites
  – Psychometric data

• National implementation (2008)
  – Supported by evolving online system
Workplace-Based Assessments in Psychiatry: Evaluation of a Whole Assessment System

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Training the assessors

• Performance dimensions
  – Curriculum outcomes
  – Consensus discussion
• Observation training
  – Rate on what you see and what you hear
• Frame-of-reference
  – Rate in groups and share
Written guides

• Tell trainees and trainers what should be assessed
• how it should be assessed
• and at which stages
Assessment is a compromise

The variables

- Reliability (R)
- Validity (V)
- Educational impact (E)
- Feasibility

The balance

\[ U = w_r R \times w_v V \times w_e E \]

After Crossley (2008)
sampling

After Crossley (2008)
### Table 2 Reliability estimates

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**Reliability data for CbD**

Based on GeneralisabilityTheory
Error plot showing variability of score by occupation

Consultants are a homogenous group giving very reliable CbD’s
Four CbD’s covering a range of practice and complexity, performed by consultants
Validity

• Face validity
  – User perception, satisfaction score (1-6)
  – Trainees 4.65 (SD 0.79)
  – Assessors 4.54 (SD 0.84)

• Construct
  – Clinician variables
    • Mark based on patient safety criteria
  – Patient variables
After Crossley (2008)

Assessment strategy 1

Assessment strategy 2
Educational impact

• “Competition can make people wary of assessment, and efforts to provide feedback on progress and attainment can unintentionally be seen as threatening...WPBA requires a change in culture”

PMETB/AoMRC, 2009
Assessment for learning

• Assessment drives learning:
  “It’s good to know where you stand”

• As a tool for reflection:
  “It has been helpful to reflect on how much you think you’ve improved”
Feasibility

• Time taken

• Mean = 25 mins (SD 16)
What’s coming next?

• Change marking scale – base on concept of ‘entrustable professional activities’
• Bank of scenarios – mandatory assessments
• Assessment ‘of learning’ as well as ‘for learning’
Change the marking scale

We are using a simpler three point Likert Scale. Point 3 indicates a standard of performance that would be appropriate to independent specialist practice.
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Thank you!

Comments & questions?