



Assessing the performance of Psychiatrists in the workplace

Dr Andrew Brittlebank

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Intended outcomes

By the end of this presentation, I aim to: -

- Describe how performance assessment fits in to 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”

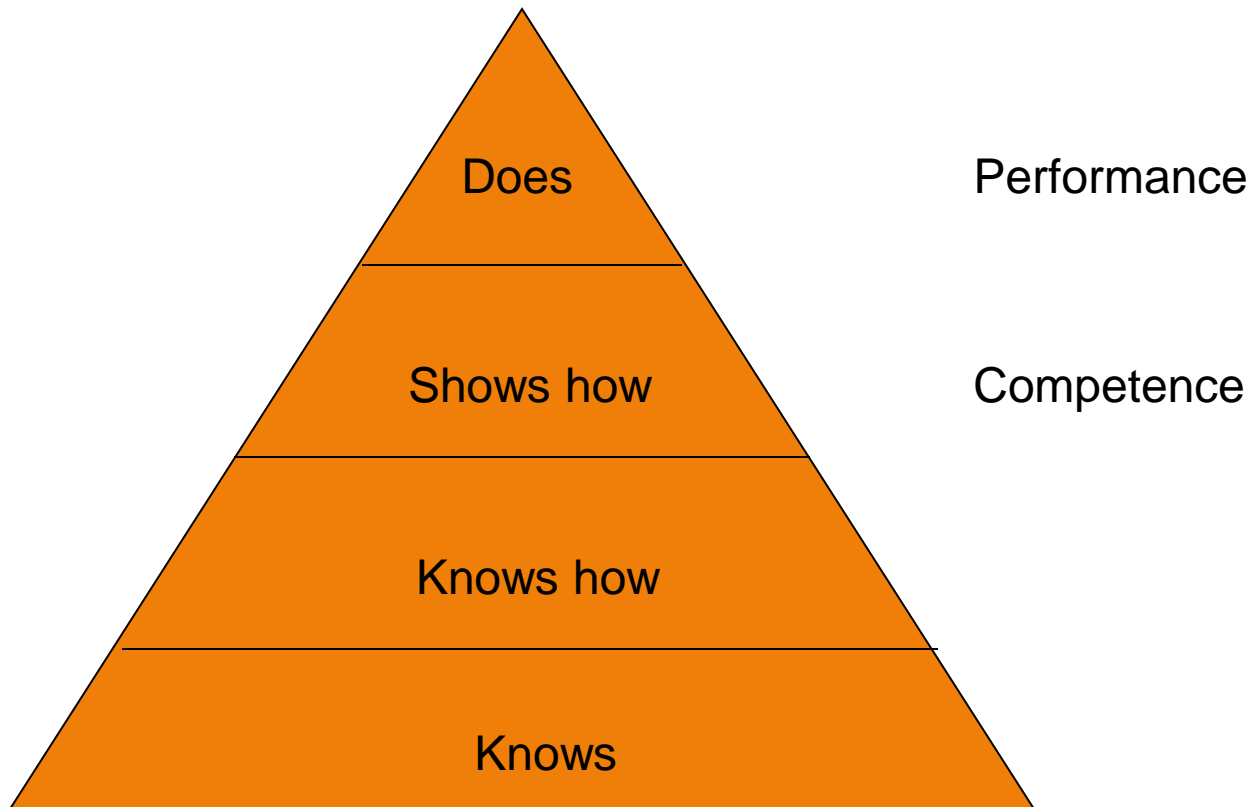
Compernelle, 1998



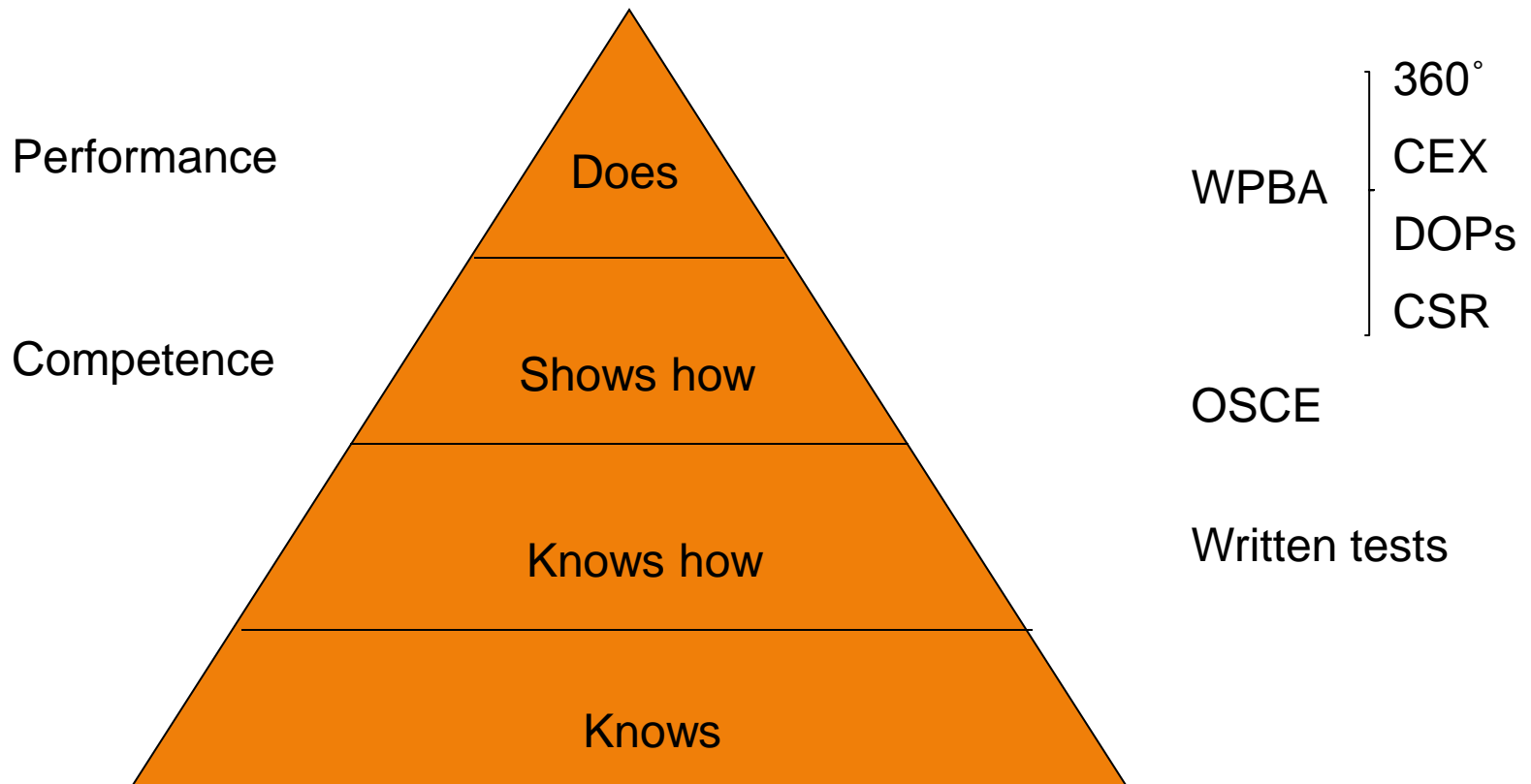
“The most important things are not measured”

W Edwards Deming

Miller's pyramid



Miller's pyramid and assessment



WPBA = Workplace based assessment

OSCE = Observed structured clinical examination



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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**UNION EUROPÉENNE DES
MÉDECINS SPÉCIALISTES
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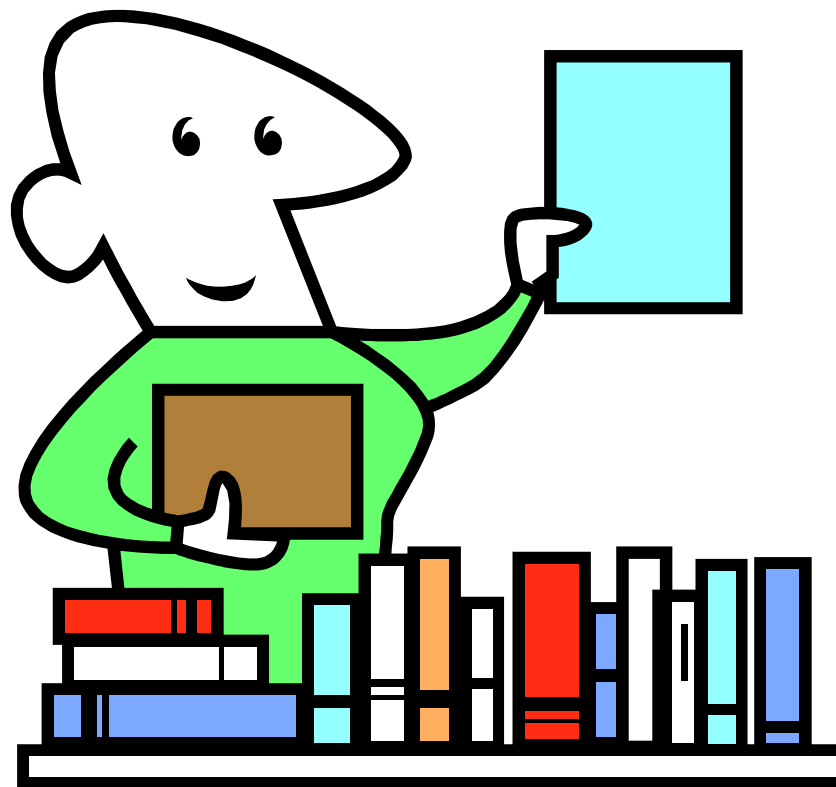
APPROVED
Ljubljana, Slovenia, 17 October 2009

Due for revision: October 2013

**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 4

- 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

ORIGINAL ARTICLES | September 01, 2013

Workplace-Based Assessments in Psychiatry: Evaluation of a Whole Assessment System

Andrew Brittlebank, FRCPsych; Julian Archer, MRCPsych, Ph.D.; Damien Longson, FRCPsych; Amir Malik, M.B.A., MRCPsych; Dinesh K. Bhugra, Ph.D., FRCP, FRCPE, FRCPsych

Academic Psychiatry 2013;37:301-307. doi:10.1176/appi.ap.11110198

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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



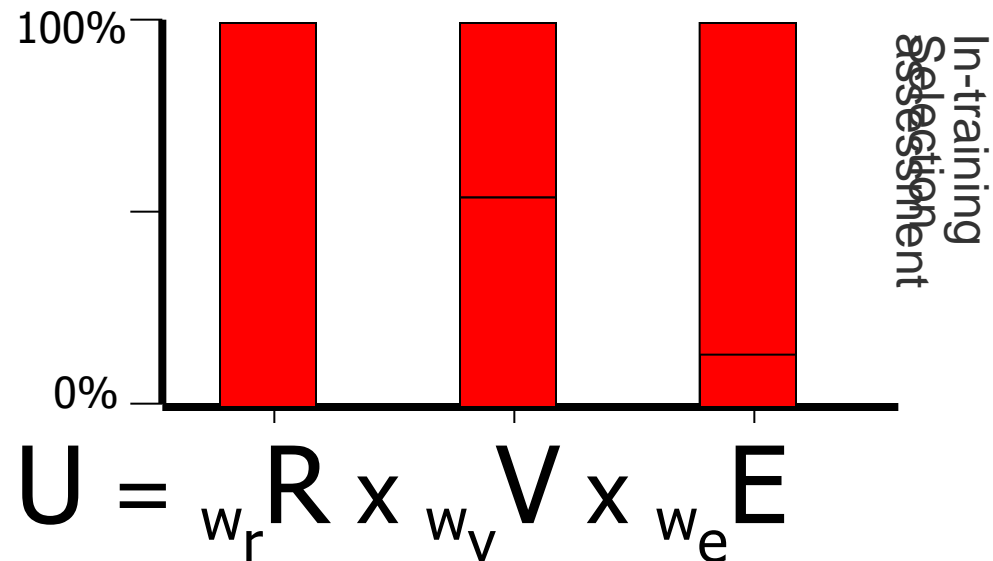
- Tell trainees and trainers what should be assessed
- how it should be assessed
- and at which stages

Assessment is a compromise

The variables

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

The balance



sampling

Domain of Interest

Test Sample



Test Sample

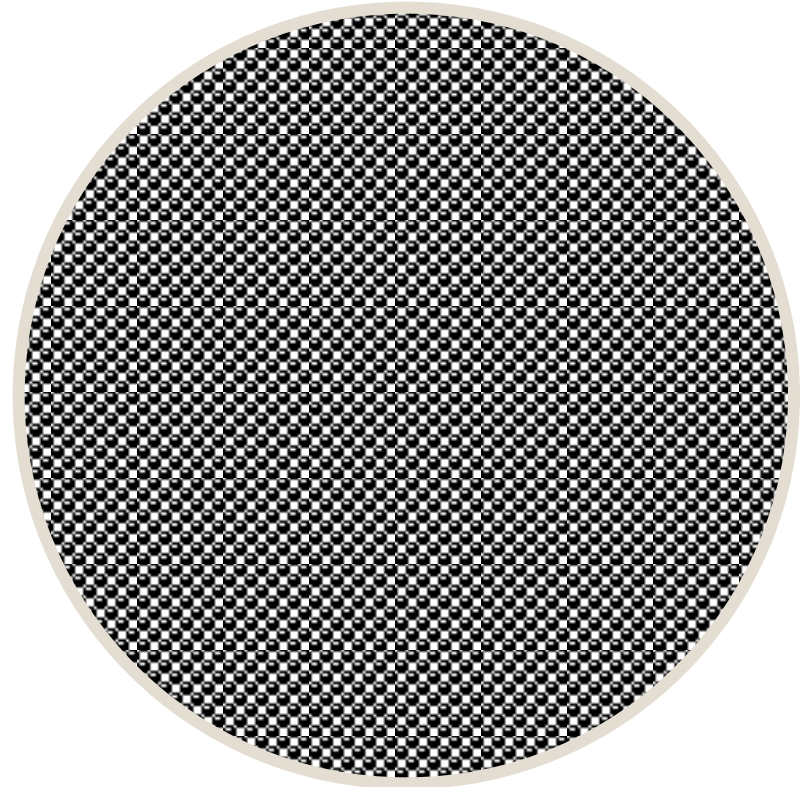
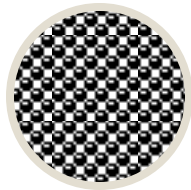
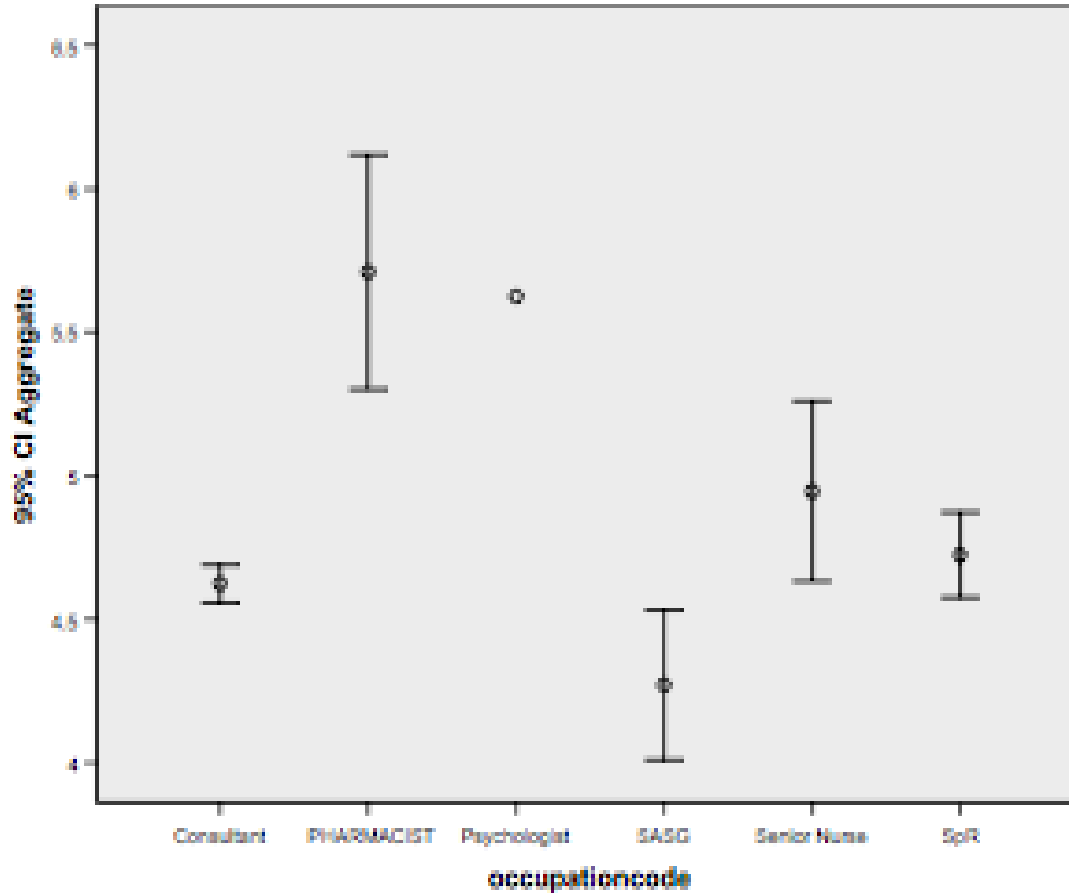


Table 2 Reliability estimates

Number of Assessors	D	95% CI
1	0.5	1.0
2	0.6	0.7
3	0.7	0.6
4	0.8	0.5
5	0.8	0.5
6	0.8	0.4
7	0.9	0.4
8	0.9	0.4
9	0.9	0.3
10	0.9	0.3

Reliability data for CbD

Based on Generalisability Theory



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



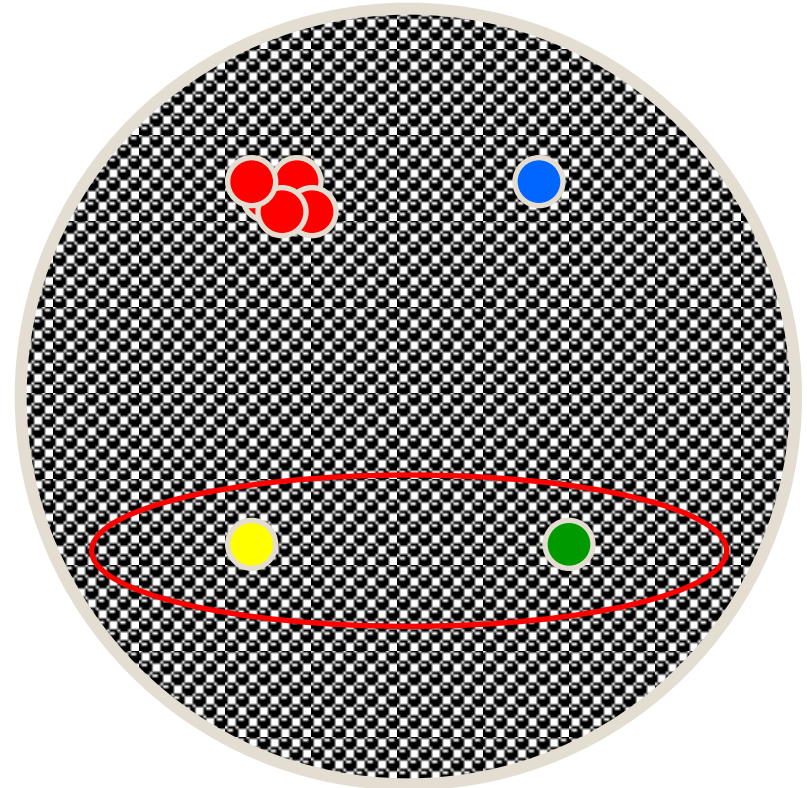
- Face validity
 - User perception, satisfaction score (1-6)
 - Trainees 4.65 (SD 0.79)
 - Assessors 4.54 (SD 0.84)
- Construct
 - Clinician variables
 - Mark based on patient safety criteria
 - Patient variables

Domain of Interest

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

Trainee's GMC Number DOCS Date of Assessment 20
Surname: Forename:
Programme: Stage of Training:

Direct Observation of non-Clinical Skills ST 4-6



Skill observed: **Chairing Teaching Clinical supervision Educational supervision**
Providing written communication Providing oral communication
Other (Please describe)

Setting: **In-patient Acute Care Community Other** (please describe)

Significantly short of readiness for consultant practice 1 Approaching readiness for consultant practice 2 Ready for consultant practice 3 N/A

1. Medical expert
2. Communicator
3. Collaborator
4. Manager
5. Health advocate
6. Scholar
7. Professional

8. Based on this assessment, how would you rate this Doctor's performance at this stage of training?

Below expectations Satisfactory Exceeds expectations

Anything especially good?	Areas for development
Agreed action	

Assessor's position: Consultant Psychologist Senior Nurse Other
Assessor's signature.....
Please print Assessor's name.....

Assessor's Registration number Date:

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Thank you!

Comments & questions?