Trainees' Guide to Workplace Based Assessment

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Introduction

The College curriculum for specialist training in Psychiatry is supported by an extensive assessment programme comprising both workplace based assessments and formal MRCPsych examinations. Details of the MRCPsych examinations appear elsewhere, including the College website (www.rcpsych.ac.uk). This document is concerned only with workplace based assessment (WPBA).

Curriculum
The basis of the Specialty Training Programme in Psychiatry is the College Curriculum. This has been approved by PMETB and comprises the *Core and General* module, 6 specialty modules, and 3 sub-specialty modules. The same workplace based assessment methods are used throughout. The entire curriculum is mapped to *Good Medical Practice* and the Core and General module indicates the phase of training through the use of colour: red = ST1; gold = ST2&3; violet + ST4&5; and green = ST6. The same colour codes are used in all documents concerned with a specific phase of training, including several, but not all, of the WPBA forms. Documents that are not specific to a particular phase of training (such as the Core and General module and some of the WPBA forms) have a pale blue title on the cover page. The curriculum is designed to be used as an electronic hyperlinked document, with the competencies linked to the portfolio for each stage of training & the matrix of assessment methods. The portfolio is the key document for the trainee to familiarise themselves with in order to manage their training with the help of their supervisor & tutor.

Underlying Principles

- **Workplace based assessments must comply with the four College principles:**
  - **They must focus on *performance* (ie what the Trainee actually does in the workplace)**
  - **They must be *evidence based***
  - **Evidence must be *triangulated* whenever possible (ie it must be provided by different assessors, on different occasions, and if possible using different methods)**
  - **Records must be *permanent* – assessment forms must not be lost or destroyed.**
- **Workplace based assessments will fulfill both formative and summative assessment purposes. they are therefore very important because they inform educational planning, map progress and attainment, and confirm readiness to take the MRCPsych and progress to the next stage of training.**

Therefore, they should not be left until the end of each stage of training and/or clinical placement.

- **It is strongly suggested that both a mini-Ace and Case based Discussion (CbD) occur at the earliest opportunity in any new placement. This reflects the power of workplace based assessment in formative assessment i.e. "how am I doing?". Thus the assessments directly inform the learning plan including intended learning outcomes for any given phase of training or clinical placement**
- **Workplace based assessments are largely the Trainee's responsibility to arrange.**
- **It is very helpful (but not mandatory) for Trainees to identify for themselves, as well as their supervisor and tutors, specific competencies or aspects to be assessed and to note their alphanumeric code reference on the WPBA form.**
- **Trainees can choose to be assessed at a higher level of training than the stage they are in at the time.**
- **The curriculum is hyperlinked to both the assessment programme and the *Specialty Registrar Portfolio of Progress and Attainment.***

Purpose

The purpose of the workplace based assessments is threefold.

Firstly, they have a *formative* function as the basis for feedback and educational planning. This includes both normal learner development during training and helping identify any specially focused teaching that might be necessary to fill gaps or resolve weaknesses.

Secondly, they have a *summative* function which provides evidence of the attainment of competencies. This evidence is used within training to determine entry into the MRCPsych examinations or progress to the next phase of training (whether within run-through training or not).

Thirdly, workplace based assessments are a very important means by which each Trainee's progress is documented and externally monitored. Documentation of the growth of competence is essential for PMETB to award specialist status.

Assessments

There are 10 workplace based assessments available. These are described in detail elsewhere (e.g. College website) and they are merely outlined below. They should be completed by a variety of raters (including non-doctors), in a variety of settings throughout training.

ACE: Assessed Clinical Encounter, a whole clinical encounter with a patient observed by the rater, including formulation/management & documentation – takes about 1-1.5 hours.

Mini-ACE: Mini- Assessed Clinical Encounter , a section of a clinical encounter, usually task focused eg: assessing the patient's risk to themselves. About 20 minutes.
CbD: Case Based Discussion, a discussion of a case (interaction not observed) – based on "chart stimulated recall". 15-30 minutes.
CP: Case Presentation, a "Grand Round" style formal presentation.
JCP: Journal Club Presentation, an evidence based presentation of a subject (possibly an audit).
AoT: Assessment of Teaching – an observed session of teaching by the trainee.
DOPS: Direct Observation of Procedural Skill. Little used in psychiatry, but ECT & CPR training could be recorded in this way.
Mini-PAT & TAB: Peer Assessment Tool & Team Assessment of Behaviour. Two 360 assessments requiring confidential feedback from at least eight team members.
PSQ: Patient Satisfaction Questionnaire, is exactly what it says it is. Feedback from 30 patients following clinical encounters.

Requirements

During the transitional period there are no strictly defined timetables of assessment completion, but from the expected requirements for entry into the MRCPsych examinations the absolute minimum of assessments annually is:

- 3 ACE
- 4 Mini-ACE
- 2 CBD
- 1 JCP or CP and a 360 degree assessment

Evaluated (but not performed) by the trainee's educational supervisor & verified by their Tutor/Director of Medical Education.

This limited number of assessments would not allow a trainee to accumulate sufficient signed off/ verified competencies to satisfy external summative demands, but the inevitable variation in the rates of achievement between different trainees and the reality that competence should occur towards the end of each phase of training means that a rigid and structured programme is inappropriate.

It is fundamentally important to note that, since they form the basis for feedback and educational planning, workplace based assessments are carried out at appropriate intervals throughout training rather than left until the end of each phase. In particular, it is strongly suggested that within the early stages of each phase of training or clinical placement a mini-ACE and Case based Discussion (CbD) are carried out. This is because these tools reflect closely the expected day-to-day work of a junior doctor in Psychiatry both in terms of the assessment of cases and clinical reasoning and judgement. Furthermore, where possible it is considered good practice that one Assessment of Clinical Expertise (ACE) be carried out during the first month of each rotation. This is so that the

Trainee is observed in detail working with patients early in each placement and an appropriate educational plan can be agreed. It is expected that Trainees will probably not be attaining the standard for completion of that phase of training early in any particular placement – the purpose of these early assessments is to identify what each Trainee is doing well and which areas need to develop. Thus it must be understood by all concerned that it is most unlikely that these assessments made in the earlier stages of each phase of training will produce ratings of 4 or better across the board.

Assessment forms
All WPBA forms have been designed as a single page. Work is currently under way to look into a paper-less web-based format, but at present the forms are marked manually and stored using conventional filing methods. Apart from the MSF forms, each WPBA form produces 3 copies – one for the Trainee to keep, one for the Tutor and the third for the Deanery.

Scale Ratings (*formative)*

Except for the TAB, all the WPBA forms use a 6-point Likert-type rating scale. The standard for completion of each stage of training (ST1, 3, 5 and 6) corresponds to a rating of 4. Higher ratings indicate performance above the minimum standard for completion of that stage; lower ratings indicate performance below the required completion standard. Since a Trainee in the early part of any phase of training will probably not be performing at the standard required for completion of that phase, (and will, therefore, often receive ratings below 4), most assessment forms have an additional item where the assessor can indicate the trainee's global performance relative to the their stage of training. On the other hand, there might be some occasions when a Trainee's performance exceeds that indicated for their current stage of training. In such circumstances a Trainee can choose to be assessed using criteria (and rating forms) for a higher stage of training and, if they achieve ratings of 4 or more, can record this in the appropriate portfolio. Thus, for example, an exceptional ST1 Trainee might choose to be assessed on their consultation skills at ST2/3 level and, if rated at 4 or better, would record this in their ST2/3 portfolio as well as in their ST1 portfolio. Similarly competencies can & should be assessed at the level appropriate to the trainees attainment, not necessarily their time in training.

Competence Attainment (*summative*)

The assessment of competence is an integral part of progress through training linked to the curriculum. Developing competencies are recorded as 'under supervision' 'competent' and 'mastery', reflecting the growing skills of the trainee. Because many of the competencies are quite complex, most are broken down into their aspects.

There will be, at Deanery level, for all trainees an Annual Review of Competence Progression (ARCP). This is described in the Gold Guide for Specialty Registrar Training and replaces the RITA process. The key elements of this review are;- appraisal (Educational and NHS),

assessment of performance (workplace based assessments with annual summation of achievement plus experience demonstrated e.g. from logbook/portfolio as well as audit, research and other aspects of non-clinical competence) and planning.

Assessment
Each competency, or each aspect if the competency is broken down into aspects, is linked to the assessment programme. By clicking on the 'A' symbol associated with each competency or aspect, you are taken to a small matrix in the assessment programme that shows which methods (both formal and workplace based) are appropriate for assessing that particular item.

Early in the process of gathering evidence of competence achievement trainees can agree with their assessor at the end of the session which competencies have been attained. Later if they have a gap or two in their portfolios, they can specifically ask the assessor to focus on them. The competence descriptors must be shown to the assessor to ensure an appropriate & clear understanding of the aspect is shared by the rater & subject.

In order to facilitate this process, codes are printed in the curriculum immediately beneath each aspect. The code consists of 4 characters. The first, in capitals, indicates the major domain from *Good Medical Practice* – G for *Good Clinical Care;* W for *Working with Colleagues*; P for *Probity;* and H for *Health.* The second, a lower case letter, indicates the sub-domain from *Good Medical Practice* (for example, Good Clinical Care has 6 sub-domains – a to h). The third is a number indicating the major competency, and the fourth the specific aspect. These same codes (except all in lower case) are used to label the hyperlinks. The full code as recorded on the assessment forms starts with a number to show the stage of training during which the competence is expected to be achieved and identifies at what level the competence has been achieved i.e: 'under supervision', 'competence' or 'mastery'. For example,
1Gb12: Competent under supervision in Patient management including access to appropriate care [as demonstrated by] Undertak[ing] referrals of patients to other professionals etc as appropriate.
3Gb12: Competent in Patient management including access to appropriate care [as demonstrated by] Implement[ing] care plans that are tailored to specific patient needs.

The assessment form has a grid in the lower right corner in which the trainee can enter the code for any particular aspects covered in the assessment. These must be individually initialled by the assessor to be valid.

Portfolio: Log

Each phase of training (ST1; 2/3; 4/5; and 6) has a designated *Portfolio: Log of Progress and Attainment*. Usually this will be the working document to which the trainee frequently refers. **The associated documents must**

be kept in a single folder with their names unaltered for the hyperlinks to work. The name of the folder is irrelevant. The core curriculum, specialist curricula and portfolios must remain together and "macros" allowed for the linkage to work properly. Although any of the documents can be printed, they are large (especially the core curriculum – which is incomprehensible unless viewed in colour). Competencies can be administered easily beginning with either the curriculum or the portfolio/log file. Four tasks have to be completed - identifying the aspect of competence – checking the appropriateness of the assessment method – noting the competence code & validating it on the assessment form & recording the achievement in the portfolio/log.

Curriculum: After locating the specific aspect of competence in the curriculum the trainee first notes the code for the competence (two letters followed by one or two numbers e.g. Ge13) and then opens the appropriate portfolio. Below the competence description and code, to the left of the 'A' symbol that links to the assessment matrix are 'P' symbols in red, gold, violet and green, using the colour codes for the 4 phases of training. "Ctrl+Click"-ing on the appropriate 'P' symbol will open the portfolio & take you to the correct place to record the results of the assessment. Returning to the curriculum one checks the planned assessment method is appropriate by "ctrl=click"-ing to skip to the assessment matrix. Then the code is noted onto the assessment form & initialled by the assessor. Going back to the portfolio/log the date & type of assessment can be recorded in "evidence". With each successful validation one of the 'X's in the achieved column can be removed to help keep track of progress. Then file your copy of the assessment form safely. This will help in locating the evidence later, for example to prove eligibility to take the MRCPsych or apply for your CCT.

Portfolio: The process is similar to that described above, but one selects the competence in the portfolio/log, "ctrl+click"-ing on the description to open the curriculum.

The first 3 years of training is mainly (but not exclusively) concerned with the Core and General module, and there are certain competencies that Trainees are expected to acquire very early in ST1 to demonstrate they are safe to work in psychiatry. These are identified in the front of the ST1 Trainee Portfolio. During ST1 to 3 Trainees will gain experience in different developmental aspects of Psychiatry and might, indeed, gain specific specialist competencies set out in the specialty and sub-specialty modules. In such cases they can, of course, record these achievements in the relevant specialty of sub-specialty Portfolio. There is deliberate flexibility on the assessment forms to allow the recording of 'out of sync' competence

Carrying out workplace based assessments

Arranging for WPBA is primarily the Trainee's responsibility. Each Trainee is expected to make the necessary arrangements with assessors, patients, documentation etc. Many of these arrangements will need to be made in advance. Arrangements for multi-source feedback (MSF) and

Patient Satisfaction Questionnaires are slightly different to those for other WPBAs. Details are given in the relevant *Guides.*

Preparation
You should arrange with an assessor where, when, how and what will be assessed. If appropriate, arrangements should also be made with the patient. This can be done at extremely short notice to fit with clinical opportunities. Carrying a loaded memory stick at all times is a great help.

Documentation

You should give your assessor the appropriate assessment form. It is also recommended that you let them know about the associated *Guides* and *Performance Descriptors.* The Performance Descriptors are aimed to serve as a guide to help the assessors fill in the ratings. Should you wish to demonstrate particular competencies it is important that you indicate to the assessor the specific points to be noted in the assessment. This is done by filling in the grid at the lower right hand side of the assessment form with the code for the aspect of competency, as described above under '*assessment forms'.* The best way to show your assessor the standard of performance against which they are assessing is to show them the relevant description in the Portfolio/log before you begin the assessment. Although the assessor may be able to 'sign off' competencies which were not identified in advance, it is wise whenever possible to prepare the rater. There is space to note the page of the portfolio next to the competence aspect code on the assessment document to aid navigation. Any competence that is demonstrated to an appropriate level must be initialled by the assessor so that it can be used as evidence counting towards CCT.

Three copies of the form are separated when the assessment is completed. The 'original' is sent to be collected by your School of Psychiatry or Deanery, a copy is held by your trust's tutor and the third is added to you physical portfolio. The date is at the top of each form to ease filing & retrieval.

Do's & Don'ts:

Don't wait until the last moment. From about a third of the way through each stage of training you should be regularly having assessments and gaining validated competencies. The final third of each period of training should be spent carefully filling any gaps.

Do check every form you submit carefully, especially for the registration numbers.

Do ensure you use a wide variety of assessors and assessment tools in many contexts with varied patients.

Don't approach uncritical or relatively junior staff members as they will not be able to offer an appropriately skilled opinion and your supervisor or

tutor may refuse to validate it so that it will be disallowed for summative purposes.

Do be very careful not to lose or corrupt your “live” portfolio – this may be conveniently held on a memory stick, but you MUST BACK IT UP. This can be conveniently done with you home PC (and a physical CD/DVD copy) or the network drive at work (which is very secure). Keeping track may be eased by creating a series of folders with dates in their titles. If you write the date in reverse e.g. 070528 the folders will automatically be held in date order by your computer….

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