

An Assessors Guide to Year 5 MB ChB Workplace Based Assessments (WPBA)

What?

Workplace based assessments (WPBAs) are tools used within the clinical environment to assess performance in applying medical knowledge, examination skills, diagnostic acumen, clinical reasoning and management planning. They include:

Case Based Discussions (CBD): A structured discussion of a clinical case, already seen by the student. This discussion focuses on the accuracy of the history and examination. From the details gained from the patient encounter assessors are looking for satisfactory formulation, investigation and management planning.

Mini-Clinical Evaluation Exercise (Mini-CEX): A direct observation of a patient encounter by an assessor. This assessment is focused on the patient consultation, history taking and examination findings in addition to clinical reasoning and formulation of appropriate management plans.

Practical Skills and Procedures (PSPs): A direct observation of one or more University of Bristol PSPs. These sign-offs are covered in detail in the PSP Assessment Guide so will not be covered further in this document.

Why?

WPBAs are embedded throughout postgraduate training, so familiarity with these assessment methods prepares students for Foundation training and beyond. They provide an opportunity to demonstrate the integration of knowledge, clinical skills and professional behaviours required of a foundation doctor.

By completing WPBAs students demonstrate their capability to integrate history and examination, synthesise differential diagnosis, display clinical reasoning and construct management plans. The standard set for satisfactory performance in WPBAs in Year 5 is to perform at the level of a newly qualified foundation doctor (FY1). This ensures that their directly observed practice is in keeping with curriculum objectives and progression through the undergraduate programme.

Who?

To ensure adequate rigor and maximise feedback WPBAs need to be assessed by individuals proficient with their scope of practice. The following outlines who can assess WPBAs:

- Registered Doctors practicing **at the level above** Foundation Year 2 (FY2)
- **Fully qualified Physician Associates** working in an area of practice related to the WPBA
- **Advanced/Medical Nurse Practitioners, Advanced Clinical Practitioners** or equivalent health professionals working in the relevant area of practice.

If assessments are completed by individuals who do not meet these criteria, they will be discounted and further attempts required to satisfy the minimum progression requirements.

How many?

We expect students to complete 5 CBDs and 5 Mini-CEXs split over the three assistantships as follows:

Assistantship	CBD	Mini-CEX
1	2	2
2	2	2
3	1	1

Outcome?

For each assessment you will be asked the level the student is performing at:

“Performs at the level expected” indicates that you think the student has demonstrated at least the minimal level of competence required for the commencement of FY1 and is safe.

“Not yet performing at the level expected” indicates that you are not confident the student has demonstrated the minimal level of competence required for the commencement of FY1. You may think that their behaviour could compromise patient safety.

Students do not need to demonstrate that they have reached the expected level in all 5 CBDs and all 5 mini-CEXs. They just need to do a total of at least 5 CBDs and 5 mini-CEXs in the year. The rationale for this is that WPBAs are a good way of providing high-quality feedback to the students that helps them to improve.

Please do include feedback that highlights strengths but also helps the student identify areas for improvement.

How do I conduct a CBD?

*A CBD should be a **planned event** and take approximately 20 minutes.*

Step 1 Let them know when it is going to happen

Let the student know when it is going to happen; it should not be sprung upon them. Neither should they spring it on you, the assessor, by asking you to do a case-based discussion here and now.

The student needs time to prepare a case for discussion and you need to ensure that you have a suitable room and protected time to have the discussion.

Step 2 The student should select a case which they would like to discuss

This must be a patient who they have seen and clerked, reviewed or assessed. This might be someone they have seen anywhere in hospital, in peripheral clinics, at a GP surgery or on a home visit. The student should have taken a history and examined the patient. They should bring their anonymised notes with them to the discussion or have access to the electronic notes.

Step 3 Ask the student to present the patient's case to you

If they do not go on to give a differential diagnosis and suggest a management plan, encourage them to do so.

Step 4 Probe the depth of their knowledge and understanding

You might ask:

- Why was it important to do.....? (eg check their pulse)
- Why do you think that is the most likely diagnosis?
- What are you looking for when you request.....? (eg analysis of serum urea and electrolytes)

Until this point in the discussion, resist the temptation to turn it into a teaching session.

Step 5 Clarify any areas of possible confusion

You could ask:

What did you find most difficult to understand about this patient's case?

Which aspects of this case would you like to talk about? You can give them some options.

Be sure to check their understanding of any special terminology that the student uses, such as allodynia or vertigo.

Follow up on what they say. If, whilst talking about the cranial nerve examination, they say "I've always been bad at that", make sure you give them some practical advice or direct them to a useful learning resource.

Step 6 Identify a focus for the discussion that emerges from the case

Here are some examples:

- **Clinical Assessment.** You said the patient was in a wheelchair. What are the challenges of doing a physical examination when the patient is in a wheelchair?
- **Clinical Reasoning.** How did you reach this diagnosis? Have you come across Bayesian theory?
- **Communication.** You think the patient had a TIA. How do you explain a new diagnosis such as this to a patient?
- **Professionalism.** You said the patient had seen another doctor with this pain, but they didn't get referred for a colonoscopy then and wondered why. How should a doctor respond when a patient or relative expresses concern about a delayed diagnosis or the medical care given to a patient by other doctors?
- **Investigation and Management.** You said this patient needs a chest X-ray. How do you request a CXR. How do you decide on the level of urgency?

Step 7 Give constructive feedback

Bring the discussion to a conclusion and state that you are going to give some feedback.

Identify anything that the student did well

For example: "You summarized the case very clearly. You included the important features of the history – the relationship of her pain to exercise, her smoking history and her family history of ischaemic heart disease"

Identify things that the student could do to improve

Be specific. Here are some examples:

"You didn't mention the patient's basic observations. It's good practice to begin your summary of the physical examination findings with these. You could start by saying he is afebrile, had a regular pulse of 72 and a blood pressure of 120/70. His respiratory rate and oxygen saturation were normal."

"When you give a list of possible diagnoses, start with the diagnoses that are most likely, and be sure to mention the serious conditions that you would want to exclude. In a 70-year-old smoker who used to work as a builder, a persistent cough should make you think of lung cancer or a mesothelioma"

Step 8 Create an action plan

Tell them what things they should practice, where they can go to get this practice and what learning resources they should go to.

How do I conduct a CBD? Continued

Step 9 Complete the form on the ePortfolio

The student will show you this form on an App on their mobile phone or you can access it from a PC.

Ask the student to select the form for the correct assistantship (Acute and Critical Care, Ward-Based Care or Primary and Community Care). The student should enter the academy, their name and the date of assessment; and they should write a very brief description of the case. After this the student should hand their phone to you or let you write on the PC.

Give your verdict for each of the 5 domains

- Clinical assessment
- Clinical reasoning
- Investigation and management plan
- Professionalism
- Communication skills

Give your overall opinion of their clinical competence.

If you have rated them as not meeting the expected level for 2 or more domains, think very carefully before giving an overall verdict of “performs at the level expected”.

Write something in each of the feedback boxes

- Areas performed well
- Suggestions for development
- Agreed action

How... Mini-CEX?

*A Mini-CEX should be a **planned event** and take approximately 15 minutes.*

Step 1 Agree with the student that you will treat this as a mini-CEX before they begin their encounter with the patient

For example, in clinic, you could say it’s likely that one of the patients who we see together will need to have an examination of their thyroid. Would you like to do this examination and treat it as a mini-CEX? When you come across a suitable patient, say “would you like to do this examination as a mini-CEX?” Ask the patient if they are happy for the student to do the examination and explain that that you will be watching all the time.

Ideally the patient should be someone who the student has not seen before.

Step 2 Observe the student in their interaction with the patient

Try to remain in observation mode. However, if the student is doing something incorrectly you may need to intervene, correct them or take over.

Make some notes of what you observe.

Step 3 Resume control of the patient encounter and bring it to conclusion

Step 4 Ask the patient for their opinion

Asks them, "would you be comfortable with this student looking after you if they were a recently qualified doctor?"

The student should not be present when you ask this question; either ask them to step out the room or go back to the patient later.

If the patient says, they would not be comfortable, try to find out why not.

Step 5 Move to separate room to give feedback to the student, or arrange a time to do this later in the day

Step 6 Ask the student how they think they did

Was there anything that they anticipated being difficult or something that they struggled with?

Step 7 Give constructive feedback

Identify anything that the student did well

For example: "You gave the patient very clear instructions when you were assessing the power in their upper limbs"

Identify things that the student could do to improve

Be specific. Here are some examples:

"I didn't see you checking the patient's tone in their upper limbs. It's important to check this in a patient who has had a stroke. It is usually increased on the affected side. Remember the usual sequence when conducting a neurological examination of the limbs. Start with observation, then assess tone, power, reflexes, co-ordination and sensation in that order."

"When you checked the reflexes I didn't see any movement. When checking the supinator reflex you should position the patients arm like this... and ensure that the tendon hammer strikes the tendon here..."

Relay the patient feedback to the student under things they did well or things they could do to improve, depending on what the patient said.

Step 8 Create an action plan

Tell them what things they should practice, where they can go to get this practice and what learning resources they should go to.

Step 9 Complete the form on the ePortfolio

The student will show you this form on an App on their mobile phone or can access it from a PC.

Ask the student to select the form for the correct assistantship (Acute and Critical Care, Ward-Based Care or Primary and Community Care). The student should enter the academy, their name and date of assessment. They should write a very brief description of the case. After this the student should hand their phone to you or let you write on the PC.

Give your verdict for each of the 7 domains

- Clinical assessment – history
- Clinical assessment - examination
- Clinical reasoning
- Management plan
- Professionalism
- Communication skills
- Patient opinion

Give your overall opinion of their clinical competence.

If you have rated them as not meeting the expected level for 2 or more domains, think very carefully before giving an overall verdict of “performs at the level expected”.

Write something in each of the feedback boxes

- Areas performed well
- Suggestions for development
- Agreed action