

Year 5 MB ChB Clinical Assessments



WORKPLACE-BASED ASSESSMENTS

ASSESSOR GUIDANCE

UPDATED 27 OCTOBER 2022

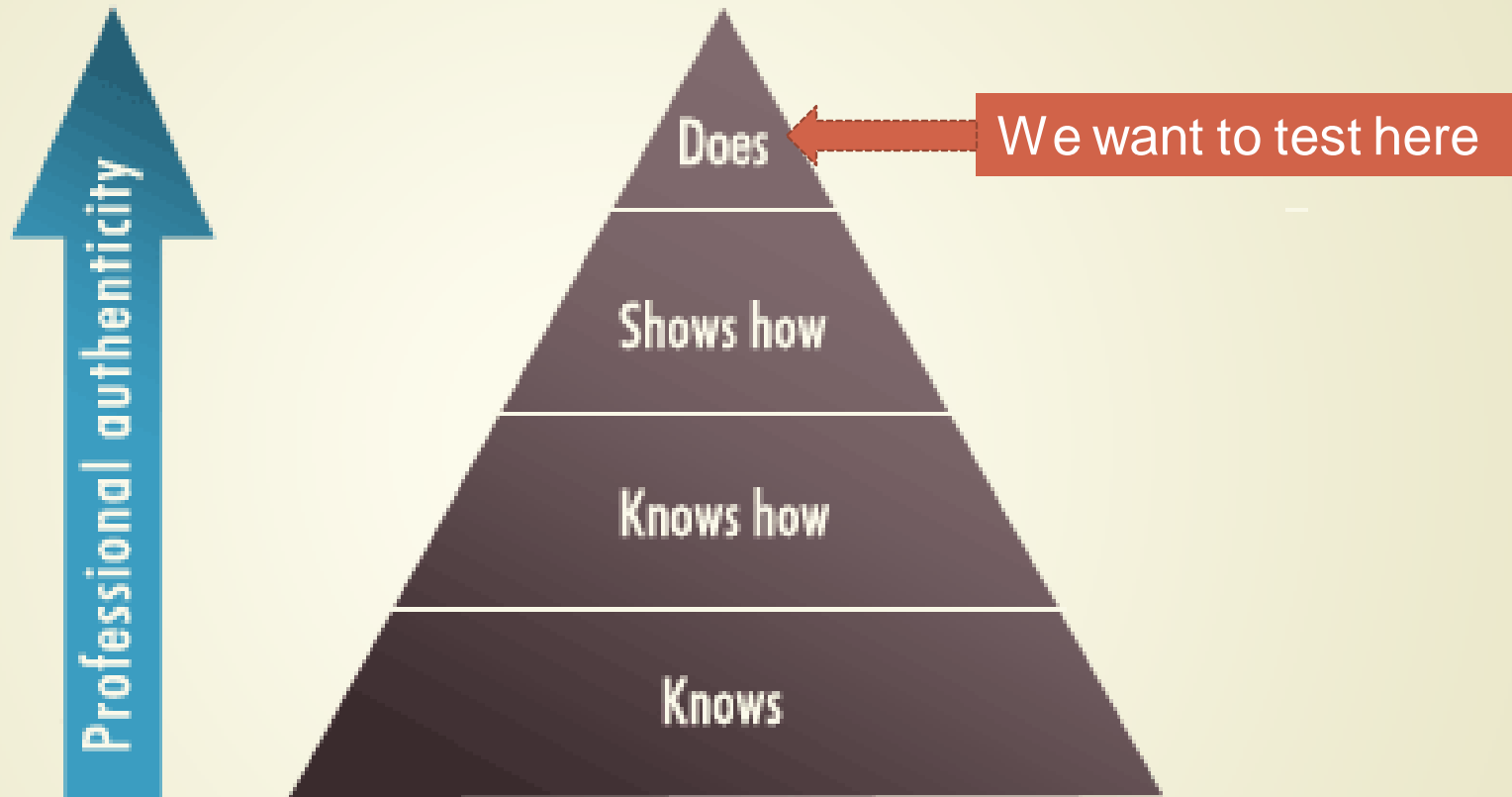
Aims of assessment in year 5



To:

- Ensure our graduates have the necessary knowledge, skills, attitudes and behaviours to become a foundation doctor
- Prepare them for the assessments that they will do in their foundation programme
- Maintain their ability, as noted by external examiners, to integrate a history and full examination and synthesize a diagnosis and initial management plan based upon their findings. This is a strength of Bristol graduates.

A simple model of competence



Miller GE. The assessment of clinical skills/performance.
Academic Medicine (Supplement) 1990; 65: S63-S7.

What are Workplace-based Assessments?



- Workplace-based Assessments are used throughout postgraduate training. They are assessments of things our graduates will actually do once they start work.
 - Clerk a patient
 - Formulate a diagnosis / treatment plan
 - Justify diagnostic reasoning and management plans
 - Perform focussed patient interactions
- 3 formats:
 - Objective, observed long case**
 - Complete and record a full history and examination (*Only for students who did not achieve a satisfactory level in Year 4*)
 - Mini-clinical evaluation Exercise (Mini-CEX)**
 - Assessment of direct observation of a student/patient clinical encounter
 - Case based discussion (CbD)**
 - Structured discussion of a clinical case who they have clerked or reviewed

Providing Evidence for Entrustable Professional Activities



We ask that the final year students do a certain number of workplace-based assessments to a defined level of competence (as in postgraduate training), to contribute core evidence towards completion of their **Entrustable Professional Activities**.

So what are **Entrustable Professional Activities**?

Entrustable Professional Activities



Entrustable Professional Activities (EPAs) are ‘units of professional practice, defined as tasks or responsibilities that trainees are *entrusted* to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions’.

We have mapped the **GMC’s Outcomes for Graduates** to 16 Bristol Entrustable Professional Activities.

Bristol's Entrustable Professional Activities



1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record
7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health

Bristol's Entrustable Professional Activities



9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an inter-professional team, both clinically and educationally
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management
13. Obtain informed consent for tests and/or procedures
14. Contribute to a culture of safety and improvement and recognise and respond to system failures
15. Undertake appropriate practical procedures
16. Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.

**[modified from the American Association of Medical Colleges' core entrustable professional activities for entering Residency (2014)]*

How many assessments are they expected to do?



To get all their Entrustable Professional Activities signed-off at their academy by the midpoint review of their last assistantship in year 5, they are expected to gain a global verdict of “performing at level expected” in:

3 CbDs (one in each assistantship)

3 mini-CEXs (one in each assistantship)

1 objective long case (if not achieved in year 4) on an older person with complex medical needs (during Ward-based Care)

in addition to gathering other evidence.

They need 5 pieces of evidence for each of the 16 Entrustable Professional Activities

3 Case-based Discussions



CbD1 focussed on any patient

CbD2 focussed on any patient

CbD3 focussed on any patient

3 mini-CEXs



Mini-CEX1 undertaken during ward-based care assistantship

Mini-CEX2 undertaken in primary care assistantship.
**The focus of this mini-CEX can be an
online/telephone or an in person consultation with a patient**

Mini-CEX3 undertaken during acute & critical care assistantship

Who can assess the students?



- All assessments will have a single assessor (except for resit long cases)
- Assessors for the **Objective Long Cases** will be GMC registered consultants working in adult medical or surgical specialities in hospital. For resit attempts two examiners should be present.
- Assessors for **mini-CEXs and Case-based Discussions** must be

GMC registered **doctors at level of F2 or above**

or

Specialist nurses who are involved in regular completion of Supervised Learning Events / workplace-based assessments for foundation / speciality trainee doctors

or

Physicians Associates, providing the subject matter is within their field of competence

Completing the marksheets



- The marksheets for all workplace-based assessments (Case-based Discussions and mini-CEXs) must be completed electronically on the student's e-portfolio known as My Progress. The student should give you access to the marksheet on their phone.
- If you are doing an OLC then this is still paper based, but you will need to upload the completed marksheet.

Academy

Please choose the Academy where you are currently located:

Select option

* Mandatory

Student Name

Please enter your full name.

* Mandatory

Date of Assessment

Please provide the date on which this assessment took place



* Mandatory

Situation

Student: please give a very brief free text description, making sure not to include any patient identifiable information.

* Mandatory

Assessor Name

Please enter your full name.

* Mandatory

Assessor GMC Number

Please enter your GMC Number

* Mandatory

Assessor Position

- Consultant
- GP
- SAS
- STr
- CTF
- Other

* Mandatory

Assessor Statement

I confirm I have review the University of Bristol Assessor Guidance Material

- Yes

* Mandatory

This is what the first section of each marksheet looks like on a mobile device.

Please enter your name, GMC number and position and confirm that you have read this guidance.

Grading of Competence: for all workplace-based assessments



For each workplace-based assessment (CbD, mini-CEX and objective long case) you can give one of 2 global judgements

Not yet performing at level expected

means that you do not feel confident that they have reached a standard that will allow them to function as an FY1, in particular if you feel they have demonstrated behavior that could potentially compromise patient safety

Performs at level expected

indicates you consider them to be procedurally competent and safe, and have demonstrated at least the **minimal** level of competence required for **commencement** of FY1

Case-based discussion



Case-based Discussion (CbD) - preparation



- The CbD should be a planned event.
- It is a structured discussion of a clinical case who the student has either clerked or reviewed during an assistantship.
 - Its strength is investigation of, and feedback on, clinical reasoning
- For each CbD the student should select **two** patients who they have seen during their assistantship. Either their clerking and/or documentation of review should be included in the patient's medical notes.
- The student should bring either the anonymised clerking or anonymised copies of their case note entries to the assessment. They should bring two cases. Please select one of these cases for the CbD.
- Alternatively if the assessment is being carried out in an appropriate location in the ward area, the clinical notes can be used.
- The discussion must start from and be centred on the student's own record in the notes.

Case-based Discussion (continued)



- Cases for a CbD selected by the student must allow demonstration and discussion of the following areas :
 - Medical record keeping
 - Clinical assessment
 - Investigation planning
 - Management planning
 - Professionalism
- It is not appropriate for students to select cases that they have simply recorded in the medical notes but where they were not leading the encounter (e.g. ward round entries for other doctors).
- A CbD should take approximately **15-20 minutes** including time for feedback.

CbD Marksheet

You should indicate your verdict on each of the 5 domains and give your final global opinion. Your final global option should be informed by your judgement in the 5 sub-domains but there are no arithmetic rules for making this decision

	Not yet performing at level expected	Performs at level expected
Medical record Keeping Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.	<input type="radio"/>	<input type="radio"/>
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings.	<input type="radio"/>	<input type="radio"/>
Investigation planning Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.	<input type="radio"/>	<input type="radio"/>
Management planning Discusses the rationale for the treatment, including the risks and benefits.	<input type="radio"/>	<input type="radio"/>
Professionalism Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; has insight into own limitations.	<input type="radio"/>	<input type="radio"/>

* Mandatory

Global Opinion of Clinical Competence

Consider overall judgement, synthesis, effectiveness and efficiency. If a student is not performing at the level expected, please detail why.

	Not yet performing at level expected	Performs at level expected
Global Opinion	<input type="radio"/>	<input type="radio"/>

* Mandatory

Indicate Entrustable Professional Activity(EPA) linkage for CbD



On the marksheet you can indicate up to 2 Entrustable Professional Activities to which the student can link the assessment.

EPA		Assessor please indicate no more than 2
3	Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient	
4	Recommend and interpret common diagnostic and screening tests	
11	Collaborate as a member of an inter-professional team, both clinically and educationally	Often applicable for CbD on oncology/ palliative care
Other	Give number from Year 5 Workbook	

Please give feedback using these headings

Assessor Feedback based on the behaviour observed

Areas performed well	Suggestions for Development (must include feedback related to any domain marked "not yet performing at level expected")

Agreed action (specifically where and how work is required to address any cause for concern):

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Mini-CEX



Mini Clinical Evaluation Exercise (Mini-CEX)



- A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
- A mini-CEX should take **10-20 minutes** to complete
- Mini-CEXs must comprise clinical encounters that are routinely performed by an Foundation doctor. They must include a degree of information gathering as well as communication of clinical information. They may, but are not absolutely required to, include aspects of clinical examination.
- A mini-CEX should be planned. Before the observed activity the student and assessor should agree what is going to be assessed.
- The complexity of cases will vary; please take account of this

Suitable cases for a mini-CEX)



Cases for a mini-CEX must allow demonstration of competence in the following areas:

- History taking/information gathering (from patient)
- Communication skills
- Professionalism
- Diagnosis and/or management planning
- Organisation and efficiency

Encounters that do not allow for clear demonstration of competence in these areas will not be valid.

Acceptable encounters include:

- Clinical patient review e.g. on ward round, in GP surgery or out-patient clinic, a review requested by nursing staff
- Explanation of diagnostic test results
- Explanation of an investigation &/ or management plan (e.g. complex treatment regime)
- Focused assessment of an existing ward patient known to assessor but **not** to student.

Unsuitable cases for a mini-CEX



- If you anticipate that a patient is completely stable and does not require any change to their management please do not choose this patient for a mini-CEX.
- You should not be asked to complete a mini-CEX **after** a ward round presentation or when you did not observe the student/patient interaction

Running a mini-CEX



- You should give you clear instructions about what is expected within the assessment
 - “Mrs X was recently admitted with breathlessness – please take a history in relation to her presentation and perform a relevant examination”.
 - Alternatively you may direct the student towards focusing on key aspects of the history alone to allow questioning around diagnostic reasoning and management
- The student must not try to take a full history as they would in a long case but focus on the presenting complaint and any other relevant points from e.g. previous medical history/ drug history.
- Similarly examination should be focussed but relevant and appropriate. If observation charts are available students should used these rather than record temperature and blood pressure themselves.

There are 5 mandatory domains on the mini-CEX marksheet



	Not yet performing at level expected	Performs at level expected
History Taking / Information Gathering Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.	<input type="radio"/>	<input type="radio"/>
Communication Skills Explores patient's perspective; jargon free; open and honest; empathic; explains rationale and agrees management plan/therapy with patient.	<input type="radio"/>	<input type="radio"/>
Professionalism Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information. Behaves in ethical manner. Recognises their limitations.	<input type="radio"/>	<input type="radio"/>
Management Planning Selectively considers and plans appropriate diagnostic studies, considers risks, benefits. Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.	<input type="radio"/>	<input type="radio"/>
Organisation / efficiency Prioritizes; is timely; succinct.	<input type="radio"/>	<input type="radio"/>

* Mandatory

There are 2 additional domains that may be appropriate: physical exam and diagnosis



If applicable

	Not Applicable	Not yet performing at level expected	Performs at level expected
Physical Examination Skills (If applicable) Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis (If applicable) Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Mandatory

Patient Opinion

"Would you be comfortable with this student looking after you if they were a recently qualified doctor?"

- Not comfortable
 Yes I would

* Mandatory

Global Opinion of Clinical Competence

Consider overall judgement, synthesis, effectiveness and efficiency. If a student is not performing at the level expected, please detail why.

	Not yet performing at level expected	Performs at level expected
Global Opinion	<input type="radio"/>	<input type="radio"/>

* Mandatory

Patient Feedback



Please seek feedback from the patient (after asking the student to step aside) and record this on the marksheet

Patient Opinion	Not comfortable	Yes I would
"Would you be comfortable with this student looking after you if they were a recently qualified doctor"		

Patient Feedback

What was particularly good about how the medical student communicated and behaved towards you?	How could the medical student improve the way that they communicated and behaved towards you?

Not yet performing at level expected ?



- If you do not think that the student has performed at the level expected of an FY1 doctor they will have plenty of opportunities to do another assessment.
- If you doesn't think they are performing at the level expected, please
 - suggest how long they should wait before attempting a further assessment
 - Give guidance on where they need to focus further study/practice
- Whatever the outcome of the assessment please ensure that the assessment is submitted on the mobile device

Please give feedback using these headings

Assessor Feedback based on the behaviour observed



Areas performed well	Suggestions for Development (must include feedback related to any domain marked "not yet performing at level expected")



Agreed action (specifically where and how work is required to address any cause for concern):

Indicate Entrustable Professional Activity(EPA) linkage for mini-CEX

As with the CbD, suggest up to 2 EPAs to which the student can link this assessment

EPA		Assessor please indicate no more than 2
1	Gather a history and perform a mental state and physical examination (mental state being the focus for this mini-CEX)	
2	Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	
3	Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient	
4	Recommend and interpret common diagnostic and screening tests	
Other	Give number from Year 5 Workbook	

Objective Observed Long Case



There is a separate examiner training video for the objective observed long case. This is available on the Assessments and Feedback section of the MB ChB Information SharePoint.

It is a large file so may take several minutes to upload.

Running the Objective Long Case



- The student has **60 minutes** to collect and record the history (as if to be filed in the patient's case-notes) and carry out a complete examination.
- You should observe the student for all of this time. If this is a resit attempt there may be 2 examiners
- Give the student a further **10 minutes** to complete their written record. You should use this time to collect feedback from the patient and confirm any clinical signs that you may have elicited.
- Look at their written record and then ask the student some questions

Running of the Objective Long Case



- Start by asking the student to present a summary of the case and outline their diagnosis +/- differential.
- Then probe the rationale for their reasoning
- Ask you what their initial investigation and management plan would be if they were the F1 either admitting the patient or responsible for management on the ward.

Framing of this part will depend on how long pt has been in hospital. You may discuss acute admission management / ongoing care / discharge planning

Objective Long Case - marksheet

DOMAIN		NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENT
<p>History taking Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues <i>Uses / takes collateral history if appropriate</i></p>				
<p>General Physical Examination Skills Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty</p>				
<p>Specific System Examinations</p>	Cardiovascular			
	Respiratory			
	Abdominal			
	Neurological <i>Including AMTs</i>			
<p>Diagnosis Gives appropriate diagnosis and / or <i>problem list</i> based on information gathered from history and examination</p>				
<p>Investigation planning Selectively considers and plans appropriate diagnostic studies,</p>				
<p>Management planning Constructs a management plan; <i>proposes</i> actions on the basis of the differential diagnosis and clinical setting. <i>Must mention MDT.</i></p>				
<p>Medical record keeping Legible; signed; dated; helps the next clinician give effective and appropriate care.</p>				
<p>Communication skills Explores patient's perspective; jargon free; open and honest; empathic.</p>				
<p>Professionalism Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort and modesty. Behaves in ethical manner. Recognizes their limitations.</p>				
<p>Organisation / efficiency <i>Prioritizes</i>; is timely; succinct.</p>				
<p>Patient Opinion "Would you be comfortable with this student looking after you if they were a recently qualified doctor"</p>		Not comfortable	<u>Yes</u> I would	
<p>GLOBAL OPINION OF CLINICAL COMPETENCE Consider overall judgement, synthesis, <i>effectiveness</i> and efficiency</p>				

Objective Long Case: patient's opinion



Whilst you are writing up your notes the examiner will ask the patient for their opinion by asking:

“Would you be comfortable with this student looking after you if they were a recently qualified doctor”	Not comfortable	Yes I would
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If the patient says “not comfortable” but the examiner decides that you have performed at the level expected, the examiner must justify their decision.

The examiner will also ask the patient for more specific feedback

What was particularly good about how the medical student communicated and behaved towards you?	How could the medical student improve the way that they communicated and behaved towards you?
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Feedback to the student



After the long case please inform the student of your overall verdict and will them your feedback

Tell them in which **areas they performed well**

&

Give them some **suggestions for improvement.**

Additional Example material



- **CbD**
 - A good example of a CBD with questioning to really explore the students rationale for decision making
 - ✦ <https://www.youtube.com/watch?v=vVAfjR754XM>
 - And feedback
 - ✦ <https://www.youtube.com/watch?v=mhTpBOV2kFU>
- **Giving feedback (unhelpful / helpful)**
 - <https://www.youtube.com/watch?v=PRlInUAKwDY>