University of BRISTOL

Year 5 MB ChB Clinical Assessments

WORKPLACE-BASED ASSESSMENTS

EXAMINER GUIDANCE & TRAINING

UPDATED 1 OCTOBER 2021

Aims and Objectives

- Aim
  - To familiarise academy examiners with the principles and practical aspects of delivering clinical assessments in year 5

- Following revision of this material you should know
  - The specific components of the scheme of clinical assessments for year 5 students
  - The timeframe for undertaking these assessments within Year 5
  - How to administer each assessment
  - The principles of grading students' competence during the assessments

Outline of content

- Background
- What the assessments look like
- How to administer them
- Video material of example assessments

Aims of assessment in year 5

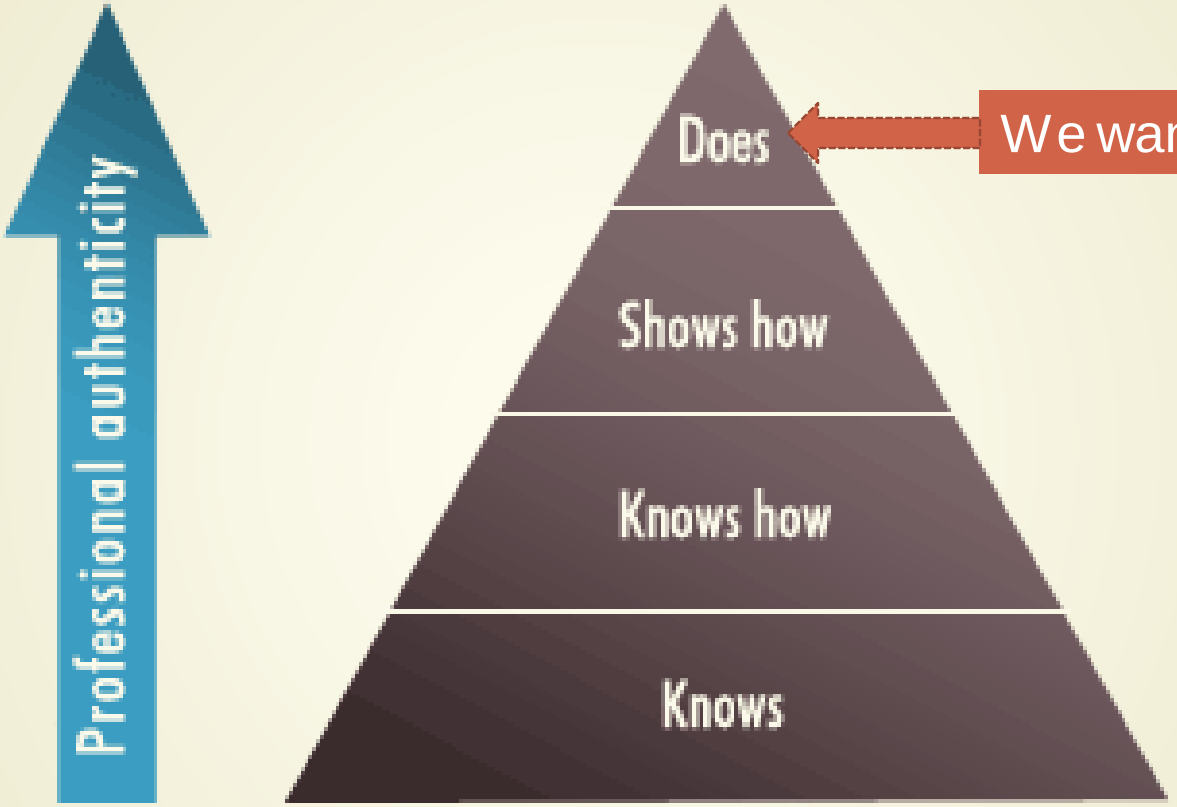
To:

- Ensure students have the necessary knowledge, skills, attitudes and behaviours to become a foundation doctor

- Prepare students for the assessments they will meet in their foundation programme

- Maintain the ability of our students, 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 students 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

  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 either clerked or reviewed by the student

Providing Evidence for Entrustable Professional Activities

We ask our 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 will each student do?

To get all their Entrustable Professional Activities signed-off at their academy by the end 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 on an older person with complex medical needs **(during ward-based assistantship)**

in addition to gathering other evidence.

3 Case-based Discussions

CbD1 focussed on any patient

CbD2 focussed on any patient

CbD3 focussed on oncology/palliative care

3 mini-CEXs

Mini-CEX1	undertaken during ward-based care assistantship
Mini-CEX2	undertaken in primary care assistantship. **The focus of this mini-CEX should be an online/telephone consultation with a patient**
Mini-CEX3	undertaken during acute & critical care assistantship

Who can be an assessor?

- All assessments will have a single assessor
- Assessors for the **Objective Long Cases** must be GMC registered doctors above the level of FY2 working in adult medical or surgical specialities in hospital, or in general practice.
- Assessors for **mini-CEXs and Case-based Discussions** must be GMC registered doctors above the level of FY2 or specialist nurses who are involved in regular completion of Supervised Learning Events / workplace-based assessments for foundation / speciality trainee doctors.

Completing the marksheets

- The marksheets for Case-based Discussions and mini-CEXs must be completed electronically on the student's e-portfolio. The student will give you access to the relevant form on their phone.
- For long case assessments, you will need to use a paper-based marksheet when observing the student. After the exam you will then need to complete a summary on the student's phone.
- Please give feedback to the students after the assessment.

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	Performs at level expected
means that you do not feel the student has 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	indicates the student is procedurally competent and safe, and has demonstrated at least the **minimal** level of competence required for **commencement** of FY1

Objective Observed Long Case

There is a separate examiner training video for the objective observed long case. You will find this on the year 5 assessment page on Blackboard. 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 must observe the student for all of this time
- Please give the student a further **10 minutes** to complete their written record

  You should use this time to collect patient feedback & confirm any clinical signs.
- Please look at the student's written record and then ask them some questions……

Running the Objective Long Case

- Please ask the student to present a summary of the case and outline their diagnosis +/- differential.
- Please probe their rationale for their reasoning
- Ask them what their initial investigation and management plan would be if they were the FY1 either admitting the patient or responsible for management on the ward.

  Framing of this part will depend on how long patient has been in hospital. It may be appropriate to discuss acute admission management / ongoing care / discharge planning

Objective Long Case - marksheet

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

Objective Long Case - marksheet

DOMAIN		NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENT
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Organisation / efficiency Prioritizes; is timely; succinct.				
Patient Opinion "Would you be comfortable with this student looking after you if they were a recently qualified doctor"		Not comfortable	Yes I would	
GLOBAL OPINION OF CLINCAL COMPETENCE **Consider overall judgement, synthesis, effectiveness and efficiency**				

You should not give a global verdict of PERFORMS AT LEVEL EXPECTED if you score the History Taking domain as NOT YET PERFORMING AT LEVEL EXPECTED

NOT YET PERFORMING AT LEVEL EXPECTED in any domain should cause you to ask yourself whether you would consider the candidate unsafe and therefore give a global judgement of NOT YET PERFORMING AT LEVEL EXPECTED

You should not give a global verdict of PERFORMS AT LEVEL EXPECTED if you have judged ≥ 2 domains as NOT YET PERFORMING AT LEVEL EXPECTED

Objective Long Case: patient's opinion

Once the student has left to write up their notes please ask the patient this question:

"Would you be comfortable with this student looking after you if they were a recently qualified doctor"	Not at all comfortable	Really not sure	Yes I think so	Absolutely, without doubt

If the patient says "not at all comfortable" or "really not sure" but you decide that the candidate has performed at the level expected, you must justify your decision on the reverse side of the marksheet.

Then please ask them for 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?

Feedback to the student

After the long case please tell the student your global verdict and give them feedback

Please tell them in which **areas they performed well**

&

Give them some **suggestions for improvement**.

Please write a summary of this feedback on the marksheet including any agreed actions.

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 either clerked or reviewed during their 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 where either their clerking and/or documentation of review is 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; **you the assessor (not the student) should decide which one to use in the CbD**. Alternatively if the assessment is being carried out in an appropriate location in the ward area, the clinical notes can be used where appropriate. The discussion must start from and be centred on the student's own record in the notes.
- CbD 3 must involve a patient whose primary problem is related to oncology or palliative care needs. This must be confirmed by the examiner on the appropriate CbD marksheet

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.

DOMAIN	NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENTS
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.			
Clinical Assessment Understood the patient's story; made appropriate clinical assessment based history and examination findings			
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.			
Management planning Discusses the rationale for the treatment, including the risks and benefits.			
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.			
GLOBAL OPINION OF CLINCAL COMPETENCE **Consider overall judgement, synthesis, effectiveness and efficiency**			

Your final global opinion should be informed by your judgement in the 5 sub-domains but there are no arithmetic rules for making this decision

Indicate Entrustable Professional Activity(EPA) linkage for CbD

On the marksheet please indicate 2 Entrustable Professional Activities to which the student can link this 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 to the student

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):

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 you should agree with the student what is going to be assessed.
- The complexity of cases will vary; assessors must 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 the assessor anticipates that a patient is completely stable and does not require any change to their management they should not choose this patient for a mini-CEX.

- A student should not ask an assessor to complete a mini-CEX **after** a ward round presentation or when the doctor/patient interaction was not observed

Running a mini-CEX

- You should give to give clear instruction to the student 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 students may be directed towards focusing on key aspects of the history alone to allow questioning around diagnostic reasoning and management
- Students 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. PMH/drug history.
- Similarly examination should be focussed but relevant and appropriate. Students would not, for example, be required to measure blood pressure, but note relevant findings from observation charts.

Mini-CEX marksheet

DOMAIN	NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENTS	N/A
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				
Physical Examination Skills Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty				
Communication skills Explores patient's perspective; jargon free; open and honest; empathic; explains rationale and agrees management plan/therapy with patient.				
Professionalism Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information. Behaves in ethical manner. Recognizes their limitations.				
Diagnosis 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.				
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				
Organisation / efficiency Prioritizes; is timely; succinct.				
Patient Opinion "Would you be comfortable with this student looking after you if they were a recently qualified doctor"	Not comfortable	Yes I would		
GLOBAL OPINION OF CLINCAL COMPETENCE **Consider overall judgement, synthesis, effectiveness and efficiency**				

There are 7 domains. The mini-CEX might not cover all 7

Please ask the patient for their opinion once the student has moved away.

Seeking feedback from patient

As well as getting the patient's opinion please seek feedback to give to the student

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

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?

Mini-CEX marksheet

DOMAIN	NOT YET PERFORMING AT LEVEL EXPECTED	PERFORMS AT LEVEL EXPECTED	COMMENTS	N/A
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				
Physical Examination Skills Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty				
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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				
Organisation / efficiency Prioritizes; is timely; succinct.				
Patient Opinion "Would you be comfortable with this student looking after you if they were a recently qualified doctor"	Not comfortable	Yes I would		
GLOBAL OPINION OF CLINCAL COMPETENCE **Consider overall judgement, synthesis, effectiveness and efficiency**				

As with the CbB your final global opinion should be informed by your judgement in the sub-domains & by the patient's opinion, but there are no arithmetic rules for making this decision

How to identify the student who is **not** yet performing at the level expected

- **Crucial elements**
  - Inappropriate attitudes or behaviour
  - A lack of awareness of his/her limitations
  - A level of knowledge that could put patients at risk
- **Key anchor statements**
  - Performs at level expected indicates the student is procedurally competent and safe, and has demonstrated at least the minimal level of competence required for commencement of FY1.
-
  - Not yet performing at level expected means that you do not feel student has reached a standard that will allow him or her to function as an FY1, in particular if you feel they have demonstrated behavior that could potentially compromise patient safety.

Behavioural Indicators

1. EMPATHY & SENSITIVITY
Capacity and motivation to take in patient/colleague perspective, and sense associated feelings. Generates safe/understanding atmosphere. The search for shared understanding.

POSITIVE INDICATORS	NEGATIVE INDICATORS
responded to needs/concerns with interest/understanding	showed very little visible interest/understanding
acted in open, non-judgmental manner	was quick to judge, make assumptions
was co-operative/inclusive in approach	appeared isolated or authoritarian
spoke and behaved with warmth and encouragement	lacked warmth in voice/manner; failed to encourage
generated safe / trusting atmosphere	created uncomfortable atmosphere

2. COMMUNICATION SKILLS
Capacity to adjust behaviour & language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleague) in equal/open dialogue

POSITIVE INDICATORS	NEGATIVE INDICATORS
where possible used open, patient-centred questions	restricted dialogue by overuse of closed questions
adjusted style of questioning/response as appropriate	was unable to adapt language behaviour as needed
was able to express ideas clearly (written/spoken)	was often unclear when contributing ideas/ questions
used effective non-verbal behaviour (voice, posture etc)	failed to engage at non-verbal level
used inventive language (humour/analogy etc)	use of language too functional/narrow/inflexible

3. PROBLEM-SOLVING SKILLS
Capacity to think/see beyond the obvious, with analytical but flexible mind. Maximises information and time efficiently and creatively.

POSITIVE INDICATORS	NEGATIVE INDICATORS
attempted to think 'around' issue	made immediate assumption about problem
was open to new ideas/possibilities	dealt with issue narrowly or dogmatically
generated, functional solution	was unable to suggest 'workable' outcome
prioritised information/time well	was disorganised/unsystematic
was able to identify key points	focused on non-important/peripheral issues

4. PROFESSIONAL INTEGRITY
Capacity and motivation to take responsibility for own actions (and thus mistakes). Respects/ defends contribution & views, of all. [Respect for "position, patients & protocol"].

POSITIVE INDICATORS	NEGATIVE INDICATORS
demonstrated respect for patient(s)/colleague(s)	Lacked sufficient respect for others
was positive/enthusiastic when dealing with problems	Treated issues as problems rather than challenges
was able to admit mistakes/learn from them	Avoided taking responsibility for poor decisions
was committed to equality of care for all	showed more concern for some than others
backed own judgment appropriately	was tentative when explaining decisions/actions

5. COPING with PRESSURE
Capacity to put difficulties into perspective, retaining control over events. Aware of own strengths/limitations and able to "share the load".

POSITIVE INDICATORS	NEGATIVE INDICATORS
remained calm/under control	became tense or agitated
rarely lost sight of wider needs of situation	shifted focus largely to immediate worries/needs
recognised own limitations and compromised	became defensive or uncompromising
was able to seek help when necessary	tried unsuccessfully to deal with situation alone
used strategies to deal with pressure/stress	could not find a way to resolve problem

6. CLINICAL EXPERTISE
Capacity to apply sound clinical knowledge & awareness to full investigation of problems. Makes clear, sound and proactive decisions, reflecting good clinical judgment.

POSITIVE INDICATORS	NEGATIVE INDICATORS
elicited necessary detail from patient/colleague	failed to explore information/signals
identified key issues involved	overlooked important issues
was aware of appropriate options	suggested too narrow range of options
showed sound/systematic judgment in making decisions	was too quick/unsystematic in making decisions
was able to anticipate possible issues	needed the "full picture" before understanding prob'

adapted from http://gpcurriculum.co.uk/assessment/behavioural_indicators.htm

Not yet performing at level expected ?

- If you do not think you the student has performed at the level expected of an FY1 doctor please say so but reassure them that they will have plenty of opportunities to do another assessment.

- If you think the student is not performing at the level expected, please:
  - suggest how long you think 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 student's e-portfolio

Please give feedback to the student

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 please link each assessment to up to 2 EPAs

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	

After the assessment

- Give the outcome to the student together with detailed feedback
- All marksheets are uploaded direct onto the student's MyProgress
- You do not need to give the student any additional notes that you make have made whilst observing their long case.

Additional Example material

- CbD
  - Good example of running 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=PRIlnUAKwDY

THANK YOU FOR YOUR SUPPORT