

Briefing Note:

Timing and processes for CBME Workplace assessments (e.g. EPA)

# Introduction

The purpose of this document is to provide a recommendation from the Best Practices in Evaluation and Assessment (BPEA) Working Group, to PGMEAC, regarding appropriate timing and processes for completing Competency based medical education (CBME) workplace assessment such as Entrustable Professional Activities (EPA) assessments.

# Background Literature

There does not appear to be literature specific to the reliability or validity of assessment decisions based on the timeliness of reporting. For this discussion, the literature on Workplace Based Assessments (WBA), such as EPAs, was reviewed for any indication of reporting guidelines. The majority of the literature or guidelines that were identified mention that ***k*ey to *effectiveness in CBME workplace based assessments is the provision of feedback to provide information on how to improve performance***. Many also indicate that ***the recording of the decision should take place at the same time.***

Beard (Beard and Bussey 2007) recommended that **feedback** from both the Mini-clinical Evaluation Exercise (mini-CEX) and the Surgical Direct Observation of Procedural Skills (DOPS) **should be given immediately and should usually take up to five minutes**. Baynes et al go so far as to say that the feedback for DOPS should occur between cases (Baynes and James 2013).

The Royal College of Pathologists also provides guidelines for completion of forms (Assessment Department, 2010) and states that feedback should occur immediately after an observation for 5-10 minutes. This relates to case-based discussion, DOPS, mini-CEX, or evaluation of clinical/management event. It goes further and states that the ***assessor is to complete the form with the learner present***, though if that is not possible then it should be completed ***as soon as possible after the feedback session***. And in specifically discussing record keeping, the guidelines state that even if the assessment is in a paper-based form and will be entered in the electronic database ***at a later date, feedback still needs to be provided and the paper form should be signed and dated by both the learner and the assessor.***

Others also indicate that the feedback and forms should be completed at the end of a case/observation (Royal College of General Practitioners (RCGP) , Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) 2011 page 11). In using a DOPS, the Royal Australian College of Surgeons has indicated that both the learner and the assessor must indicate their satisfaction with the Surgical DOPS tool. This is to be done during the debriefing and feedback session (Royal Australian College of Surgeons).

A doctoral thesis on implementing WBA (Ramsden 2014) included interviews to collect opinions from learners. There was a consensus that the ***learner viewed feedback as more important than the forms.*** There were negative comments regarding the receipt of delayed or remote feedback, with comments that the quality of such feedback was a factor in how the learners judged the usefulness of WBA. Some of the learners were specific in saying that the feedback needed to be immediate, or at least that same day: The thesis also noted that none of the supervisors mentioned specific timelines for providing feedback or completing forms.

Other guidelines for implementing WBA include that “All assessors should make written records of feedback given and actions taken, to aid decisions on progress (Rowley, Wass et al. 2010 D1.2), though again no specific timelines for making these records was provided.

The College of Psychiatrists of Australia and New Zealand addresses the issue of longer assessments, that may take two hours (Royal Australian and New Zealand College of Psychiatrists). Their guideline allows this assessment to be split into two sessions, no more than one week apart.

Using mobile technology, as is done for CBME workplace based assessments at the University of Toronto, is good for immediate use following an observation. The systems can allow for immediate data entry, even if off-line, and then upload the results at a later time (Gallagher 2016).

Some programs expect WBAs to be completed quite frequently (e.g. a couple of times a week). In such cases, it would is ***important for the learner to have the feedback and assessment forms completed from one observation before the next one***, so that they can use the information to improve their performance (Baynes and James 2013). The educational aspect of WBAs is noted to be important in educational planning.

It is recommended that ***frequent assessments and feedback occur early in the rotations so they can be used to inform the learning plan*** for that phase of clinical training (Searle, Holsgrove et al. 2007). This is consistent with a ***general undercurrent of immediacy for assessment and feedbac*k** (Norcini and Burch 2007).

# Discussion

The Workplace Based Assessments, such as EPAs, in Competency-Based Medical Education (CBME) need to be completed in a timely way, including the recording of the assessment and effective feedback that indicate the adequacy of the performance, and offer specific actionable coaching on how to improved performance and outcomes.

Faculty and learners would both benefit from the opportunity to develop skills in giving and receiving feedback effectively.

Technology needs to be designed to enhance the timeliness of both the recording and the feedback.

Appendix – DRAFT Guidelines for the completion of EPA forms



PGME Guidelines for the Timing and processes for CBME Workplace assessments (e.g. EPA)

1. CBME Workplace Based Assessments, such as EPAs need to be completed in a timely way including the recording of the assessment and effective feedback.
2. Timely assessments means workplaces assessments and feedback completed in ‘real time’ or later the same day. Sometimes assessors may need to complete the documentation over the next day. WBA forms are to be completed no later than 48 hours after the observation.
3. Providing feedback is the priority and should be provided to learners immediately following an observation.
4. Feedback should indicate the adequacy of the performance and offer specific actionable coaching on how to improved performance and outcomes.
5. Departments, divisions and programs should support assessors and learners to develop their skills in giving and receiving feedback effectively.
6. Technology needs to be designed to enabled WBA to be completed in a timely way including the recording of the assessment and effective feedback.
7. PGME and Residency Program Committees will monitor that CBME Workplace Based Assessments are completed in a timely way including the recording of the assessment and effective feedback.
8. PGME and Residency Program Committees will support assessors in their programs in their monitoring, oversight and feedback to assessors.

# References

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