



Workshop 3

Assessing and Supporting

PowerPoint and delivery plan

Section & timing	Slide #
Section 1 (45-min)	Slide 1 -13 Introduction Outline of RANZCP assessment and curriculum outcomes Maths problem Definitions Good and Bad experiences
Section 2 (75-min)	Slides 14-19 Video mini-CEX Setting standards EPAs
BREAK (15-min)	
Section 3 (45-min)	Slides 20-25 Role Play – OCA Dealing with challenges
Section 4 (60-min)	Slides 26-31 Role Play – supervisors assessment Summary Evaluation
END OF WORKSHOP 3	

Assessing and Supporting – Facilitator notes

Slide 1



SECTION 1: DISCUSSION, DEFINITIONS & EXPERIENCES

Introduce background for the curriculum development by the College and College Plans. These changes are to address current concerns regarding training in terms of competence of graduates, support for graduates.

The overall purpose for these workshops is to help supervisors in their role.

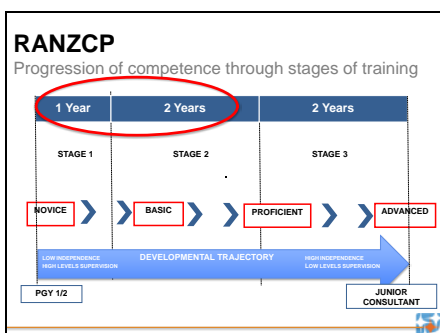
Point out they will learn as much from each other as the facilitators, therefore introductions – Who you are; where you teach and an icebreaker (something about yourself nobody else knows, best holiday, food you hate....). Vary depending on how this is being run.

Introduce resources.

(Introductions can take ~ 20-minutes)

Slide 2

Animation



PRESENT

The next 3 slides provide a summary of the Competency Based Fellowship Programme around outcomes, teaching and assessment.

PRESENT (slide 2 – note animation)

Explain the new curriculum aims to clearly define the progress of a trainee through three stages and the progression of competence is reflected by the developmental trajectory.

As the trainee progresses through training, their level of competence will be reflected at a position on the developmental trajectory.

In the ideal competency-based education model, progression through training would have no time boundaries and trainees would develop at the speed they are able to demonstrate their abilities, however in the RANZCP training program trainees will be expected to spend 60 months in training.

This slide highlights three stages of training. For progression from Stage 1 to Stage 2 and Stage 2 to Stage 3, trainees will need to demonstrate competent performance.

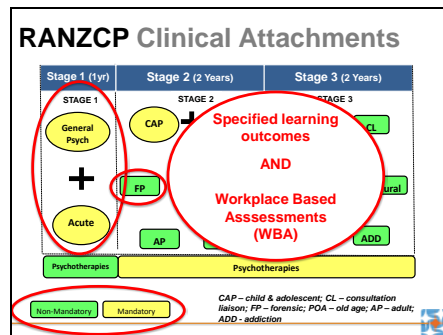
Attainment of Fellowship is contingent on acquiring advanced competencies.

Animation

New for RANZCP – split between Stage 1 and 2 of training.

Slide 3

Animation



PRESENT (slide 3 – note animation)

Explain these are the new clinical rotations for the program. The changes to the clinical rotations are as follows – explain Stage 1 with General Psychiatry and Acute Psychiatry, along with stage 2 and 3 with Forensic, community, Rural, Consultation Liaison and so forth.

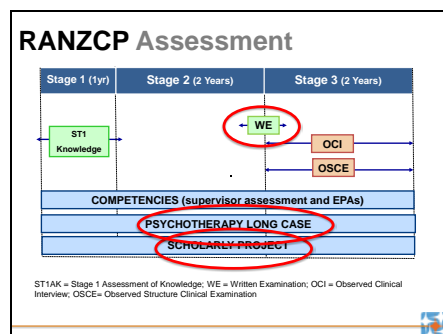
New aspects are mandatory and optional rotations, in particular with the Rural rotation now being optional. Year 1 is now acute and general psychiatry for all trainees. The most important changes are well defined learning outcomes for all attachments

AND

Workplace Based Assessments which are aimed to inform the supervisor and trainee about progress and inform learning needs.

Slide 4

Animation



PRESENT (slide 4 animation)

This slide outlines the assessment for the new programme with the assessment of competencies and Entrustable Professional Activities (EPAs) in the workplace, psychotherapy long case and Scholarly Project, a written exam set at Junior Consultant level, as are the OCI and OSCE which can only be attempted after the written exam.

Animation

The new aspects are the WBAs and EPAs and the Scholarly Project.

The mandatory experiences requirement has been integrated into the program the required skills will be assessed through EPAs and WBAs.

IMPORTANT

Make it clear that although some aspects of assessment are still to be confirmed, these details should not affect understanding of the broad intention of the program which is:

- Well defined outcomes to guide the clinical attachments
- Workplace based assessment which is formative and which in a rigorous way can inform the supervisors of the trainees progress

Slide 5

Outcomes

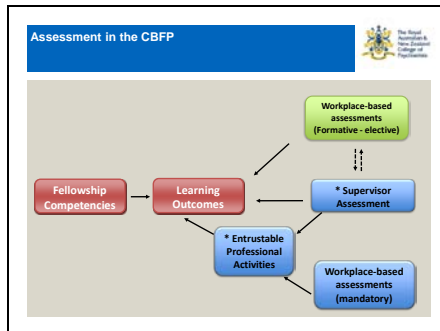
- To define formative and summative assessment
- To clarify the purpose of WBA for trainees
- To increase confidence using WBA
- To plan integration into your practise
- Develop framework for managing problems

PRESENT

Need to stress at this point that cannot cover everything – it is a big topic but this workshop will provide a good understanding which you can build on in the time available.

Slide 6

Animation



REVIEW

From the supervisor viewpoint, how will assessment occur in the new program? It is important to understand the link between the outcomes and competencies and assessment.

Explain how the fellowship competencies are expanded into learning outcomes. As before there will be:

- Supervisor assessment at the end of a clinical attachment
- In addition the supervisor will need to sign off on Entrustable professional activities – these will be informed by at least three WBAs – and you should choose a range of appropriate WBAs – a Mini-CEX, an OCA or a CBD.
- Additionally you can choose to do a range of other WBAs, which replace the 10 cases, and use them for formative feedback and to inform the assessment.

This will be explored further in the workshop.

Slide 7

Plan

1. Discussion - Definitions and experiences
2. Video and Discussion –mini-CEX, EPAs and settings standards
3. Role Play and Discussion – OCA, Dealing with challenges
4. Role Play and Discussion – Supervisor Assessment

PRESENT

Plan for the workshop is...

Slide 8

46.8
X 2.5

2340
9360

116.00

Please give a mark out of 10

ACTIVITY

Now to make you do some work. Set the scene...

Tell the participants they are Grade 7 primary school maths teachers who have set this sum and now need to give a mark out of 10 for the student's paper

The question is: 46.8 x 2.5

Explain this clearly, do not allow discussion, just make them give a mark. Give participants a minute to complete

DISCUSSION

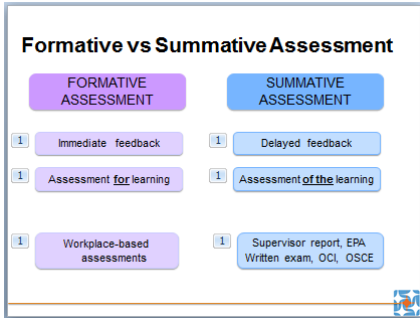
Point out the correct answer is 117 as some think the answer is correct. Get everyone's mark out of 10 on the board (without discussion as to why).

Marks usually vary widely (0-10) ask: "Why the variation?"

Ask someone who gave a low marker and high marker their reasoning. Often what is discussed is the need to reward some effort, versus the low mark because the answer is wrong.

The purpose of the exercise: we need to have a common understanding of the purpose of feedback & assessment, and knowledge of what standard should be expected.

Slide 9



Animation

Summary of discussion appears with 'click'

AIM: to explain the differences between formative and summative assessment

POSE THE QUESTION

“What is formative and summative assessment?”

- Discuss as a group
- Whiteboard responses

Group topics on the whiteboard – as below:

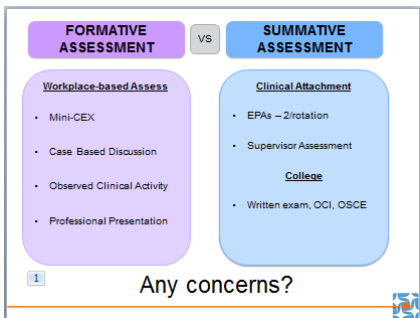
<i>Formative</i>	<i>Summative</i>
<ul style="list-style-type: none"> • Provision of feedback for learning • Identifies strengths & weaknesses • Given immediately after observing • E.g. WBA tool 	<ul style="list-style-type: none"> • Grade • E.g. OCI, OSCE, written exam • Must pass to move on • Requirement of program

Briefly highlight differences and relationship with RANZCP assessment – next slide has more detail.

Additional terminology may come up:

- Appraisal (like formative assessment but broader, may bring in discussion on career etc)
- Evaluation (learner giving feedback on the course)

Slide 10



Animation

“Any concerns?” appears with 'click'

WBA and FORMATIVE -SUMMATIVE ASSESSMENT

Provide a quick one sentence outline of assessment tools used for formative and summative assessment.

DISCUSSION

After these have been outlined and clarified, pose the questions, any concerns?

This slide creates a lot of discussion surrounding the College assessment requirements. Although WBA are formative, they feed into the supervisor summative assessment and may be used to contribute to understanding whether the EPAs have been met, again summative. Therefore these are not just formative, but could be one of many observations contributing to the summative assessment, so they will do more than just inform learning plans.

Slide 11

What **positive** experiences of formative assessment have you had?

GROUP DISCUSSION

Introduce “You have all been learners at some stage in your life, including in psychiatry. What positive experiences of formative assessment have you had?” - useful/ helpful constructive (positive).

Instructions:

- Break participants into pairs
- Discuss for 5-minutes
- Discuss as a group
- Whiteboard responses

After ideas have been gathered ask: What negative experiences of formative assessment have you had? 0-useless or not helpful (negative).

Group topics on the whiteboard – as below:

Positive

- Safe environment
- Senior support
- Standards set

Negative

- Absence of formative feedback
- Poor structure
- Unfair process

Slide 12

What **negative** experiences of formative assessment have you had?

Slide 13

Formative assessment

- Frequent
- Interactive
- Timely
- Appropriate for learner level
- **Behavior** specific & balanced
- **Labeled**
- Empathetic

FIT & ABLE

SUMMARY SLIDE

Point out that the feedback process generally will involve both verbal and written feedback...FIT & ABLE can apply in both cases.

Frequent – you can give useful feedback

Interactive – use +ve critique, trainee & supervisor input.

Timely – best given close to time of observation

Appropriate for learner level – match feedback to expected knowledge & skills of learner

Behavior specific & balanced – feedback should be based on observed behavior & ensure balance (+ve constructive & corrective).

Labeled – ensure learner is aware that your comments are ‘feedback’. Often supervisors give feedback but learners do not recognize it as feedback

“I am now going to give you some feedback on how you dealt with that case...”

Empathetic – be considerate & respectful

The positive critique

Re-introduce the positive critique method is learner centred, interactive and can be provided in a balanced and empathic manner.

Slide 14



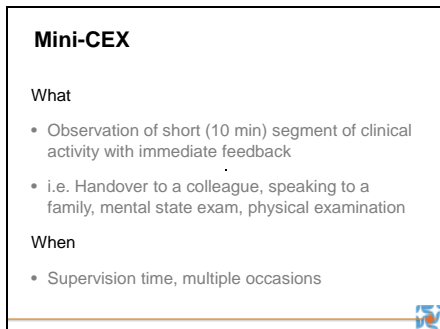
SECTION 2: VIDEO AND DISCUSSION

Introduce exercise

“The College have introduced a range of new assessment tools and how they are used and how you give feedback is key in the impact on a trainee.

What you are about to see are two interactions between a consultant and a trainee which is set up as a mini-CEX.

Slide 15



PRESENT

Explain the ‘what’ and ‘when’ of the mini-CEX.

What you will do is look at the performance of the trainee in the task, and use the mini-CEX form from the College to rate this trainees performance.”

Instructions

Complete steps 1-7 for video 1 then repeat for video 2

1. Hand out sheet and ‘set the scene for each video ‘Exercise 1: mini-CEX evaluation forms’.

Get people to review the sections. Explain not all segments are likely to be covered in any interaction.

Video 1 – A trainee 8 months into training (Stage 1) who is checking drug side effects with a patient.

Video 2 – A trainee who is only 2 months into training who is speaking to a patient’s family.

2. Play selected video

3. Rate the trainee: everyone is to rate the trainee using the ‘mini-CEX evaluation form’

4. Form pairs (Supervisor and Trainee)

5. Feedback: the ‘Supervisor’ is to give the ‘Trainee’ feedback on the patient/family interaction (allow 5-min)

6. Group discussion on CBD marking

- What areas did people rate?
- What marks were given to the trainee? Above standard? At standard? Below standard? Why?

7. Group discussion on feedback process

- How was the feedback given by the supervisor?
- How did the trainee feel?
- Did the trainee take useful ideas away?

8. Overall group discussion following both videos

- How long should a mini-CEX take?
- What clinical settings can you do a mini-CEX in?

ADDITIONAL CONSIDERATIONS

Consider ‘what if’ questions for the trainee that is doing well e.g. “What if the pt couldn’t stand the sexual side effects...”

The first trainee is relatively good although misses a few areas. The second trainee is poor but early in training. Make the point, many trainees are down in the Emergency Department seeing patients so will be interacting with families without you there.

Slide 16

Formative assessment - feedback

- Let the trainee speak first (self assessment)
- Start with good points; identify areas to improve
- Be specific;
- Focus on specific areas
- Constructive - Plan solutions
- Challenge the good to be even better
- Show interest and involvement

PRESENT SUMMARY

Summarise with this model of giving feedback

Ask does anyone get the trainee to fill out their own form?

Cover some hints of how to tackle the actual interview here

- How long does it usually take?
- Where is it done? (coffee shop, ward, office).

Slide 17

How do you determine
.....competence?
.....pass or fail?
....reached the standard?

Workplace based
assessment

PRESENT

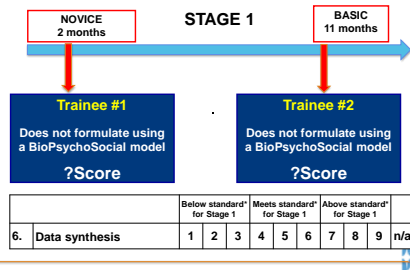
How do you determine whether someone is competent?
Passed? Reached standard? (whatever you call it)

Important to consider when using WBA

Move onto next slide and pose the problem

Slide 18

Case Based Discussion



ACTIVITY

Set the scenario – imagine a CBD with a novice and a basic trainee at 2 and 11 months of stage 1...

The trainee cannot use the Biopsychosocial framework in formulation – which is expected at stage 1.

What mark would you give Trainee 1? Trainee 2?

Point is they should be the same mark as the standard is end of stage 1 NOT at months of training.

Encourage discussion as to how you give feedback when they are below standard at 2 months versus 11 months, interpretation of continual low performance, performance that improves.

CbD – Case based Discussion

Slide 19

Determining Competency

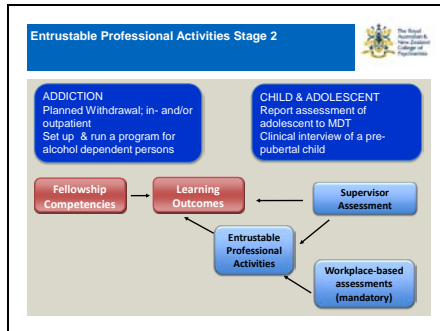
- Know the outcomes expected
- Observe
- Know the level expected for the STAGE

PRESENT SUMMARY

Important components of ensuring someone is competent in practice:

- Knowing outcomes and level,
- Multiple observations by multiple people - look for common errors.

Slide 20



SECTION 3: EPAs and ROLE PLAY

PRESENT:

Remind how CBFP is underpinned by three main concepts: competency-based education, WBA and EPAs.

Show how the outcomes link through to the assessments:

Two EPAs are allocated for every 6-month area of practice rotation.

In addition to the EPAs associated with areas of practice, a number of generic EPAs are required (mental health act, Clozapine, ECT).

CBFP – Competency Based Fellowship Program

EPA – Entrustable Professional Activity

WBA – Workplace Based Assessment

Slide 21

Level of independence

"The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner."

PRESENT

Explain that this is the standard expected to be signed off on an EPA.

Slide 22

Entrustable Professional Activity	
Completing a discharge summary	HOW - Summaries, letters, supervising JMO summaries WHEN - Part of 1hr/wk; feedback from colleagues
Initiating antipsychotic medication in a patient with schizophrenia	HOW - WHEN -
Active participation in the regular ward round... Lead MDT discussion regarding care of a patient	HOW - WHEN -
Diagnostic explanation to a family about a young adult's illness	HOW - WHEN -

PRESENT

Explain these are the Stage 1 EPAs.

Generate discussion as to how it can be done and when the review could occur – give your example for the first on then get ideas from the audience for the rest. May be important to plan what EPAs will be addressed for the term and then make sure the trainee (and you) keep an eye on progress during the regular teaching time – perhaps agree every month to discuss what has happened, assessment and to review progress to being signed off.

Stage 1

Completing a discharge summary

HOW - Summaries, letters, supervising JMO summaries

WHEN - Regular review as part of 1hr/wk; Feedback from colleagues

Initiating antipsychotic medication in a patient with schizophrenia

HOW – build up from discussion in teaching time, supervised inpatient care, unsupervised ED call

WHEN – throughout the term, from supervised to unsupervised. Review on a monthly basis

Active participation in the regular ward round... Lead MDT discussion regarding care of a patient

HOW -

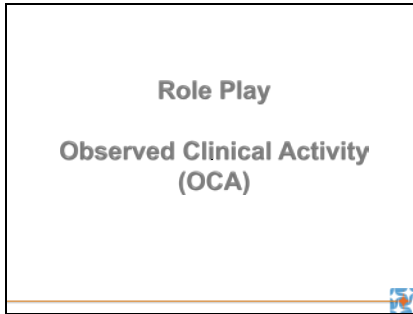
WHEN -

Diagnostic explanation to a family about a young adult's illness

HOW – inpatient, outpatient, emergency settings. Discuss how during teaching time, simulation or role play, Observation.

WHEN – throughout the attachment, monthly review of evidence to determine progress towards the meeting of standards.

Slide 23



OCA AND DEALING WITH CHALLENGES

INTRODUCE ROLE PLAY

OCA is one of the WBA to be used.

OCA – *Observed Clinical Activity*
WBA – *Workplace Based Assessment*

Slide 24

Observed Clinical Activity

WHAT	OCA (session 1)
Clinical IV	50 min
Post-IV feedback	10 min
Thinking time	Own time
OCA (session 2)	
Presentation of Assessment & Viva	20 min
Presentation of Plan & Viva	20 min
Feedback	10 min
Total	110 min

When

- Supervision and teaching time

ROLE PLAY ACTIVITY

Explain the ‘what’ and ‘when’ of OCA. Move into the role play.

Explain the scenario is a supervisor has just completed an OCA and the Supervisor is now to give Trainee feedback on their performance.

Instructions:

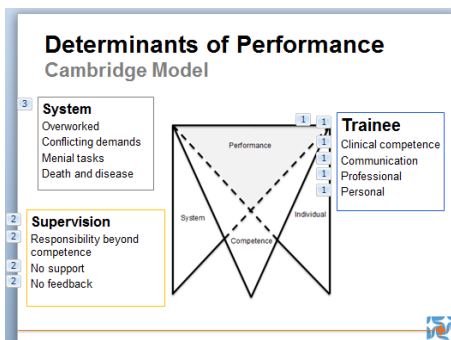
1. Divide group into pairs: Supervisor and Trainee (different pairs to the Mini-CEX)
2. *Facilitator to hand out scenario and OCA forms:*
 - OCA trainee/supervisor information
 - OCA self/supervisor assessment
3. Read your scenario; don't let your partner read yours.
4. It is important to immerse yourself in the role - the more you put into it the more you'll learn from it. Advise the participants that they have 5-mins to complete role play
5. *Facilitate open discussion using questions below as a guide. No need to whiteboard responses.*

QUESTIONS

- Supervisors, how did you approach the session?
- Trainee – what did the supervisor do that worked well?
- Why did the trainee perform poorly?
- Have you had trainees like this before?
- What was the problem?

Did you offer any possible solutions – if so, what?

Slide 25



Animation (click for each to appear)

SUMMARY SLIDE: DETERMINANTS OF PERFORMANCE

Usually there are multiple contributors to poor performance

- Competence a prerequisite of performance
- Consider the impact of system and individual factors

Cambridge model

Consider a stool with 3 legs. If any leg fails, it falls over. In real life both individual and system factors may inhibit performance.

System factors may include; policy, guidelines, patient expectations, accessibility, culture, time allocated.

Individual factors may include; physical and mental health of learner, relationships with patient/client, peers, significant others. Final point: you may need to seek advice early

Slide 26



SECTION 4: SUPERVISOR REPORT

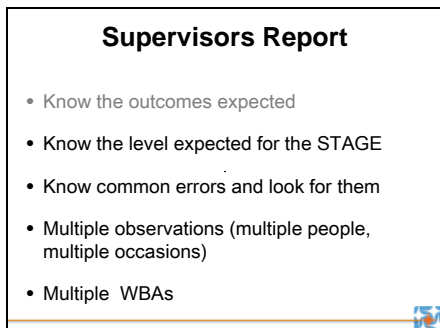
INTRODUCE ROLE PLAY

In the end you as a supervisor need to sign off the trainee – using the supervisor report. The same form will be used half way through the attachment - at 3 months to provide formative feedback and allow the trainee to see how they are going.

Instructions:

1. In the same pairs as before but change roles.
2. *Facilitator to hand out scenario and OCA forms*
 - OCA trainee/supervisor information
 - OCA self/supervisor assessment
3. Read your scenario; don't let your partner read yours.
4. It's important to immerse yourself in the role - the more you put into it the more you'll learn from it.
 - Advise the participants that they have 5-mins to complete role play
 - Supervisor to give Trainee feedback on their performance
5. Facilitate open discussion using questions below as a guide.
 - Supervisors, how did you approach it?
 - Have you had trainees like this before?
 - What was the problem?
 - Did you agree to any outcome – if so, what? Make a decision about a trainee's performance based on the trainee's performance from a range of places (WBA, clinical supervision, colleague feedback...)
 - Negotiating a plan (may be to refer problem on)
 - Practice communication skills (active listening, questioning, supportive counselling etc.) needed to identify causes of problems
 - Practice negotiation of positive objectives when confronting difficult issues.

Slide 27



PRESENT SUMMARY

Important components of ensuring someone is competent in practice:

- Knowing outcomes and level.
- Look for common errors – such as poor note keeping.
- Multiple observations by multiple people often best through WBAs.

Slide 28

What challenges do you see in integrating WBA into your practise?

QUESTION SLIDE

“What challenges do you see in integrating WBA into your practice?”

Pause – encouraging reflection

May help to break it into components – that is whiteboard Mini-CEX; OCA, PP, CBD and discuss each in turn

POTENTIAL QUESTIONS

You need to be comfortable with questions that may arise:

Why changes?

Address current deficiencies

More work?

Not if integrate into supervision and teaching time.

Why WBA?

Demonstrated easier to give feedback with assessment forms than without when feedback not specific and more general?

Take too much time?

Whiteboard may show it can be integrated into daily tasks. Get colleagues involved. Share workload.

Do you keep a copy of the forms?

Yes - if concern about performance OR so you can watch progress.

What if the trainee takes no initiative?

Set the ground rules early, it reflects on their professionalism.

Slide 29

Integrating WBA into the rotation

- Responsibility of the trainee
- Share workload across the Department
- Plan into usual teaching and supervision time
- Regular review of number, type and performance
- Good communication in the Department

PRESENT SUMMAY

Go through each point as a summary to integrating WBA into the rotation.

Slide 30

Outcomes

- To define formative and summative assessment
- To clarify the purpose of WBA for trainees
- To increase confidence using WBA
- To plan integration into your practise
- Develop framework for managing problems



PRESENT

Now review a summary of what outcomes have been addressed today

There is no need to read them all – you can pick out the key points.

Slide 31

What will you change in your practice?



EVALUATION - QUESTION

Pose the question

“What will you change in your practice?”

Wait for responses...sometimes it takes a while but give them time and do not answer the question yourself.

Slide 32

Evaluation

What worked well?

What could be better?



EVALUATION

Thanks

Use this slide for some informal feedback at this stage if you wish.