Teaching on the Run
RANZCP
Assessing & Supporting
RANZCP

Progression of competence through stages of training

1 Year

STAGE 1
LOW INDEPENDENCE
HIGH LEVELS SUPERVISION
PGY 1/2

2 Years

STAGE 2
BASIC
DEVELOPMENTAL TRAJECTORY

STAGE 3
PROFICIENT
HIGH INDEPENDENCE
LOW LEVELS SUPERVISION
JUNIOR CONSULTANT

2 Years

STAGE 4
ADVANCED
### RANZCP Clinical Attachments

<table>
<thead>
<tr>
<th>Stage 1 (1yr)</th>
<th>Stage 2 (2 Years)</th>
<th>Stage 3 (2 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAGE 1</strong></td>
<td><strong>STAGE 2</strong></td>
<td><strong>STAGE 3</strong></td>
</tr>
<tr>
<td>General Psych</td>
<td>CAP</td>
<td>CL</td>
</tr>
<tr>
<td>Acute</td>
<td>FP</td>
<td>ADD</td>
</tr>
<tr>
<td></td>
<td>AP</td>
<td></td>
</tr>
<tr>
<td>Psychotherapies</td>
<td>Psychotherapies</td>
<td></td>
</tr>
<tr>
<td>Non-Mandatory</td>
<td>Mandatory</td>
<td></td>
</tr>
</tbody>
</table>

- **Specified learning outcomes**
- **AND**
- **Workplace Based Assessments (WBA)**

CAP – child & adolescent; CL – consultation liaison; FP – forensic; POA – old age; AP – adult; ADD - addiction
## RANZCP Assessment

<table>
<thead>
<tr>
<th>Stage 1 (1yr)</th>
<th>Stage 2 (2 Years)</th>
<th>Stage 3 (2 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST1 Knowledge</td>
<td>WE</td>
<td>OCI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OSCE</td>
</tr>
</tbody>
</table>

**COMPETENCIES (supervisor assessment and EPAs)**

- **PSYCHOTHERAPY LONG CASE**
- **SCHOLARLY PROJECT**

ST1AK = Stage 1 Assessment of Knowledge; WE = Written Examination; OCI = Observed Clinical Interview; OSCE = Observed Structure Clinical Examination
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 practice
• Develop framework for managing problems
Assessment in the CBFP

- **Fellowship Competencies**
  - **Learning Outcomes**
    - *Entrustable Professional Activities*
      - **Workplace-based assessments (Formative - elective)**
      - **Workplace-based assessments (mandatory)**
    - **Supervisor Assessment**
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
46.8

X 2.5

2340

9360

116.00

Please give a mark out of 10
Formative vs. Summative Assessment

**FORMATIVE ASSESSMENT**
- Immediate feedback
- Assessment *for* learning
- Workplace-based assessments

**SUMMATIVE ASSESSMENT**
- Delayed feedback
- Assessment *of the* learning
- Supervisor report, EPA
  Written exam, OCI, OSCE
Any concerns?
What **positive** experiences of formative assessment have you had?
What **negative** experiences of formative assessment have you had?
Formative assessment

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

FIT & ABLE
Video – Mini-CEX
Mini-CEX

What

• Observation of short (10 min) segment of clinical activity with immediate feedback
  
  • i.e. Handover to a colleague, speaking to a family, mental state exam, physical examination

When

• Supervision time, multiple occasions
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
How do you determine competence?

.........pass or fail?

....reached the standard?

Workplace based assessment
### Case Based Discussion

<table>
<thead>
<tr>
<th>NOVICE</th>
<th>STAGE 1</th>
<th>BASIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months</td>
<td>Trainee #1</td>
<td>Trainee #2</td>
</tr>
<tr>
<td>Does not formulate using a BioPsychoSocial model</td>
<td>STAGE 1</td>
<td>Does not formulate using a BioPsychoSocial model</td>
</tr>
<tr>
<td>?Score</td>
<td>STAGE 1</td>
<td>?Score</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Data synthesis</th>
<th>Below standard* for Stage 1</th>
<th>Meets standard* for Stage 1</th>
<th>Above standard* for Stage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Determining Competency

• Know the outcomes expected

• Observe

• Know the level expected for the STAGE
Entrustable Professional Activities Stage 2

**ADDICTION**
Management of intoxication and withdrawal
Comorbid mental health and substance use problems

**CHILD & ADOLESCENT**
Develop a management plan for an adolescent where school attendance is at risk
Clinical assessment of a pre-pubertal child

---

**Fellowship Competencies** → **Learning Outcomes**

**Entrustable Professional Activities**

**Supervisor Assessment**

**Workplace-based assessments (mandatory)**
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.”
## Entrustable Professional Activity Stage 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>HOW</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Producing discharge summaries and organising appropriate transfer of care</td>
<td>Summaries, letters, supervising JMO summaries</td>
<td>Part of 1hr/wk; feedback from colleagues</td>
</tr>
<tr>
<td>Initiating antipsychotic medication in a patient with schizophrenia</td>
<td>HOW</td>
<td>WHEN</td>
</tr>
<tr>
<td>Active contribution to the multidisciplinary team meeting</td>
<td>HOW</td>
<td>WHEN</td>
</tr>
<tr>
<td>Providing an explanation to a family about a young adult’s major mental illness</td>
<td>HOW</td>
<td>WHEN</td>
</tr>
</tbody>
</table>
Role Play

Observed Clinical Activity (OCA)
### Observed Clinical Activity

<table>
<thead>
<tr>
<th>WHAT</th>
<th>OCA (session 1)</th>
<th>OCA (session 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical I/V</td>
<td>50 min</td>
<td></td>
</tr>
<tr>
<td>Post-I/V feedback</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>Thinking time</td>
<td>Own time</td>
<td></td>
</tr>
<tr>
<td>Presentation of Assessment</td>
<td></td>
<td>20 min</td>
</tr>
<tr>
<td>&amp; Viva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation of Plan</td>
<td></td>
<td>20 min</td>
</tr>
<tr>
<td>&amp; Viva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feedback</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110 min</strong></td>
<td></td>
</tr>
</tbody>
</table>

### When

- Supervision and teaching time
Determinants of Performance
Cambridge Model

**System**
- Overworked
- Conflicting demands
- Menial tasks
- Death and disease

**Supervision**
- Responsibility beyond competence
- No support
- No feedback

**Trainee**
- Clinical competence
- Communication
- Professional
- Personal
Role Play

Supervisors Report
Supervisors Report

- Know the outcomes expected
- Know the level expected for the STAGE
- Know common errors and look for them
- Multiple observations (multiple people, multiple occasions)
- Multiple WBAs
What challenges do you see in integrating WBA into your practice?
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
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
What will you change in your practice?
Evaluation

What worked well?

What could be better?