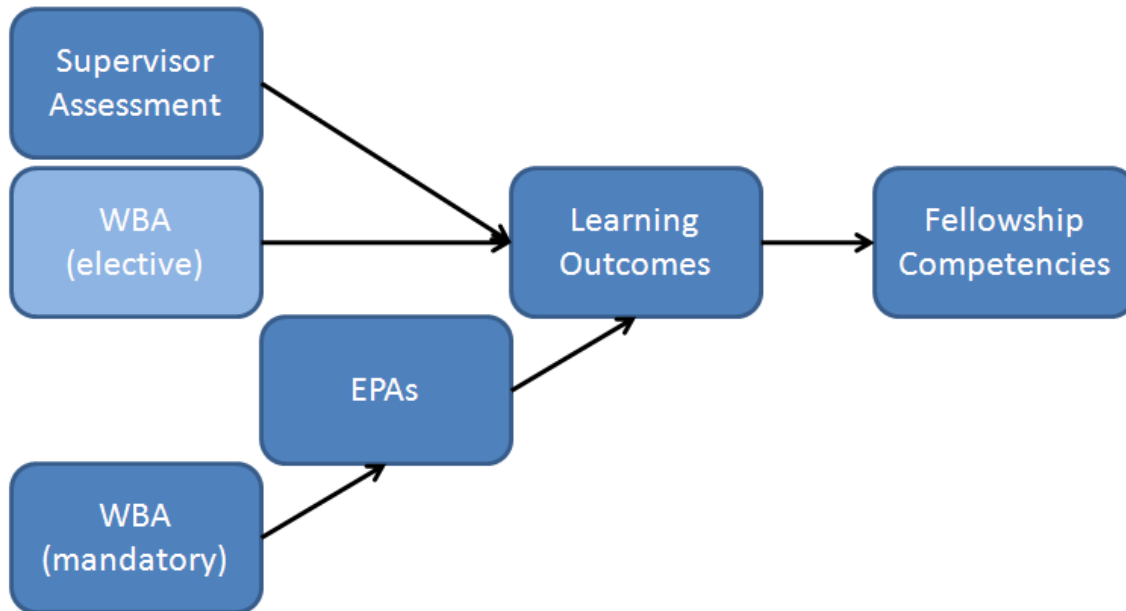


TOTR Workshops

WORKPLACE BASED ASSESSMENT Toolbox



- ❖ *Mini-CEX*
- ❖ *Case Based Discussion*
- ❖ *Professional Presentation*
- ❖ *Observed Clinical Activity*
- ❖ *Entrustable Professional Activities*
- ❖ *Supervisor Assessment*

INTRODUCTION

The Case-based discussion (CbD) is one of the RANZCP Workplace-based Assessment (WBA) tools for formative evaluation of trainees within training. The primary purpose of WBA is to promote learning for trainees by providing structured feedback on performance in “real world” settings within regular supervision time.

What is a CbD?

A discussion based on existing case notes to assess a trainee’s clinical reasoning and decision making and the integration of medical knowledge within case management, and their ability to document this. The most important part of the CbD is the feedback given to the trainee.

CbD uses case-based learning strategies to assess trainee case management records of particular patients.

Where does it take place?

The CbD is conducted during regular supervision time in a meeting between an assessor and trainee, about a real clinical case,

Choosing an encounter

The trainee should ideally have had the opportunity to manage a number of patients prior to arranging their CbD. At least four cases need to be selected by the trainee for the assessor to choose one to reflect on in review of the assessment criteria. These cases can be focused on certain diagnostic conditions and situations – dependent on the trainee’s learning plan. Specific focuses for feedback can be identified, for instance addressing known gaps in experience relating to particular Learning Outcomes.

Who is involved?

The assessor must be clinically competent in the area of the patient’s problem(s). Assessors need to be familiar with the use of the CbD assessment process.

Learning Outcome (examples)

Stage 1 activities	Stage 2 activities
<ul style="list-style-type: none"> • Relevant mental health legislation • Acute management / Psychiatric emergency • Safe Prescribing • Multicultural skills • Consumer / Carer/ NGO • Risk assessment 	<ul style="list-style-type: none"> • Basic Formulation • Report writing • Formulation • Acute management (CL, CAP, ADD) • Safe prescribing (CL, CAP, POA) • Multicultural skills • NGO

Assessment criteria

CbD is intended to assess a trainee’s clinical reasoning and decision making and the integration of medical knowledge within case management at their stage of training.

- Clinical record keeping: Legible, structured, signed, clear and comprehensible with no important omissions.
- Clinical assessment: Diagnostic skills based on appropriate evidence from, for example, history, examination and investigations; appropriate diagnosis and spread of suggestions in their differential diagnosis.
- Risk assessment and management: Appropriate risk assessment leading to an appropriate management plan, including consideration of risks to the patient and others.
- Medical treatment: Adequate and appropriate.
- Investigation: Includes talking to relatives, carers and any other appropriate third parties.
- Referral: Adequate referral when required.
- Follow-up, care planning and transfer of care: Appropriate arrangements made, recorded & communicated for follow-up and planned care.
- Professionalism: Appropriate professional standards demonstrated in all aspects of the case.
- Clinical reasoning: Good, logical clinical reasoning and appropriate decision-making.

Feedback session

The feedback aspect of the CbD is the most important purpose of undertaking the assessment. The feedback given to the trainee following each encounter will be concentrated around their performance of the clinical task identified for assessment. The feedback will focus on the strengths and weaknesses of the trainee’s performance, and will, through self-reflection, also inform their learning and skill development.

PROTOCOL

The trainee is responsible for planning, in consultation with the assessor, when a Case-based Discussion (CbD) will occur, and arranging all of the administration required.

1. The trainee makes arrangements with an assessor to carry out the CbD.
2. The trainee selects four cases in which they have been directly involved in and have contributed to the developed notes, and brings these to their assessor for discussion.
3. The CbD should be undertaken within an appropriate office or working space that lends itself to privacy, to carry out a detailed conversation between trainee and assessor.
4. The assessor chooses one of the four cases for the trainee to explain in detail.
5. The trainee discusses the selected case with the assessor. This discussion should take between 15 and 20 minutes.
6. When required the assessor prompts the trainee on further discussion points (see Guidance for discussion).
7. The feedback session should occur immediately after the discussion within the one hour weekly supervision time. The total time required for the Case-based discussion and feedback session will usually be around 30-40 minutes.
8. Constructive and useful feedback is given to the trainee on certain points:
 - areas that were especially good are highlighted
 - areas that need improvement are indicated and elaborated on
 - potential ideas to gain further experience and skill in the areas requiring development are discussed.
9. The assessor rates the trainee's performance using the 9-point scale on the CbD form. The mid-point of this 9-point scale represents the expected standard to be achieved (see table below) **on completion** of each stage (I, II or III) of training. In addition, the assessor makes feedback comments; the cumulative weight of these comments helps determine a defensible judgment of a trainee's competence at **their** stage of training.
 - *Please note that not all assessment criterion on the form are required to be rated during each Case-based discussion, in this instance, please select the n/a option.*

Table 1. Standard guide for rating scale – see *Developmental Descriptors document for more detail* Please note that standards are at the level expected **on completion of Stage**. Case-based discussions conducted at the beginning of a Stage would typically include ratings of below "Meets Standard".

Trainee Stage	Below Standard for end of Stage (1 2 3)	Meets Standard for end of Stage (4 5 6)	Above Standard for end of Stage (7 8 9)
Stage 1 Basic	Below standard for Basic trainee.	At Basic level as described in developmental descriptors.	Above Basic level. Moving towards the standard of a Proficient trainee.
Stage 2 Proficient	Below the standard of Proficient trainee. Meets standard of a Basic trainee.	Meets the standard of a Proficient trainee.	Above the standard of Proficient trainee. Moving towards the standard of an Advanced trainee.
Stage 3 Advanced	Below standard for Advanced trainee. Meets standard of a Proficient level trainee.	Meets the standard of an Advanced trainee.	Above the standard for an Advanced trainee.

Standards are at the level expected **on completion of Stage**. Case-based discussions conducted at the beginning of a Stage may typically include ratings of below "Meets Standard".

10. The trainee and assessor discuss and agree upon next steps for progress, and both sign the form.
11. The trainee is responsible for retaining the CbD form and updating the learning plan. The assessor may also wish to hold a copy.

Guidance for discussion

This guide is intended to provide direction for the Supervisor in eliciting further information from a trainee to support the Case-based Discussion. It can also guide the trainee in terms of understanding important focal points for the discussion about their case.

The assessment must commence from the trainee's entry in the case notes. Apart from that there is no set structure for the discussion but the following prompts may be used as a guide. Discussion is not limited to these questions, and others may be used to prompt a focused discussion about the case, at the supervisor's discretion.

- General
 - 'Please tell me about this meeting/visit/appointment' or
 - 'Please tell me about your approach to the patient's presenting problem' or
 - 'What were the key points about this meeting/visit/appointment?'
- Assessment/diagnosis
 - 'What specific features led you to this impression/conclusion or diagnosis?' and/or
 - 'What other conditions have you considered/ruled out?'
 - Investigation/referrals
 - 'What specifically led you to choose these investigations?' and/or
 - 'Were there any other investigations or referrals that you considered?'
 - 'I see that you have written down a number of different investigations – how did you think the results would help you work out what was going on and what you needed to do?'
- Management
 - 'What specific features led you to the management/therapy that you chose?' and/or
 - 'Were there any other treatments that you thought about or ruled out?'
 - 'I see that you have decided to treat the patient with – talk me through how you decided to prescribe that regime and what the alternatives were you considered?'
 - 'What was going through your mind when you wrote that management plan? Just talk me through your thought process'
 - 'You have referred to treatment guidelines to help with – tell me a bit about how you used the treatment guidelines to help plan management and whether there were any aspects that didn't fit in this case?'
- Follow-up/care plan
 - 'What decisions were made about follow-up (to this entry)?' and
 - 'What were the factors that influenced this decision?'
 - 'You have written down that you were going to ask Dr for their advice – what specifically did you want to discuss with them, why was it important in this case, how did their advice help and what did you learn from it?'
- Monitoring chronic illness
 - 'In your care of X, have you discussed the monitoring of their progress?' and/or
 - 'Do you think that there are some monitoring strategies that would be appropriate?' and/or
 - 'Have you discussed any health promotion strategies, e.g. alcohol use, diet, etc?'
- Individual patient factors concerning context of care
 - 'Was there anything particular/special about this patient that influenced your management decisions?' (e.g. demography, psychosocial issues, past history, current medications and treatment? And/or
 - 'On reflection, is there anything about this patient that you wish you knew more about?'
- Care setting
 - 'Is there anything about the setting in which you saw the patient (e.g. home, ward, accident and emergency department) that influenced your management?' and/or
 - 'In considering this case, what changes would improve your ability to deliver care to this patient?'

Case Based Discussion

Trainee Name:	Program Name:
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Date of assessment:
Rotation: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Case information:

Brief description of case:
Learning Outcomes being assessed (please use terms from prescribed list in the <i>Learning Outcomes</i> document):

Please indicate the activity in which the assessment has taken place

<input type="checkbox"/> Assessment of a psychiatric emergency (acute psychosis)	<input type="checkbox"/> Management of a psychiatric emergency (acute psychosis)
<input type="checkbox"/> Clinical review	<input type="checkbox"/> Management of a high prevalence psychiatric condition
<input type="checkbox"/> Assessment of a high prevalence psychiatric condition	<input type="checkbox"/> Management of a low prevalence psychiatric condition
<input type="checkbox"/> Assessment of a low prevalence psychiatric condition	<input type="checkbox"/> Management of a severe and enduring mental illness
<input type="checkbox"/> Assessment of response to treatment	<input type="checkbox"/> Management of a psychiatric emergency (suicidal feelings and acts)
<input type="checkbox"/> Assessment of a severe and enduring mental illness	<input type="checkbox"/> Obtaining informed consent
<input type="checkbox"/> Assessment of a psychiatric emergency (suicidal feelings and acts)	<input type="checkbox"/> Other (specify):

Please rate the following aspects of the case discussion on the scale below. (n/a = not applicable) *see *Developmental Descriptors* document as a guide to expected standards and to inform feedback. Please note that standards are at the level expected. Please note that standards are at the level expected **on completion** of Stage (Basic, Proficient, Advanced).

		Below standard for end of Stage			Meets standard for end of Stage			Above standard for end of Stage		
1. Clinical record keeping	n/a	1	2	3	4	5	6	7	8	9
2. Clinical assessment	n/a	1	2	3	4	5	6	7	8	9
3. Risk assessment and management	n/a	1	2	3	4	5	6	7	8	9
4. Medical treatment	n/a	1	2	3	4	5	6	7	8	9
5. Investigation	n/a	1	2	3	4	5	6	7	8	9
6. Referral	n/a	1	2	3	4	5	6	7	8	9
7. Follow-up, care planning & transfer of care	n/a	1	2	3	4	5	6	7	8	9
8. Professionalism	n/a	1	2	3	4	5	6	7	8	9
9. Clinical reasoning	n/a	1	2	3	4	5	6	7	8	9

What aspects were done well?	Suggestions for improvement
------------------------------	-----------------------------

Agreed action/goals:

Assessors Name:	Assessors Position:
Assessors Signature:	Date:
Trainees Signature:	Date:

INTRODUCTION

The mini-Clinical Evaluation Exercise (mini-CEX) is one of the RANZCP Workplace-based Assessment (WBA) tools for formative in training assessment of trainees. The primary purpose of this tool is to promote learning for a trainee by providing structured feedback on performance within an authentic workplace context.

What is a mini-CEX?

The mini-CEX is a concise method of assessment requiring a supervisor or other assessor to observe a trainee in a clinical encounter with real patients and provide feedback to the trainee about their performance. The feedback related to the trainee should concentrate on their performance of agreed specific clinical tasks rather than on their general performance.

Where does it take place?

The mini-CEX is conducted in the workplace.

Who is involved?

A trainee and assessor. The assessor can be the trainee’s own supervisor or another assessor. It is the trainees’ responsibility to arrange for an assessor, clinically competent in the area, to observe them. Assessors need to be familiar with the use of the mini-CEX assessment process. The trainee is also responsible for storing the hard copy form once it is complete and recorded in the learning plan.

Choosing an encounter

Ideally, the patient chosen should be new to the trainee, at least in terms of the clinical skill under scrutiny; and the assessor should have some degree of familiarity with the patient in order to determine the accuracy of the trainee’s findings. The trainee should be mindful of the choice of encounters so that by the end of the training period, they have been assessed over a range of clinical activities and settings.

Activities for assessment (examples)

Stage 1 activities	Stage 2 activities
<ul style="list-style-type: none"> • Mental state examination – bedside neurocognitive, general • Risk assessment • Physical examination – cardio; EPSE • Side effect assessment • Talking to family • Consent to treatment • Interpret investigations 	<ul style="list-style-type: none"> • MSE (CAP) • Physical exam (thyroid, AOPs, neuro) • Interpret investigations and action plan • Carer/family engagement • Risk assessment (AOPs)

Assessment criteria

The mini-CEX is intended to assess trainees’ ability in the following Fellowship Competencies:

- History taking process
- History taking content
- Mental state examination
- Physical examination skills
- Communication skills
- Data synthesis
- Organisation/efficiency

Each mini-CEX may cover more than one competency. Areas of focus should be identified in advance.

Feedback session

The feedback aspect of the mini-CEX is the most important purpose of the assessment, and should ideally be given directly after the encounter. The feedback given to the trainee following each encounter will be concentrated around their performance of the clinical task(s) identified for assessment. The feedback will focus on the strengths and weaknesses of the trainee’s performance, and will, through self-reflection, also inform their learning plan and skill development.

PROTOCOL

The trainee is responsible for driving this process, including when a mini-Clinical Evaluation Exercise (mini-CEX) will occur, and arranging all of the administration required. This includes providing the assessor with the mini-CEX feedback form.

1. The trainee makes arrangements with an assessor to observe the mini-CEX.

2. The trainee and assessor should discuss which competencies are to be assessed during the encounter.
3. The Mini-CEX will take place within the regular supervision time, allowing ample time for:
 - observation of the trainee by the assessor during a clinical encounter (15-20 minutes)
 - discussion and feedback session immediately after the clinical encounter (10-15 minutes)
 - self reflection time is strongly encouraged
 - the assessor to rate the trainee’s performance using the mini-CEX form (5-10 minutes).
4. The assessor takes no part in the encounter unless intervention is essential for patient safety. If the assessor identifies issues for follow-up with the patient, they will wait until after the trainee has completed their encounter. During the session, the assessor is expected to rate the trainees performance of the agreed competencies on a 9-point scale on the Mini-CEX form, with corresponding feedback written for each item. The mid-point of this 9-point scale represents the expected standard to be achieved **on completion** of each stage of training (see table below). In addition, the assessor makes feedback comments; the cumulative weight of these comments helps determine a defensible judgment of a trainee’s competence at **their** stage of training.
 - *Please note that not all assessment criterion on the form are required to be rated during each Mini-CEX, in this instance, please select the n/a option.*

Table 1. Standard guide for rating scale – see *Developmental Descriptors* document for more detail

Trainee Stage	Below standard for end of Stage (1 2 3)	Meets standard for end of Stage (4 5 6)	Above standard for end of Stage (7 8 9)
Stage 1 Basic	Below standard for Basic trainee.	At Basic level as described in developmental descriptors.	Above Basic level. Moving towards the standard of a Proficient trainee.
Stage 2 Proficient	Below the standard of Proficient trainee. Meets standard of a Basic trainee.	Meets the standard of a Proficient trainee.	Above the standard of Proficient trainee. Moving towards the standard of an Advanced trainee.
Stage 3 Advanced	Below standard for Advanced trainee. Meets standard of a Proficient level trainee.	Meets the standard of an Advanced trainee.	Above the standard for an Advanced trainee.

Standards are at the level expected **on completion of Stage**. mini-CEXs conducted at the beginning of a Stage could typically include ratings of “Below Standard for end of Stage”.

5. Constructive and useful feedback is given to the trainee on certain points:
 - areas that were especially good are highlighted
 - areas that need improvement are indicated and elaborated on
 - potential ideas to gain further experience and skill in the areas requiring development are discussed.
6. The trainee and assessor discuss and agree upon next steps to progress learning. Both the assessor and trainee sign the form.
7. The trainee is responsible for retaining the mini-CEX form and updating the learning plan. Assessors may also wish retain a copy.

Mini-Clinical Evaluation Exercise

Trainee Name:	Program Name:
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Rotation: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Date of assessment:

Encounter information

Brief description of the case:
Learning Outcomes being assessed:

Please indicate the activity in which the assessment has taken place:

<input type="checkbox"/> Assessment of a psychiatric emergency (acute psychosis)	<input type="checkbox"/> Management of a psychiatric emergency (acute psychosis)
<input type="checkbox"/> Clinical review	<input type="checkbox"/> Management of a high prevalence psychiatric condition
<input type="checkbox"/> Assessment of a high prevalence psychiatric condition	<input type="checkbox"/> Management of a low prevalence psychiatric condition
<input type="checkbox"/> Assessment of a low prevalence psychiatric condition	<input type="checkbox"/> Management of a severe and enduring mental illness
<input type="checkbox"/> Assessment of response to treatment	<input type="checkbox"/> Management of a psychiatric emergency (suicidal feelings and acts)
<input type="checkbox"/> Assessment of a severe and enduring mental illness	<input type="checkbox"/> Obtaining informed consent
<input type="checkbox"/> Assessment of a psychiatric emergency (suicidal feelings and acts)	<input type="checkbox"/> Other (specify):

Please rate the following aspects of the assessment on the scale below. (n/a = not applicable) *see Developmental Descriptors document as a guide to standards and to inform feedback. Point 5 on the scale represents the expected standard on **completion** of the trainees current Stage of training.

		Below standard for end of Stage			Meets standard for end of Stage			Above standard for end of Stage		
		1	2	3	4	5	6	7	8	9
1. History taking process	n/a	1	2	3	4	5	6	7	8	9
2. History taking content	n/a	1	2	3	4	5	6	7	8	9
3. Mental state examination skills	n/a	1	2	3	4	5	6	7	8	9
4. Physical examination skills	n/a	1	2	3	4	5	6	7	8	9
5. Communication skills	n/a	1	2	3	4	5	6	7	8	9
6. Data synthesis	n/a	1	2	3	4	5	6	7	8	9
7. Organisation/Efficiency	n/a	1	2	3	4	5	6	7	8	9

What aspects were done well?	Suggestions for areas of improvement
------------------------------	--------------------------------------

Agreed action/goals:

Assessors Name:	Assessors Position:
Assessors Signature:	Date:
Trainees Signature:	Date:

INTRODUCTION

The Observed Clinical Activity formative assessment (OCA) is one of the RANZCP Workplace-based Assessment (WBA) tools for formative assessment of trainees within training. The primary purpose of this tool, is to promote learning for a trainee by providing structured feedback on performance within an authentic workplace context.

What is an OCA?

Similar in structure to the RANZCP summative assessment, the Observed Clinical Interview (OCI), the Observed Clinical Activity (OCA) formative assessment requires trainees to be observed for the duration of an initial assessment with a patient; trainees will then be marked on a series of competencies and provided with immediate feedback. The OCA will be split into two sessions, please refer to the protocol listed in this document for further details.

The OCA allows the assessor to be present as the trainee engages in the principal work of psychiatry practice, for example, taking a patient's history, conducting a patient examination, making a diagnosis and formulating a treatment plan, within one clinical interview session. The value of this instrument for the trainee lies in the opportunity it provides for immediate structured feedback on their performance, supporting and enhancing learning, and preparation for the summative OCI in Stage 3 of training.

Where does it take place?

The OCA is conducted during a clinical encounter, with the assessor observing the trainee.

Who is involved?

The assessor must be clinically competent in the area of the patient's problem(s). Assessors need to be familiar with the OCA assessment process.

Activities for assessment (examples)

Stage 1 activities	Stage 2 activities
<ul style="list-style-type: none">• Change in functioning• Assessment and management of high prevalence disorder• Assessment and management of low prevalence disorder	<ul style="list-style-type: none">• Assessment and management of patient with co-morbidity• Area of practice OCA's

Assessment criteria

Within the clinical observed interview, the trainee will be assessed on their ability to conduct a psychiatric interview, synthesise information and formulate a management plan based on the available information.

The OCA is intended to examine trainees:

- history taking process and content
- mental state and relevant physical examination skills
- data synthesis
- management plan skills.

Feedback session

The feedback aspect of the OCA is the most important purpose of undertaking the assessment. The feedback given to the trainee following each encounter will be concentrated around their performance of the clinical task identified for assessment. The feedback will focus on the strengths and weaknesses of the trainee's performance, and will, through self-reflection, also inform their learning and skill development. Over time this will also assist in preparation for the summative OCI's.

PROTOCOL

The trainee is responsible for planning, in consultation with the assessor, when an OCA will occur, and arranging all of the administration required.

8. The trainee makes arrangements with an assessor to carry out the Observed Clinical Activity (OCA).
9. The trainee nominates a clinical case in which to run the formative feedback session. Due consideration should be paid in advance to the choice of clinical case, ensuring competencies can be assessed. Ideally the patient chosen will be new to the trainee, allowing for a comprehensive interview to be conducted.
10. The observed clinical encounter will run for 50 minutes. This is followed by candidate thinking time, and subsequent presentations, viva and feedback with the assessor.
11. A full OCA requires two 1 hour sessions. The first OCA session should include feedback from the assessor immediately following the observed interview. The feedback will only be for those aspects relevant to the observed clinical encounter. The second session should occur as soon as practicable (no longer than a week) after the first session.

	OCA (session 1)
Clinical I/V	50 min
Post-I/V feedback	10 min
Thinking time/self reflection	Own time
	OCA (session 2)
Presentation of Assessment & Viva	20 min
Presentation of Plan & Viva	20 min
Feedback	10 min
Total	110 min

12. The assessor will observe all aspects of the clinical encounter, rating the trainee's performance on a 9-point scale on the OCA form, with corresponding feedback written for each item. The mid-point of this 9-point scale represents the expected standard to be achieved **on completion** of each stage of training (see table below). In addition, the assessor makes feedback comments; the cumulative weight of these comments helps determine a defensible judgment of a trainee's competence at **their** stage of training.

Table 1. Standard guide for rating scale – see *Developmental Descriptors* document for more detail

Trainee Stage	Below Standard for end of Stage (1 2 3)	Meets Standard for end of Stage (4 5 6)	Above Standard for end of Stage (7 8 9)
Stage 1 Basic	Below standard for Basic trainee.	At Basic level as described in developmental descriptors.	Above Basic level. Moving towards the standard of a Proficient trainee.
Stage 2 Proficient	Below the standard of Proficient trainee. Meets standard of a Basic trainee.	Meets the standard of a Proficient trainee as described in developmental descriptors.	Above the standard of Proficient trainee. Moving towards the standard of an Advanced trainee.
Stage 3 Advanced	Below standard for Advanced trainee. Meets standard of a Proficient level trainee.	Meets the standard of an Advanced trainee as described in developmental descriptors.	Above the standard for an Advanced trainee.

13. Following the clinical encounter the trainee presents their assessment to the assessor. This consists of a summary of the salient features of the case, an assessment of gaps in the history, other essential

information required, a formulation, diagnosis and differential diagnosis. This is followed by a viva of clarification questions from the assessor. The trainee is then invited to present their proposed management plan, again followed by a viva of clarification questions.

14. Following the trainee's presentation of the case, the assessor is required to complete their rating of the trainee and add additional feedback to the OCA form.
15. The assessor should make their judgments only on those competencies and behaviours observed during the OCA, rather than inferring performance from other areas.
16. Once the discussion is complete, the assessor provides detailed feedback to the trainee. Ample time for feedback needs to be factored in, to occur within clinical supervision time.
17. Constructive and useful feedback is given to the trainee on certain points:
 - areas that were especially good are highlighted
 - areas that need improvement are indicated and elaborated on
 - potential ideas to gain further experience and skill in the areas requiring development are discussed.
18. The trainee and assessor discuss and agree upon next steps to progress learning. Both the assessor and trainee sign the form.
19. The trainee is responsible for retaining the OCA form and updating the learning plan. Assessors may also retain a copy.

SAMPLE

Observed Clinical Activity (OCA)

Trainee Name:	Program Name:
Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Rotation: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Date of assessment:

Clinical activity information:

Brief description of the case/clinical task:
Learning Outcomes being assessed:

Please rate the following aspect of the observed clinical activity on the scale below. (n/a = not applicable) *see Developmental Descriptors document as a guide to expected standards and to inform feedback. Point 5 on the scale represents the expected standard **on completion** of the trainees current Stage of training.

		Below standard for end of Stage			Meets standard for end of Stage			Above standard for end of Stage		
1. History taking process	n/a	1	2	3	4	5	6	7	8	9
2. History taking content	n/a	1	2	3	4	5	6	7	8	9
3. Mental state examination skills	n/a	1	2	3	4	5	6	7	8	9
4. Physical examination skills	n/a	1	2	3	4	5	6	7	8	9
6. Data synthesis	n/a	1	2	3	4	5	6	7	8	9
7. Management plan	n/a	1	2	3	4	5	6	7	8	9

What aspects were done well?	Suggestions for areas of improvement
Agreed action/goals:	
Assessors Name:	Assessors Position:
Assessors Signature:	Date:
Trainees Signature:	Date:

BACKGROUND

The Professional Presentation is one of the RANZCP Workplace-based Assessment (WBA) tools for formative evaluation of trainees within training. The primary purpose of this tool is to promote learning for a trainee by providing structured feedback on performance within an authentic workplace context.

The Professional Presentation tool is a concise method of evaluation requiring an assessor to observe a trainee giving a professional presentation to various audiences and provide feedback to the trainee about their performance. The feedback should concentrate on the trainee's performance of specific presentation skills rather than on their general performance. The value of this instrument for the trainee lies in the opportunity it provides for immediate structured feedback on their performance, supporting and enhancing learning.

Where does it take place?

The Professional Presentation assessment tool can be used within various situations, including Journal Clubs, case presentations, community education presentations, clinical audits, grand round presentations and in-service presentations. Example audiences include: the wider community, consumers, carers, or in-service audiences.

Choosing a presentation

One of the benefits of the Professional Presentation as a formative assessment tool is that it complements the typical presentations expected of a psychiatry trainee. The trainee should choose WBA presentations so that, by the end of the training period, they have been assessed over a range of settings and topic areas.

Activities for assessment (examples)

Stage 1 activities	Stage 2 activities
<ul style="list-style-type: none">• Case presentation• Topic presentation• Nursing in service presentation	<ul style="list-style-type: none">• Clinical audit• Case presentations• Consumer / carer/ NGO

Assessment criteria

The assessment will record performance relative to the following.

- Introducing the topic
- Setting material in context
- Analysis and critique
- Presentation and delivery
- Answering questions
- Quality of educational content

Feedback session

The feedback aspect of the Professional Presentation is the most important purpose of the assessment. The feedback will focus on the strengths and weaknesses of the trainee's performance, and will, through self-reflection, also inform their learning and skill development.

- The trainee elects participation in a presentation opportunity, organises any administration required, such as room bookings, invitations, a private room for the feedback session to occur following the presentation, etc.
- Developing the presentation itself, whether a Journal Club session or a Grand Round presentation, is a significant piece of work requiring the trainee to ensure ample allocated preparation time prior to undertaking the Professional Presentation.
- The trainee arranges for an assessor to be in attendance during the presentation.
- The professional presentation session is expected to run for at least 30 minutes. This includes the presentation and interaction/discussion time with the audience.
- The assessor observes the presentation in its entirety.
- The assessor rates the trainee’s performance using the 9-point scale on the Professional Presentation form. The mid-point of this 9-point scale represents the expected standard to be achieved within each stage of training (see table below). In addition, the assessor makes feedback comments; the cumulative weight of these comments helps determine a defensible judgment of a trainee’s competence.
 - *Please note that not all assessment criterion on the form are required to be rated during each Professional Presentation assessment, in this instance, please select the n/a option.*

Table 1. Standard guide for rating scale – see *Developmental Descriptors* document for more detail

Trainee Stage	Below Standard (1 2 3)	Meets Standard (4 5 6)	Above Standard (7 8 9)
Stage 1 Basic	Below standard for Basic trainee.	At Basic level as described in developmental descriptors.	Above Basic level. Moving towards the standard of a Proficient trainee.
Stage 2 Proficient	Below the standard of Proficient trainee. Meets standard of a Basic trainee.	Meets the standard of a Proficient trainee as described in developmental descriptors.	Above the standard of Proficient trainee. Moving towards the standard of an Advanced trainee.
Stage 3 Advanced	Below standard for Advanced trainee. Meets standard of a Proficient level trainee.	Meets the standard of an Advanced trainee as described in developmental descriptors.	Above the standard for an Advanced trainee.

- Immediately following the presentation, the assessor discusses the comments and ratings on the form, providing the trainee with feedback on their performance.
- Constructive and useful feedback is given to the trainee on certain points:
 - areas that were especially good are highlighted
 - areas that need improvement are indicated and elaborated on
 - potential ideas to gain further experience and skill in the areas requiring development are discussed.
- The trainee and assessor discuss and agree upon the next steps to progress learning. Both the assessor and trainee sign the form.
- The trainee is responsible for retaining the Professional Presentation form.

Professional Presentation Stage X

Assessors are referred to the [name of Guidelines] for assistance in completing this form.

Trainee Name:	Program Name:
Rotation:	

Please indicate information about what was presented:

Presentation Title:
Brief description of the case:
Learning Outcomes being assessed:

Please indicate the activity in which the presentation has taken place:

Journal Club <input type="checkbox"/>	Clinical Audit <input type="checkbox"/>
Case Presentation <input type="checkbox"/>	In-service Presentation <input type="checkbox"/>
Community education <input type="checkbox"/>	Grand Round <input type="checkbox"/>

Please indicate the audience/setting in which the presentation has taken place:

Journal Club <input type="checkbox"/>	In-service <input type="checkbox"/>
Grand Round <input type="checkbox"/>	Community <input type="checkbox"/>
Consumer <input type="checkbox"/>	NGO <input type="checkbox"/>
Carer <input type="checkbox"/>	Other (specify): <input type="checkbox"/>

*Please rate the following aspects of the professional presentation on the scale below. (n/a = not applicable) *see Developmental Descriptors document as a guide to expected standards and to inform feedback.*

	Below standard* for Stage X			Meets standard* for Stage X			Above standard* for Stage X			
1. Introducing the topic	1	2	3	4	5	6	7	8	9	n/a
2. Setting material in context	1	2	3	4	5	6	7	8	9	n/a
3. Analysis and critique	1	2	3	4	5	6	7	8	9	n/a
4. Presentation and delivery	1	2	3	4	5	6	7	8	9	n/a
5. Answering questions	1	2	3	4	5	6	7	8	9	n/a
6. Quality of educational content	1	2	3	4	5	6	7	8	9	n/a

Anything especially good?	Suggestions for improvement
----------------------------------	------------------------------------

Agreed action/goals for next presentation:

Assessor Name:	Assessor Position:
Assessor Signature:	Date:
Trainee Signature:	Date:

SAMPLE

Stage 1 and 2 mandatory CBFP Entrustable Professional Activities

Area of Practice	EPA Reference	Entrustable Professional Activity
Stage 1 –It is mandatory that 2 EPAs be successfully completed per 6 month rotation. The 4 EPAs for Stage 1 must be completed before the trainee progresses to Stage 2.		
General Psychiatry (Mandatory Stage 1 rotation of 2 x 6 month placements)	ST1-GEN-EPA1 ST1-GEN-EPA2 ST1-GEN-EPA3 ST1-GEN-EPA4	Completing a discharge summary Initiating antipsychotic medication in a patient with schizophrenia Active participation in ward rounds, Leading an MDT discussion regarding care of a patient Diagnostic explanation to a family about a young adult's illness
Stage One or Two General Psychiatry EPAs Mandatory EPAs for all Stage 2 trainees can be completed in Stage 1 if the opportunity arises.	ST2-EXP-EPA1 ST2-EXP-EPA2 ST2-EXP-EPA3 ST2-EXP-EPA4 ST2-EXP-EPA5	ECT Application of the Mental Health Act Risk Assessment Treatment with Clozapine Cultural Competency

“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.”