University of BRISTOL

Final MBChB Clinical Assessments

CLINICAL COMPETENCY ASSESSMENTS (CCA'S)

ASSESSOR GUIDANCE AND TRAINING

Aims and Objectives

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

Objectives

- 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 Senior Medicine and Surgery and PPP
  - How to administer each assessment
  - The principles of grading students' competence during the assessments

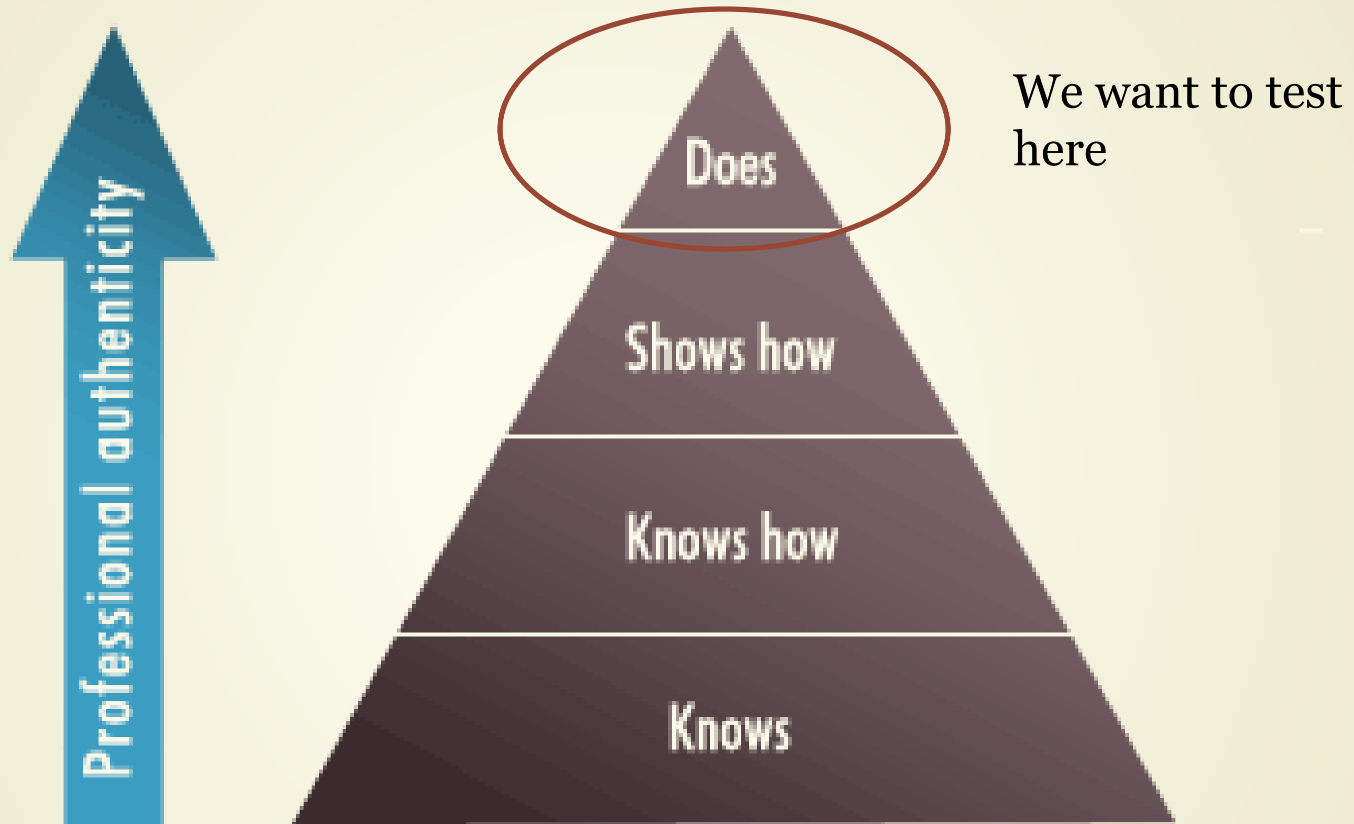
Outline of content

- 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



We want to test here

Summary of previous changes (2017-18)

- Reliability of CCA series in 2016-17 was not sufficient to justify their continued use as summative assessment – now formative, although still must do, and count as core evidence towards Entrustable Professional Activities (EPA's) which all need sign off in Year 5 workbook by end of PPP

- Given now formative, each CCA scored as either
  - **Performs at level expected**
    Or
  - **Not yet performing at level expected**
    - **No stipulation as to number of domains that mandates particular global judgement**
    - **Assessors need to indicate which EPA the CBD or Mini-CEX maps to (OLC CCA all map to one EPA)**

- Students can start to complete CCA's (Mini-CEX and CBD) when they feel ready in SMS
  - Expected that students undertake a **minimum** of 1 Mini-CEX and 1 CBD during Senior Medicine and Surgery

- OLC-CCA arranged by academy
  - Weeks 6-11 SMS
  - Weeks 1-6 PPP

- Relaxed criteria for assessor eligibility

- BIG LOGISTICAL CHANGE – ELECTRONIC MARKING – MUST READ THIS
  - UMEP CCA for Assessors 17-18.pdf

How many will they do?

- By the end of PPP students will need to have 8 CCA's at "performs at level expected"
  - **2 Objective long cases (OLC-CCA),** 1 in SMS and 1 in PPP
  - **3 Mini-CEXs -** at least 1 in SMS, at least 1 in GP during PPP
  - **3 CBDs-** at least 1 in SMS.
    - One of the CBDs should have a focus on a patient with Palliative Care and/or Oncology needs.

When will they do them?

OLC-CCA's will still be arranged by academy for each students during fixed (but wider) times

- OLC-CCA 1 Weeks 6-11 Unit 1
- OLC-CCA 2 Weeks 1-6 Unit 2

Students will be able to complete all other CCA's **from commencing SMS** - with some limits:

Expectation that at least 1 CBD and 1 Mini-CEX is completed within SMS

All must be complete by end of PPP

Logistics

- CBD's and Mini-CEX to be completed online
  - Looks like an app but in reality you're accessing the student's e-portfolio (UMeP)
- Students should try to identify potential CCA opportunities at the appropriate time in the unit and agree their undertaking with assessors from within the clinical teams they are working with
- Ability to organize this will reflect their developing professionalism.
- OLC CCA's – still on paper but assessors need to enter the date, time and global verdict on UMeP at the end of the assessment

Who can assess?

- All assessments - single assessor
- Assessors for OLC-CCAs
  - GMC registered doctors who have completed any relevant postgraduate membership / fellowship examination and who have reviewed the CCA assessor guidance material.
- Assessors for all other CCAs (Mini-CEX and CBD)
  - GMC registered doctors who are CT1 level or above (including Clinical Teaching Fellows) who have reviewed the CCA assessor guidance material
    - or
  - specialist nurses who are involved in regular completion of Supervised Learning Events / Workplace Based Assessments for foundation / speciality trainee doctors and who have read the CCA assessor guidance material.

What do they (still) look like (overview – more later)

- OLC-CCA
  - Complete and record full history and examination
- CBD
  - Structured discussion of a clinical case either clerked or reviewed by the student
- Mini-CEX
  - Assessment of direct observation of a student/patient clinical encounter

Marking CCA's

- Electronic marking
  - Through linking to student's e-portfolio
  - All CBD's / Mini-CEX's
  - OLC-CCA – mark on paper, return to academy but record global judgement on UMEP
  - MUST READ THIS - UMEP CCA for Assessors 17-18.pdf
  - Back up paper marksheets for CBD/Mini-CEX available through blackboard/ academy

- Rating scales for various domains to be completed
- Patient scoring (and written feedback) for OLC-CCA and Mini-CEX
- Global rating determines overall competence
- Formative components as per post graduate SLE
- Link CCA to **no more than two EPA's** in year 5 workbook
  - From Management of Marks 2018-19
  - **Each CCA should generally provide evidence towards one EPA but may count towards an additional EPA if the assessor feels performance and detail of discussion justifies it. A CCA may not count towards more than 2 EPAs.**

Linking CCA's to EPA's – additional point

- Please link CCA to **no more than two EPA's** in year 5 workbook
  - From Management of Marks 2018-19:
  - **Each CCA should generally provide evidence towards one EPA but may count towards an additional EPA if the assessor feels performance and detail of discussion justifies it. A CCA may not count towards more than 2 EPAs.**

Common definitions of standard expected for all CCA's / grading of competence

- **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.

Running the OLC-CCA

- Student has 1 hour to complete **<u>and document</u>** complete history and examination
- 1 Examiner
- Students have a further 10 minutes to complete their written record of the case as if it were to be included in the patient's medical record
  - Use this time to clarify signs with pt and collect patient feedback

Running the OLC-CCA Assessment

- Ask the candidate to present a summary of the case and to outline their diagnosis +/- differential.
- Examiners may find it valuable to ask candidates to consider their diagnostic thinking from the history separately before discussing examination findings.
  - In all cases though the candidates rationale for their diagnostic reasoning must be probed, e.g. did they find signs on examination that were expected / unexpected, if so why?
- Ask the candidate what their initial investigation and management plan would be were they the F1 either admitting the patient or responsible for immediate management on the ward.
  - Framing of this part will depend on how long pt has been in hospital
    - May discuss acute admission management / ongoing care / discharge planning

Running the OLC-CCA Assessment

- Patient feedback

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?

Marking the OLC-CCA

- **Same domains as before**
- **No stipulation as to number of domains that mandates particular global judgement**

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				
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			
Diagnosis Gives appropriate diagnosis and / or differential diagnoses 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				
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**				

OLC-CCA Marksheet

- OLC CCA Marksheet 2017.pdf

- Record global judgement on students e-portfolio through UMeP access

Running the CBD - 1

- Structured discussion of a clinical case either clerked or reviewed by the student during SMS or PPP.
  - Its strength is investigation of, and feedback on, clinical reasoning

- The student should select two patients seen during SMS / PPP where either the students clerking and/or documentation of review is included in the medical notes.

- Students should bring either the anonymised clerking or anonymised copies of their case note entries to the assessment. Students should bring two cases and the assessor will select one for 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 students' own record in the notes.

- One CBD 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

Running the CBD - 2

- Cases for a CBD selected by the student must allow demonstration, discussion of the following areas :
  - Medical record keeping
  - Clinical assessment
  - Investigation planning
  - Management planning
  - Professionalism

- It is therefore 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.

CBD Marksheet

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**			

Indicate EPA linkage for CBD

Year 5 Workbook linkage for this CBD:

	Assessor please indicate **no more than two**
EPA 3 Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient.	
EPA 4: Recommend and interpret common diagnostic and screening tests	
Other EPA – give number (from Yr 5 Workbook)	

CBD – Palliative care / oncology

- One CBD should 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 marking
- Examiner does NOT need to be specifically a palliative care physician / oncologist

ASSESSOR STATEMENT – MANDATORY

I confirm I have reviewed the University of Bristol CCA assessor guidance material	*Signature* ____________
I confirm that the PRIMARY PROBLEM of the patient forming the basis of this CBD was oncological or palliative care need	*Signature* ____________

Indicate EPA linkage for CBD – Pall/onc

Year 5 Workbook linkage for this CBD:

	Assessor please indicate **no more than two**
EPA 3 Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient.	
EPA 4: Recommend and interpret common diagnostic and screening tests	
EPA 11: Collaborate as a member of an inter-professional team, both clinically and educationally	
Other EPA – give number (from Yr 5 Workbook)	

Running the Mini-CEX - 1

- A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
- Mini CEX's must comprise clinical encounters that will be routinely performed by an FY doctor. They must comprise 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.
- Mini-CEX should not be completed **after** a ward round presentation or when the doctor/patient interaction was not observed but be planned with agreement between student and assessor.
- Acceptable encounters could include:
  - Clinical patient review e.g. on ward round, in GP surgery or out-patient clinic, at request of nursing staff.
  - Explanation of diagnostic test results
  - Explanation of an investigation and / or management plan (e.g. complex treatment regime)
  - Focused assessment of an existing ward patient known to assessor but **not** to the student.

Running the Mini-CEX - 2

- 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

- The complexity of cases will vary and assessors must take account of this but encounters that do not allow for clear demonstration of competence in these areas will not be valid.

- Review of patients the assessor anticipates to be completely stable and not requiring any management change (e.g. the "medically fit patient" awaiting discharge planning) would not be appropriate.

- A Mini-CEX should take not less than 10 and not more than 20 minutes for the student to complete with the patient. Students should be told when 15 minutes have passed. Detailed written feedback must be provided as detailed on the marking scheme.

Running the Mini-CEX - 3

- Assessors need to give clear instruction to the student as to 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.

Running the Mini-CEX - 4

- Patient feedback
  - As per OLC-CCA

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				
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**				

Indicate EPA linkage for Mini-CEX

Year 5 Workbook linkage for this Mini-CEX:

	Assessor please indicate **no more than two**
EPA1: Gather a history and perform a **mental state** and physical examination (Mental State being the focus for this Mini-CEX)	
EPA 2: Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means	
EPA 3: Prioritise a differential diagnosis following a clinical encounter, initiate appropriate management and self-management in partnership with the patient.	
EPA 4: Recommend and interpret common diagnostic and screening tests	
Other EPA – give number (from Yr 5 Workbook)	

How to identify the student not quite there yet

- Crucial elements
  - Inappropriate attitudes or behaviour
  - A lack of awareness of his/her limitations
  - A level of knowledge that could put patients at risk
- OLC behavioural descriptors provided for Mini-CEX

- **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 don’t think they have performed adequately please grade accordingly
- Students have plenty opportunity to repeat each CCA
- If student is not performing at level expected, during feedback suggest how long they should wait before attempting further assessment, depending on where they need to focus further study efforts

After the assessment

- Students should be told their mark alongside detailed feedback
- CBD/Mini-CEX results direct onto UMeP
- OLC-CCA global outcome onto app, marksheets returned to academy administrator
- Copies of the marksheets including assessor and patient feedback should be retained by the student in to guide further learning.
- Examiner notes taken during the assessment (primarily from OLC-CCA) should not be returned to the student

Paper copies of CCA's

UoB CBD CCA 2018.pdf

UoB CBD CCA 2018 - PALL ONC.pdf

UoB Mini-CEX CCA 2018.pdf

Questions?

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