

Year 4 MBChB | Workplace Based Assessments (WPBAs):

A Guide for Assessors

What?

Workplace based assessments (WPBAs) are tools used within the clinical environment to assess performance in applying medical knowledge, examination skills, diagnostic acumen, clinical reasoning and management planning. They include:

Case Based Discussions (CBD): A structured discussion of a clinical case, already seen by the student

Mini-Clinical Evaluation Exercise (Mini-CEX): A direct observation of a patient encounter by an assessor

Objective Long Case (OLC): A comprehensive interaction with a patient involving a full history, full physical examination (all systems), documentation, generation of differential diagnosis and formulation of management plan. In Year 4, the OLC focuses on medical complexity.

WPBAs undertaken in Year 4 are **formative** however they are **mandatory, students must attempt the assessments** however if the student performs at 'a level below expected' this will not affect their progression to Year 5.

The standard of WPBAs are set **at the level expected** of a **foundation year 1 (FY1) doctor**.

Why?

Workplace based assessments are imbedded in postgraduate training curricula thus students must build familiarity with their use. By design they ensure students have the necessary knowledge, skills, attitudes and behaviours to work as a foundation doctor.

By completing WPBAs students demonstrate their capability to integrate history and examination, synthesise differential diagnosis, display clinical reasoning and construct management plans.



We expect students to perform at the level of a newly qualified foundation doctor (FY1) and this is the standard we set for satisfactory performance in workbased assessments in Year 4.

This ensures that their directly observed practice is in keeping with curriculum objectives and progression through the undergraduate programme.

Who?

To ensure adequate rigor, face validity and reliability in assessment processes plus maximise constructive feedback WPBAs have been assessed by experienced clinicians.

Therefore, the following **restrictions apply** to who can assess WPBAs:

- Registered Doctors practicing **at the level above** Foundation Year 2 (FY2)
- Fully qualified Physician Associates working in an area of practice related to the WPBA
- Advanced/Medical Nurse Practitioners, Advanced Clinical Practitioners or equivalent health professionals working in the relevant area of practice.

If assessments are completed by individuals who do not meet the criteria above, these assessments will be discounted and further attempts required to satisfy progression requirements. If you don't meet the above requirements, please politely decline to undertake the assessment with the student and sign-post them to alternative members of staff.

How? Case Based Discussions

Case based discussion should be a **planned event** and takes approximately 20 minutes.

Aim: To assess a comprehensive complex clinical case (full history and examination) and the student's formulation of a differential diagnosis and management plan via presentation.

Method: The student should select a patient case and present their own work to the examiner, including all relevant findings from history and examination. They should then suggest a differential diagnosis and from that an investigation and management plan.

Key areas of Assessment: Please consider:

- The depth and accuracy of the clinical assessment regarding history and physical examination
- Clinical reasoning and differential diagnosis formulation from the data gathered.
- Investigation and Management planning regarding their differential diagnosis
- The quality of the medical record keeping
- Professional manner, approach to the case and the verbal case presentation

Feedback: Constructive feedback is critical to prepare the student for summative assessments and for enhancing professional practice.

Marking: The marking should be transcribed directly on to MyProgress, the student should make this available after the assessment either by smartphone app or internet browser.

Global Opinion: Please indicate if the student's performance was at the level expected (of a new FY1)

How? Mini-Clinical Evaluation Exercise

Mini-CEXs should be a **planned event, please inform the student that the observed encounter will be assessed prior to undertaking the assessment** and takes approximately 15 minutes.

Aim: To directly observe and assess a **focused patient encounter**, if necessary please remind the student they are **not expected to undertake a long-case**, and must tailor their approach.

Method: Directly observe a patient encounter with a student, this can include a multitude of differing consultations including a focused history and examination (i.e. a patient in A&E following a collapse) or explanation of test results to a patient. Ideally, the patient encounter should involve a patient who is not known to the candidate.

Key areas of Assessment: Please consider:

- The quality and depth of a focused history taking or information gathering
- Professional conduct and communication skills
- Quality of physical examination (if undertaken)
- Accuracy and depth of offered differential diagnosis and management plan
- Structure and fluency of the consultation

Specific Clerkships: Certain Mini-CEXs (i.e., sexual health, have specific objectives and outcomes, please refer to specific guidance available on Blackboard)

Feedback: Constructive feedback is critical to prepare the student for summative assessments and for enhancing professional practice.

Marking: The marking should be transcribed directly on to MyProgress, the student should make this available after the assessment either by smartphone app or internet browser.

