University of BRISTOL

Year 5 MB ChB Clinical Assessments

WORKPLACE-BASED ASSESSMENTS

ASSESSOR GUIDANCE

UPDATED 27 SEPTEMBER 2024

Aims of assessment in year 5

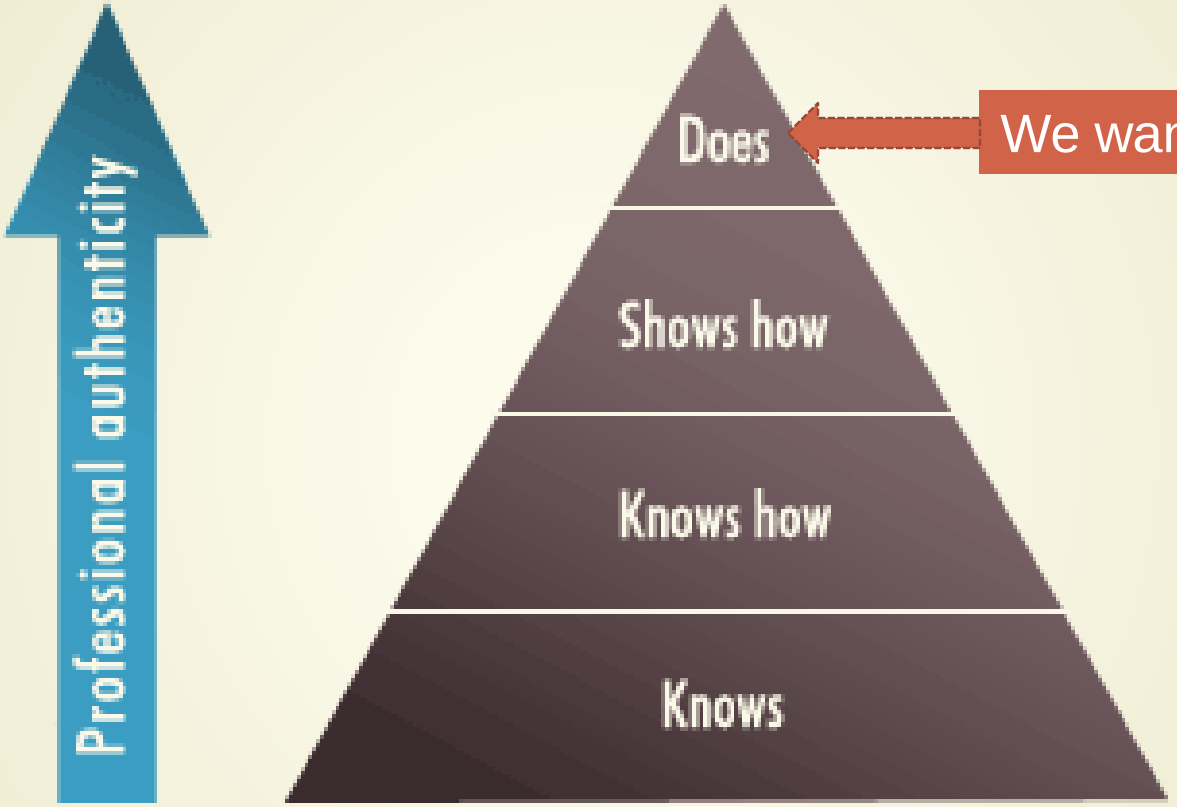
To:

- Ensure our graduates have the necessary knowledge, skills, attitudes and behaviours to become a foundation doctor

- Prepare them for the assessments that they will do in their foundation programme

- Maintain their ability, as noted by external examiners, to integrate a history and full examination and synthesize a diagnosis and initial management plan based upon their findings. This is a strength of Bristol graduates.

A simple model of competence



Miller GE. The assessment of clinical skills/performance. Academic Medicine (Supplement) 1990; 65: S63-S7.

What are Workplace-based Assessments?

- Workplace-based Assessments are used throughout postgraduate training. They are assessments of things our graduates will actually do once they start work.
  - Clerk a patient
  - Formulate a diagnosis / treatment plan
  - Justify diagnostic reasoning and management plans
  - Perform focussed patient interactions

- 3 formats:

  Objective, observed long case
  - Complete and record a full history and examination (*Only for students who did not achieve a satisfactory level in Year 4)*

  Mini-clinical evaluation Exercise (Mini-CEX)
  - Assessment of direct observation of a student/patient clinical encounter

  Case based discussion (CbD)
  - Structured discussion of a clinical case who they have clerked or reviewed

Entrustable Professional Activities

We ask that the final year students do a certain number of workplace-based assessments to a defined level of competence (as in postgraduate training) but what are the

Entrustable Professional Activities?

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) are ‘units of professional practice, defined as tasks or responsibilities that trainees are *entrusted* to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions’.

We have mapped the **GMC’s Outcomes for Graduates** to 16 Bristol Entrustable Professional Activities.

Bristol's Entrustable Professional Activities

1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritise a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record
7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health

Bristol's Entrustable Professional Activities

9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an inter-professional team, both clinically and educationally
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management
13. Obtain informed consent for tests and/or procedures
14. Contribute to a culture of safety and improvement and recognise and respond to system failures
15. Undertake appropriate practical procedures
16. Adhere to the GMC's guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.

**[modified from the American Association of Medical Colleges' core entrustable professional activities for entering Residency (2014)]*

How many assessments are they expected to do?

Students are expected to gain a global verdict of “performing at level expected” in:

5 CbDs (two each in the first and second assistantship and one in the final)

5 mini-CEXs (two each in the first and second assistantship and one in the final)

1 objective long case (if not achieved in year 4) on an older person with complex medical needs **(during WBC)**

Get 5 different sign offs for each of EPA 1-14 (70 in total)

EPA 15 is achieved by completing CAPS (All CAPS skills need a sign off during year 5)

EPA 16 is achieved by completing TAB (The TAB must be completed in full)

Who can assess the students?

- All assessments will have a single assessor (except for resit long cases)
- Assessors for the **Objective Long Cases** will be GMC registered consultants working in adult medical or surgical specialities in hospital. For resit attempts two examiners should be present.
- Assessors for **mini-CEXs, Case-based Discussions, EPAs and CAPS** must be

  GMC registered **doctors at level above F2**

  or

  Specialist nurses who are involved in regular completion of Supervised Learning Events / workplace-based assessments for foundation / speciality trainee doctors

  or

  Physicians Associates, providing the subject matter is within their field of competence

Completing the marksheets

- The marksheets for all workplace-based assessments (Case-based Discussions and mini-CEXs) must be completed electronically on the student's e-portfolio known as My Progress. The student should give you access to the marksheet on their phone or via an email ticket

- If you are doing an OLC then this is still paper based, but you will need to upload the completed marksheet. Academy managers will help you with this

Grading of Competence: for all workplace-based assessments

For each workplace-based assessment (CbD, mini-CEX and objective long case) you can give one of 2 global judgements

Not yet performing at level expected	Performs at level expected
means that you do not feel confident that they have reached a standard that will allow them to function as an FY1, in particular if you feel they have demonstrated behavior that could potentially compromise patient safety	indicates you consider them to be procedurally competent and safe, and have demonstrated at least the **minimal** level of competence required for **commencement** of FY1

Case-based discussion

Case-based Discussion (CbD) - preparation

- The CbD should be a planned event.
- It is a structured discussion of a clinical case who the student has either clerked or reviewed during an assistantship.
  - Its strength is investigation of, and feedback on, clinical reasoning
- For each CbD the student should select **two** patients who they have seen during their assistantship. Either their clerking and/or documentation of review should be included in the patient's medical notes.
- The student should bring either the anonymised clerking or anonymised copies of their case note entries to the assessment. They should bring two cases. Please select one of these cases for the CbD.
- Alternatively if the assessment is being carried out in an appropriate location in the ward area, the clinical notes can be used.
- The discussion must start from and be centred on the student's own record in the notes.

Case-based Discussion (continued)

- Cases for a CbD selected by the student must allow demonstration and discussion of the following areas :
  - Medical record keeping
  - Clinical assessment
  - Investigation planning
  - Management planning
  - Professionalism
- It is 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.

Mini-CEX

Mini Clinical Evaluation Exercise (Mini-CEX)

- A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
- A mini-CEX should take **10-20 minutes** to complete
- Mini-CEXs must comprise clinical encounters that are routinely performed by an Foundation doctor. They must include 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.
- A mini-CEX should be planned. Before the observed activity the student and assessor should agree what is going to be assessed.
- The complexity of cases will vary; please take account of this

Suitable cases for a mini-CEX)

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

Encounters that do not allow for clear demonstration of competence in these areas will not be valid.

Acceptable encounters include:

- Clinical patient review e.g. on ward round, in GP surgery or out-patient clinic, a review requested by nursing staff
- Explanation of diagnostic test results
- Explanation of an investigation &/ or management plan (e.g. complex treatment regime)
- Focused assessment of an existing ward patient known to assessor but **not** to student.

Unsuitable cases for a mini-CEX

- If you anticipate that a patient is completely stable and does not require any change to their management please do not choose this patient for a mini-CEX.

- You should not be asked to complete a mini-CEX **after** a ward round presentation or when you did not observe the student/patient interaction

Running a mini-CEX

- You should give you clear instructions about 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 you may direct the student towards focusing on key aspects of the history alone to allow questioning around diagnostic reasoning and management
- The student 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. previous medical history/ drug history.
- Similarly examination should be focussed but relevant and appropriate. If observation charts are available students should used these rather than record temperature and blood pressure themselves.

Not yet performing at level expected ?

- If you do not think that the student has performed at the level expected of an FY1 doctor they will have plenty of opportunities to do another assessment.

- If you doesn't think they are performing at the level expected, please
  - suggest how long they should wait before attempting a further assessment
  - Give guidance on where they need to focus further study/practice

- Whatever the outcome of the assessment please ensure that the assessment is submitted on the mobile device

Objective Observed Long Case

There is a separate examiner training video for the objective observed long case. This is available on the Assessments and Feedback section of the MB ChB Information SharePoint.

It is a large file so may take several minutes to upload.

Running the Objective Long Case

- The student has **60 minutes** to collect and record the history (as if to be filed in the patient's case-notes) and carry out a complete examination.
- You should observe the student for all of this time. If this is a resit attempt there may be 2 examiners
- Give the student a further **10 minutes** to complete their written record. You should use this time to collect feedback from the patient and confirm any clinical signs that you may have elicited.
- Look at their written record and then ask the student some questions

Running of the Objective Long Case

- Start by asking the student to present a summary of the case and outline their diagnosis +/- differential.
- Then probe the rationale for their reasoning
- Ask you what their initial investigation and management plan would be if they were the F1 either admitting the patient or responsible for management on the ward.

  Framing of this part will depend on how long pt has been in hospital. You may discuss acute admission management / ongoing care / discharge planning

Objective Long Case - marksheet

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 Uses / takes collateral history if appropriate				
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 Including AMTs			
Diagnosis Gives appropriate diagnosis and / or problem list 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. Must mention MDT.				
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**				

Objective Long Case: patient's opinion

Whilst you are writing up your notes the examiner will ask the patient for their opinion by asking:

"Would you be comfortable with this student looking after you if they were a recently qualified doctor"	Not comfortable	Yes I would

If the patient says "not comfortable" but the examiner decides that you have performed at the level expected, the examiner must justify their decision.

The examiner will also ask the patient for more specific 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?

Feedback to the student

After the long case please inform the student of your overall verdict and will them your feedback

Tell them in which **areas they performed well**

&

Give them some **suggestions for improvement**.

Additional Example material

- CbD
  - A good example of 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