

Top Tips - Making Workplace Based Assessments work for you and your trainees

- 1 Be clear about, and agree, what you and the trainee want to achieve from the WPBA at the start:

 - CBD (case-based discussion)** uses a case to explore the trainee's application of knowledge, clinical reasoning and decision making including the ethical and professional aspects of the patient's care. CBD is not just a discussion about an interesting case.
 - ACAT (Acute care assessment tool)** is preferably used on an observed take (but may be on a ward round) assessing clinical assessment & management, decision making, team working, time management, record keeping and handover.
 - MiniCEX (clinical evaluation exercise)** is an *observed* trainee/patient interaction designed to assess clinical skills, attitudes and behaviour of the trainee.
 - DOPS (Direct observation of procedural skills)** is assessing competency in a procedure; DOPS assessors need to be competent in the procedural skill that is being assessed.
 - MSF (multi-source feedback)** provides a sample of attitudes and opinions of colleagues (medical, nursing, AHP & clerical) on the clinical performance and professional behaviour of the trainee; the request to do this WPBA will usually come as an email request from the trainee.
- 2 Make it a *positive* learning experience - this is what it is all about and what trainees value the most.
- 3 Do the assessment real-time and face-to-face - this makes it as close to a real situation in which the trainee works as possible.
- 4 Make time to do this - expect this to take 10-15 minutes of your time.
- 5 Do give constructive verbal feedback - face to face immediately after the assessment is completed enhances the process and encourages immediate trainee reflection.
- 6 Complete the necessary form on the ePortfolio at the time of the assessment with a description of the case(s) and written feedback in the white space - it is easy to forget very quickly what was agreed.
- 7 Do give specific and detailed feedback which outlines development needs, identifies strengths and weaknesses, with an agreed action plan to guide future learning; this also enables meaningful linkage of the WPBA by the trainee to appropriate curriculum competencies.
- 8 Use the anchor statements to guide your judgement on rating the trainee performance.
- 9 Expect to be asked to do WPBAs - all training doctors require completion of these on a regular basis throughout their training programmes.
- 10 It is entirely acceptable for you to trigger a WPBA with a trainee.
- 11 Once you agree to do a WPBA, then commit to the whole process- it is unfair to do it in part, promise you will do it and never do.
- 12 If you have not had the training, do not do an assessment; ask your local PGMC, college tutor or deanery for courses.

Recommendations for best practice when using WPBAs to provide supportive evidence in the ePortfolio

- 1 WPBAs not linked to more than 6 curriculum competencies.
- 2 WPBAs done proportionately throughout training and not last minute before ARCP.
- 3 A minimum of 5 cases for an ACAT assessment.
- 4 WPBA requirements outlined in the ARCP decision aid are the minimum requirement for those assessed by a consultant; more will inevitably be needed to help provide evidence of competency.
- 5 WPBAs assessed by medical staff assessors at least one grade above those they are assessing; an assessor may be non-medical provided they are competent in the field they are assessing.
- 6 2 or more pieces of evidence provided for each of the competencies - this may include WPBAs / trainee reflection / other evidence e.g. a certificate depending on the competency. A single assessment is not sufficient evidence of competence in its own right but provides some evidence towards the demonstration that competence has been achieved.