

J R C P T B

JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD

5 St Andrew's Place, Regent's Park, London NW1 4LB

Commentary and guideline to the use of Work Place Based Assessment (WPBA) Tools during Cardiology Training

The assessment strategy outlined in the RITA decision grid will be trainee driven and below is a guideline to the number and types of assessment required for each year of cardiology training. Assessment for core training (ST3 to ST5) applies to ALL trainees, whereas the assessment strategies for sub-specialty training (ST6-ST7) will vary according to the chosen sub-specialty modules.

The trainee should arrange the assessments to ensure that the entire curriculum is covered over the 5 year programme. As an example, and as shown in the RITA decision grid, the core cardiology topics (24 in total) should be assessed by mini-CEX (and/or CBD when developed) with 25% of the topics in each of the years ST3 to ST5, and the remaining 25% in ST6 and ST7. It may be possible however to complete all 24 topics within core training, so exempting some aspects of core assessment in the final two years. One mini-CEX per month would allow completion within the core years.

Assessors should be agreed with the Educational Supervisor in advance of the commencement of WPBA. Examples of suitable assessors would include consultants, senior SpRs, Clinical Nurse Specialists, Senior Cardiac or Radiological Technicians.

For DOPS assessment, there is a basic requirement that competence is reliable when a minimum of 6 DOPS by 2 different assessors is performed. For most cardiological procedures, this is readily achievable with minimal disruption. For example, 2 echo or catheter sessions with 3 cases per session would complete the DOPS requirements for these procedures. Some trainees may achieve Level 3 competency in some practical procedures (eg echo or angiography) before the end of ST5 if they have had specific focused training, and once Level 3 is obtained, no further assessments are required. It should be noted that trainees who opt for the BSE exam will be exempt from Echo DOPS.

See below for assessment requirements of ST3, ST4 and ST5.

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Assessment during ST3 (Core training)

Mini-CEX - a minimum of 6 by 3 different assessors from core cardiology (see Cardiology Curriculum, section 2) but to include some of the acute medicine competencies relevant to cardiology (see RITA grid).

MSF satisfactory completion for presentation to the RITA panel at the end of ST3

DOPS - echocardiography a minimum of 2 by different assessors
 Angiography a minimum of 2 by different assessors

These are formative by definition and used to assess performance in the early stages of training. Competence is not expected to be assessed in this year

Pericardiocentesis try to complete a DOPS assessment each time you
Temporary Pacing do these procedures, again recording them as
Cardioversion formative assessments, but asking the trainer to
 indicate the level of competence.

Permanent Pacing None required this year

Some trainees may well become Level 3 competent in Cardioversion and/or Temporary Pacing by the end of ST3 (6 DOPS with a minimum of 2 different assessors indicates reliability) in which case no further DOPS will be required in these procedures - Guidance will come from the RITA panel at the end of ST3

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Assessment during ST4 (core training)

Mini-CEX - a minimum of 6 by 3 different assessors from core cardiology (see Cardiology Curriculum, section 2) but to include the remaining acute medicine competencies relevant to cardiology (see RITA grid).

MSF not required if satisfactory completion from ST3

DOPS - echocardiography a minimum of 2 by different assessors
Angiography a minimum of 2 by different assessors

These are formative by definition and used to assess performance in the early stages of training. Competence is not expected to be assessed in this year

Pericardiocentesis try to complete a DOPS assessment each time you
Temporary Pacing do these procedures, again recording them as
Cardioversion formative assessments, but asking the trainer to
indicate the level of competence.

Permanent Pacing a minimum of 2 by different assessors

Some trainees may well become Level 3 competent in Cardioversion and/or Temporary Pacing by the end of ST4 (6 DOPS with a minimum of 2 different assessors indicates reliability) in which case no further DOPS will be required in these procedures - Guidance will come from the RITA panel at the end of ST4

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Assessment during ST5 (core training)

Mini-CEX - a minimum of 6 by 3 different assessors from core cardiology (see Cardiology Curriculum, section 2) and ensuring completion of the acute medicine competencies relevant to cardiology (see RITA grid).

MSF satisfactory completion for presentation to the RITA panel at the end of ST5

DOPS - echocardiography a minimum of 6 by 2 different assessors
 Angiography a minimum of 6 by 2 different assessors

Trainees will be expected to achieve Level 3 competency in these procedures by the end of ST5, and should accumulate the recommended number of DOPS assessments for presentation to the RITA panel at the end of ST5. Trainees doing the BSE exam will be exempt from Echo DOPS.

Pericardiocentesis try to complete a DOPS assessment each time you
Temporary Pacing do these procedures, again recording them as
Cardioversion formative assessments, but asking the trainer to
 indicate the level of competence.

Permanent Pacing a minimum of 6 by 2 different assessors confirming
 Level 2 competency

Trainees will be expected to have achieved Level 3 competency in Cardioversion and Temporary Pacing by the end of ST5. Once Level 3 competency has been achieved, no further DOPS will be required in these procedures - Guidance will come from the RITA panel at the end of ST5