NOTES FOR FACILITATORS

INTRODUCTION TO THE NOTES FOR FACILITATORS

This course has been designed to introduce the concept of workplace-based assessments and their use in clinical teaching and learning. It provides an overview of educational theory that underpins their use, and examples from assessment tools currently used in foundation and specialty training. The course also provides an opportunity to consider how the use of these tools can be embedded in clinical teaching practice.

ABOUT THIS GUIDE

The purpose of this brief guide is to help you facilitate the workplace-based assessment workshops. Contained within it should be all the information you need to run the workshop on the day. The notes contain copies of the slides that are provided with the course. The slides and notes are suggested approaches to sessions. However, you may decide not to use some of the slides and develop your own slides or activities instead.

PREPARATION

Prior to running their own course it is recommended that facilitators attend a workshop as an observer, and during that day annotate a copy of this guide. Ideally, this course is delivered by two facilitators working together throughout the day, although it is possible for the course to be delivered by one facilitator.

This guide should also be seen as a ‘starter for 10’ – a way of getting going. But it’s not intended to be narrowly prescriptive. Workshop facilitators will probably have their own examples from practice which will be useful to the groups they work with.

The NHS Institute for Innovation and Improvement has developed two guides that can be used in conjunction with the facilitators’ notes to help you think about how you would like to deliver this course and how you may adapt your delivery after you have run the course several times. ‘A Handy Guide to Facilitation’ provides guidance on facilitating groups and workshops. ‘The Facilitators’ Tool Kit’ contains ‘tools, techniques and tips’ for those who are new to facilitation (NHS Institute for Innovation and Improvement 2009a,b).

Both guides can be accessed via the following link: www.institute.nhs.uk/fundamentals

THE FACILITATOR ROLE

It is essential that this role is one of facilitation and not that of a lecturer. It is not essential to have expert knowledge of all aspects of workplace-based assessments.

What is essential in a facilitator of this workshop are the following:

- A robust understanding of workplace-based assessments, why they are used and the issues surrounding their use.
- The ability to draw effectively on the experience within the group in order to make full use of the knowledge and understanding that different participants bring to the workshop.
- The ability to present clearly the different activities contained within the workshop and manage the time effectively so that the necessary material is covered.
- The confidence, if necessary, to challenge participants if they are unduly cynical about educational supervision workplace-based assessments or about wider changes in medical education.

ATTENDANCE

A minimum of 80% attendance at short courses is compulsory.
WORKPLACE-BASED ASSESSMENT: A GUIDE FOR FACILITATORS

NOTES FOR FACILITATORS

THE COURSE

Purpose
This course has been developed to consider the use of workplace-based assessments (WPBAs) in regular clinical training and practice. WPBAs were introduced with the Foundation Programme in 2005 and have subsequently been adopted by all specialty curricula. They are now an integral part of the training reality, but there is vast variation in how they are being used. This course provides a framework to consider the purposes and practicalities of using workplace-based training and assessment tools. There is an overview session to start with, looking at why we assess, what we should be assessing, how assessment can drive learning and how integral feedback is to the assessment process. Three workshops follow looking at the central assessment tools of clinical evaluation exercise (CEX), 360° appraisal and case-based discussion (CBD). These three assessment tools are used in the Foundation Programme and variations on these tools are developed in specialty training. The focus of the workshops is the principle of using assessment to train, but inevitably participants will benefit from the exercises designed to develop working knowledge of the tools. The course ends with a session looking at ‘Taking it back to practice’, where participants consider how they will embed the tools into their everyday work.

Format
The course uses a variety of learning modes. Participants will take part in workshops and discussion groups, and will assess videos using the WPBA tools and providing feedback.

COURSE OBJECTIVES
By the end of this course participants will have:
- described the role of the WPBAs in postgraduate education and training
- distinguished assessment from training and summative assessment from formative assessment
- placed the WPBAs into the framework of workplace-based training and development
- analysed three WPBA tools for their utility in developing clinical skills, knowledge and behaviour in the workplace
- identified the techniques used in effective appraisal interviews
- provided feedback to trainees within a multi-source feedback (MSF) appraisal conversation
- structured a case-based discussion with a colleague to explore or to reflect on an area of clinical practice
- considered the role of workplace-based learning and how best to facilitate learning as clinical educators
- planned opportunities to support and implement, workplace-based learning and assessment within clinicians’ own workplace contexts.

PRACTICALITIES

Preparation
In information sent to participants before the course, ask them to try to bring along a copy of an anonymised record of one of their own recent clinical encounters. The record will be used as the basis for a peer-to-peer case-based discussion, exploring clinical reasoning, diagnosis, decision making and management. Ideally, the case should have presented the participant with a moderate challenge of some sort: not routine, but not an impossible patient or really tricky problem either.

What to do on the day
If the workshop is being run locally (at a trust) as opposed to centrally (at the Deanery), it is a good idea to have researched local information about who the educational supervisors can contact if they have particular problems with trainees. For example, you might want to know the names of the Directors of Medical Education, Foundation Programme Training Director, etc.

It is useful to arrange for packs to be made available to each participant on the day with copies of relevant materials (e.g. the timetable for the day, relevant handouts, slides and evaluation forms). If you decide to use videos or links from the internet, make sure that supporting equipment will be available and working. It may also be useful to have name tags for each participant.

Facilitators should get there at least 30 minutes before the first session is due to begin. You need to check that the room has been arranged appropriately (i.e. in a way that allows for small group discussion) and that the audiovisual aids are working. Make sure there is plenty of paper on the flipchart and marker pens that work.

Also draw out on a piece of plain paper the arrangement of tables/chairs, so that you can quickly do a seating plan to help you recall participants’ names. Provide a brief overview of the day (see page 4 for a suggested programme).
ONE-DAY COURSE PROGRAMME

09.30 Session 1: Introductions
09.45 Session 2: Workplace-based assessment – an overview
10.45 Coffee
11.00 Session 3: Clinical skills
12.00 Session 4: Multi-source feedback tools
13.00 Lunch
13.45 Session 5: Case-based discussion
15.00 Tea
15.15 Session 6: Taking it back
16.30 Close
Put up your first slide showing the title of the day.

**SLIDE 1: Workplace-based assessment.**

**SESSION 1: 9.30–9.45 INTRODUCTIONS**

The function of this initial session is to set the scene for the day so that participants are clear about the day's objectives.

Start by welcoming everybody.

If people have seated themselves far from the front in tiny clusters, politely ask them to move, because you will be having small group discussions during the day. Try to arrange equal-sized groups, in even numbers, so that pairs can be formed easily later on.

Introduce yourself briefly, giving your name, role and any other immediately relevant background information. Provide a brief overview of the day (see previous page for a suggested programme). Ask the participants to introduce themselves and to provide one outcome they would like to achieve by the end of the day or course. This focuses their minds and enables the facilitators to ensure that expectations are met. If someone expresses a desire to cover something that is not covered by the course, then it is best to say so upfront and to direct them to a more suitable resource or course. It may be that the facilitator can speak to the individual during one of the breaks if they have relevant experience or knowledge.

SLIDE 2: Course objectives.

**COURSE OBJECTIVES**

By the end of the course participants will have:
- Described the educational principles that underpin workplace-based assessment (WPBA)
- Discussed key issues in the implementation of WPBA
- Compared types of assessment in common use
- Considered the use of WPBAs to develop proficiency in trainee practice
- Explored ways to use WPBAs as developmental opportunities and to aid reflection

Briefly discussing the learning objectives listed above is an important way to start the course, as participants will be able to see what it is they will be involved in doing during the sessions and what skills they will have demonstrated by the completion of the courses.

It is important to outline the limitations of the day at the outset. Many groups will consist of participants from a multitude of specialties, each with their own curriculum and Royal College. In a day it is impossible to cover all of the individual details from each specialty. It is important to stress that this is not a lecture on the various types of WPBA, but rather a workshop to look at how we can use the tools we have been given to develop trainee proficiency as best we can.

Explain the structure of the day to the participants. First, the theoretical basis of to WPBAs will be explored. This will be followed by three sessions exploring different types of WPBA. Each of the sessions offers an opportunity for participants to examine the principles of the assessment tool under consideration. They also include activities during which people will be asked to assess a trainee or a colleague using the requisite tool. In this way it is hoped that participants will see the educational and development potential of the paperwork. The final session will provide an opportunity for participants to think about how they can implement WPBAs where they work.
SESSION 2:
09.45–10.45 WORKPLACE-BASED ASSESSMENTS – AN OVERVIEW

The purpose of this session is to ensure that participants understand the role of the WPBAs in postgraduate training, and are able to distinguish assessment from training, summative assessment from formative assessment, and place WPBAs into the framework of workplace-based training and development.

SLIDE 3: Workplace-based assessments.

WORKPLACE-BASED ASSESSMENTS

- Experiences – Of using WPBAs
- Challenges – What are the limitations and challenges of the current system of WPBA?
- Constraints – What prevents learners and trainers from maximising effectiveness?
- Opportunities – What educational opportunities arise from their use?

Activity

It is a good idea to start such a session with an activity to get people talking to each other. This is also an opportunity for people to register and discuss their frustrations at using the system to date.

One approach to doing so is to ask the group to split into smaller groups of four or five. Ask them to discuss their experiences of using WPBAs, as a training programme director (TPD), education supervisor, clinical supervisor, trainer or trainee. Give them about 10–15 minutes for this, depending on how they seem to be interacting. Then collate their responses on a flipchart. You may wish to divide the flipchart in half and put challenges and constraints on one side and opportunities on the other. If the group is very negative, try to suggest an opportunity from their challenge. For example, ‘I don’t have time to do this’ is a frequent challenge. An opportunity could be to define a 10-minute slot where a trainee could be observed in clinic.

An alternative approach that can be used to get people talking is to ask the groups to write their ideas on flipchart paper. After 10–15 minutes ask participants to display their flipchart paper on the tables or walls and ask everyone to walk around looking at each other’s work. Draw the activity to a close with a plenary discussion of the main points raised.

This is a pivotal session, as it is important to:

- bring out the grumbles early
- define what is within our power to change or address
- discuss the alternative to not engaging with the system (no training)
- further define objectives for the day.

Ask what the biggest challenge is.

Share with the participants what trainees say are the challenges for them.
At this point it is also useful to discuss how organisational and cultural factors in the workplace, such as approach to management and teamwork, can influence learning. However, if participants are very negative about these challenges, you may need to make a show of drawing a line under what you have discussed so far. Stress that they have been describing the past but that the day is designed to address some of the issues raised so that the future works better.

Say, ‘Let’s take a step back…’, and then ask them how they learned in postgraduate training. Relate their responses to the main areas of professional learning and development.

This discussion is designed to show them that the ways they learned are valued and built upon within the WPBAs; that the knowledge, skills, behaviours and attitudes we are encouraging today are the same ones we have always encouraged.

Once the group has warmed up from the last activity it is good to ask a series of key questions about assessment. The first one would be ‘Why do we assess?’ Ask them why they want to assess their trainees – what is the point of it? Get them to answer this en masse.
There are predominantly three main reasons why we assess.

SLIDE 6: Why do we assess?

Why do we assess?

- Patient safety and standards of care
- To ensure we are training correctly
- To develop trainees

Some groups go straight for the educational reason but some struggle to identify that and see assessment as being all about standards, patient care and satisfying the public. You should stress that all three of these functions are important.

There then follow some comments about assessment – ask them if they agree with these.

SLIDE 7: What is assessment?

What is assessment?

- ‘A systematic procedure for measuring a trainee’s progress or level of achievement against defined criteria to make a judgement about a trainee’ (GMC 2010)
- A check of the learning that has taken place
- ‘About getting to know our students and the quality of their learning’ (Rowntree 1977)

Ask them if this slide covers everything.

SLIDE 8: Types of assessment.

Types of assessment

- Formative – Aids learning through constructive feedback
- Summative – Determines levels of competence for progression
- Appraisal – Formal review of progress

Say you want to look at our use of terminology.

Continue by looking at types of assessment – the fact that assessments can do more than one thing at once. One crude analogy here is with supermarket vouchers for schools; individually these vouchers have no monetary value, just as WPBAs individually have no summative value. However, a large number of the supermarket vouchers can be traded for computer equipment for schools. Similarly, a large number of the WPBAs has reliability and can be used fairly accurately as a summative indicator of progression.
SLIDE 9: Authenticity of clinical assessment – Miller’s pyramid.

However, it is important to be realistic about this. WPBAs may not be done frequently or informally enough to promote the ‘Does’. Many trainees slip back a step to the ‘Shows how’ (Performance) when being observed, as they are not yet used to this way of working. It requires much more acceptance, frequency and naturalisation of the process to ensure we are assessing at the ‘Does’ level. We now need to consider what we assess and what we want from assessment. To help promote discussion divide participants into two groups, asking one group to brainstorm ‘What do we assess?’ and the other to consider ‘What do you want to get out of assessment?’. Use slides 11 and 12 to summarise the discussion.


Ask the group to discuss in pairs what they think Slide 9 means. If the group are not familiar with this explain that Miller (1990) shows that there are different types of competence demonstrated at each stage of the pyramid and that it is vital to record, monitor and assess these in an authentic way.

SLIDE 11: What do we assess?

This slide shows what we assess – knowledge, skills, judgement and interpersonal skills, and professionalism. It also shows how the WPBAs divide up to assess these areas of competence. It is important to stress that there is overlap. In a patient consultation a trainee may well be evaluated on their knowledge and clinical judgement, examination skill, communication and counselling skill, and professional conduct. This is the value of these tools, as they are multi-situational, multi-rater and address multiple competencies.

Many doctors have criticised the WPBAs since their inception. At this point it is worth asking participants what they want assessment to do. As the people responsible ultimately for the clinical care provided by their trainees, it is important for participants to consider what they need from an assessment system.
A group will usually come up with something along these lines, which is encouraging. Stressing to them that doctors were consulted and involved in developing WPBAs and that WPBAs do these things, is often helpful.
Explain that the lower level on Slide 14 is the formative assessment level, that the educational supervision report is a summary of the formative information, which, if in sufficient quantity, should give good overall reliability. The ARCP process is a process that decides summatively the progression of the trainee based on the evidence collected over the year. Slide 15 emphasises the importance of trainees spreading their assessments over the entire year.

Highlight to participants useful resources that summarise key issues related to use of WPBAs such as the GMC (2011b) guide to implementing WPBA. Slide 16 shows the golden rules for trainees in terms of ensuring their WPBAs are fit for purpose and give maximal support to their development and training.

**SLIDE 16: Trainees should be ‘SAFER’.

- Spread assessments through job
- As many assessors as possible
- Feedback as well as scores
- Evidence it all (follow-up actions)
- Reflect on what they do

Feedback

This deserves a separate section on its own as it is the integral part of the WPBAs that makes them valid and also useful to the trainee. It also proves that trainers have indeed been training and not just assessing summatively.

It may be a good idea to remind the group of the learning curve and the stages of competence and consciousness it takes us through.
This diagram is based on the work of Dreyfus and Dreyfus (1986) on skills development. It is useful for showing that we all have varying levels of insight regarding our practice and that to develop people further we need to support them and draw on not only their insights but also those of the trainer.

Some of the group may have heard of Pendleton’s rules for giving feedback. David Pendleton was a psychologist working with GPs in the 1990s and he devised this four-step system for providing feedback. First, ask the learner to identify what they think they did well; second, share what you thought they did well; third, ask the learner what they think they need to change; and finally, share your thoughts on how they can improve. Many people now feel it is formulaic, but if we look at it superimposed on the learning curve, we can see that Pendleton reaches all areas of learning and involves the individual in developing insight as well as receiving sound advice from a more expert trainer (see Slide 18). Pendleton’s rules for feedback are often used, with varying efficacy.

King (1999) reinforces the insight aspect here.

Feedback can speed up reflection and self-directed learning if done with an interested other.
WORKPLACE-BASED ASSESSMENT: A GUIDE FOR FACILITATORS

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SLIDE 20: Feedback.

FEEDBACK

- Allows an individual to identify what they have done/are able to do effectively
- Gives suggestions about alternative approaches to a task to improve effectiveness
- Allows the learner to identify ongoing learning needs
- Both challenges and supports the subject

SLIDE 21: Feedback dos and don’ts.

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do it close to the observation</td>
<td>Avoid inappropriate place/time</td>
</tr>
<tr>
<td>Describe the specific behaviour</td>
<td>Judge the person</td>
</tr>
<tr>
<td>Only comment on what you see</td>
<td>Generalise</td>
</tr>
<tr>
<td>Give examples of what was good and why</td>
<td>Break confidentiality</td>
</tr>
<tr>
<td>When identifying areas for improvement suggest alternatives</td>
<td>Be vague</td>
</tr>
<tr>
<td>Give follow-up actions for development</td>
<td>Avoid specifics</td>
</tr>
</tbody>
</table>

SLIDE 22: Giving feedback – reflection.

GIVING FEEDBACK – REFLECTION

- How do you think it went? (insight check)
- What went well?
- Examples of the good
- What could be improved/how?
- ‘I noticed…’
- ‘If you were doing it again…’ (ask/suggest)

Describe gap between current and desired performance
Agree a plan and how to get there

End this session by stressing the role of the WPBAs in giving feedback and therefore developing junior doctors.

Many doctors claim they find it difficult to give negative feedback – discuss this and draw an analogy with breaking bad news to patients.

Slide 22 shows one approach that may be useful when trying to to address the negative points.
SESSION 3:
11.00-12.00 CLINICAL SKILLS

This session is the start of three activities looking in turn at three of the core WPBAs in use: Mini-CEX, MSF, CBD. The purpose of these workshops is to engage the groups in using the WPBA tool, showing how the forms can be used to make overall judgements and also to provide valuable feedback on practice and formative developments.

SLIDE 23: Workplace-based assessment.

Show this slide and say that we are focusing on the top four commonly used tools. Other tools will not be covered in this workshop. You can mention that other tools are based on the same principles.

<table>
<thead>
<tr>
<th>WPBA</th>
<th>Competencies</th>
<th>Examples of Assessors</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX</td>
<td>Communication with patient, physical examination, diagnosis, treatment plan</td>
<td>Educational Clinical Supervisors, senior review</td>
<td>Clinic, A&amp;E, ward, community</td>
</tr>
<tr>
<td>CBD</td>
<td>Clinical judgement, clinical management, WBCs, practice</td>
<td>Educational Clinical Supervisors, senior trainee</td>
<td>Multi-disciplinary team</td>
</tr>
<tr>
<td>COPs</td>
<td>Technical skills, procedures and protocols</td>
<td>Educational Clinical Supervisors, senior trainee, multi-professional team (MPT)</td>
<td>Clinic, A&amp;E, ward, theatre</td>
</tr>
<tr>
<td>MINI-PAT</td>
<td>Team-working, professional behaviour</td>
<td>Trainer’s MPT</td>
<td>Multi-disciplinary team by MPT</td>
</tr>
<tr>
<td>SATS+VAT</td>
<td>Technical skills, procedures and protocols, faulty team-working</td>
<td>Consultant or MDT + referee</td>
<td>Clinic, A&amp;E, ward, theatre</td>
</tr>
</tbody>
</table>

Provide the participants with a copy of the London Deanery ‘Guide for Assessors of Foundation Doctors’ (the document can be downloaded from the London Deanery website via the following link:

http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms)

Give a few minutes for them to read through this document.

Draw their attention to the Mini-CEX: Clinical Evaluation Exercise on page 7.

Divide the participants into pairs or small groups and ask them to discuss the skills covered in the Mini-CEX. Some of the following questions could be used to generate discussion:

- Ask how they were taught to use these skills in practice.
- Ask their view of the skills doctors have in this field.
- Ask them what they think the role of CEX skills is in relation to the overall responsibilities of a doctor.
- Ask them how best to develop these skills in postgraduate training.

Focus now on Mini-CEX.
NOTES FOR FACILITATORS

SLIDE 25: Mini-CEx.

**MINI-CEx**

Slide 26 shows the challenge that trainees face in a busy service environment to provide a safe service and also to engage with trainers who are able to take time to observe them and provide meaningful feedback. They have two jobs, it seems. However, as the group will have already agreed, there is no replacement for learning on and from the job. The WPBAs facilitate this process.

Brief the group that they are going to watch a short video clip of a trainee speaking to a patient. This is not a full CEX assessment as the trainee is gaining consent from the patient for an investigative procedure. But the episode can provide sufficient information for the assessor to comment on the trainee’s partial history taking, communication skills, clinical judgement, professionalism and possibly organisation and efficiency.

Play this clip from StratOG.net: the Royal College of Obstetricians and Gynaecologists (RCOG) online learning resource. (11 minutes in length). Provide blank copies of the Mini-CEx form and ask the group to fill it in as best they can. The trainee is an ST3.


SLIDE 26: Mini-CEx – all in a day’s work.

**MINI-CEx – ALL IN A DAY’S WORK**

- History taking
- Physical examination
- Communication
- Clinical judgement
- Professionalism
- Organisation and efficiency
- Overall clinical care

The bulletted areas are to be rated as one of the following:

- 1 – below expectations
- 2 – below expectations
- 3 – borderline
- 4 – meets expectations
- 5 – above expectations
- 6 – above expectations

In small groups, ask participants to rate the trainee in the video and then to discuss any differences in marks. Discuss differences in the plenary discussion and point out that what usually happens is that people have rated the trainee across a range. All that we can deduce at this stage is how subjective assessment is.

It may be worth stressing that subjectivity by itself is not a bad thing for learning and development; that we have all developed as a result of some individuals whom we admired and respected and who we wanted to emulate. Similarly, there will always be people we did not rate and whom we did not want to be like. Individual subjectivity is not necessarily a negative influence when learning.

Draw out from the discussion the need to highlight the things the trainee did well and the things that they thought she could develop.

Note the difference (if evident) between the numbers or scores and the verbal feedback comments. Often groups are more critical in the verbal comments than in the score. For example, someone may say that she was a 4 (satisfactory) in communication but really needs to rethink the way she communicates risk to the patient. Show the group that very often we fight shy of scoring someone less than satisfactory but find it easier to be constructive in our feedback with follow-up actions. Note that it is important that we are consistent and that the feedback is appropriate, able to be acted upon and encourages the trainee to develop.
Feeding back

Based on the example they have just rated, ask for volunteers to role play the trainer giving feedback to a trainee. Remind the volunteers to use Pendleton’s rules. Provide constructive comments on the role play and use this as an opportunity to summarise key skills needed to support learning to use the Mini-CEX.

SESSION 4: 12.00–13.00 MULTI-SOURCE FEEDBACK TOOLS

The second workshop on using the WPBAs for training and development purposes uses the multi-source feedback forms as an appraisal conversation. This is an art in itself and the purpose of this session is to allow participants to practise role playing and to identify from their role play the techniques used in effective appraisal interviews.

Ask if any of the participants have themselves done a MSF or 360º appraisal. Ask what they think the purpose of the MSF is.

Make the point that this tool is about developing insight and reflection, and responsibility for one’s own development.

The data yielded by the 360º appraisal forms is not an end in itself. In the 360º process, the data collection is done by the trainee but the value of the exercise comes through the development conversation that the educational supervisor and the trainee have around the overall picture generated by their raters’ forms.

The development conversation can be a pleasant chat or it can tackle more stubborn issues, and the skill of the supervisor lies in being able to support and guide the trainee through that process and help to make action plans to address any areas that are required.

Tell the group that they are going to see a video clip of an educational supervisor and a trainee discussing a slightly problematic MSF. While you play the clip you would like the group to watch the approach of the educational supervisor, noting the way she communicates, the questions she asks and how she deals with conflict.

http://www.rcog.org.uk/stratog/page/best-practice-video-multisource-feedback

Play this clip from the RCOG college website StratOG.net: the RCOG online learning resource’ (find it under Education and exams – Postgraduate training – Workplace videos).

Ask the group: ‘How did the consultant manage the conversation with Richard?’
Discuss the views of the group, and maybe prompt them with the following questions.

- Whose interests did she have at heart?
- Was her argument one-sided or balanced? How do you know?
- How did she provide evidence?
- How did she address the difficult areas?
- How did she move him forward?
- Were you impressed with her? Why?

Activity

In pairs, ask the participants to take turns at role playing a supervisor and a trainee using the two profiles of Dr M and Dr K. They should read through the profiles first, then hold one 10-minute conversation before moving on to the other profile and swapping roles for another 10-minute conversation.

Plenary

- What did they find worked?
- How did they manage the trainee?
- Did they come up with useful action plans?

MULTI-SOURCE FEEDBACK

- Trainee-centred:
  - 'How do you think you are settling in?'
  - 'What sort of feedback do you think you have had?'
  - 'What do you think about what I have said?'
- Balanced:
  - Strengths from MSF first post before concerns
  - Provides possible explanation for poor comments
  - Personal values confidence
- Seeks specifics:
  - 'Why do you feel we don’t value confidence?'
  - Asks for reasons for the comments
  - 'Can you think of a situation where a clinical decision you made...'

PRACTICAL

In pairs:
- One assumes role of supervisor
- One assumes role of trainee
- Using the data for Dr M and Dr K, feed back the results of the MSF to one another
- Two sessions of 10 minutes each

SLIDES 27 & 28: Multi-source feedback.

SLIDE 29: Practical.
SESSION 5:
13.45–15.00 CASE-BASED DISCUSSION

This is the final workshop session looking at the case-based discussion (CBD). By taking part in authentic case-based discussions with one another, the participants will see the benefits not just of the variety of areas that can be addressed in CBDs, but also the value of using CBDs to reflect on practice.

SLIDE 31: Case-based discussion.

CASE-BASED DISCUSSION

- What benefits are offered by case-based discussion (CBD)?
- Where can CBDs take place?
- When can they happen?
- Who can be involved?

Use these questions to elicit how much experience and understanding of the CBD the group has. Some of the curricula suggest that CBDs can only take place in a supervisor’s office, with sets of patient case notes. However, this session can be completed in the clinical area if sufficient privacy is available. There are also much more diverse and opportunistic settings for a CBD to take place. In reality, most of the daily ‘chats’ about patients between trainer and trainee could be used for a case-based discussion.

Play part of this clip from StratOG.net: the RCOG online learning resource. The clip is 17 minutes long so select 5–7 minutes towards the middle of it that is most relevant:


In a plenary or through small group discussions ask participants to consider the following questions:

- What was the case about?
- What were the learning points?
- How did you rate the trainee’s thinking and reasoning skills?
- Did it involve a significant event for the trainee (e.g. learning from errors and incidents)?

Highlight that CBDs may be about patient management, but they can also take into account other areas of clinical work.
SLIDE 32: Case-based discussion – types.

**CASE-BASED DISCUSSION – TYPES**

- Short case/long case/viva
- Knowledge-based
- Management of patient
- Multi-disciplinary team
- Decision making
- Ethical
- Reflection
- Developmental change

The groups may add even more types of discussion to this list. Show them the next slide with the areas for the CBD form.

SLIDE 33: Case-based discussion – areas.

**CASE-BASED DISCUSSION – AREAS**

- Medical record keeping
- Clinical assessment
- Investigation and referrals
- Treatment
- Follow-up and future planning
- Professionalism
- Overall clinical care

Most specialties’ CBD forms have the elements above. These categories are for guidance and it may well be that the trainee cannot record every element of the form in each CBD. Some discussions will not have patient notes to review. Others may only consider treatment and follow-up and future planning. Some may look at professionalism and communication as part of that professionalism. Trainers are encouraged to urge trainees to use the forms even if they can only address one or two of its elements.

Activity

Ask the group to divide into threes and assume the roles of teacher, learner and observer. The participants have been asked as part of their preparation for the day to bring along with them a case they are not totally sure about. This could be a clinical case, or a case of a trainee they were/are supervising. What is important about this case is its authenticity. For a CBD to work it needs to be a discussion around a case for which the ‘learner’ does not necessarily have the final answer or solution. This will need to be stressed to the group if they are to benefit from this activity.

Once they understand this, ask the groups of three to take turns at holding case-based discussions. One participant will act as trainer for the ‘learner’ who brings the case to be discussed. The observer will take notes and feed back to both parties at the end. The role of the trainer is to guide and support the learner through the exploration of the case, using questions and prompts, and providing information where necessary, but remembering that this is a discussion and not a mini lecture or a viva.

Allow 15 minutes per group, 10 for the discussion and 5 for feedback.

Overall the activity should take 45 minutes.

Plenary

Ask the groups to share the kinds of issues highlighted in their CBDs, though not the details!

Summarise with Slide 34, pulling out these key points from the groups’ feedback.

SLIDE 34: Case-based discussion – summary.

**CASE-BASED DISCUSSION – SUMMARY**

- Summative and formative components
- Based on what has happened or what would happen
- Explores reasoning
- Questioning to ‘dig deep’
- Promotes learning and new insights if used well
- Just ticks the boxes if done badly
NOTES FOR FACILITATORS

SESSION 6:  
15.15–16.30 TAKING IT BACK TO PRACTICE

The purpose of this final session is to encourage the planning of future actions to support and implement workplace-based learning and assessment within clinicians’ own workplace contexts.

SLIDE 35: Taking it back to practice.

TAKING IT BACK TO PRACTICE

• What have you learned today about WPBAs – key messages?
• Where, when and how will you be involved in WPBAs?
• In what ways could you plan more effective ‘supervised learning experiences’ for trainees with identified learning needs?
• How will you encourage documentation of learning?

It is really important that this session is given time and space as it could yield some inspirational ideas to really change the way WPBAs are seen and used.

In groups of four to six ask the participants to answer the following questions.

• What have you learned today about WPBAs – key messages?
• Where, when and how will you be involved in WPBAs?
• In what ways could you plan more effective WPBAs for trainees with identified learning needs?
• How will you encourage documentation of learning?

Ensure that you record their thoughts under the following headings on the flipchart.

• Key messages
• Where and when
• Supporting learners
• Documentation

A final slide to give ideas about documentation if needed.  
SLIDE 36: Recording learning.

RECORDING LEARNING

• Reflective writing
• Log book
• Portfolio
• Evidence of: teaching, presentations, observation notes, peer discussions, journal clubs, e-learning, multi-disciplinary teams, leadership, etc.

Highlight suggestions for continuing professional development (see next page). Also encourage them to make use of the different workshops and e-learning modules available through the Faculty Development Programme. Thank them for their participation and ask them to fill out the evaluation form.

Close proceedings.
CONTINUING PROFESSIONAL DEVELOPMENT

Now that you have completed the workplace-based assessment course it is useful to consider how to further develop your teaching skills in clinical practice. The London Deanery Faculty Development website has a series of e-learning modules that are useful resources to help you further develop your skills. The following e-learning modules are particularly useful for clinical teaching and can be accessed via:

http://www.faculty.londondeanery.ac.uk/e-learning

- How to give feedback
- Workplace-based assessment
- Facilitating learning in the workplace

REFERENCES


