

# Road-testing workplace-based assessments



**“Empowering” is the way first year trainee at Western Health, Dr Angela Marsiglio, describes her first-hand experience of the new workplace-based assessments being road-tested at her hospital.**

The opportunity to be responsible for a whole case, and to proactively manage it as part of a mini-Clinical Evaluation Exercise (mini-CEX), has been a useful learning tool, according to Dr Marsiglio.

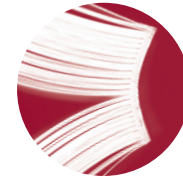
“I think they’re quite empowering because, particularly with the mini-CEX, you get to be the boss of the whole case, while your consultant sits back in the corner,” she says.

Four types of assessments will be introduced in 2013 as part of the revised ANZCA curriculum and are being piloted at Western Health, the Monash Medical Centre and Royal Melbourne Hospital in Melbourne, and Auckland City Hospital.

The assessments include:

- Mini-Clinical Evaluation Exercise: where a consultant reviews a trainee as they manage an actual clinical case.
- Direct observation of procedural skills: where a consultant reviews the trainee performing a particular skill, such as intubation or regional block.
- Case-based discussion: where a consultant discusses with the trainee an actual case they have managed after the event, and explores their clinical knowledge, reasoning and decision-making skills.
- Multi-source feedback: where a trainee seeks feedback from a variety of people with whom they have contact, such as supervising anaesthetists, surgeons, nurses, theatre technicians and patients.

Feedback from the pilots is being used to shape the final design of the assessments and is a key element in ANZCA’s commitment to delivering a world-class training program for anaesthetists in the 2013 hospital year.



For trainees, the new assessments have meant more structured feedback, from a broader range of sources, and in a timely manner that means issues are dealt with as they arise in a supportive training environment.

For supervisors of training, they receive better information from the Fellows who work with trainees. This means supervisors spend less time gathering information for the in-training assessments at the end of term.

Dr Marsiglio says she has appreciated the regular feedback and ongoing updates, rather than waiting for the end of term assessment.

“I think feedback at the end of term is a little bit too late,” she says. “I think you need to get it the whole way through, because otherwise you get to the end of six months and you’ve got no opportunity to correct the thing that maybe you haven’t been doing too well.”

And while Dr Marsiglio says she already is aware of fostering good relationships with those she works with, the other expected benefit of the new assessments is the broader feedback from others, such as nurses and theatre technicians, which should help ensure trainees are conscious about how they relate to others.

Her supervisor of training at Western Health, Dr Richard Horton, who is also Chair of the Workplace-based Assessment Committee and Victorian Regional Education Officer, says he has found the assessments have made his life as a supervisor of training easier.

Working for Melbourne’s busy western metropolitan health service across four different sites, for a department that provides anaesthetic services for 25,000 to 30,000 procedures a year, while overseeing about 20 ANZCA trainees, means Dr Horton is well-aware of time pressures.

“If it’s going to be difficult anywhere to run a training program, I think this is probably as challenging an environment as there is,” he says.

Dr Horton says the assessments for the most part formalise what consultants already do in terms of reviewing a trainee’s competence and assessing whether they are capable of

being left safely looking after a patient with lower levels of supervision.

“People have been making those assessments all along and making quite significant decisions based on that,” he says.

Now consultants are being asked to review trainees’ work against standardised, defined criteria, which all assessors can use as a benchmark.

“We’re trying to engender a coaching culture to a greater extent in the clinical environment,” Dr Horton says.

He says a benefit for supervisors of training is that feedback is collected continuously, which makes it easier to gather information for global feedback at the end of term for the in-training assessments.

The assessments have also provided better tools and a more structured way to assist trainees with problems.

“I am spending less time managing performance issues, despite our department growing in size, than I was three years ago,” Dr Horton says.

Auckland specialist anaesthetist and education expert, Associate Professor Jennifer Weller, has been leading the pilot implementation at the Auckland City Hospital. She believes the pilot has increased both the quality and quantity of feedback given to trainees through the assessments process.

“This formative component of workplace-based assessments is probably the single biggest advantage of their implementation,” she says.

“Because of this more structured observation, any gaps in learning or performance can be identified early, and remedial steps taken.

“There are fewer surprises for the trainee, as the supervisor has provided the feedback based on a specific case rather than general impressions and non-specific comments.”

Monash Medical Centre anaesthetist, Dr Damian Castanelli, agrees that the extra information gathered through the various assessments helps provide a more accurate picture of the trainee.

“As a supervisor of training, I have a lot more information to use in my in-training assessments and interviews,” he says. “I can point to

specific examples in the mini-CEX or DOPS (direct observation of procedural skills) to illustrate learning points and highlight areas that a trainee might want to focus on in the future.”

Acting General Manager of ANZCA’s Education Development Unit, Mr Olly Jones, says the College is designing training activities and resources to ensure supervisors of training and assessors have the training they need to undertake the assessments.

He says over time, trainees will begin to routinely request their supervisors and assessors complete assessments for them.

“Collectively the assessments will be added to their portfolio and demonstrate their progression through components of the curriculum and their rotations,” he says.

“Every assessment opportunity provides rich opportunities for great feedback and structured guidance.

“When trainees can’t quite grasp a particular skill, the more structured feedback and agreed follow-up work given, the better for everyone.”

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**Meaghan Shaw**  
Media Manager, ANZCA

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*Opposite page: Western Health Director of Anaesthesia and Pain Medicine, Dr Andrew Jeffreys, supervising Dr Angela Marsiglio for a workplace-based assessment.*