

## Workplace-based assessments

### *Objective Structured Assessment of Technical Skills (OSATS)*

For the procedures that are fundamental to the practice of SRH, an objective assessment tool has been configured to aid the review process. OSATS are validated assessment tools for testing technical competency in a named technique. OSATS will be used throughout training until the trainee has demonstrated that they are competent to practice independently. The use of OSATS **formatively** can be undertaken as many times as the trainee and their supervisor feel is necessary. A trainee may be regarded as competent to perform a procedure independently after they have completed three **summative** OSATS by more than one appropriate assessor. For ST1-3 only, a Letter of Competence is equivalent to three summative OSATS for certain procedures.

[Download the Summative OSATS form](#)

[Download the Formative OSATS form](#)

### *Formative case-based discussion (CbD)*

The CbD assesses the performance of a trainee in their management of a patient, or of clinical and non-clinical situations, to provide an indication of competence in areas such as clinical reasoning, decision making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, learning experiences by trainees. The CbD should focus on a written record (such as written case notes, out-patient letter, and discharge summary or learning event, such as a teaching session, meeting or audit). A typical encounter might be when presenting newly referred patients in the outpatient department. The existing tool has been modified so that the trainee completes it and adds an element of reflection, as has been the practice in other specialties for some time. The CbD can be used for both clinical and non-clinical learning experiences.

[Download the CbD form](#)

### *Mini-Clinical Evaluation Exercise (mini-CEX)*

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction, and an assessor is available. The existing tool has been modified so that the trainee completes it and adds an element of reflection, as has been the practice in other specialties for some time.

[Download the Mini-CEX form](#)

### *Directly Observed Clinic (DOC)*

The DOC is an assessment technique for senior trainees (ST4 and above) that uses a clinic to assess a number of competencies. The assessor uses multiple Mini-CEX proformas to cover a range of competencies that trainees must demonstrate as they work with multiple patients and colleagues during the course of the clinic. Although each consultation can be treated as a Mini-CEX, the assessor should also judge overall performance; in particular,

whether a trainee has demonstrated a level of professionalism consistent with someone who will be mostly practicing independently and will soon be a consultant.

The DOC can, and where possible should, be combined with a short Patient Satisfaction Questionnaire (PSQ). This is given to patients by reception as they enter the clinic and collected as they leave. These patient responses should form part of the feedback trainees receive at the end of the assessed clinic. The PSQs can then be pooled with up to 30 other patient questionnaires from clinics, analysed and then reviewed by the trainee and their trainer. PSQs can also be developed by the local trust or the CSRH unit.

#### *Multi-source feedback*

The TO1 form is a multi-source feedback tool based on the principles of [Good Medical Practice](#), as defined by the [General Medical Council](#). TO1 forms are used to obtain feedback from a range of healthcare professionals and forms part of a trainee's assessment. The TO1 is a snapshot feedback tool to be used by individuals at a fixed point in time. Individual team members completing a TO1 form should do so based on their experience of working with the trainee. The trainee will also be able to self-assess using a modified TO1 form (SO1). The TO1 forms are summarised in a TO2 form which informs the ARCP. We have introduced the feature of self-assessment to the process, as required by most 360 feedbacks, thereby introducing trainees to what they will need to do as consultants.

A trainee needs to gather at least ten TO1 forms and complete one themselves as a self-assessment. It is suggested that more forms are sent out so that enough responses are received. The ePortfolio lets the trainee manage the process for completing TO1 forms, as follows:

- Trainee decides with their Educational Supervisor who should receive the TO1 forms. It is important that this is a joint decision, that the forms are sent to a broad range of colleagues in a variety of disciplines, and that this is done at an appropriate time i.e., before the placement has ended.
- Trainee creates Self-TO1 (SO1) and completes this, rating themselves in each area
- Once the SO1 has been completed, trainee uses the Ticket Request function in the ePortfolio to issue TO1 assessment requests to the assessors
- Once 10+ TO1s are completed, it is then possible for the assigned ES to complete the trainee's TO2
- There is a link on the TO2 for the ES to view the trainee's completed SO1, which opens in a new tab, but only the assessors' TO1 ratings and anonymised comments appear in the TO2
- Trainee will be able to see how many forms have been completed; initially, however, only Educational Supervisor can see what they say.

[Download the TO1 form](#)

[Download the SO1 form](#)

#### *TO2 form*

The Educational Supervisor is responsible for reviewing the TO1 forms and generating a TO2 form for the ARCP on the ePortfolio. Having reviewed the content, Educational Supervisors should be encouraged to let their trainees see their TO2 form for themselves. If any forms include any unexpected 'unsatisfactory'/'improvement needed' results, however, the

Educational Supervisor may need to meet the trainee first in order to give constructive feedback and provide suitable support to address the issues identified, and to notify the training programme director of this plan. TO2 forms are used with other evidence to determine the ARCP outcome.

A particularly poor TO2 form can itself be enough to produce an ARCP outcome 3. A poor TO2 score would include either 'unsatisfactory'/'improvement needed' or substantial negative comments in the free text sections. If a trainee receives such a score, the Educational Supervisor will discuss this with them before the ARCP.

*Reflective practice and recording reflection* Trainees also need to record their experiences and development throughout training. Reflection is built into the workplace-based assessments. Additionally, trainees should use the Reflective Practice form to evidence reflection on any aspect of their training.

[Download the Reflective Practice form](#)