SUPERVISOR PROFESSIONAL DEVELOPMENT PROGRAM

SPDP 3: WORK-BASED LEARNING AND ASSESSMENT

Participant post-workshop reading
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Introduction and Overview

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At the Royal Australasian College of Physicians (the College) we recognise that supervision is key to the learning of our future physicians. Supervisors play a central role in setting learning priorities and the culture for learning within healthcare settings. This can be challenging in the evolving healthcare setting and includes adapting to and leading change in medical education and managing a diverse array of workforce demands and training responsibilities.

It is vital that supervisors have access to educational, professional development and networking opportunities to support them in their roles as teachers and assessors. The Supervisor Professional Development Program (SPDP) is the College’s approach to supervisor training.

The SPDP comprises two components:

1. Three face-to-face workshops, each three hours in length
2. Online learning and resources
This is the third Supervisor Professional Development Program workshop and has been developed in collaboration with Dr Greg Williams, General Paediatrician from Starship Children’s Hospital in Auckland; and Dr Stephen Robinson, General Paediatrician at Whakatane Hospital.

This post-workshop reading booklet has been prepared as a companion to Workshop 3: Work-based Learning and Assessment. It contains important information to supplement the workshop and provides references for further reading.

This booklet expands on the concepts and models learnt in the workshop to address the importance and challenges of workplace learning and assessment, and strategies supervisors can employ to overcome these challenges and be effective supervisors.

Supervisors should use the information in this booklet to help plan and implement effective work-based learning and assessment strategies. Although specifically designed for supervisors, much of the information presented would also be useful to share with trainees during a rotation to help guide them through the learning and assessment cycle.

Work-based learning and assessment is a complex and necessary part of physician training. It is important for supervisors to understand the cycle of planning for learning and assessment, which includes fostering self-directed learning, making progress decisions on the trainee’s overall performance and evaluation of the trainee’s learning experience. The challenges of undertaking work-based learning and assessment amidst the complexities of the healthcare environment are many and varied. This workshop offers techniques and solutions to these challenges that will help supervisors in their vital role. The objectives of the workshop are to:

- Discuss the purpose and importance of work-based learning and assessment
- Analyse the process of planning for learning and assessment
- Identify the challenges and solutions associated with work-based assessment in a complex environment
- Draw on evidence of learning and achievement to determine overall performance and progression.

In order to explore these concepts, we use the characters of Nadia, a first year Advanced Trainee, and Clair, her supervisor. These characters are featured in the workshop videos and scenarios which are explored further throughout this booklet.
Case study scenario - Clair and Nadia

The case study referred to throughout this post-reading book has been adapted from the case study example used in the workshop 3 trigger videos. It examines the interaction between Nadia, a first year Advanced Trainee and her supervisor, Clair, on a busy endocrinology ward.

This case study aims to demonstrate some of the learning and assessment interactions that occur between trainees and their supervisors within a busy workplace. There are a variety of themes explored including effective learning models, the various challenges supervisors face, and the learning and assessment cycle. It is helpful to use the experiences presented in the case study to reflect on supervisory best practice and explore teaching opportunities and assessment tools that can be incorporated into daily practice.

Our characters

**Clair** is a consultant endocrinologist at a large tertiary hospital. She is the Director of Physician Education (DPE) and is known to set high standards for the trainees she supervises. In addition to the rigorous clinical aspects of the training program, Clair also emphasises training in the professional qualities domain, such as quality and safety, cultural competency, leadership and management.

**Nadia** is a first year Advanced Trainee in endocrinology. She aims to achieve a high standard in her training and is excited about the learning opportunities she will be exposed to in this busy and large endocrinology unit. She is slightly nervous about the high expectations her supervisor has of her and hopes she can meet the expected standard.

*Please note that the physicians and trainees used in the case study scenarios are real members of the RACP who are depicting fictional characters for the purpose of the workshop; these scenarios do not depict their real life practice.*

The overarching themes are addressed in five sections throughout the workshop:

**Section 1: The Purpose and Importance of Work-based Learning and Assessment**

Discuss the purpose and importance of work-based learning and assessment.

**Overview**

- Identify work-based learning as a significant educational strategy in physician training.
- Describe the 70:20:10 model and its importance in work-based learning.
- Identify work-based assessment as a holistic approach to gathering evidence about a trainee’s performance.
- Describe the theoretical framework of Miller’s pyramid and its application to the use of work-based assessment.
- Outline and integrate the learning and assessment cycle into the workplace.
Section 2: Set Goals

Analyse the cycle of planning for learning and assessment.

Overview

- Describe how to plan for learning in the workplace.
- Link trainee learning goals with appropriate work-based learning activities.
- Use College tools to assist trainees to develop and document learning goals.
- Promote trainee reflection of learning goals.
- Provide guidance to trainees to encourage self-regulation of their own learning.

Section 3: Learn and Gather Evidence

Identify the challenges and solutions associated with work-based learning and assessment in a complex environment.

Overview

- Describe the context of work-based learning and assessment in the healthcare setting.
- Identify the challenges and solutions associated with work-based assessment in a complex environment.
- Use work-based assessment tools of the relevant training program.
- Use a wide variety of work-based experiences, observations, assessment tools and cases to cover the various curriculum domains over time and with multiple assessors.

Section 4: Make Evidence-based Judgement

Draw on evidence of learning and achievement to determine overall performance and progression.

Overview

- Document the evidence of trainee performance throughout a rotation.
- Use summative assessment methods to determine the overall trainee performance and make progress decisions.
- Explain the supervisor’s role in identifying and dealing with trainees in difficulty.
- Analyse the causes of failure to fail and identify solutions.

Section 5: Reflect and Prepare

Overview

- Outline why evaluation of the training program is important.
- Evaluate the learning and assessment cycle.
- Evaluate the rotation and consider improvements that could be implemented for future trainees.
- Prepare for the next rotation.
Purpose and Importance of Work-based Learning and Assessment

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The Purpose and Importance of Work-based Learning and Assessment

Learning at work
Work-based learning allows trainees to apply, develop, consolidate, and reinforce the skills, attitudes and behaviours in the workplace to become competent physicians.

The 70:20:10 model recognises that the majority of learning occurs through work-based experience and interactions with others. Experiential learning including observation and receiving feedback makes up the largest component of learning. Formal learning activities supplement learning.

Work-based assessment
A robust work-based assessment strategy is imperative for each training program in order to drive learning and produce competent physicians.

Miller’s pyramid provides a theoretical framework for assessing clinical competence in medical education (Miller, 1990). The highest level of the pyramid is ‘does’ and this represents that observation of what a trainee actually does in ‘real-life’ practice is the best form of assessment.

The learning and assessment cycle
The learning and assessment cycle involves planning for learning through goal setting, gathering evidence through work-based assessment, and making judgements by putting the ‘picture’ together to make summative progress decisions. A final part of the cycle involves reflecting on teaching practices and preparing for the next rotation.
The Purpose and Importance of Work-based Learning and Assessment

“To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all”
- Sir William Osler

Learning at work

Work is where we spend a considerable amount of time; it is the way people define themselves, i.e. by their role title or place of work. For physicians the workplace is where professional learning occurs and skills and knowledge are acquired and developed by learning ‘on the job’. Knowledge at work is acquired through observation, induction and increasing participation in tasks and activities. This offers a richer experience than classroom learning because trainees need to:

• contend with a complex and changing healthcare system
• develop an understanding of the implicit knowledge shared through conversations & observation
• solve real-world problems by drawing upon context-based and implicit knowledge.

The context of learning at work contributes significantly to the learning experience of a physician. Due to the complex nature of the healthcare system, it is important to analyse as many system factors as possible when planning, implementing and evaluating education programs.
Why is work-based learning effective?

- **Real-life problem solving**: Learning is most effective and motivating when it is based on real life needs or problems. This makes work-based learning particularly effective, leading to ongoing mastery and competence, and opportunities to change practices and behaviour.

- **Learn ‘how we do things here’**: Learning in context includes the work values and culture that promote learning as a social process. This provides authentic learning experiences. It also assists in the development of work habits, professional identity and specific occupational competence.

- **Build on past experience**: Learning from past experiences is important in providing a framework for the development of new knowledge. Past experience and knowledge will affect the learner’s choice of new experiences and goals. The diversity of learner backgrounds means that they will enter the program with different levels of pre-existing competence. This requires flexibility in assessment approaches and timing for learners.

- **Learning from experts**: An important aspect in the professional development of trainees is learning from expert physicians carrying out their role. Medical educators increasingly understand professional education to be a process of moral enculturation, of taking the values, attitudes, character, and identity of the chosen profession (and, implicitly, of the "good" professional) as one’s own. Excellence in role modelling involves demonstration of high standards of clinical competence, excellence in teaching skills and humanistic personal qualities. Positive role models not only help to shape the professional development of our future physicians, they also influence their career choices.
Theoretical underpinnings of work-based learning

70:20:10 Model for learning and development

A key focus of the College training programs is to provide an optimal learning experience for every trainee. Typically, learning experiences are considered to be formal encounters such as workshops and lectures; however, there has been a fundamental shift in adult education where work-based learning and social learning are considered to be more powerful forms of learning than formal educational experiences (Lombardo & Eichinger, 2000).

Work-based learning is the term used to describe a relationship between learning and work. It emerges from the demands of work, rather than from formal educational programs (Gore, 2001). The emphasis given to work-based learning arises from the recognition that there are many more opportunities in the workplace than for off-the-job learning.

The focus of physician training is practice-based. The 70:20:10 model (Lombardo & Eichinger, 2000) provides a strong evidence-based framework to this model of learning.

The key premise of the 70:20:10 model when applied to physician training is that 90% of learning is from doing the job (experience) combined with learning from others (exposure) and this accounts for the greatest impact on the development of competence. Each component is further explained below.

- **EXPERIENCE (70%)**: The majority of trainee learning is gained from on the job experiences, undertaking tasks and problem solving in the context of performing one’s job. Work-based learning is considered the most effective and important aspect of a trainee’s learning and development plan.
- **EXPOSURE (20%)**: Trainees learn and develop through feedback and working with others – this can include observing role models including their supervisor, peers, and other health professionals.
- **EDUCATION (10%)**: Trainees will learn to a lesser extent from formal learning experiences such as through attending courses, lectures and accessing online learning resources.
“Development generally begins with a realization of current or future need and the motivation to do something about it. This might come from feedback, a mistake, watching other people’s reactions, failing or not being up to a task – in other words, from experience. The odds are that development will be about 70% from on-the-job experiences, working on tasks and problems; about 20% from feedback and working around good and bad examples, and 10% from courses and reading.”

- Lombardo & Eichinger

The following table provides examples of the types of learning experiences that fall into the three categories of the 70:20:10 model:

<table>
<thead>
<tr>
<th>EXPERIENCE</th>
<th>EXPOSURE</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-based/Experiential</td>
<td>Learning from others</td>
<td>Formal Learning</td>
</tr>
<tr>
<td>70%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Action learning and problem solving</td>
<td>Communities of practice</td>
<td>Workshops</td>
</tr>
<tr>
<td>Placement, secondments and job rotations</td>
<td>Subject matter networks</td>
<td>Webinars</td>
</tr>
<tr>
<td>Shadowing, self-directed and incidental learning</td>
<td>User generated content</td>
<td>Online learning portal</td>
</tr>
<tr>
<td>Projects and special assignments</td>
<td>Collaboration platforms</td>
<td>eLearning</td>
</tr>
<tr>
<td>Supervised practice</td>
<td>Coaching</td>
<td>mLearning</td>
</tr>
<tr>
<td>Work-based Assessment</td>
<td>Mentoring</td>
<td>Lectures</td>
</tr>
<tr>
<td></td>
<td>Supervisor feedback</td>
<td>Tutorials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grand Rounds</td>
</tr>
</tbody>
</table>

(Lombardo & Eichinger, 2000)

Experiential learning, or ‘learning while doing’, can be planned or unplanned - both are equally important:

- **Planned learning** relates to activities that are goal-directed, driven by learning goals and outlined in a learning and development plan.

- **Unplanned learning** is unintended, non-formal learning which can occur as a result of daily interactions or an unintended consequence of planned work-based learning activities.

Valuable learning gained through unplanned learning isn’t always obvious to trainees. It is important that supervisors encourage trainees to identify any learning they may have gained in this way.

Social learning is a critical aspect of trainee learning that can be overlooked when focusing on the formal aspects of learning and work-based learning experiences. That is, the learning that occurs through observation of others in the workplace, particularly supervisors who are influential role models.

The ultimate goal of work-based learning is to produce life-long learners who are skilled and competent physicians ready for expert practice. Supervisors play a critical role in achieving this outcome.
Work-based assessment

It is a well-known axiom in medical education that assessment drives learning. The College is therefore committed to providing a robust assessment strategy for each training program in order to drive learning and ultimately produce competent physicians ready for expert practice.

Why is work-based assessment effective?

Because it:

- **Sets expectations**: Clarifies and shares learning intentions and criteria for success.
- **Assesses authentic performance**: Assessment occurs in the work environment and should focus on actual practice and routine functioning.
- **Provides evidence of learning**: Elicits evidence of trainee understanding and progression.
- **Encourages skill development**: Formative assessment encourages further skill development, particularly self-directed learning.

Theoretical underpinnings of work-based assessment

Miller’s pyramid

Miller’s pyramid provides a framework for assessing clinical competence in medical education (Miller, 1990). It suggests that assessments in a practice-based education program, such as the work-based training programs of the College, are best focused on the assessment of the ‘does’ level of a trainee’s practice as they allow for observation of trainee competence in the context of ‘real-life’. The pyramid is broken into four categories representing the four methods of assessment.

The figure below demonstrates the connection between the highest level of the pyramid ‘does’ and work-based assessments as they allow for observation of trainee competence in the ‘real-life’ practice context.

![Miller’s Pyramid Diagram]

Adaptation of Miller’s Pyramid (1990)
• ‘Knows’ and ‘knows how’ are the lower two levels of the pyramid and refer to knowledge-based assessments and assessments that test the application of that knowledge in context, such as written examinations.

• ‘Shows how’ assesses performance in simulated settings and test conditions, for example, the RACP Clinical Examination.

• ‘Does’ is the highest level of assessment in the pyramid which refers to the assessment of a trainee’s performance in ‘real-life practice’.

**The learning and assessment cycle**

Historically in medical education, the emphasis has been placed on determining whether trainees can pass exams. The emphasis has now shifted towards gathering evidence of clinical competence and professional behaviour observed in clinical environments (workplace-based learning). Experts believe that assessments of actual practice are much better reflections of routine performance than assessments done under test conditions.

The following diagram depicts a best practice cycle of learning and assessment in physician training. It is the overarching model of workshop 3 and is explored in detail throughout this booklet. By using this model and a number of relevant strategies, supervisors can efficiently and effectively facilitate trainee learning and help improve trainee performance throughout a rotation.

The actions related to each stage of this cycle are outlined in the table on the next page.
**Goal setting - Plan the learning**

- Identify learning and development needs and document in a learning plan.
- Trainee prepares learning goals.
- Supervisor and trainee meet to confirm learning goals.
- Trainee is notified of recommended resources and identifies work-based activities to achieve goals.

**Learn and gather evidence - Through assessment of appropriate work tasks and cases**

- Trainee learns in a variety of ways and collects evidence, including work-based assessment tools e.g. mini-CEX, DOPS, PQR and Case-based Discussion.
- Supervisor monitors trainee’s performance.

**Make evidence-based judgements - Assess learning based on the evidence gathered**

- Supervisor reviews trainee’s evidence of performance to make judgement on progression.
- Document evidence in the RACP supervisor report.
- Supervisor and trainee meet to discuss the progress report.

**Reflect and prepare - Reflect on learning experience and prepare for next rotation**

- Trainee reviews progress to identify learning gaps and opportunities.
- Trainee and supervisor meet to share evaluative feedback about the learning experience provided by the rotation.
- Director of Physician Education and supervisors meet to review upcoming rotation of trainees and reflect on improvements they could make to learning at the site.

It is important to identify any potential barriers to implementation of work-based learning and assessment throughout the process to determine the best strategy to address them. Finding the time to integrate work-based learning and assessments into the busy work day is reported as a key challenge of being a supervisor. Other potential barriers may include clinical commitments, lack of support from the workplace or lack of trainee engagement in the process. Some strategies to address these challenges are outlined on page 45 of this booklet.
Set Goals

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Set Goals

The importance of planning
Planning for learning helps close the gap between what a trainee has already achieved and what they want to achieve. It involves negotiating a learning plan with their supervisor to ensure that clear objectives are set for the rotation.

Learning goals tools
The Learning Needs Analysis (LNA), and the Learning Contract (LC) for Public Health Medicine trainees only, are tools accessible to College trainees to help them diagnose and document their learning needs, plan and set learning goals, and identify activities to achieve these goals.

How to plan for learning
Developing a learning plan which will be meaningful to both parties involves developing well designed learning goals which are fit for purpose. The learning plan involves:
- developing SMART goals using the curriculum objectives
- documenting the learning goals.

Linking goals with activities
Once learning goals have been negotiated, both the trainee and supervisor need to proactively identify and document appropriate learning activities in order to meet these goals. Once identified, activity statements for each learning goal should be developed and documented.

Self-regulated learners
Self-regulation describes a process of taking control and evaluating one’s own learning and behaviour. The skills inherent to self-regulate learning include setting specific goals, adopting strategies for attaining goals, using time management skills, monitoring performance, and managing social and physical contexts (Zimmerman, 1997).
Set Goals

“Organising is what you do before you do something, so that when you do it, it is not all mixed up” - A.A. Milne

This stage of the learning and assessment cycle is concerned with planning for learning:

- The trainee prepares their learning goals using the appropriate planning tool
- The supervisor reviews any previous progress reports to identify learning needs
- The trainee and supervisor meet to further develop and confirm the goals for the trainee’s placement, link goals with learning activities and document a learning plan.
The importance of planning

"If you don’t know where you’re going, you’ll never get there… it just makes sense to meet with your trainee and set goals for the rotation" - Dr Simon Rowley, RACP Fellow.

Planning for learning involves identifying learning goals and working towards achieving them. It can help close the gap between what trainees have already achieved and what they want to achieve. There is an extensive body of literature that reveals the positive effect of goal setting in both academic and workplace settings. The research suggests that performance is higher for trainees who set specific goals and review their progress against their goals regularly (Boekaerts & Corno, 2005).

A clear objective or goal of the desired outcome enhances learning. It builds capability for forethought and provides a guidepost for monitoring and directing progress appropriately. Awareness of the goal increases the energy and effort expended and stimulates the development of strategies to reach the goal. Planning for learning also assists the trainee and supervisor to ensure that:

- **Realistic expectations** are set
- **A benchmark is agreed** for monitoring and directing efforts
- **Motivation is increased** to learn and improve
- **Activities are planned** to reach the identified goal/s
- **Further development** is identified to ensure continuous improvement, progression and growth.

Learning goal tools

The Learning Needs Analysis (LNA) and, Public Health Medicine Learning Contract (LC) are tools accessible to College trainees to help them to diagnose and document their learning needs, plan and set learning goals, and identify activities to achieve these goals. At the completion of each training rotation, trainees reflect on their learning plan by performing a self-evaluation of their achievements and identifying areas to focus on in future rotations.

The discussion between a supervisor and trainee to set a learning plan should centre around:

- Assessing learning needs and identifying goals
- Identifying learning resources, supports and strategies
- Specifying what constitutes evidence of learning and competence
- Specifying target dates.

The LNA or LC should be completed according to both the outcomes listed in the Curricula and relevant Program Requirements Handbook to ensure coverage of training requirements.
How to plan for learning

Developing SMART goals and curriculum objectives

When developing a learning plan, the curricula objectives can be used as they are. Alternatively, the trainee and supervisor can develop learning goals that are worded in a more meaningful and contextual way. In order to do this, it is important for supervisors to understand what constitutes well-designed learning goals.

A useful way of assessing the design of a learning goal is to use the SMART model. Trainees are more likely to achieve their learning goals when they use the criteria of the SMART model, that is, goals are specific, measurable, attainable, realistic and time-limited.

<table>
<thead>
<tr>
<th>Specific</th>
<th>Measurable</th>
<th>Attainable</th>
<th>Realistic</th>
<th>Time-limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who, what, when, where and why?</td>
<td>How much? How many? How will I know when it is accomplished?</td>
<td>Do I have the capacity to reach this goal?</td>
<td>Am I willing and able to work towards achieving this goal?</td>
<td>What is the deadline for achieving this goal?</td>
</tr>
</tbody>
</table>

A specific goal has a greater chance of being accomplished than a general goal.

Establish criteria for measuring the progress towards attainment of your goal.

Goals should be challenging but also possible.

You must believe the goal can be accomplished for it to be realistic and be motivated to achieve it.

A goal must be grounded within a specific timeframe.
Document identified learning goals

It is clear that planning for learning through goal setting is a worthwhile endeavour, and the College is committed to ensuring trainees do so. The literature suggests that in order for goal setting to be effective, goals must be written down as this provides the trainee and supervisor with an explicit statement of intent. Writing goals strengthens the commitment an individual will have to achieving the goals (Rouillard, 2003).

For some trainees and supervisors, writing learning goals may feel artificial and foreign at first. The challenge is knowing where to begin. A good starting point is to look at the learning objectives found in the specific training program curriculum. These are readily available to all trainees and supervisors on the College website.

These objectives should form the foundations of developing and negotiating individual learning goals. Learning goals should contain an ‘action’ word (verb). When setting learning goals, determine what observable actions will indicate achievement of the goal at different levels of complexity; requiring different levels of cognitive processing.

Examples of SMART goals:

• Analyse two articles about the positive and negative effects of combining Glipizide and Metformin to increase my knowledge of the management diabetes in an out-patient setting and present to my supervisor at the July meeting.

• Develop and show collaboration and team work skills with my multi-disciplinary team by setting up regular meetings to discuss long-term patients during this rotation.

• Complete the College online “Communication Essentials” module by the end of Q4 to improve communication and negotiation skills used in team work environments.
SOLO Taxonomy

The SOLO Taxonomy (structure of observed learning outcomes) provides a simple, reliable and robust model for three levels of understanding – surface deep and conceptual (Biggs and Collis 1982).

Supervisors can advise trainees to use the relevant curricula, as well as the SMART model and a suitable ‘action’ word when writing their learning goals – this will give them a helpful starting point in documenting their goals. These elements are demonstrated in the annotated example of a learning goal overleaf.

---

**Unistructural**
- Define
- Identify
- Name
- Follow simple procedure

**Multistructural**
- Define
- Describe
- List
- Do algorithm
- Combine

**Relational**
- Analyse
- Apply
- Argue
- Compare/contrast
- Relate
- Justify
- Formulate
- questions
- Analogy

**Extended abstract**
- Evaluate
- Theorise
- Predict
- Imagine
- Hypothesise
- Reflect
- Formulate

**Connections**
- One relevant aspect
- Several relevant independent aspects
- Integrated into a structure
- Generalised to new domain

**Examples**
- I can: identify, name, draw, find, label or match
- I can: describe, list, outline and combine
- I can: explain or give the reasons for this sequence, classify, compare and contrast, move scale, organise, distinguish, question, relate and apply
- I can: generalise, state possible futures, create a hypothesis or theory, substantiate my ideas using other examples, argue, weigh up, prioritise and design
Foundation of the learning goal
Advanced Training Curriculum - Cardiology Adult Medicine

Learning Objective 1.1.3
Apply clinical skills to diagnose and manage heart conditions and diseases

Goal
By the end of this Cardiology rotation (31 June 2016) be able to elicit the common physical examination findings in patients with structural heart conditions, unassisted by a senior physician, in order to be entrusted to perform the patient examination proficiently and independently.

Measurable:
The goal is measurable by whether or not the trainee can do this by the deadline.

Attainable:
The goal is challenging but possible.

Specific:
The goal is specific and answers when, where and why.

Realistic:
The goal is a realistic one that the trainee is willing and able to achieve.

Verb:
The goal uses a verb, the observable action is to elicit.

Time-limited:
The goal has a set timeframe. That is, by the end of the rotation 31 June 2016.

Linking goals with activities
Purposeful activities are one of the pillars of work-based learning (Swanwick, 2014). Once SMART goals are documented, activities need to be established in order to achieve them. It is important for supervisors to be proactive in creating, finding and explicitly informing trainees of work-based learning opportunities, resources and activities they can access in order to achieve their learning goals. It is good to identify 2-3 activities for each learning goal.
When considering activities that can achieve learning goals, it is useful to think about the 70:20:10 model and incorporate as many work-based, authentic experiences as possible. Some examples of learning activities include:

<table>
<thead>
<tr>
<th>70% Experience</th>
<th>20% Exposure</th>
<th>10% Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• work-based assessments (i.e. mini-CEX, CbD)</td>
<td>• role playing with a colleague or supervisor</td>
<td>• watching a webinar</td>
</tr>
<tr>
<td>• writing a reflection (i.e. PQR)</td>
<td>• mentoring someone, or being mentored</td>
<td>• reading a journal article</td>
</tr>
<tr>
<td>• shadowing a colleague or peer</td>
<td>• 360 multi-source feedback</td>
<td>• attending a conference or workshop</td>
</tr>
<tr>
<td>• observing a senior colleague</td>
<td>• teaching junior colleagues</td>
<td>• completing an online course</td>
</tr>
<tr>
<td>• assessing patients with supervisor or colleague</td>
<td></td>
<td>• practice simulation</td>
</tr>
<tr>
<td>• taking part in a clinical audit</td>
<td></td>
<td>• reviewing case studies</td>
</tr>
<tr>
<td>• participation in interdisciplinary meetings</td>
<td></td>
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</tr>
</tbody>
</table>

Once learning activities have been identified, an activity statement can be developed. This must clearly outline the learning strategy. It should be specific and based on what is realistic within the time frame.

<table>
<thead>
<tr>
<th>Activity statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Reading a journal article</td>
</tr>
<tr>
<td>Observing a senior colleague</td>
</tr>
<tr>
<td>Shadowing a colleague</td>
</tr>
</tbody>
</table>
Once the learning goals and activities have been identified, it is important to set dates to review progress and how this will occur.

Target dates for contact between trainees and supervisors should specify:

- Informal queries or concerns: How can a learner access you if they have a query or concern? For example, e-mail or telephone.
- Progress review dates: When will formal contact be initiated to check on progress and how will this be done? For example, by telephone or face-to-face meeting.
- Assessment event due dates: When are assessment events due and how will they be submitted? For example, booked via email calendar appointment and by post or e-mail.
- Feedback: When will feedback be available on assessment performance and how will that be delivered? For example, face-to-face meeting.

**Self-regulated learning**

*The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation.* - Sir William Osler.

One of the goals of physician training is to foster self-regulated learning skills in trainees. Self-regulation involves knowing when, where, and why to use specific learning strategies and planning for, monitoring, and adjusting their use as needed. Example: When I notice I am having difficulty with “x,” it occurs to me that I should double check “y” before moving forward.

Self-regulated learners instigate, monitor and modify their learning in order to achieve their learning goals. These skills are particularly important for College trainees who are nearing the end of their formal training and making the transition from trainee to Fellow.

A key role of supervisors is supporting trainees to be self-regulated, intrinsically motivated, critical learners with high self-efficacy¹, which will result in trainees who are ‘masters of their own learning’ and have the skills and attitude to be self-orientated towards attainment of their learning goals.

Supervisors can help develop self-regulated learning in their trainees. Research suggests that trainees who are provided guidance from their supervisor in the early stages of acquiring a new skill are more likely to set effective goals, succeed and have good self-efficacy than those who are left unguided (Zimmerman & Kitsantas, 1997). A well-designed learning environment will support trainees in developing the necessary self-regulated learning skills they require for lifelong learning (Dabbagh & Kitsantas, 2005).

¹Self efficacy refers to an individual’s belief in his or her capacity to execute behaviours necessary to produce specific performance attainment (Bandura, 1977)
What does a self-regulated learner do?

**Sets goals and learning plans**
- Evaluates their strengths and gaps and sets achievable ‘stretch’ goals to further develop their skill level and maintain expertise in areas already mastered.
- Takes into account time constraints, strengths and weaknesses relevant to the learning task, and motivation for learning.
- Actively seeks opinions of others about their performance and their improvement in relation to goals and expectations.

**Implements the learning plan**
- Evaluates their levels of understanding, effort and strategies used on a task.
- Monitors the results of the learning plan as it is carried out.
- Actively follows up on questions to problems that might emerge or gaps in their knowledge.
- Actively seeks support of others, including supervisor – escalating issues beyond current capability.
- Seeks to learn from mistakes.

**Adjusts and monitors results**
- If the chosen strategies are helping to meet the learning goals, the trainee will continue to use those strategies. If not, the trainee makes adjustments to and monitors those strategies until the results are in line with learning goals.
- Assess their performance relative to others’ goals and global aspects of their performance.
- Knows how and when to seek and receive feedback from others.
- Reflects on and may also adjust goals in collaboration with supervisor.

**Scaffolding towards independence**

Teaching strategies, including modelling, feedback, questioning and instructing, “scaffold” learning and help to move the trainee from requiring assistance by others to independently performing a task or activity. This learning stems from interactions with those who have more knowledge than the learner.

Iedema *et al.* (2010) have explored a model of supervision which sees supervisors as dynamically mediating between hands-on (active) and hands-off (passive) supervision to allow trainees safely to experiment with what they know and can do, knowing that guidance and support are nearby. The ‘hands on, hands off’ model distinguishes itself on three fronts.

1. The model makes clear that supervision is about being present with trainees to discuss not just treatment matters but also junior doctors’ own learning.
2. The model acknowledges that junior doctors expect to gain supervisors’ trust to act independently. Their confidence to act independently grows when supervisory access and guidance are flexible and readily available.
3. Junior doctors’ needs change because learning does not progress in a linear, uni-directional and steady way. For supervisors, this means that they need to stay abreast of trainees’ variable developments and changing needs.
**Activity: Nadia’s Learning Goals**

<table>
<thead>
<tr>
<th>Scenario</th>
</tr>
</thead>
</table>
| **Scenario**
Nadia sometimes struggles to involve patients in decisions regarding their treatment options. She tends to give very detailed information about all treatment options, and then decides, without negotiating with the patient, what treatment option she has decided for them.

In some instances this has left the patient feeling overwhelmed and disempowered. Clair, Nadia’s supervisor, has provided feedback to Nadia on this issue and Nadia has decided it is one of her personal learning goals to improve in this area.

As Clair brought this issue to light at the beginning of her training rotation, Nadia has decided to include this goal in her LNA. This is how she documented her goal:

- Advising and negotiating treatment options with patients.

<table>
<thead>
<tr>
<th>Simulation Activity:</th>
</tr>
</thead>
</table>
| Complete the following activity as if you were Nadia’s supervisor. You should reflect on and draw on your own experience as a supervisor when completing the activity.

**Activity part 1:**

Critically assess this learning goal using the SMART model. Document below how Nadia’s learning goal could be improved:

- **S**
- **M**
- **A**
- **R**
- **T**
Activity part 2:
Record how you would provide feedback to Nadia about her learning goal so that she could improve this learning goal and future learning goals. What are the main points you would make?

Activity part 3:
Learning activities
Consider some learning activities you could suggest to Nadia to help her achieve her goal.
Activity part 4:
*Activity statements (see page 26 for examples)*
Based on your recommendations above, list some activity statements that Nadia could use to achieve her goal.

Activity part 5:
*Assessment opportunities*
What assessment opportunities are available that could help you as Nadia’s supervisor to monitor and provide feedback on her progress?

Activity part 6:
*Reflection*
If Nadia undertook the activities and assessments outlined above, what questions could you ask her to help her reflect on her learning goals?
Learn and Gather Evidence

The context of learning and assessment at work ......................... 34
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Learn and Gather Evidence

The context of learning and assessment at work

The degree to which the workplace offers opportunities for participation in authentic work tasks powerfully affects learning, performance and the supervisor assessment of trainee performance.

Supervisors need to continually assess where a trainee is at during a rotation, gather evidence and provide feedback on their performance. A rigorous assessment scheme is an essential requirement of all College training programs.

Collecting evidence

No single approach, tool or modality of assessment will provide the adequate evidence required to determine the clinical competency of a trainee. A variety of methods should be incorporated into the assessment of performance including authentic samples of their work and endeavouring to observe them in practice.

All College training programs integrate a wide variety of work-based assessment tools which aim to cover the various curriculum domains over time with multiple assessors.

Case selection

Supervisors should be selective about the types of cases and tasks deemed suitable for work-based assessments. Tasks should be selected so they are relevant to the stage of training for trainees to learn and demonstrate essential skills. The case selection should align closely to the goals negotiated by a trainee at the outset of the rotation or may be identified opportunistically during training to further develop on identified gaps.

Linking goals with activities

Work-based assessment tools focus on different ways of collecting evidence about a trainee’s performance - observation, discussion and analysis of a written account. Work-based assessment is considered to be the ‘best practice method’ for assessing professional competence (Epstein, 2002). Therefore all College supervisors should undertake work-based assessments of their trainees. The work-based assessment tools employed by the College allow supervisors to efficiently gather evidence about a trainee’s progress and performance.
Learn and Gather Evidence

At this stage of learning and assessment cycle:

- The trainee undertakes the activities assigned at the planning stage.
- Work-based assessment tools, such as the mini-CEX, DOPS, PQR and evidence based discussion, are used to collect evidence of progress and achievement of goals.
- The supervisor monitors the trainee’s progress.

The context of learning and assessment at work

“In a busy work environment you take your opportunities…time constraints are an issue…but at the end of the day to do a formative assessment you have to watch the trainee carry out a daily activity and provide them with feedback…you’re providing feedback on how they’ve done something so that hopefully next time they’ll do it better” - Dr Peter Davoren, RACP Fellow.
Learning

The degree to which the workplace offers opportunities for participation in authentic work tasks powerfully affects learning, performance and the supervisor assessment of trainee performance.

Boud and Solomon (2003) have explored work-based learning and identified that learning tasks are influenced by the nature of work and, in turn, work is influenced by the nature of the learning that occurs. The two are complementary. Learners are workers, workers are learners. They need to manage both roles. It is important that trainees undertake increasingly complex tasks and responsibilities for patients. To do this they must be assessed in the work context with a shared purpose of providing high quality patient care. This point was reinforced through the RACP Basic Training Mini-CEX Exploratory Study (2014) which reported that case complexity and setting of the mini-CEX assessment varied by trainee year of training with more experienced trainees more often completing mini-CEX assessments on more highly complex cases and within in-patient settings.

Some ways learners typically prefer to learn in a workplace environment are listed below.

<table>
<thead>
<tr>
<th>1. In the workflow</th>
<th>Trainees prefer to learn as an integral (NOT an extra) part of their daily job so learning and working is experienced simultaneously.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Continuously</td>
<td>The constant flow of information encountered through the workflow helps trainees learn continuously from both internal and external channels.</td>
</tr>
<tr>
<td>3. Immediately</td>
<td>Trainees want to be able to find answers to their learning and performance problems as soon as they encounter them. They want to solve their problems immediately and get on with their jobs - wherever they are.</td>
</tr>
<tr>
<td>4. Socially</td>
<td>It is important and helpful to learn with and from others collaboratively including internal teams, external networks and communities to which they belong - where they learn from the links, resources, experiences and ideas that are shared.</td>
</tr>
<tr>
<td>5. Autonomously</td>
<td>Trainees as adult learners like to have a high level of choice and control over what they do and learn; they are self-directed, self-organised and self-managed. The less control they have, the more disengaged they are with their organisation.</td>
</tr>
</tbody>
</table>

Trainees come to a new rotation with a body of knowledge and experiences and the aim of furthering these. Progression often involves doing the same thing, or not quite the same thing, in more difficult conditions or across a wider range of cases. Although this seems fairly obvious, it is not necessarily conscious. People recognise that they have learned things through experience, but do not necessarily remember how or when (Eraut, 2009).
Eraut (2009) outlined that progression can be shown or documented in a variety of ways. Some tangible things that can signal progression include:

- Doing things faster
- Improving the quality of the process
- Improving communications around the task
- Becoming more independent and needing less supervision
- Combining tasks more effectively
- Recognising possible problems more quickly
- Expanding the range of situations in which one can perform competently
- Helping others learn to do the task or part of the task
- Increasing in task difficulty/taking on tasks of greater complexity
- Dealing with more difficult or more important cases, patients or colleagues.

Eraut (2009) found that confidence, or self-efficacy, is an extremely important component of work-based learning. Learning in the workplace occurs through doing things or seeking out experiences proactively, which requires confidence. Confidence is partly built up through successfully meeting challenges appropriate to the level of training and the extent of support trainees have in addressing challenges. It is also important to note that feedback and trust with colleagues adds to motivation and commitment.

### Surface vs Deep Learning

Learning is a complex process. According to Entwistle (1995) learning is influenced by the way in which the student goes about learning and studying as well as the conduciveness of the learning environment.

<table>
<thead>
<tr>
<th>Learning Style</th>
<th>Definition</th>
<th>Motivation</th>
<th>Process</th>
</tr>
</thead>
</table>
| **Surface**    | • motivated principally by fear of failure and is dominated by rote learning for regurgitation in examinations and the information is not retained. | • Completion of course  
• Fear of failure | • Rote learning of facts and ideas  
• Focus on discrete task components  
• Little real interest in content |
| **Deep**       | • motivated by a desire for personal understanding and vocational relevance and demonstrated by trainees searching for principles and the integration of knowledge across different domains. | • Interest in subject  
• Vocational relevance  
• Personal understanding | • Relate ideas to evidence  
• Integrate material across courses  
• Identify general principles |
Assessment

While the trainee has responsibility to direct and be in charge of their own learning at work, there are obligations for the supervisor to make learning explicit. Supervisors are required to continually assess where a trainee is at during a rotation, gather evidence and provide feedback on their performance. A rigorous assessment scheme is an essential requirement of all College training programs. In order for work-based assessments to be successful and feasible they must be integrated into the work day in a relevant and flexible manner. To do this, supervisors need to balance structured and unstructured learning opportunities. Supervisors should be ready and equipped to assess trainees during the work day, allowing them to integrate assessment and seize opportunities that arise.

A flexible yet structured approach to work-based learning is beneficial. For example, at the beginning of a rotation, a supervisor and trainee agree to undertake a formative assessment every second Thursday afternoon, unless a good opportunity arises at another time during the fortnight. This allows for flexibility where opportunities can be seized at other times, but also has an element of structure where the trainee is definitely receiving feedback on their performance at least once per fortnight. Leaving the method of assessment undefined also allows for flexibility and can be tailored to the trainee’s learning needs and clinical situation. Negotiating this arrangement at the commencement of a rotation is also beneficial as expectations are explicit for both supervisor and trainee and may help alleviate assessment angst for trainees (Dudek & Dojeiji, 2014).

Assessment and competence

Epstein (2007) argues that the achievement of competence leads to a habit of lifelong learning through the role of assessment in training. Assessment helps trainees identify and respond to their own learning needs, a skill important to the practice of medicine. Ideally, assessing competence (what the trainee is able to do) should provide insight into real life performances (what the trainee does habitually when not observed), as well as demonstrate the capacity of the trainee to adapt to change, find and generate new knowledge, and improve overall performance.

Encouraging trainees to show evidence of competence achieved

Trainees are learning on the job from others and formal learning. From this experience they can gather a wide range of evidence. Encourage them to show you evidence of learning and achievement of competence.

For example:

- reflections on a case
- case notes and management plans
- research summaries
- samples of discharge summaries
- prescriptions
- interpretation of test results
- performance of a specific task
- out-patient letters
- demonstrating a patient assessment and management plan.
Work-based assessment should:

- Be undertaken in a safe learning environment
- Be informal (not exam conditions)
- Be integrated into daily practice
- Have a balance of structure and flexibility
- Be ongoing and frequent
- Be non-judgemental
- Provide detailed feedback
- Promote self-directed learning
- Engage trainees and encourage deep learning.

It is important that trainees and supervisors do not treat work-based assessments as exams. Although work-based assessments are mandatory in all College training programs, they are not high stakes. The purpose and focus of work-based assessments should be to help trainees to improve their performance through feedback.

Being ready for work-based assessment involves knowing your trainees, their learning needs and goals, their strengths and limitations and the learning opportunities available. It also involves a thorough understanding of the various assessment methods within the training program and knowledge of the curriculum objectives.

**Programs of assessment**

Competency-based education is now widely accepted as international best practice for postgraduate medical education. To assess trainees, supervisors are required to make decisions about each trainee’s competence across a range of pre-determined competencies. Supervisors require a large amount of information to support these important decisions about competence, and this is where a program of assessment is required.

A program of assessment is the planned and deliberate use of assessments rather than an arbitrary selection of tools and content for assessment. It is planned so that a whole overall picture of the trainee’s competence can be formed. Whilst single assessments provide only a snap shot of the trainee’s competence in a particular situation and point in time, repeat observations and assessments in varying contexts by multiple supervisors help the supervisor to form an overall view of the trainee’s competence.

Planning a program of assessment includes selection of a variety of assessment methods that sample as many situations as possible. Assessments should ideally provide feedback on a variety of aspects of practice, such as medical knowledge, communication, and quality and safety. Assessments should also be undertaken across a range of contexts and include different methods such direct observations, case discussions, written reflections. By collecting assessment information across the breadth of practice, a complete view of the trainee’s performance can be formed.
As well as providing evidence for high-stakes decisions about competence, programs of assessment are designed to maximise learning throughout the training program. Supervisors will combine information that they gained from assessments and, together with the trainee, will use this to plan learning activities and learning goals. Information gained through assessments can be used to continuously measure progression towards the end goals of the learning program. This follows the concept of assessment for learning, as compared to assessment of learning.

The College Assessment Policy and Assessment Standards can be found on the RACP website: https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy

**Collecting evidence**

“No single assessment method can provide all the data required for judgement of anything so complex as the delivery of professional services by a successful physician” - Miller, 1990

Assessments should be considered as an integrated whole rather than a collection of isolated assessment tools. Aligning learning goals, learning activities and assessment ensures the training program is effective. While it is not feasible to assess each individual learning outcome within the curriculum; engaging in real life work tasks ensures that groups of learning outcomes are assessed. Each assessment should also provide feedback for a range of knowledge, skills and behaviours (Schuwirth & Van der Vlueten, 2011). It is wise to use multiple sources of information from various methods of collecting evidence to effectively assess a trainee (Van der Vlueten & Schuwirth, 2005).

**Multiple sources of information - helping to complete the picture**

<table>
<thead>
<tr>
<th>Written Exam</th>
<th>Clinical Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Pie Chart" /></td>
<td><img src="image2.png" alt="Pie Chart" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Written Exam</th>
<th>Work-based assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image3.png" alt="Pie Chart" /></td>
<td><img src="image4.png" alt="Pie Chart" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Written Exam</th>
<th>Work-based assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image5.png" alt="Pie Chart" /></td>
<td><img src="image6.png" alt="Pie Chart" /></td>
</tr>
</tbody>
</table>

Multiple occasions
Multiple domains
Multiple modalities
Multiple observers
Work-based assessments

Work-assessments provide benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge. They can reinforce motivation to learn and inspire learners to set higher standards for themselves (Epstein, 2007).

All College training programs integrate a wide variety of work-based assessment tools which aim to cover the various curriculum domains over time and with multiple assessors. The assessment tools selected for each training program are based on the following factors:

- Strengths and limitations in measuring specific competencies.
- Ability to be integrated into the workplace.
- Transparency, validity, fairness, feasibility.

Principles of assessment

Goals of assessment

- Provide direction and motivation for future learning, including knowledge, skills and professionalism
- Protect the public by upholding high professional standards and screening out trainees and physicians who do not meet standards

What to assess

- Habits of mind and behaviour
- Acquisition and application of knowledge and skills
- Professionalism, communication, teamwork
- Clinical reasoning and judgement in uncertain situations
- Practice-based learning and improvement
- Systems-based practice

How to assess

- Use multiple methods and a variety of environments and contexts to capture different aspects of performance
- Organise assessments into repeated, ongoing, contextual and developmental programs
- Balance the use of complex, ambiguous real-life situations requiring reasoning and judgement with structured, simplified, and focussed assessments of knowledge, skills and behaviour
- Include directly observed behaviour
- Build assessment experiences around the supervisor and trainee work day

Adapted from Epstein, 2007
Supervisors should maximise this driving force for learning and not see assessment tools as a ‘tick box’, but rather, as tools that will allow their trainee to learn vital knowledge and skills. Assessments should reflect the educationally desired direction expressed in each training program’s curriculum outcomes (Schuwirth & van der Vleuten, 2014).

The work-based assessment tools employed by the College allow supervisors to efficiently gather evidence about a trainee’s progress and their performance. Work-based assessments provide opportunities for learning as supervisors provide regular feedback to trainees and allow for early identification of any issues that need to be resolved.

Case selection

Supervisors should be selective about the types of cases and tasks deemed suitable for work-based assessments. Supervisors can consider the following questions when suggesting appropriate tasks that they will assess a trainee in throughout the course of a rotation:

- Is the task of high importance for daily practice (core business)?
- Is the task high risk or error prone?
- Does the task represent a number of curriculum domains of competence (e.g. communication, medical expertise, quality and safety)?
- Is the task focused on the trainee’s learning goals?
- Is the task relevant to the trainee’s stage of training?
- Is the task challenging enough?
- Is the task achievable?

Tasks should be selected so they are relevant to the stage of training for trainees to learn and demonstrate essential skills. Recognising that trainees have simultaneous roles as learners and care providers, task selection should satisfy educational and patient care needs. Assessment of work tasks enable supervisors to determine if the trainee has reached the level where they can be entrusted to perform the selected activity without direct supervision and therefore progress in training. If trainees are not able to perform at the expected standard, feedback must be provided and improvement monitored. Research suggests that when a trainee’s work-tasks are relevant to them, and when a supervisor deems them to be competent in specific tasks, their job satisfaction, performance and general well-being improves.

Possible examples of an appropriate work-based assessment task:

- Produce a discharge summary and organise appropriate transfer of care.
- Recognise, manage and appropriately escalate the care of a deteriorating patient.
- Gather a history and perform a physical examination.
- Explain a new diagnosis or change in treatment to a patient.

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- Explain a new diagnosis or change in treatment to a patient.
It is important to note that ‘workbased’ or ‘formative’ does not mean optional. All College training programs have a suite of compulsory work-based assessments which must be completed in order to progress to the next stage of training. While there are a minimum number of work-based assessments that must be completed for each program, the College recommends trainees and supervisors use work-based assessments more frequently and in a targeted way to help trainees learn and develop. It is also important for supervisors and trainees to thoroughly understand that individual work-based assessments are not pass or fail assessments. They should be viewed as assessment for learning – that is, important to complete but not high-stakes.

The College assessment tools aim to be feasible. Support for integration into the workplace is offered through workshops, online tutorials and information sheets to ensure that supervisors and trainees are trained to use the assessment tools adequately.

**Work-based assessment tools**

Educational assessment tools require supervisors to informally assess trainee performance and provide written and/or oral feedback, for example the mini-CEX and Case-based Discussion. These activities are critical in identifying areas for improvement and helping trainees to develop professionally.

The most effective and sensible approach to work-based assessment (WBA) is to ensure they are integrated into trainees’ and physicians’ work. When used appropriately, work-based assessments foster a deep approach to learning and increase the intrinsic motivation of trainees to learn a subject, allowing them to develop an interest in the subject matter and link ideas and concepts (Epstein, 2002). WBA methods are used in a variety of ways by different specialties within the College training programs - not all specialties use all tools. For a detailed overview of each tool specific to each specialty training program, refer to the relevant training program handbooks on the College website: [www.racp.edu.au](http://www.racp.edu.au)
There are a number of different work-based teaching, learning and assessment tools used in Basic and Advanced Training. Although different training programs have different requirements, these assessment tools generally fall under the six broad categories in Table 1 below.

**Table 1: Work based teaching, learning and assessment tools**

<table>
<thead>
<tr>
<th>Setting learning goals</th>
<th>Observation of performance</th>
<th>Discussion</th>
<th>Writing and reflection</th>
<th>Research capabilities</th>
<th>Performance evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Contract</td>
<td>Direct Observation of Procedural Skills (DOPS)</td>
<td>In-Training Long Case Assessment (AFRM only)</td>
<td>Written Communications Portfolio (AFOEM only)</td>
<td>AFOEM Research Project</td>
<td>Trainees Report</td>
</tr>
<tr>
<td>Personal Learning Plan (AFPHM only)</td>
<td>Direct Observation of Field Skills (DOFS)</td>
<td></td>
<td>Logbook (Clinical Diploma of Palliative Medicine only)</td>
<td></td>
<td>Training Status Report (AFOEM only)</td>
</tr>
<tr>
<td></td>
<td>Ramazzini Presentation (AFOEM only)</td>
<td></td>
<td>Case study (Clinical Diploma of Palliative Medicine only)</td>
<td></td>
<td>Trainee Term Evaluation Form</td>
</tr>
</tbody>
</table>
**Tips on using Work-based Assessment**

**Integrate into the workflow**
It is important that work-based assessment is integrated into the workflow to ensure it is not overly time-consuming and burdensome.

**Doing things on the fly**
Part of this integration is also about being flexible and seizing opportunities to observe a trainee when the opportunity arises.

**Focus on improvement**
The focus of formative assessment should be on improving trainee performance, it should not be viewed as an ‘exam’ situation or conducting a series of exams.

**Relevant to learning needs**
It is also important to ensure that the assessment is relevant to what the trainee should be learning and is at an appropriate level. Ultimately, the goal is to assess the performance of a trainee and find out how they are going.
Integrating WBA into the daily routine
(with permission from Dr Paul Reeve, Director of Physician Education, New Zealand).

Integrating mini-CEX into the normal workflow of a physician inpatient team

Barriers to Implementation

There are a number of potential barriers to work-based assessment that are important to be aware of in order to determine the best strategy for responding to them in the workplace. The following table outlines some potential barriers to work-based assessment and some possible strategies that supervisors can implement to overcome them.

The College has produced videos which explain different methods of work-based learning and assessment, and strategies on how to integrate them into everyday training experiences for trainees and supervisors in both clinical and non-clinical environments. These can be accessed on the College YouTube channel: https://www.youtube.com/playlist?list=PLsSX-vyeOa3kvCvmnCHvixZlfReWTBH93k
<table>
<thead>
<tr>
<th>Challenge/barrier</th>
<th>Strategy/supervisor response</th>
</tr>
</thead>
</table>
| **Supervisors are time-poor** | • Negotiate a learning plan at the beginning of a rotation.  
• Ensure work-based assessments are relevant and feasible.  
• Identify specific activities that can meet certain objectives and align assessments with these.  
• Negotiate protected teaching time.  
• Seize opportunities to conduct a work-based assessment as they arise.  
• Encourage trainees to take responsibility for actively seeking work-based opportunities. |
| **Can’t access assessment tools** | • Check with the College through the Member Support Officer (MSO) or training program Education Officer to learn about the relevant tools for the training program and how to access these.  
• Gain support from other supervisors in your jurisdiction. |
| **Don’t know what or how to use work-based assessment** | • Access online tutorials on WBAs.  
• Read information sheets on WBAs.  
• Attend an SPDP workshop. The Supervisor Learning Support (SLS) unit of the College can be contacted via email: supervisor@racp.edu.au. |
| **Uncomfortable giving feedback to trainees** | • Attend SPDP Workshop 1: Practical Skills for Supervisors. The SLS unit of the College can be contacted via email: supervisor@racp.edu.au  
• Practice a feedback conversation with a colleague. |
| **Lack of support for work-based assessment in the workplace** | • Enlist support from influential colleagues to promote the value and necessity of work-based assessment.  
• Model active participation of work-based assessment.  
• Reinforce the expectation that this is a ‘normal’ part of practice. |
| **Trainees or supervisors not engaged in work-based assessment** | • Promote the value of work-based assessment e.g. disseminate promotional/helpful material, present at key meetings (grand rounds), organise training sessions for trainees and supervisors through the College SLS unit or MSO. |
| **Not enough supervisors to support the number of trainees** | • Recruit more supervisors in the workplace.  
• Recruit Advanced Trainees to assist in co-supervising junior trainees. |

(RACP; RACS; RCPSC, 2014)
### Scenario

**Scenario**

Clair ‘bumps’ into Nadia in the corridor as she is on her way to her clinic. She asks of Nadia what her day ‘looks like’ and Nadia shows Clair her clinic list. Clair notices a patient, Mrs Li, has an appointment in the clinic that afternoon - as the management of her condition needs to be changed. Clair mentions that she has some time that afternoon where she could observe Nadia negotiating the treatment plan and various options with Mrs Li; this can be a difficult task and Clair is aware that this is one of Nadia’s learning goals for the rotation. Clair proposes they complete a mini-CEX encounter and states she could provide feedback after the clinic. Nadia feels immediately stressed at the thought of being assessed that afternoon. She would have liked more time to prepare for an assessment. She reluctantly agrees to Clair’s suggestion and spends the day feeling anxious. She reads up as much as she can in her short breaks about the various medication options.

### Reflect

Reflect on this interaction between Nadia and Clair, and on similar interactions you may have had in the past with your own trainees.

### Activity part 1:

What strategies could you suggest to Clair based on your knowledge of how this interaction made Nadia feel?

What could she do differently/better?
### Scenario

<table>
<thead>
<tr>
<th>Activity part 2:</th>
<th>How could you ensure your trainees do not feel this way when approached to complete a formative work-based assessment in the workday?</th>
</tr>
</thead>
</table>
|                 | **Activity part 2:**  
|                 | How could you plan for a structured work-based assessment system? |
|                 | How could you plan for a flexible work-based assessment system? |
|                 | Describe how you will manage a balance between these two approaches? |

<table>
<thead>
<tr>
<th>Activity part 3:</th>
<th>Reflect on the past week as a supervisor, what are some of the 'missed opportunities' you could have seized to conduct a work-based assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What will you do differently this week to ensure you make the most of the opportunities when they arise?</td>
</tr>
</tbody>
</table>
Make evidence-based judgements

Reflecting on evidence
Spend time focussing on the different contexts you have directly seen the trainee working in and the evidence of competence that you have encouraged them to show you. This should give you a clear picture of the strengths and gaps in their performance. This evidence should extend beyond work-based assessment which is a formal part of the program.

Work-based assessment and feedback
A crucial responsibility of supervisors of College trainees is the requirement to make judgments and provide constructive feedback. Feedback is a process for trainees to obtain information about their work, and the level they are at in comparison to the expected standard. Feedback reinforces good practice and can help change behaviour, concepts or attitudes.

Documenting evidence
Written feedback should be provided to a trainee multiple times throughout a rotation, and learning and assessment tools support this process. Supervisors should ensure they keep copies of their written feedback, such as written progress reports, and store them securely for retrieval when required.

Combining evidence: summative progress reports
Supervisors are required to make summative progress decisions about a trainee and document them in a written report. The report must be detailed and specific and be supported by observed examples of performance.

Failure to fail
Failure to fail refers to the common occurrence of unwillingness by supervisors to provide negative feedback to underperforming trainees.

The negative consequences of the failure to fail paradigm can impact on patient care, place additional strain on others and have detrimental outcomes for a trainee.
Make evidence-based judgements

Failure to fail (cont.)

The level of confidence a supervisor has in providing quality and honest feedback to underperforming trainees can greatly assist:

- Failure to fail or provide negative feedback
- Reticent to fail or provide negative feedback
- Prepared to fail or provide negative feedback.

Improving progress report quality

Supervisor’s reports are the primary summative assessment for most College training programs; however, the quality of the content in the reports varies considerably. Some strategies are outlined which can assist supervisors to write clear, detailed and specific progress reports.
Make Evidence-based Judgements

At this stage of the learning cycle the supervisor makes a judgement of the trainee’s performance based on the evidence gathered:

- The supervisor reviews the trainee’s evidence of performance and provides feedback to the trainee
- The evidence is documented in the RACP supervisor report
- The supervisor and trainee meet to discuss the progress report.

It is important to note here that feedback should be given regularly and judgements about a trainee’s performance should be made frequently throughout the learning and assessment cycle.
Reflecting on evidence

Single assessments provide only a snapshot of the trainee’s competence in a particular situation and point in time. Repeat observations, assessments, judgements and feedback in varying contexts help the supervisor to form an overall view of the trainee’s competence (Van der Vleuten, Schuwirth, Driessens, Dijkstra, Tigerlaar, Baartman & Van Tartwijk, 2012).

The evidence gathered, judgements and feedback sessions provided throughout each rotation:

- Provides evidence of performance across a wide range of methods such as, direct observations of work-based activities, case discussions and written reflections
- Allows trainees to continuously refocus their learning plan, reassess their goals and identify future learning needs
- Continuously measures progression towards the end goals of the learning program
- Enables supervisors to form a complete view of trainees’ overall progress against what is expected at their level of training
- Assists with early identification of trainees encountering difficulties, so they can receive appropriate and timely support
- Provides information which can be used to plan learning activities and learning goals for the next rotation.

It is important to synthesise all the information and evidence collected over a rotation to form the progress report. Together this information builds a comprehensive portfolio of performance, skills, knowledge and competence across a range of contexts and provides evidence of specific, observed examples across a variety of practice.

Work-based assessment and feedback

“We readily identify the challenges involved [with giving feedback] but it’s actually quite satisfying when you see progress and improvement…. personally I find that keeps me going as a supervisor, I feel like I’m doing something useful, rather than just giving someone a score.” - Dr Greg Williams, RACP Fellow

Supervisors of College trainees are required to make judgments and provide constructive feedback frequently. It is well reported that trainees want feedback. However, supervisors often feel that they put a lot of time and effort into feedback but that trainees take little notice of it and don’t change their behaviour based on it. There are strategies to improve the effectiveness of feedback.

The process of the supervisor providing feedback to the trainee on their performance is the cornerstone of work-based assessment. The content of the feedback and the way it is provided is critical to the resulting impact on trainee learning. (Pelgrim et al., 2012).
Three steps are necessary for feedback to have a beneficial effect on trainees during work-based assessment.

1. **Organisation**

Deliberate planning of observation and feedback is essential:

- Arrangements should be negotiated by the supervisor and the trainee at the beginning of a training rotation.
- Arrangements should not be isolated events; but conducted in an ongoing and regular basis.
- At the beginning of a rotation, make arrangements to observe and provide feedback during a specific time every week, e.g. the last two consultations on Thursday afternoons.

2. **Content and delivery**

Feedback should be specific and detailed:

- It should be a discussion between the trainee and supervisor, where the trainee has the opportunity to reflect and ask questions.
- Tips for giving effective feedback can be found on page 56.

3. **Incorporation of feedback in learning**

The third step concerns the incorporation of feedback in the learning process and requires the trainee to:

- Accept the feedback
- Reflect on the feedback given in relation to his or her learning goals
- Use the feedback given to plan activities to pursue these learning goals.

Feedback from work-based assessment also allows trainees to adjust their learning goals where necessary. Learning goals may need to be attuned when different learning objectives arise and once goals have been achieved. Some goals may be met already and new goals or extensions of the goal can be formulated.

It is important that supervisors are aware that the feedback they have given is not always the feedback a trainee has heard. Research suggests that underperforming trainees often have an overinflated perception of their performance and conversely that trainees performing at or above the expected standard are highly critical of themselves (Dunning et al, 2004).

The table overleaf describes the seven typical responses of trainees when receiving feedback (Chinn and Brewer, 1993).
<table>
<thead>
<tr>
<th>Response</th>
<th>Trainee's thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee accepts the feedback</td>
<td>My supervisor gave me some helpful feedback on my strengths and areas I can improve on. I can use the feedback to improve my performance.</td>
</tr>
<tr>
<td>The trainee ignores the feedback</td>
<td>Not registering that feedback was given.</td>
</tr>
<tr>
<td>The trainee rejects the feedback</td>
<td>The feedback is wrong, inaccurate and I don’t trust my supervisor’s opinion.</td>
</tr>
<tr>
<td>The trainee finds the feedback irrelevant</td>
<td>The feedback my supervisor gave me is not relevant to me, it doesn’t help me in any way.</td>
</tr>
<tr>
<td>The trainee believes there is no connection between how they perceive their performance and how their supervisor perceives it</td>
<td>I am happy with my performance. My supervisor has been critical of my performance but that point is not important to what I was trying to achieve.</td>
</tr>
<tr>
<td>The trainee interprets the feedback to align with how they perceive their performance</td>
<td>My supervisor gave me positive feedback on my mini-CEX and said overall I am performing at the expected standard. But then he said there were some deficits in my clinical and physical examination of the patient so I am obviously not performing to the expected standard and not good enough to be a Doctor.</td>
</tr>
<tr>
<td>The trainee changes their performance in a superficial/placatory manner</td>
<td>For the purpose of not continually being told I am doing it wrong I will just change how I do it in front of the supervisor, but I’ll keep doing it my way when he’s not around.</td>
</tr>
</tbody>
</table>

Understanding the above responses to feedback alerts supervisors to the possible reasons why a trainee may not change their behaviour in response to feedback on their performance.

**Tips for avoiding undesirable responses to feedback**

<table>
<thead>
<tr>
<th>Self-evaluation</th>
<th>Supervisors should provide an opportunity for trainees to initially express their own judgement or self-evaluation</th>
</tr>
</thead>
</table>
| Learning environment | • Create a safe and supportive learning environment  
 • Create a positive relationship with the trainee  
 • Phrase appropriately and professionally |
| Quality feedback | • Provide clear, specific and detailed feedback  
 • Provide feedback verbally, through discussion, and in writing  
 • Justify feedback with examples based on first-hand data, not second or third-hand observations (though these can be used to support your own observations)  
 • Time feedback appropriately - this should be negotiated with the trainee, not dictated by the supervisor  
 • Focus on behaviour, actions and performance, not personality traits |
Planning the feedback conversation

Opportunities to provide feedback can arise from a range of day-to-day informal observations, for example:

- during ward rounds
- after the completion of work-based assessments
- at planned times throughout the year, such as an end-of-year progress review meeting.

In order to make the most of feedback opportunities and ensure that the information being delivered is meaningful, feedback should be planned and then discussed with the trainee in an appropriate setting. Workshop 1: Practical Skills for Supervisors, in the Supervisor Professional Development Program, offers information and strategies supervisors can use in feedback situations.

Tips for giving effective feedback

<table>
<thead>
<tr>
<th>Strengths and areas for improvement</th>
<th>Be completely honest and supportive, identifying both strengths and areas for improvement. Feedback on areas for improvement should include suggestions for development and actions for follow-up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-judgemental</td>
<td>Use non-judgemental description.</td>
</tr>
<tr>
<td>Timing</td>
<td>Give feedback at an appropriate time (as close to the observed behaviour as possible) that does not come as a surprise to the trainee. Feedback given unexpectedly, especially if negative, is almost always met by strong emotional reactions that minimise its effectiveness. Give feedback frequently to provide many opportunities for remediation.</td>
</tr>
<tr>
<td>Goal-orientated</td>
<td>Use well-defined goals and performance standards that represent end-of-clerkship objectives. Feedback should provide trainees with meaningful information about their progress.</td>
</tr>
<tr>
<td>Small segments</td>
<td>Be specific, and focus on behaviours that are remediable. It is not always necessary to be comprehensive. More often it is better to give feedback in small segments, focusing on what is most essential at each specific point of training.</td>
</tr>
<tr>
<td>Direct observation and feedback</td>
<td>Base feedback on what you or other colleagues have observed.</td>
</tr>
</tbody>
</table>

(Govaerts, 2006)
Activity: Giving feedback to Nadia

Case study: Nadia’s consultation with Mrs Li

Scenario

Nadia and her supervisor, Clair, have just completed a consultation with a diabetic patient Mrs Li. Clair advised Nadia prior to the consultation that she was going to observe her performance at negotiating medication options with the patient, and complete a formative assessment, mini-CEX.

During the consultation, Nadia overloaded the patient, with lots of information about the various treatment options, and didn’t involve the patient in the decision about her treatment plan. In addition, she didn’t check that the patient properly understood the changes to her condition or her new treatment plan. The patient seemed overwhelmed and even a bit upset which Nadia did not notice.

Clair has provided feedback numerous times over the course of the rotation about improving in these areas and the importance of these skills. Nadia understands that Clair doesn’t think she negotiates with patients well, but doesn’t seem to know how to improve and lacks insight into what it is that she does wrong. She would like to improve and has even included this as one of her goals in her LNA.

Clair does not feel that her feedback is getting through to Nadia and is feeling at a loss as to how to provide this feedback again to Nadia. She needs a strategy.

Activity

If you were Clair how would you provide feedback to Nadia regarding her performance and ways to improve? Outline the questions you might ask and the strategies you could suggest.
Documenting the evidence

"The reason why we write [the evidence] down is so that when it actually comes time to writing a report we have concrete information we can use to decide how [a trainee] is going to progress." Dr Stephen Robinson, RACP Fellow

Documented evidence is feedback that is in written form. Written feedback should be provided to a trainee many times throughout a rotation, and learning and assessments tools support this process. Supervisors should ensure they keep copies of their written feedback and store them securely for retrieval when required, e.g. when writing progress reports.

Written feedback should always support the verbal feedback provided to the trainee and should not include new or different information to what the trainee has been told. It must be consistent, with no surprises (Boud & Molly, 2013).

**Why document the evidence?**

- Written feedback is often more thoughtfully considered than verbal feedback and can be less interpretive, as specific examples can be explicitly described and details can be provided succinctly.
- It can be useful to recall trainee’s various performances over the course of a rotation, rather than relying on your memory.
- Clear documentation of the evidence gathered on a trainee during a rotation is especially important when progression decisions are being determined.
Tips of documenting the evidence

<table>
<thead>
<tr>
<th>Supervisors should ensure their written feedback is:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clear</strong></td>
</tr>
<tr>
<td><strong>Selective</strong></td>
</tr>
<tr>
<td><strong>Specific</strong></td>
</tr>
<tr>
<td><strong>Timely</strong></td>
</tr>
<tr>
<td><strong>Contextualised</strong></td>
</tr>
<tr>
<td><strong>Non-Judgemental</strong></td>
</tr>
<tr>
<td><strong>Balanced</strong></td>
</tr>
<tr>
<td><strong>Forward-looking</strong></td>
</tr>
<tr>
<td><strong>Transferable</strong></td>
</tr>
<tr>
<td><strong>Personal</strong></td>
</tr>
</tbody>
</table>

Nicol (2010)

Combining evidence: summative assessment methods

Summative assessment methods are those which require supervisors or educational bodies to make high-stakes decisions regarding progression, based on the professional competence of the trainee at a particular level of training. For example, the Written and Clinical Examinations and Final Supervisors Reports. The emphasis of summative assessment in post-graduate medical education has decreased over recent years as the value and credibility of work-based assessment has increased (Dijksterhuis et al., 2013). However, while the emphasis has shifted to more regular work-based assessments, Raupach et al. (2013) highlight the importance of designing and implementing valid summative assessment as they are a strong driving force for trainee learning. Both formative and summative assessment methods are important in physician education. As part of the supervisor role, supervisors of College trainees are required to conduct and help prepare trainees for assessment.
Summative progress reports

When making judgements about a trainee’s performance it is important to have a programmatic approach and not dwell on each individual assessment in isolation. Once the data has been gathered through conducting various formative assessments, supervisors are required to make a judgement on where their trainee is at in their training and make summative progress decisions.

Completing supervisor reports is an essential component of supervising trainees. Providing detailed, specific and behaviour-based comments in supervisor reports, supported by observed examples, is of great value to the trainee and their respective training program.

<table>
<thead>
<tr>
<th>Educational Process</th>
<th>Tools</th>
<th>Purpose</th>
<th>Supervisor responsibilities</th>
</tr>
</thead>
</table>
| Performance evaluation | • Mid-Year Progress Report  
• Supervisor’s Report | • Provide summative feedback and guidance to trainees.  
• Identify areas of strength and areas for improvement.  
• Allow progress decisions to be made and documented. | • Reports must be completed by the supervisor.  
• Discuss the report with the trainee and complete an evaluation of the trainee’s period of training, record areas of strength and areas for improvement. |

When compiling a summative progress report, supervisors should:

- **Make informed decisions:** assessment across a range of domains should be used to inform decisions about progression through training.
- **Reflect on performance:** reflect on the rotation and what the trainee has achieved during their time at the setting. Some questions you might like to ask the trainee could include:
  - On reflection, what do you now know that you didn’t before?
  - Has your learning plan met your learning needs?
  - How does your practice show what new knowledge/skills you have gained?
  - Has your learning helped you in your work?
  - Has your learning affected the people you work with?
  - Overall, has the result justified the effort? (Challis, 2000)
- **Use evidence from multiple sources:** assessors should gather evidence from multiple assessment points, including work-based assessments and feedback from other assessors.
- **Provide feedback on progression:** summative and formative assessments should generate feedback for trainees on their progress.
Dealing with trainees in difficulty

Trainees can experience a broad range of difficulties during their training. The table below outlines the spectrum of trainees in difficulty, with the most challenging for supervisors to support and manage being classified as ‘difficult trainees’.

<table>
<thead>
<tr>
<th>Difficult Trainee</th>
<th>Trainee in Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioural Concerns</strong></td>
<td><strong>Career Concerns</strong></td>
</tr>
<tr>
<td>Poor interpersonal/communication skills</td>
<td>Poor unsuitability to another specialty (feedback, redirection)</td>
</tr>
<tr>
<td>Poor attitude/conduct/reliability</td>
<td>Lacking confidence</td>
</tr>
<tr>
<td>Sub optimal professional skills</td>
<td>Poor clinical judgement</td>
</tr>
<tr>
<td>Limited cultural competency e.g. socioeconomic limitations</td>
<td>Clinically weak (often despite passing exam)</td>
</tr>
<tr>
<td>Personality disorders/lack of insight</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Clinical Concerns</strong></th>
<th><strong>Exam Concerns</strong></th>
<th><strong>Health Issues</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking confidence</td>
<td>Exam anxiety/stress</td>
<td>Depression</td>
</tr>
<tr>
<td>Poor clinical judgement</td>
<td>Repeated exam failure</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Clinically weak (often despite passing exam)</td>
<td>Research Concerns</td>
<td>Other psychiatric conditions</td>
</tr>
<tr>
<td></td>
<td>Research project</td>
<td>Poor physical health</td>
</tr>
</tbody>
</table>

Trainees who exhibit ‘difficult trainee’ characteristics are often the easiest to identify, yet the most difficult to manage and provide feedback to. On the other end of the spectrum is ‘trainees in difficulty’, who with feedback, guidance and support, can be managed through their difficulty. It is important that supervisors understand the importance of identifying underperforming trainees and the process for appropriately dealing with them. The College has developed a Trainee in Difficulty Support Policy and Pathway to guide supervisors in dealing with trainees who are difficult or experiencing difficulty in their training.

As a College representative in the work-based setting, a crucial role of the supervisor is to provide regular and constructive feedback to trainees regarding their performance. Work-based assessment with detailed, specific and clear written and verbal feedback can help identify struggling trainees early. With additional support, these trainees may improve their performance.

It is the supervisor who is best placed to identify, manage and monitor trainees who are experiencing difficulty at an early stage to prevent the need for escalation of the issue beyond the local work setting.

More information on supporting trainees in difficulty can be found on the College website [https://www.racp.edu.au/trainees/trainee-support-services](https://www.racp.edu.au/trainees/trainee-support-services).
Failure to fail

It is a well-known condition of post-graduate medical education that many trainees pass through the clinical rotations year after year, and are only identified as a trainee in difficulty when they fail summative examinations. Ambiguity regarding the supervisor’s role as an advocate who promotes the development of competence, versus an evaluator who judges performance, can influence willingness to predict future performance. Learners can be sensitive to this role, and supervisors may wish to be looked upon favourably by their trainee and try to avoid the consequences (interpersonal and legal) of failing a trainee (Hauer et al, 2014).

Failure to fail is a common occurrence and refers to the unwillingness by supervisors to provide negative feedback to underperforming trainees, particularly when completing final reports for unsatisfactory trainees (Dudek et al, 2005). Often, these learners continue to progress through training without impediment, and move from rotation to rotation. They are often only identified as a trainee with difficulty very late in training or when they fail summative examinations.

“Poorly performing candidates require considerable resources to manage, it is easier to sign off their time and move them on than to address their failings.” Anonymous, RACP Fellow

Quality feedback is the backbone to providing quality supervision. It sets the scene for continuous improvement, with positive feedback reinforcing ‘a job well done’, and negative feedback, in a constructive manner, highlighting poor performance. Meaningful feedback “provides students with an understanding of how they can close the gap between current and expected performance and helps them trouble-shoot their own performance” (Peach et al, 2014).

The negative consequences of the failure to fail paradigm include:

- patient safety and care, which can be jeopardised by underperforming trainees
- colleagues of the underperforming trainee are put under additional strain, as they are often required to put in extra work to make up for the underperforming trainee’s deficiencies
- detrimental outcomes for the unsatisfactory trainee, as without appropriate feedback they may not be aware of their shortcomings or underperformance and are thus denied the opportunity for remediation.
The level of confidence a supervisor has in providing quality and honest feedback to underperforming trainees can be categorised into three characteristic areas, which are outlined in the table below.

<table>
<thead>
<tr>
<th>The Avoidant Supervisor</th>
<th>Failure to fail or provide negative feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• is disengaged with the assessment and reporting process</td>
</tr>
<tr>
<td></td>
<td>• avoids providing negative/constructive feedback to trainees</td>
</tr>
<tr>
<td></td>
<td>• may be disinterested</td>
</tr>
<tr>
<td></td>
<td>• avoids conflict</td>
</tr>
<tr>
<td></td>
<td>• fears an appeals process</td>
</tr>
<tr>
<td></td>
<td>• believes negative reports would have no real consequence or outcome</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Reticent Supervisor</th>
<th>Reticent to fail or provide negative feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• wants the trainee to ‘get over the line’</td>
</tr>
<tr>
<td></td>
<td>• gives the ‘benefit of the doubt’</td>
</tr>
<tr>
<td></td>
<td>• believes the trainee will have an opportunity to improve performance in subsequent rotations</td>
</tr>
<tr>
<td></td>
<td>• feels conflicted when the trainee is competent in one area but not another (e.g. is clinically competent but lacks communication skills)</td>
</tr>
<tr>
<td></td>
<td>• feels that a failing trainee will reflect poorly on them as a medical professional and supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Confident Supervisor</th>
<th>Prepared to fail or provide negative feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• confidently provides constructive feedback</td>
</tr>
<tr>
<td></td>
<td>• is prepared to fail a trainee who is underperforming</td>
</tr>
<tr>
<td></td>
<td>• sees it as an important part of their role to provide regular education, feedback and support</td>
</tr>
<tr>
<td></td>
<td>• understands the importance of early identification of struggling trainees</td>
</tr>
<tr>
<td></td>
<td>• provides clear and honest communication of concerns</td>
</tr>
<tr>
<td></td>
<td>• allows time for trainee retrospection</td>
</tr>
<tr>
<td></td>
<td>• provides clear documentation</td>
</tr>
<tr>
<td></td>
<td>• communicates regularly with other supervisors of the trainee and the interdisciplinary team to get the ‘bigger picture’</td>
</tr>
<tr>
<td></td>
<td>• have often completed SPDP workshops and other supervisor related training.</td>
</tr>
</tbody>
</table>

There are a number of system related challenges that can impact on and compound a supervisor’s confidence to fail a trainee:

**Pipeline pressures**: too many trainees, limited training places or streaming of weaker trainees to less desirable locations.

**Longitudinal failure to fail**: where the rotational nature of training leads to lack of linear monitoring.
Cross-sectional failure to fail: at a particular point in time, such as when the trainee comes from a main site to a smaller satellite site, issues are highlighted, but due to resource restraints poor performance is not highlighted.

Documentation issues: lack of a paper trail/ documentation (including what and how to document) impacting supervisor handover and lack of ‘evidence’.

Employment and training tension: the consequences of failing a trainee on service provision, or where learning needs are not aligned to learning opportunities in the workplace.

Variable supervision: such as differing styles and expectations, lack of mandatory direct supervisor to trainee contact.

Limited supervisor support: supervisors are unaware of how or where to access, or don’t have access to, appropriate support mechanisms.

Problematic trainee selection: when a trainee is not suited to a particular specialty.

Limited remediation options: where resources are perceived as not readily available or accessible.

While these challenges can be difficult to overcome at times, it is important for supervisors who fall into the avoidant or reticent supervisor categories to develop their confidence in providing negative feedback to underperforming trainees.

“It is important to give honest and fair feedback to trainees which can be ‘uncomfortable’ in the underperforming trainee but it is essential to do” Anonymous, RACP Fellow

<table>
<thead>
<tr>
<th>Support option - RACP</th>
<th>Further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Support Policy and Pathway</td>
<td>Information can be found on the RACP website: <a href="https://www.racp.edu.au/trainees/trainee-support-services/resources">https://www.racp.edu.au/trainees/trainee-support-services/resources</a></td>
</tr>
</tbody>
</table>
| RACP Case Officer – Training Support Unit | Email: [trainingsupport@racp.edu.au](mailto:trainingsupport@racp.edu.au) (Aust)  
[Trainingsupport@racp.org.nz](mailto:Trainingsupport@racp.org.nz) (NZ)  
Phone: +61 2 9256 5457 |
| Supervisor training | The RACP offers supervisor workshops which focus on developing a variety of skills, including providing feedback in challenging situations.  
RACP website link: [https://www.racp.edu.au/fellows/supervision/supervisor-professional-development-program](https://www.racp.edu.au/fellows/supervision/supervisor-professional-development-program) |
| Online resource – trainee in difficulty | The RACP has developed an online resource to assist supervisors with Stage 1 of the Training Support Policy and Pathway.  
[https://elearning.racp.edu.au](https://elearning.racp.edu.au) |
| RACP Support Program | The RACP Support Program is a professional and confidential counselling service, available to all RACP Fellows and trainees, 24 hours per day, seven days per week. |
Improving progress report quality

Supervisor’s reports are the primary summative assessment for most College training programs; however the quality of the content in the reports can vary considerably.

The table below outlines some key tips and strategies to assist supervisors in improving the quality of their progress reports and ensure supervisors do not continue to pass underperforming trainees.

Tips for improving progress reports

<table>
<thead>
<tr>
<th>Tips</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process</strong></td>
<td>Know the progress reporting process well, including what you need to do and when. This is very important in the case of an appeal.</td>
</tr>
<tr>
<td></td>
<td>Put reminders in your calendar or diary to remind you to complete reports.</td>
</tr>
<tr>
<td><strong>Ratings</strong></td>
<td>Identify the relative strengths and weaknesses of a trainee’s performance in the ratings.</td>
</tr>
<tr>
<td></td>
<td>Avoid ‘straight line’ marking - assigning the same rating to all aspects of their performance as most trainees will have variability in their performance across different competencies.</td>
</tr>
<tr>
<td></td>
<td>A suggested strategy for avoiding ‘straight line’ marking is to complete the comments section first and then complete the ratings section. This will allow you to reflect on the trainee’s performance in the different areas of competence.</td>
</tr>
<tr>
<td><strong>Detailed comments</strong></td>
<td>Provide specific and detailed examples of strengths and weaknesses. This is particularly important when justifying a failing grade.</td>
</tr>
<tr>
<td></td>
<td>Start with providing feedback on the specific issue. Ensure the comment isn’t a broad generalisation. Then use examples to back it up.</td>
</tr>
<tr>
<td></td>
<td>For example: Has a tendency to use too much medical jargon when explaining issues to patients, for example, when treating the patient with… …you explained it like this… … and used words such as these…</td>
</tr>
<tr>
<td></td>
<td>This is much clearer than simply commenting “poor communication skills”. The trainee has a specific area he/she can work on.</td>
</tr>
<tr>
<td>Tips</td>
<td>Strategies</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Behaviour based comments</strong></td>
<td>Provide specific and detailed examples of the trainee’s behaviour rather than their attitude.</td>
</tr>
<tr>
<td><strong>Trainee’s response to feedback</strong></td>
<td>Include in your comments how the trainee responded to your feedback. The way in which they accept and use the feedback is important when assessing their clinical competency.</td>
</tr>
<tr>
<td><strong>Matching ratings and comments</strong></td>
<td>Ensure your comments support the ratings you’ve given.</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
<td>Provide recommendations for ongoing development.</td>
</tr>
<tr>
<td><strong>Multiple sources of data</strong></td>
<td>Gather information regarding a trainee’s performance from others who have also observed them in practice. For example, nurses and administrative staff.</td>
</tr>
<tr>
<td>Tips</td>
<td>Strategies</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>On-going data collection</strong></td>
<td>Keep notes on the trainee’s performance throughout a rotation to enable you to provide details and examples when writing your supervisor report.</td>
</tr>
<tr>
<td><strong>Data storage/retrieval</strong></td>
<td>Establish a data storage and retrieval system for each trainee and use it after each clinical encounter.</td>
</tr>
<tr>
<td><strong>Is the trainee a ‘Pass’ or ‘Fail’?</strong></td>
<td>Regardless of whether your trainee has performed well or poorly in other clinical contexts, your role is to provide an accurate description of what you have observed as their supervisor.</td>
</tr>
<tr>
<td><strong>Assess and improve yourself</strong></td>
<td>Professionally develop your own supervisor report writing and have colleagues assess and provide their feedback on your reports.</td>
</tr>
</tbody>
</table>
Reflect and Prepare

Reflection........................................................................................................70
Evaluating effectiveness of teaching and learning ....................71
Reflect and Prepare

Reflection

Reflection on performance and reviewing learning goals regularly is a fundamental part of using learning plans effectively. Supervisors can assist trainees to reflect on their learning by prompting them to undertake a self-evaluation of their learning plan. It is important for the supervisor and trainee to meet and share evaluative feedback on the learning experience.

Evaluating effectiveness of teaching and learning

Evaluation is an essential component of sustaining an effective teaching and learning culture. Supervisors should seek to evaluate the learning and assessment cycle by meeting with other supervisors and Directors of Physician Education to review the upcoming rotation and reflect on improvements that can be made at the training site. The primary focus of evaluation should be the impact of the supervisor’s influence on trainee achievement, engagement and wellbeing.
Reflect and Prepare

This stage involves reflecting on the trainee’s learning, preparing for the next rotation and evaluating the effectiveness of the learning and assessment cycle. At this stage:

- The trainee reviews progress to identify learning gaps and opportunities
- The trainee and supervisor meet to share evaluative feedback about the learning experience which the rotation provided
- The supervisor meets with a colleague (e.g. other supervisor or Director of Physician education) to review the upcoming rotation of trainees and reflect on improvements they could make to the learning at their site.

Reflection

Reflection on performance and reviewing learning goals regularly is a fundamental part of using learning plans effectively. Supervisors can assist trainees to reflect on their learning by prompting them to undertake a self-evaluation of their learning plan and asking them to consider the following questions based on their learning goals (Challis, 2000):

- On reflection, what do you now know that you didn’t before?
- How well has your learning plan met your learning needs?
- How does your practice show what new knowledge/skills you have gained?
- In what ways has your learning helped you in your work?
- Has your learning affected the people you work with? If yes, how?
- Overall, has the result justified the effort? If not, why?
Supervisors should recognise when trainees achieve their learning goals and encourage trainees to:

- take the time to enjoy the satisfaction of having done so
- absorb the implication of the goal achievement
- encourage continuous progression towards achieving other goals
- reward them appropriately when significant goals are achieved.

This may help build self-confidence and motivate them to be self-regulated learners.

With the experience of having achieved their goal, encourage trainees to review and reflect on further goals they may set in the future:

- If you achieved the goal too easily, make your next goal harder.
- If the goal took a disspiriting length of time to achieve, make the next goal a little easier.
- If you learned something that would lead you to change other goals, do so.
- If you noticed a deficit in your skills despite achieving the goal, decide whether to set goals to fix this.

**Evaluating effectiveness of teaching and learning**

*The ultimate effectiveness of teaching and learning can be determined by the evidence of better outcomes for trainees (Timperley, 2011).*

Evaluation is an essential component of sustaining an effective teaching and learning culture. Supervisors should seek to evaluate whether the learning and assessment cycle they have been part of is working as intended or if there are any unintended consequences.

Evaluation need not be a negative experience. If an atmosphere is created where people work as a team to use evaluation as a tool to see how they are doing and to find ways to increase their success in reaching their goals, then evaluation can be a very positive process that will benefit all who participate in it.

**Evaluating individual impact**

*The primary focus of evaluating individual impact is the effect of the supervisor’s influence on the trainee’s achievement, engagement and wellbeing. A comprehensive evaluation design will provide a basis for understanding the trainee’s perception of the learning and assessment activities provided, the usefulness and relevance of the activities, and the long term effects of the activities (Cook & Fine, 1997).*

**Why evaluate the learning and assessment cycle?**

- to improve the implementation and effectiveness of a training program
- to ensure the learning needs of trainees are being met
- to improve the quality of supervision in future training rotations
- to provide sound, useful, and reliable information.
Tips for designing an effective evaluation of the learning and assessment cycle

- build the evaluation into the program at the start of a rotation
- evaluate outcomes at multiple levels
- focus on changes in supervisor practice and improved student outcomes
- track changes regularly over time.

Examples of effective data collection methods

When seeking to evaluate the impact of teaching and learning during a rotation, supervisors should select an appropriate combination of methods to collect data, these may include some of the following (AITSL, 2015):

- trainee perception surveys
- analysis of trainee behaviour and wellbeing indicators
- trainee successes
- observations
- interviews with trainees and other stakeholders
- supervisor self-reflection surveys
- journals or logs
- work-based observations
- review of learning plans, assessment plans and teaching activities
- review of the work environment
- questionnaires.

Evaluating organisational impact

Perhaps the best known evaluation methodology for in-depth evaluation of learning processes is Kirkpatrick’s Four Level Evaluation Model (1994). According to Kirkpatrick, evaluation takes place at four different levels and goes beyond evaluating supervisors’ influence on trainee achievement, engagement and wellbeing.

Taking into account subsequent medical education-related adaptations, the diagram overleaf illustrates this modified hierarchy of evaluation within the context of the RACP (Barr H et al., 2000 & Belfield CR. et al., 2001). An increasing focus of monitoring and evaluation activities aims to reach higher levels of this hierarchy and examine organisational impact and behavioural change.
Kirkpatrick’s Levels of Evaluation

**Level 1 - Participation**: The rate of participation or the degree to which trainees and supervisors have engaged with the learning and assessment cycle i.e. the rate of completion of LNA, PQR, Mini-CEX etc.

**Level 2 - Reaction**: The degree to which trainees and supervisors perceive satisfaction with training program.

**Level 3 - Learning**: The impact on trainee’s knowledge, skills and attitudes.

**Level 4 - Behaviour**: The degree to which the learning has impacted on trainee’s professional behaviour, performance or practice.

**Level 5 - Results**: From an organisational perspective, how performance has improved as a result of trainees applying their learning, such as improved patient care and safety.

Evaluations can be targeted at gathering data on improving supervisor, trainee and site performance. Overleaf are some examples that can be used for each purpose to evaluate the overall performance of a training rotation.
Sample self-evaluation questions - Supervisor
(to be completed by the supervisor at the end of a rotation)

Evaluation is important for supervisors too. Trainees cannot learn well if supervisors are not doing an effective job. The following are some guidelines for the kinds of information supervisors can obtain to judge their effectiveness in training.

<table>
<thead>
<tr>
<th>Supervisor reflection template</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a scale of 1-5 where 1 is the least effective and 5 is the most effective, how effectively did I:</td>
</tr>
</tbody>
</table>

1. Set goals, plan and prepare for learning

<p>| | | | | |</p>
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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a)</td>
<td>Establish an effective supervisory relationship with the trainee, making clear the roles of the supervisor and learner.</td>
<td></td>
<td></td>
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<tr>
<td>b)</td>
<td>Foster and promote a safe and supportive learning culture and organisational environment.</td>
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<tr>
<td>c)</td>
<td>Establish with the learner their learning goals and prepare a learning plan linked to the program objectives.</td>
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<td></td>
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<tr>
<td>d)</td>
<td>Support the trainee to identify opportunities for work-based activities and resources linked to the learning plan.</td>
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</tbody>
</table>

2. Support the trainee to learn and gather evidence

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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Provide the learner with timely/regular feedback that is specific and direct, based on observed performance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Monitor the learner’s performance using a variety of work-based learning and assessment tools.</td>
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<td></td>
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<tr>
<td>c)</td>
<td>Encourage the learner to reflect on their performance, identify and act on areas for improvement.</td>
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</table>

3. Make evidence-based judgements

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</thead>
<tbody>
<tr>
<td>a)</td>
<td>Combine multiple evidences to make evidence-based judgements and summative progress decisions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>Draft clear, specific and detailed summative progress reports supported by observed examples.</td>
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</tbody>
</table>
### Supervisor reflection template

#### 4. Reflect and prepare

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Work with the trainees to reflect on their learning and identify learning needs for the next rotation.</td>
</tr>
</tbody>
</table>

Overall what aspects of the learning and assessment cycle went well?

Where can I make improvements?

What feedback did my trainee give me?

Evaluations of supervisors should be done periodically, such as at the end of each day or week, and a complete evaluation should be performed at the end of a rotation. These evaluations can be done in a short session by the training staff or together with a few members of the training group. Staff meetings are also a good place to periodically discuss the progress of a training program at the site.
Sample evaluation questions – Trainees
(supervisor to complete with the trainee during a meeting at the end of the rotation)

It can be very valuable to find out how trainees feel about the training, what difficulties they are having and what things are going well. At the end of each session, ask trainees to reflect on the following aspects of the training rotation:

<table>
<thead>
<tr>
<th>Questions to ask trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the learner with timely/regular feedback that is specific and direct based on observed performance.</td>
</tr>
<tr>
<td>1. What did you learn?</td>
</tr>
<tr>
<td>2. How achievable were the goals that were set?</td>
</tr>
<tr>
<td>3. What barriers to learning were experienced on the rotation?</td>
</tr>
<tr>
<td>4. What could have improved this rotation as a learning experience?</td>
</tr>
</tbody>
</table>
**Activity: Reflecting on improving supervisor reports and evaluating teaching and learning in the workplace**

### Case study

Clair has supervised a number of trainees and she feels like she does a pretty good job for the most part. However, she’s not happy with her progress report writing. She always gets to the end of a rotation and can’t think of what to write. She finds this especially hard when the trainee is clearly struggling and she doesn’t think they should progress in their training. Clair often finds herself wanting to fail a trainee but chooses to pass them for lack of concrete evidence to back up her decision. She needs to make some changes.

Although Clair feels like she does a good job of supervising, she’s never quite sure how the trainees feel and has wondered if they find the teaching and learning under her supervision effective and if there are any areas she can improve as a supervisor.

### Resolution

Clair has reflected on this and has committed to the following:

**Supervisor Reports**

- Start a data storage and retrieval system:
  - Keep copies of all work-based assessments conducted, as well as a copy of her trainee’s LNAs.
  - Write detailed comments on observations of trainees, which include specific examples.
  - Ensure that feedback provides areas of how the trainee can improve, be explicit about the expected standard.
  - Record how the trainee responded to the feedback provided and any subsequent changes they’ve attempted to implement.
- Research professional development opportunities in soft skills for supervisors.
- Request feedback from colleagues on the quality of progress reports.

**Evaluation**

- Conduct an evaluation of the training I provide:
  - Trainee perception surveys
  - Review trainee successes during the rotation
  - Informally interview the trainees.
**Activity**

Reflect on the changes that Clair has decided on and list some strategies you could implement in your practice to improve your supervision.

Strategies for improving your report writing:

Strategies for evaluating the training you provide:
Conclusion
Conclusion

This booklet focuses on the cycle of work-based learning and assessment and strategies supervisors can use to integrate learning and assessment into the busy work day.

It explores the importance of work-based learning and assessment as well as the many challenges supervisors face as they seek to provide effective and appropriate training encounters in the workplace.

As it explores these challenges, it offers tips and strategies to manage and overcome them. The suite of learning and assessment tools provided are founded in best practice research-based evidence. They align to the curriculum outcomes and can be linked to the learning goals of individual trainees to achieve optimal learning outcomes.

The College is committed to providing trainees with a robust approach to work-based learning and assessment; training supervisors to facilitate this is paramount and the purpose of SPDP 3 – Work-based Learning and Assessment.

There are two other SPDP workshops currently available for supervisors of College trainees to attend:

**Workshop 1 - Practical Skills for Supervisors**

The Practical Skills for Supervisors workshop has been designed to assist supervisors with creating a culture for learning, and delivering effective feedback, particularly in difficult situations.

The objectives of the workshop are as follows:

- Develop strategies to create a culture for learning
- Describe the impact of feedback on behaviour and performance
- Increase confidence in giving effective feedback to trainees
- Increase confidence in dealing with challenging trainees.

**Workshop 2 - Teaching and Learning in Healthcare Settings**

The second workshop, Teaching and Learning in Healthcare Settings, offers a range of teaching strategies to assist supervisors to overcome the various challenges of the complex healthcare environment.

The objectives of the workshop are as follows:

- Outline the challenges supervisors face in the healthcare setting
- Discuss the strategies supervisors can use to maximise teaching opportunities
- Evaluate personal attitudes, beliefs and behaviour and its influence on supervisory practice
- Assess workplace culture issues that can affect education experiences.
References & Appendix

Reference list .................................................................................................................. 82

Appendix 1: Overview of the PREP tools .................................................................. 86
References


### Appendix 1: Overview of the PREP tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Setting learning goals</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Learning Needs Analysis</strong></td>
<td>• Basic Training</td>
</tr>
<tr>
<td></td>
<td>• Advanced Training</td>
</tr>
<tr>
<td></td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
<tr>
<td><strong>Learning Contract</strong></td>
<td>• Public Health Medicine (AFPHM)</td>
</tr>
<tr>
<td><strong>Observation of performance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mini-Clinical Evaluation Exercise (mini-CEX)</strong></td>
<td>• Basic Training</td>
</tr>
<tr>
<td></td>
<td>• Advanced Training</td>
</tr>
<tr>
<td></td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
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<tr>
<td></td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
<tr>
<td><strong>Direct Observation of Procedural Skills (DOPS)</strong></td>
<td>• Advanced Training</td>
</tr>
</tbody>
</table>
### Direct Observation of Field Skills (DOFS)

A Direct Observation of Field Skills encounter involves a trainee being observed while conducting a workplace visit with a defined purpose, e.g. the assessment of modified duties to assist a worker’s return to work. The trainee is offered feedback from the assessor across a range of areas related to technical ability and professionalism.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Users</th>
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</thead>
<tbody>
<tr>
<td><strong>Direct Observation of Field Skills (DOFS)</strong></td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
</tr>
</tbody>
</table>

### Direct Observation of Practical Professional Skills (DOPPS)

A Direct Observation of Practical Professional Skills provides an opportunity for trainees to practice and receive feedback on required practical skills in public health.

The type of work that may be suitable for assessment include chairing a meeting, speaking at a community forum, conducting an environmental audit, or a site inspection, or doing a media interview.

| **Direct Observation of Practical Professional Skills (DOPPS)** | • Public Health Medicine (AFPHM) |

### Oral Presentation

The Oral Presentation Assessment is an assessment of an organised oral presentation of at least 10 minutes duration, with additional time (a minimum of five minutes) set aside for questions/discussion, delivered by the trainee to an audience and assessed by two AFPHM Fellows. The assessors provide feedback to the trainee about their strengths and areas for improvement directly following the presentation.

Public health physicians are required to make oral presentations within a variety of settings, from presenting a research paper at a conference to addressing a public meeting about a contentious public health issue. The Oral Presentation Assessment is designed to provide an opportunity for practice that aligns with these professional demands, as well as assess learning objective 1.2.9 of the Public Health Medicine Advanced Training Curriculum: Communicate effectively through oral discussion and presentations.

| **Oral Presentation** | • Public Health Medicine (AFPHM) |

### Discussion

#### Case-based Discussion (CbD)

A Case-based Discussion encounter involves a comprehensive review of clinical cases between an Advanced Trainee and an assessor. The trainee is given feedback from the assessor across a range of areas relating to clinical knowledge, clinical decision making and patient management (including work-related aspects for AFOEM).

<p>| <strong>Case-based Discussion (CbD)</strong> | • Advanced Training • Occupational and Environmental Medicine (AFOEM) |</p>
<table>
<thead>
<tr>
<th>Tool</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Training Long Case Assessment (ITLCA)</strong></td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
<tr>
<td>An In-Training Long Case Assessment encounter involves a comprehensive review of a clinical case between the trainee and assessor. The trainee consults with a patient and completes a written consultation summary sheet, giving consideration to short- and long-term rehabilitation management plans. The trainee is not normally observed during their consultation with the patient, but at least one of these encounters per year of Advanced Training (commencing after the first year of training) must be directly observed by an assessor. The trainee then discusses their patient assessment and proposed management plans with the assessor. The trainee is given feedback across a range of areas relating to clinical knowledge, clinical decision making and patient management from the assessor immediately after the interview.</td>
<td></td>
</tr>
<tr>
<td><strong>Writing and reflection</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Qualities Reflection (PQR)</strong></td>
<td>• Basic Training</td>
</tr>
<tr>
<td>A Professional Qualities Reflection involves trainees revisiting and reflecting on an event or series of events that have impacted on their professional practice. Through analysis of the event(s), trainees are able to identify and consolidate good practices leading to improved performance.</td>
<td>• Advanced Training</td>
</tr>
<tr>
<td></td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
<tr>
<td></td>
<td>• Public Health Medicine (AFPHM)</td>
</tr>
<tr>
<td><strong>Performance evaluation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mid-year Progress Report</strong></td>
<td>• Basic Training</td>
</tr>
<tr>
<td>The Mid Year Progress Report is a formative assessment of the trainee’s progress during the training year. The purpose of this report is to provide an opportunity and prompt for supervisors and trainees to reflect, discuss and note any problems during the training year. Supervisors should <strong>discuss the report with the trainee prior to sign-off by both parties.</strong></td>
<td>• Advanced Training</td>
</tr>
<tr>
<td>The Mid Year Progress Report captures:</td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
</tr>
<tr>
<td>• trainee’s strengths and weaknesses</td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
<tr>
<td>• trainee’s progress as measured against expected standards for stage of training</td>
<td></td>
</tr>
<tr>
<td>• whether training undertaken so far is considered satisfactory or unsatisfactory.</td>
<td></td>
</tr>
<tr>
<td><strong>Tool</strong></td>
<td><strong>Users</strong></td>
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</tbody>
</table>
| **Progress Reports / Final Supervisor’s Reports** | • Basic Training  
• Advanced Training |
| Progress reports are designed to facilitate regular and meaningful communication between supervisors, trainees and the College. Progress Reports:  
• provide regular feedback and meaningful guidance to enable further progress  
• facilitate the identification of trainees encountering difficulty, and the provision of appropriate and timely support as required  
• provide updated information to the relevant Education Committee throughout the course of each trainee’s training program.  
In Advanced Training Programs, Progress Reports are known as Final Supervisor’s Reports. These are a summative assessment and are required for certification of the training year.  
Note: The progress report is available online for Basic Training only | |

<table>
<thead>
<tr>
<th><strong>Trainee’s Report</strong></th>
<th>• Advanced Training (New Zealand only)</th>
</tr>
</thead>
</table>
| All Advanced Trainees are required before the end of each completed training programme to submit to the Advanced Training Committee an account of their training for the period of 4, 6 or 12 months as appropriate to the appointed programme. This report will be forwarded with the Supervisors’ Reports to the Advanced Training Committee/s. These two reports will provide the principal basis upon which accreditation of the training programme will be determined.  
The Trainee’s report should outline the year’s work under the following headings:  
• Clinical responsibilities  
• Teaching  
• Education programme  
• Research, publications, formal presentations  
• Diagnostic techniques  
• Other relevant information  
When writing the report, the Trainee should refer to the outline of requirements for training presented in the handbook “Requirements for Physician Training” and ensure that the report includes enough details for the Advanced Training Committee to determine the adequacy of the Trainee’s experience. It should be noted that final accreditation for FRACP may be delayed unless the Advanced Training Committee is satisfied that all the requirements for the training programme have been adequately met. | |
<table>
<thead>
<tr>
<th><strong>Tool</strong></th>
<th><strong>Users</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Training Status Report (TSR)</strong></td>
<td>• Occupational and Environmental Medicine (AFOEM)</td>
</tr>
<tr>
<td>The Status Report, combined with the Points Sheet, is the main tool for monitoring a trainee’s progress throughout the program. It also assists the trainee to plan their training and is used to provide formative feedback to the trainee from the Mentor and Director of Training. The report also provides confirmation of the trainee’s status as Active or Inactive.</td>
<td></td>
</tr>
<tr>
<td><strong>Training Term Evaluation (TTEF)</strong></td>
<td>• Rehabilitation Medicine (AFRM)</td>
</tr>
</tbody>
</table>
| Trainees are required to complete a brief survey at the end of each training term where they rate their actual experience in several different areas. They are asked whether they would recommend the training term to others and to provide an overall rating of the training term.  

The aim is to provide a protocol where trainees feel safe to respond in an honest, open fashion. An AFRM staff administrator and the New Fellow Representative appointed by the AFRM Education Committee are the only persons with access to the completed Trainee Term Evaluation Forms. No other office bearer, Faculty Fellow or administrator has access to the confidential forms. |