Making workplace-based assessment work

The 36th Forum for Medical Education Leaders & Administrators
Tokyo 2025

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Maastricht University, the Netherlands
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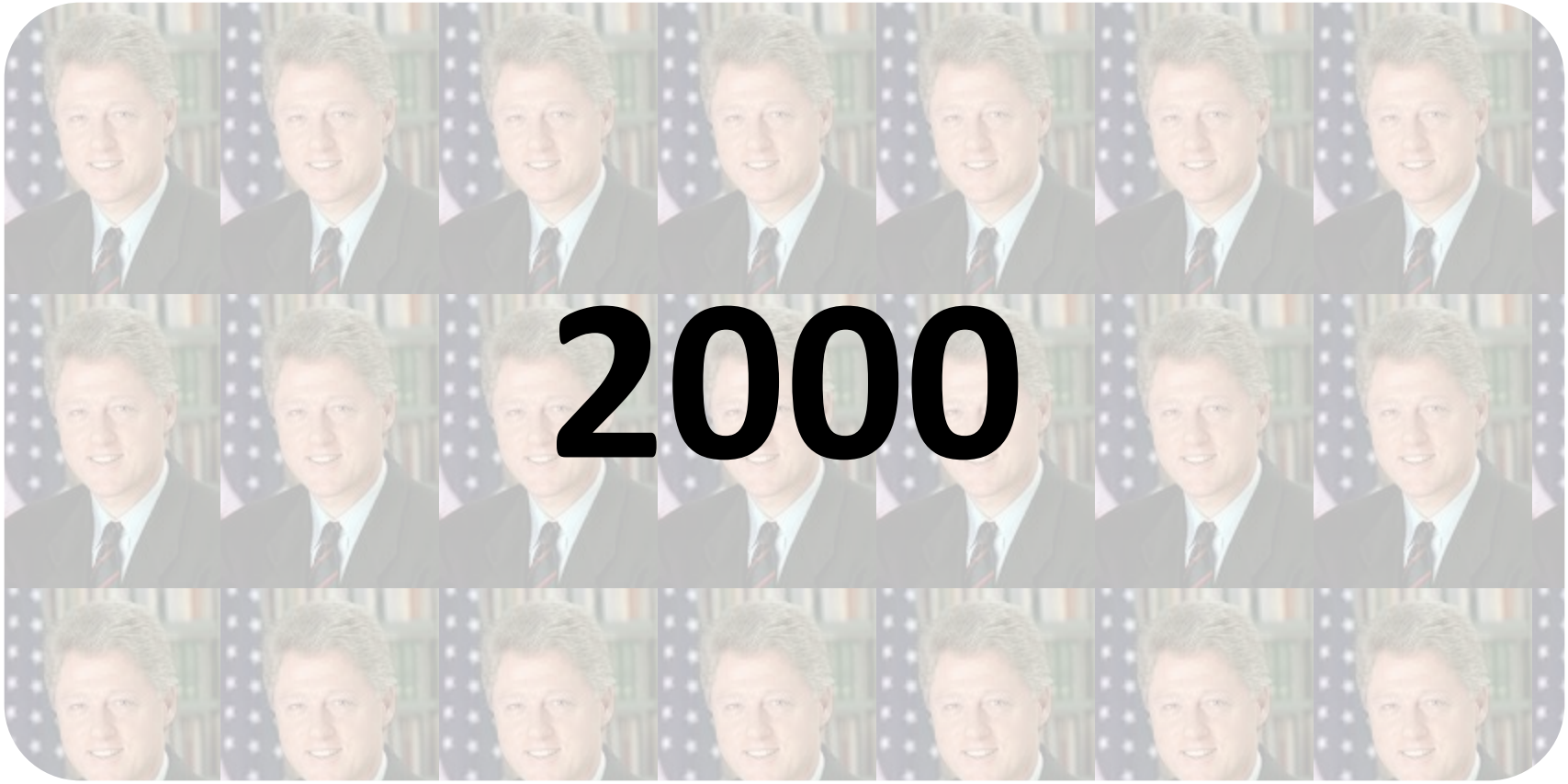
2000


2010


2020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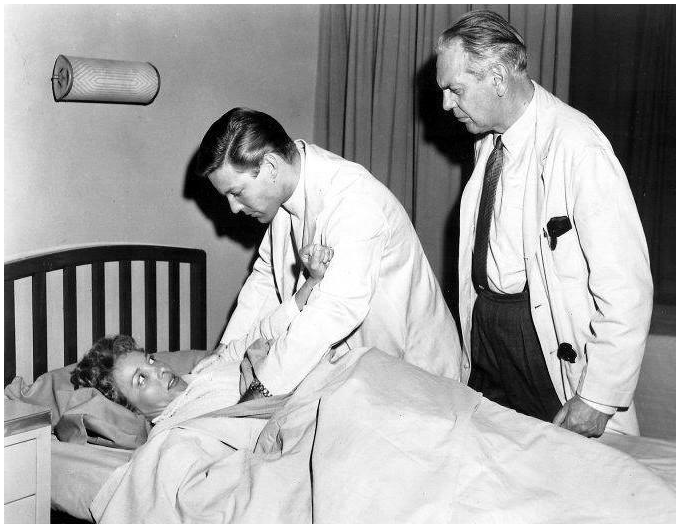

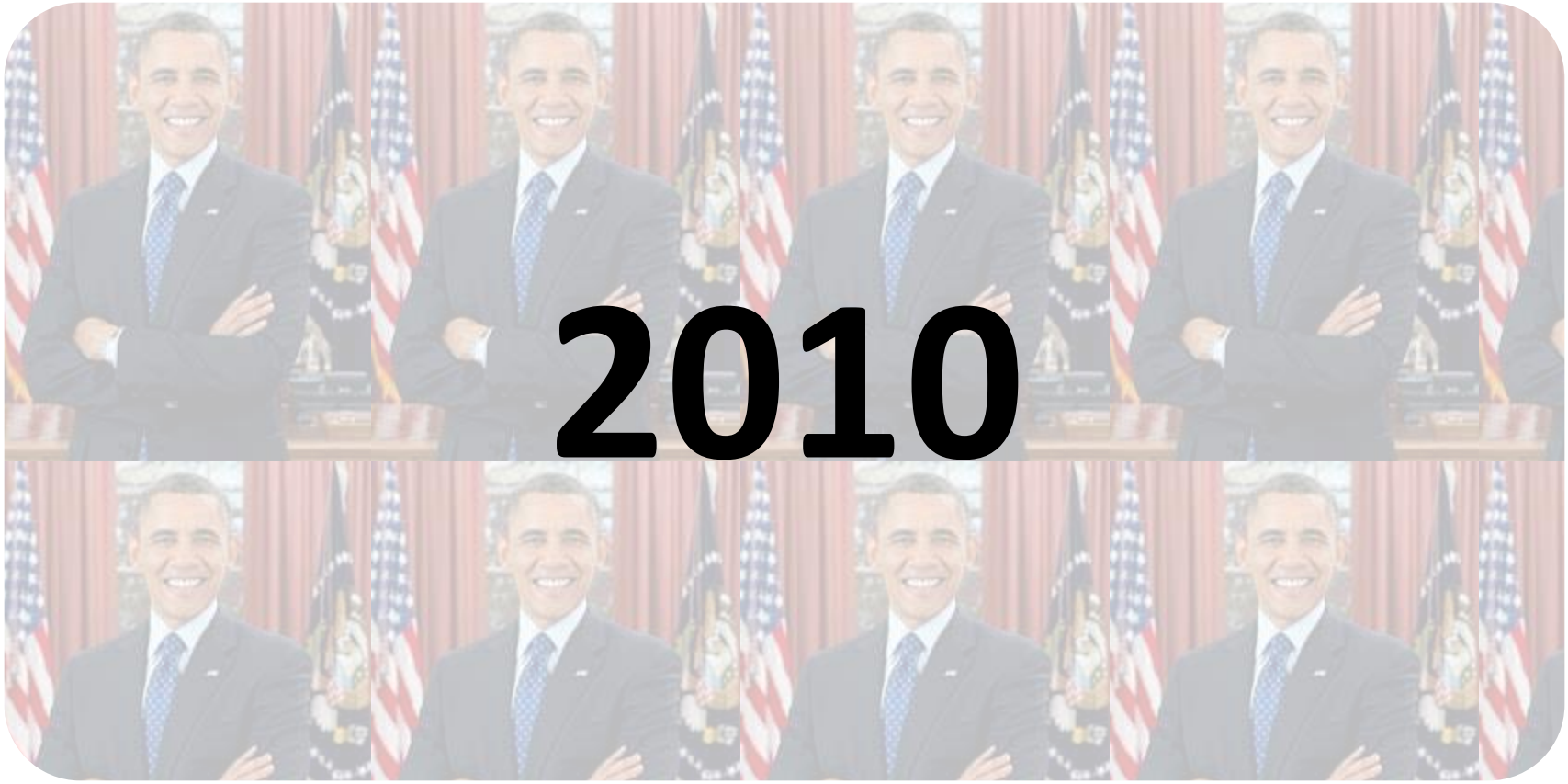
2010


Patient Safety
MOVEMENT
zero preventable deaths by 2020

Residents' perceived barriers to communication skills learning: Comparing two medical working contexts in postgraduate training☆

Valerie van den Eertwegh[a,*], Jan van Dalen[b], Sandra van Dulmen[c,d,e], Cees van der Vleuten[f,g,h,i], Albert Scherpbier[j]

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'The focus is on medical matters only, there is no attention whatsoever given to communication'

Keywords:
Communication skills
Learning
Transformative learning
Effectiveness
Context

Method: We conducted an exploratory study comprising seven focus groups with residents in two different specialities: general practice ($n = 23$) and surgery ($n = 18$).
Results: Residents perceive the use of summative assessment checklists that reduce communication skills to behavioural components as impeding the learning of their communication skills. Residents perceive encouragement to deliberately practise in an environment in which the value of communication skills is recognised and support is institutionalised with appropriate feedback from

Competency-frameworks

CanMeds

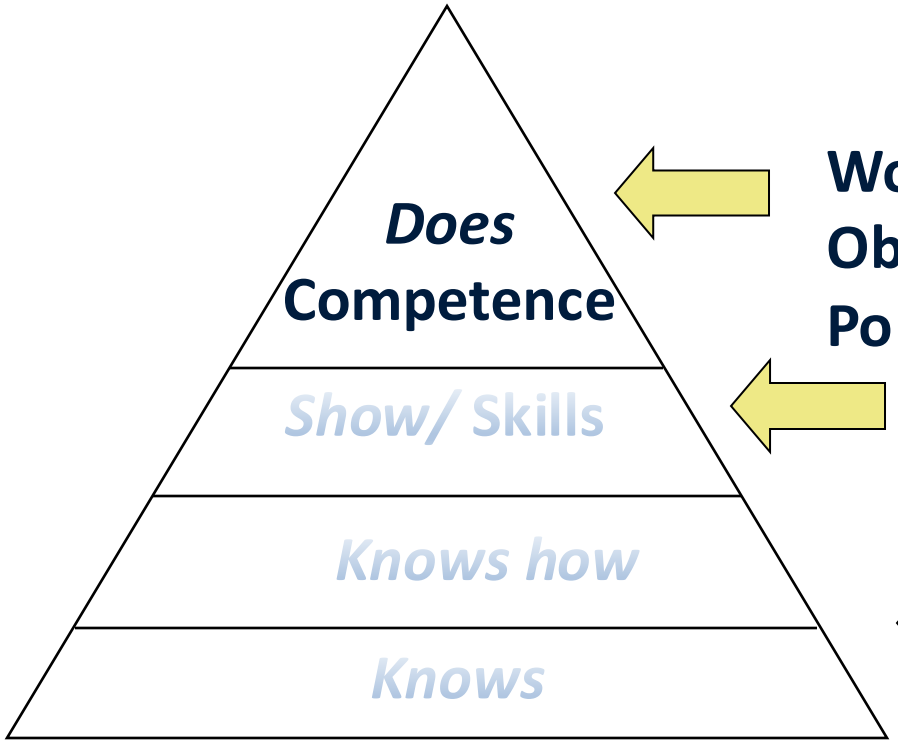
- Medical expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

ACGME

- Medical knowledge
- Patient care
- Practice-based learning & improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

GMC

- Good clinical care
- Relationships with patients and families
- Working with colleagues
- Managing the workplace
- Social responsibility and accountability
- Professionalism



Workplace-based assessment: Observations (Mini-CEX); MSF; Portfolio

OSCE

Knowledge test

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐

Clinical problem category: Airway/ Breathing ☐ CVS/ Circulation ☐ Gastro ☐ Neuro ☐ Pain ☐ Psych/ Behav ☐ Other

New or FU: New ☐ FU ☐

Focus of clinical encounter: History ☐ Diagnosis ☐ Management ☐ Explanation ☐

Number of times patient seen before by trainee: 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐

Complexity of case: Low ☐ Average ☐ High ☐

Assessor's position: Consultant ☐ GP ☐ SpR ☐ SASG ☐ SHO ☐ Other

Number of previous mini-CEXs observed by assessor with any trainee: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

Please grade the following areas using the scale below:	Below expectations for F1 completion		Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion		U/C*
1. History Taking	☐	☐	☐	☐	☐	☐	☐
2. Physical Examination Skills	☐	☐	☐	☐	☐	☐	☐
3. Communication Skills	☐	☐	☐	☐	☐	☐	☐
4. Clinical Judgement	☐	☐	☐	☐	☐	☐	☐
5. Professionalism	☐	☐	☐	☐	☐	☐	☐
6. Organisation/Efficiency	☐	☐	☐	☐	☐	☐	☐
7. Overall clinical care	☐	☐	☐	☐	☐	☐	☐

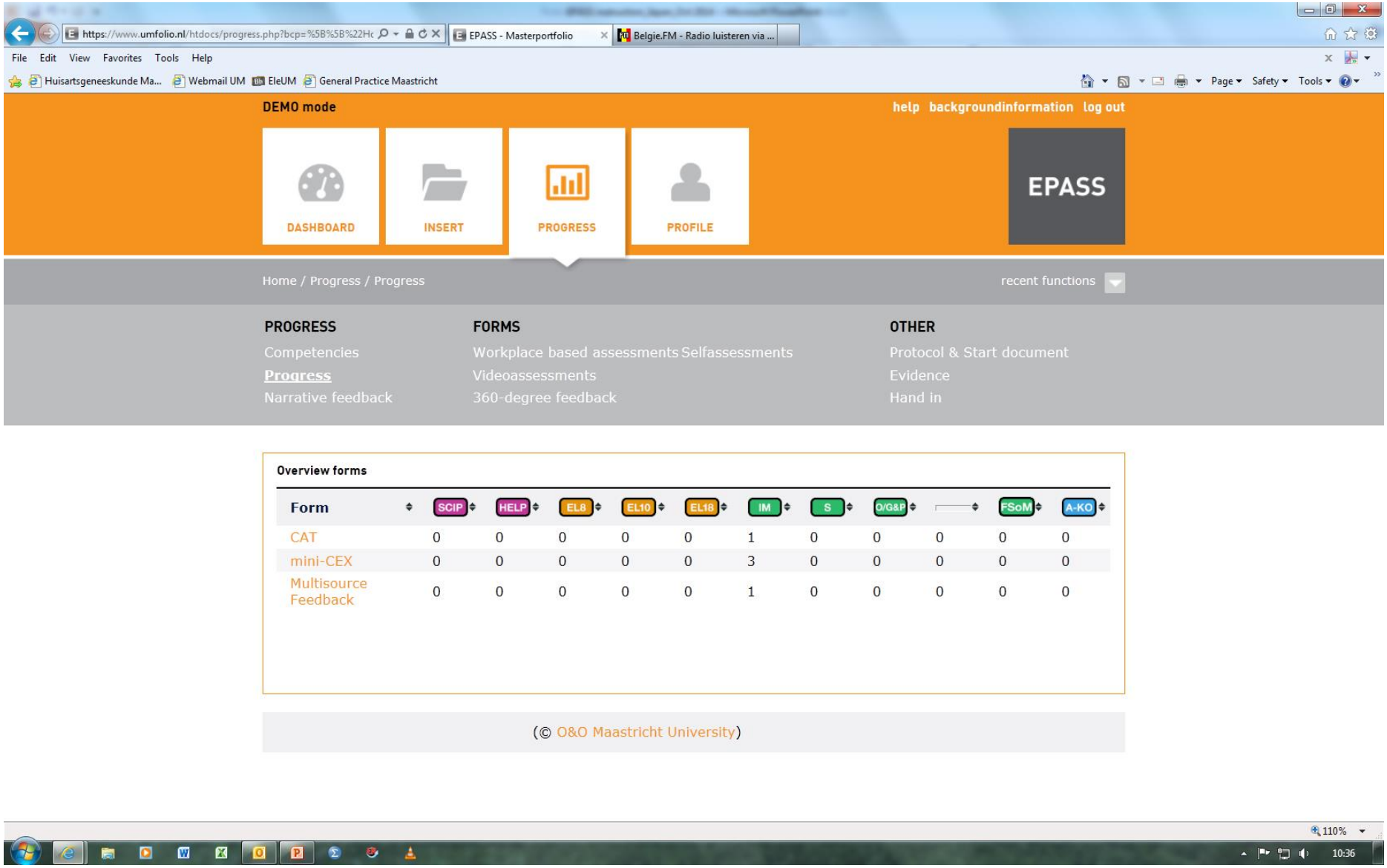
*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

a Wednesday evening

Location: Emergency Department Hospital
Resident: dr. Marijke van Aken
Clinical teacher: dr. Hein Brackel
Patient: Jip

	Assessor 1
Medical expert	4
Communicator	3
Professional	2
Judgement	3

PORTFOLIO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DEMO mode
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PROFILE
EPASS
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recent functions
PROGRESS
Competencies
Progress
Narrative feedback
FORMS
Workplace based assessments Selfassessments
Videoassessments
360-degree feedback
OTHER
Protocol & Start document
Evidence
Hand in
Overview forms
Form
SCIP HELP EL8 EL10 EL18 IM S O/G&P FSoM A-KO
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mini-CEX 0 0 0 0 0 3 0 0 0 0 0
Multisource Feedback 0 0 0 0 0 1 0 0 0 0 0
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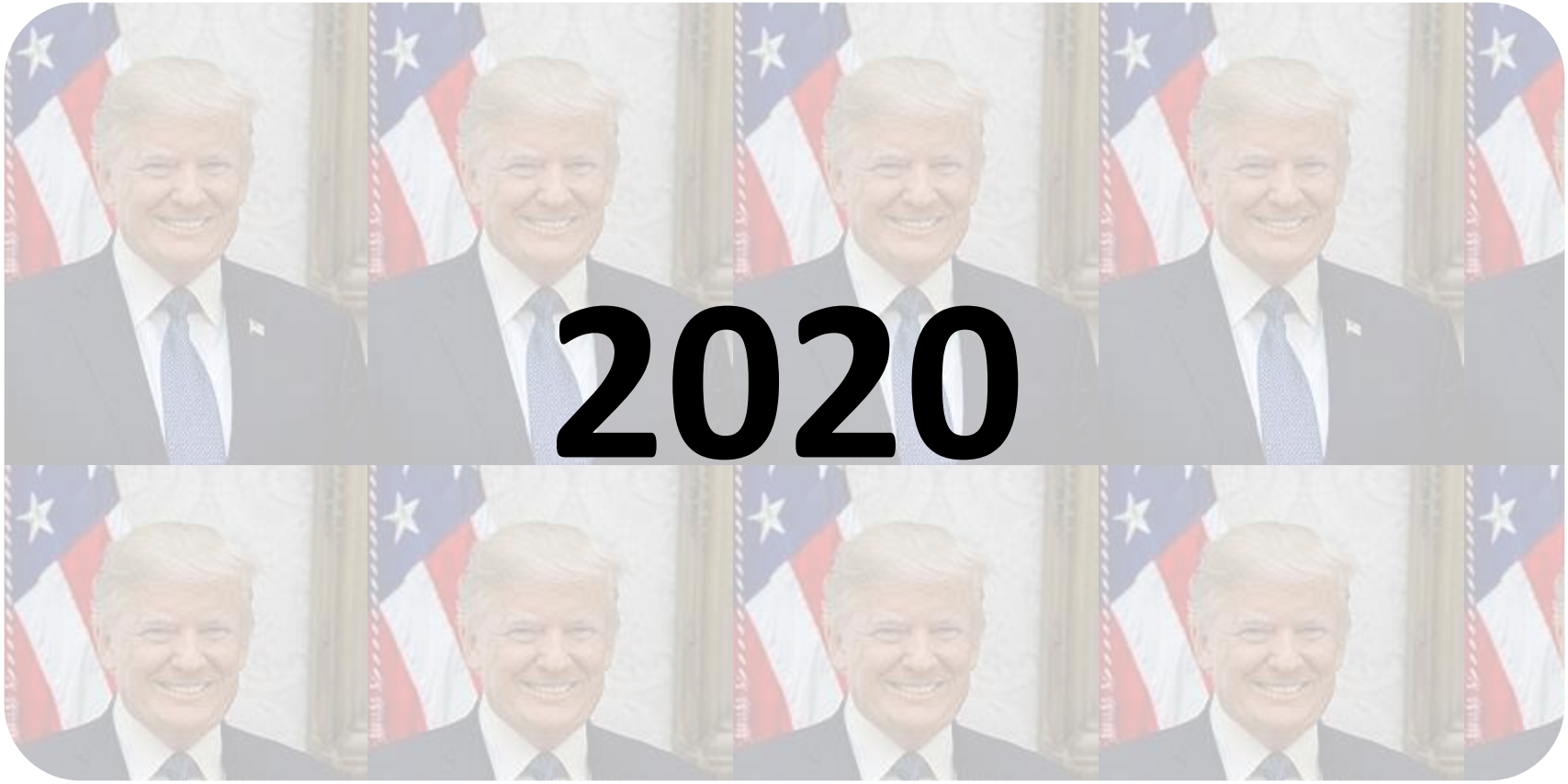
2020

What is wrong with assessment in postgraduate training? Lessons from clinical practice and educational research

ERIK DRIESSEN[1] & FEDDE SCHEELE[2]

[1]Maastricht University, The Netherlands, [2]St Lucas Andreas Hosp, The Netherlands

Abstract

Workplace-based assessment is more commonly given a lukewarm than a warm welcome by its prospective users. In this article, we summarise the workplace-based assessment literature as well as our own experiences with workplace-based assessment to derive lessons that can facilitate acceptance of workplace-based assessment in postgraduate specialty training. We propose to shift the emphasis in workplace-based assessment from assessment of trainee performance to the learning of trainees. Workplace-based assessment should focus on supporting supervisors in taking entrustment decisions by complementing their "gut feeling" with information from assessments and focus less on assessment and testability. One of the most stubborn problems with workplace-based assessment is the absence of observation of trainees and the lack of feedback based on observations. Non-standardised observations are used to organise feedback. To make these assessments meaningful for learning, it is essential that they are not perceived as summative by their users, that they provide narrative feedback for the learner and that there is a form of facilitation that helps to integrate the feedback in trainees' self-assessments.

Forename

GMC Number:

GMC NUMBER MUST BE COMPLETED

QUANTITATIVE APPROACH

Clinical setting: A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surgery ☐

Clinical problem category: Airway/Breathing ☐ Circulation ☐ Gastro ☐ Neuro ☐ Pain ☐ Behav ☐ Other

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5. Professionalism	☐	☐	☐	☐	☐	☐	☐
6. Organisation/Efficiency	☐	☐	☐	☐	☐	☐	☐
7. Overall clinical care	☐	☐	☐	☐	☐	☐	☐

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

	Pilot 1	Pilot 2	Pilot 3
Take off	75%	95%	70%
Communication with passengers	85%	45%	70%
Teamwork	90%	45%	70%
Landing	30%	95%	70%
Average	70%	70%	70%

Chris Harrison, AMEE 2016

"The Most Crushing Thing": Understanding Resident Assessment Burden in a Competency-Based Curriculum

Mary C. Ott, PhD
Rachael Pack, PhD
Sayra Cristancho, PhD
Melissa Chin, MD, MHS, FRCPC
Julie Ann Van Koughnett, MD, MEd, FRCSC
Michael Ott, MD, MHPE, FRCSC

ABSTRACT

Background Competency-based medical education (CBME) was expected to increase the workload of assessment for graduate training programs to support the development of competence. Learning conditions were anticipated to improve through the provision of tailored learning experiences and more frequent, low-stakes assessments. Canada has adopted an approach to CBME called Competence by Design (CBD). However, in the process of implementation, learner anxiety and assessment burden have increased unexpectedly. To mitigate this unintended consequence, we need a stronger understanding of how resident assessment burdens emerge and function.

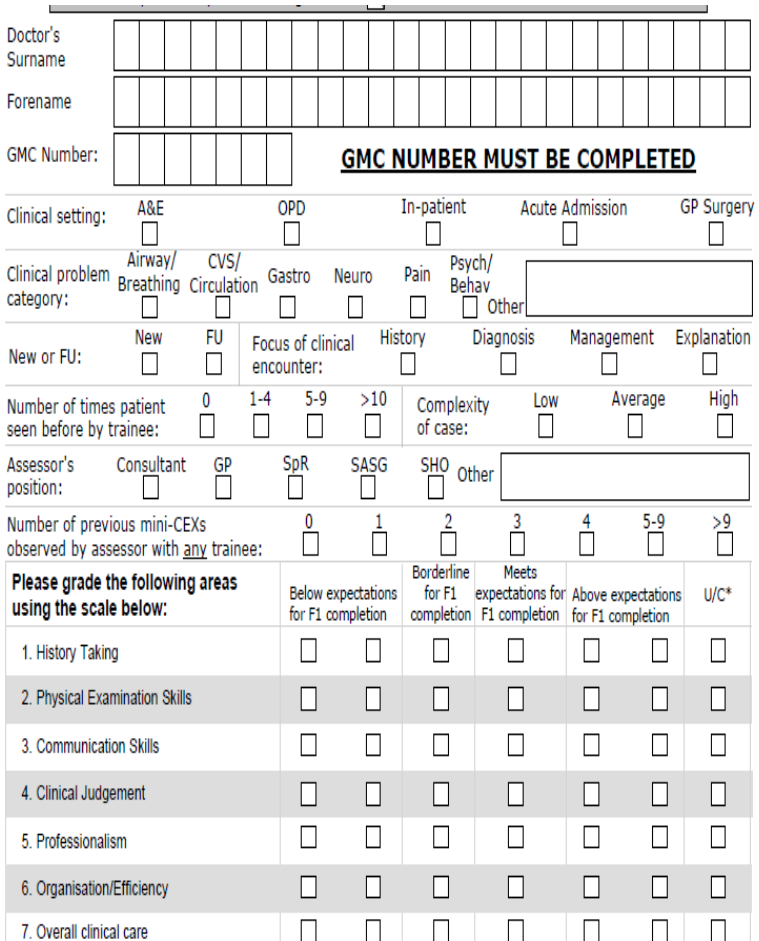
Objective This study investigates contextual factors leading to assessment burden on residents within the framework of CBD.

Methods Residents were interviewed about their experiences of assessment using constructivist grounded theory. Participants (n=21) were a purposive sample from operative and perioperative training programs, recruited from 6 Canadian medical schools between 2019 and 2020. Self-determination theory was used as a sensitizing concept to categorize findings on types of assessment burden.

Results Nine assessment burdens were identified and organized by threats to psychological needs for autonomy, relatedness, and competence. Burdens included: missed opportunities for self-regulated learning, lack of situational control, comparative assessment, lack of trust, constraints on time and resources, disconnects between teachers and learners, lack of clarity, unrealistic expectations, and limitations of assessment forms for providing meaningful feedback.

Quantitative approach

- Scores
- Limited attention to learning
- Assessment burden



Doctor's Surname

Forename

GMC Number:

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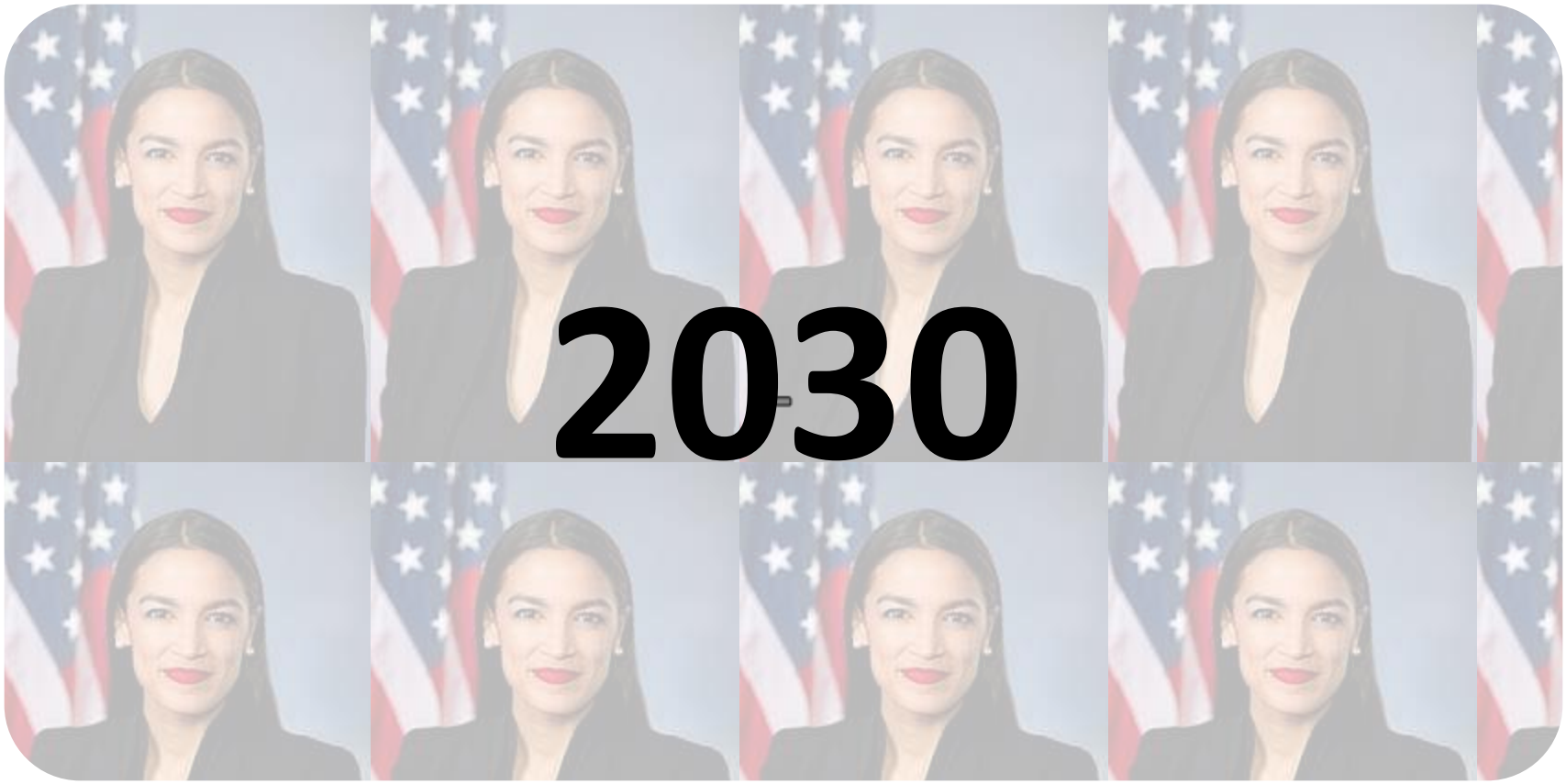
7. Overall clinical care	☐	☐	☐	☐	☐	☐	☐

APPRENTICESHIP

CBME

WBA

Quantitative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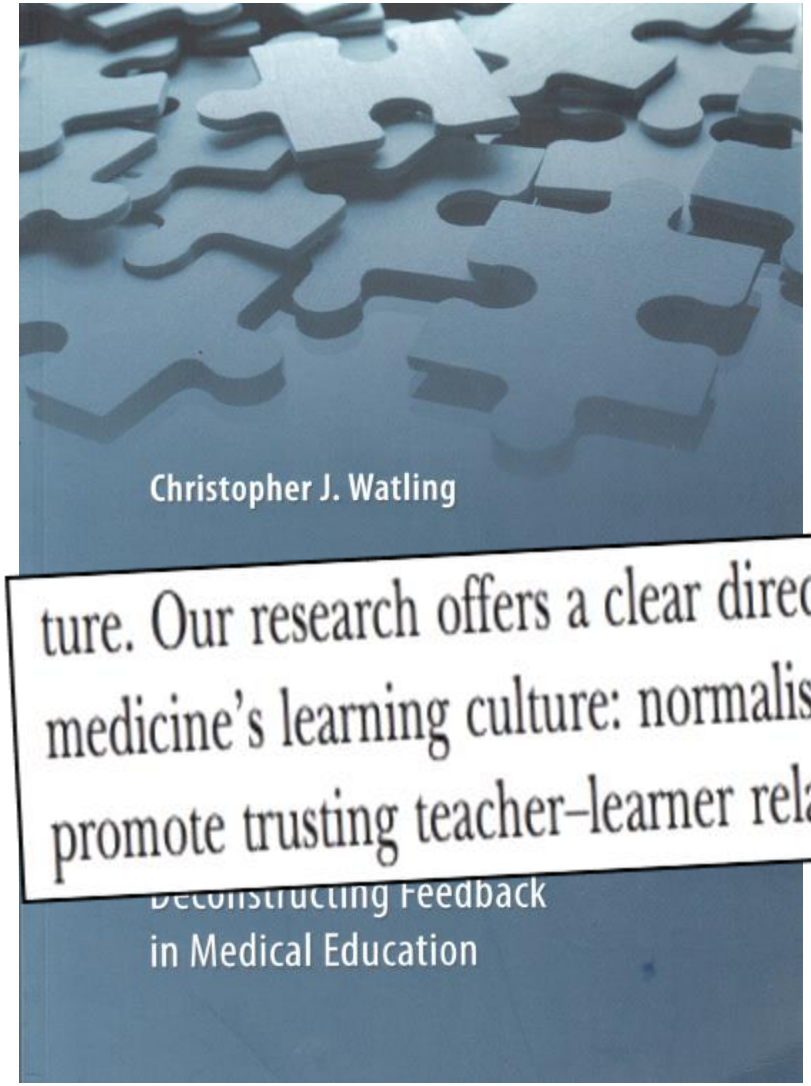
How can we make workplace-based assessment work?



ture. Our research offers a clear direction for medicine's learning culture: normalise feedback; promote trusting teacher–learner relationships;

Mini Clinical Evaluation Exercise

	Assessor 1
Medical expert	Capable to perform history taking under stressful conditions. Good knowledge.
Communicator	Friendly and open communication
Professional	Didn’t address worried mother. Next time address emotions parents before starting physical examination.
Judgement	Sufficient

When Assessment Data Are Words: Validity Evidence for Qualitative Educational Assessments

David A. Cook, MD, MHPE, Ayelet Kuper, MD, DPhil, Rose Hatala, MD, MSc, and Shiphra Ginsburg, MD, MEd

Abstract

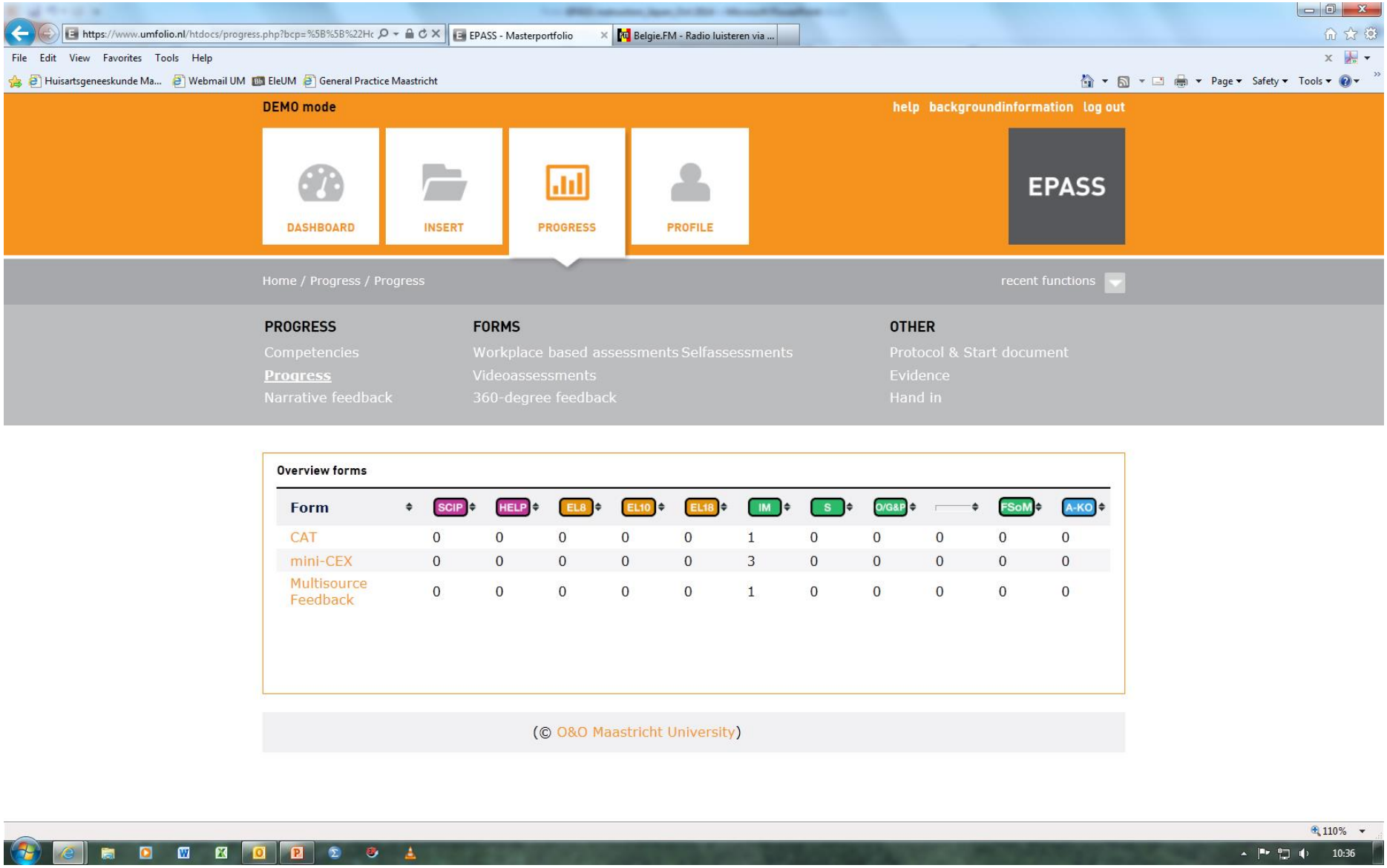
Quantitative scores fail to capture all important features of learner performance. This awareness has led to increased use of qualitative data when assessing health professionals. Yet the use of qualitative assessments is hampered by incomplete understanding of their role in forming judgments, and lack of consensus in how to appraise the rigor of judgments therein derived. The authors articulate the role of qualitative assessment as part of a comprehensive program of assessment, and translate the concept of *validity* to apply to judgments arising from qualitative assessments. They first identify standards for rigor in qualitative research, and then use two contemporary assessment validity frameworks to reorganize these standards for application to qualitative assessment.

Standards for rigor in qualitative research include responsiveness, reflexivity, purposive sampling, thick description, triangulation, transparency, and transferability. These standards can be reframed using Messick's five sources of validity evidence (content, response process, internal structure, relationships with other variables, and consequences) and Kane's four inferences in validation (scoring, generalization, extrapolation, and implications). Evidence can be collected and evaluated for each evidence source or inference. The authors illustrate this approach using published research on learning portfolios.

The authors advocate a "methods-neutral" approach to assessment, in which a clearly stated purpose determines the nature of and approach to data collection and analysis. Increased use of qualitative assessments will necessitate more rigorous judgments of the defensibility (validity) of inferences and decisions. Evidence should be strategically sought to inform a coherent validity argument.

Quantitative approach	Qualitative approach
• Scores • Limited attention to learning • Assessment burden	• Narratives • Professional judgement • Support learning

PORTFOLIO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FORMS
Workplace based assessments Selfassessments
Videoassessments
360-degree feedback
OTHER
Protocol & Start document
Evidence
Hand in
Overview forms
Form
SCIP HELP EL8 EL10 EL18 IM S O/G&P FSoM A-KO
CAT 0 0 0 0 0 1 0 0 0 0 0
mini-CEX 0 0 0 0 0 3 0 0 0 0 0
Multisource Feedback 0 0 0 0 0 1 0 0 0 0 0
(© O&O Maastricht University)
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RESEARCH Open Access

Exploring the impact of artificial intelligence on teaching and learning in higher education

Stefan A. D. Popenici[1*] and Sharon Kerr[2]

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Full list of author information is available at the end of the article

Abstract

This paper explores the phenomena of the emergence of the use of artificial intelligence in teaching and learning in higher education. It investigates educational implications of emerging technologies on the way students learn and how institutions teach and evolve. Recent technological advancements and the increasing speed of adopting new technologies in higher education are explored in order to predict the future nature of higher education in a world where artificial intelligence is part of the fabric of our universities. We pinpoint some challenges for institutions of higher education and student learning in the adoption of these technologies for teaching, learning, student support, and administration and explore further directions for research.

Keywords: Higher education, Artificial intelligence, Teacherbots, Augmentation, Machine learning, Teaching, Graduate attributes

Introduction

The future of higher education is intrinsically linked with developments on new technologies and computing capacities of the new intelligent machines. In this field, advances in artificial intelligence open to new possibilities and challenges for teaching and learning in higher education, with the potential to fundamentally

How can we make workplace-based assessment work?

1 Narrative information and scores

2 Professional judgement

3 Feedback conversations

4 Assess what is essential

5 Use AI for data management (aggregation, personalised feedback)

Apprenticeship

CBME

WBA

Quantitative

WBA

Qualitative

Making workplace-based assessment work

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