



## **Workplace Based Assessment** **Frequently Asked Questions (FAQ)**

### **Frequently Asked Questions for Trainers:**

#### **1. What can be done if the trainees always ask a particular trainer to do WBA because that trainer always give good comments, and vice versa?**

- WBA is a formative assessment, it is the assessment for learning.
- There is no mark or grade, pass or fail.
- The goals of WBA are to assess competency and provide constructive feedback to improve performance and encourage further learning.
- It is not recommended for trainees to do the WBA just because they want to get good comments. The reflective learning can prepare the trainees to develop into competent fellows, both from their good performance and at adversity. Trainees may lose learning opportunities and benefits of WBA if they only want good comments but cannot accept the less favourable but yet honest feedback from the trainers.
- The trainers can encourage trainees to invite different trainers to conduct WBA for them so they can learn from various trainers.

#### **2. Can the trainer ask the trainee to repeat a certain WBA because the trainee does not perform well in that WBA?**

- Trainers can always suggest trainees to repeat WBA because there are no maximum number for WBA. Trainees should initiate to have WBA for assessment of whether they have met the learning outcomes or not. The more WBA a trainee performs, the more opportunities s/he can demonstrate the competence, knowledge and skill.
- If a trainee did not perform well in a WBA, the trainer can suggest the trainee to repeat that particular WBA for him/her to demonstrate competence.

#### **3. What can be done if the trainee brings a case for discussion which is not appropriate to his/her level of training? E.g. a simple case for a 5<sup>th</sup> year trainee.**

- It is important to demonstrate trainee's competence in a WBA according to his /her training year. The trainee's real capacity cannot be reflected in an unmatched case. The trainer should let him/her know that this particular WBA will only fulfill basic requirement, but not the learning outcome of higher training.
- The trainer should suggest the trainee to prepare another case that is appropriate for the level of training. It will be good if the trainee and trainer can agree on the focus/foci of the WBA, what competencies are expected for the trainee to demonstrate, before starting the process of WBA.

#### **4. Would my identity be revealed during and after the WBA? E.g. MSF**

- WBA is an integral part of the learning experience which will be recorded in a trainee's e-Portfolio. Trainees can access to his/own e-Portfolio, while trainers can also refer to previously done WBA and ITA in the same

platform.

- For DOPS/CEX/CBD/ALMAT, the identity of the assessor will be documented in the record of WBA, and be accessible by the trainee, assessor, SOT, and College administrative staff.
- For MSF, the trainee will invite colleagues to give feedback.
- The College administrative staff will receive all the responses and a collective result will be sent to the SOT. However, the trainee will only know the summary of the comments, but s/he will not know which colleague gives what comments.

#### **5. How to standardize the quality of the conduct of WBA?**

- The WBA cannot be strictly standardized as if in an examination, since the WBA are conducted in workplace and on different patients.
- The aim of WBA is to provide opportunities for trainees to get feedback from their trainers about the progress of their training. The assessment can be regarded as process of active learning and as long as trainees could learn during this assessment, the aim of the WBA is fulfilled.

#### **6. Can I choose the case for a particular trainee for his WBA?**

- Sure. You can recommend any case if you believe that the trainee should reasonably be expected to manage fairly competently and is related to the clinical fundamental or specialty module learning outcomes appropriate to his/her level of training.
- At the same time, the trainer is suggested to get the agreement from the trainee as well.

#### **7. What to do if I am not the expert of a particular specialty module?**

- We believe WBA is not only learning opportunity for trainees, it is also opportunity of active learning for trainers. As long as you are comfortable, you can still perform the WBA even you are not expert in that specialty.
- However, in case if you think that you are totally blank about that particular topic, you can refer your trainees to appropriate colleagues in your department to conduct the WBA.

#### **8. When should I step in when a trainee performs badly during a CEX or DOPS?**

- Patient safety is our all-time paramount consideration. Gently stop your trainee if you believe your trainee is performing inappropriately so that it risks the safety of the patient.
- Afterwards, it is essential to let the trainee know why you need to step in. Besides, remind the trainee that while WBA is not a pass-fail assessment, the most important thing is what they have learnt during the assessment.

#### **9. What to do if trainee doesn't agree with the feedback?**

- The WBA is a formative assessment process, where constructive feedback is emphasized and it does not carry a "pass" or "fail" consequence.
- Based on mutual understanding and respect, the trainee can disagree with the trainer's opinion. It is encouraged that both parties clearly document on the electronic platform the differences in viewpoints, supported by appropriate evidence.

## **10. Is there any time limit for giving feedback?**

- Generally, there is no definite deadline for giving feedback, but it is encouraged to do it as soon as possible, ideally just after finishing a case, when the memories are still fresh and best results can be obtained from the feedback.
- For the sake of administration, it may be advised the feedback is filled into the electronic portfolio system before the trainee has ITA assessment for that module/rotation.

## **Frequently Asked Questions for Trainees**

### **1. Who can conduct WBA?**

- Every specialist in HKCA is an inherent trainer, and are eligible to conduct WBA with trainees. HKCA will conduct regular train-the-trainer workshops to and enhance skills on WBA; Fellows are encouraged to attend.

### **2. What are the consequences of failure in a WBA?**

- WBA is a formative assessment (assessment for learning), there is no grade or mark, no pass or fail. While the goal of workplace-based assessment is to aid trainee learning, they also serve to authentically record development and inform the regular review of trainee progression.
- Individual suboptimal WBA would not lead to deadly consequences. Trainees should reflect and learn from the process of WBA with the aim to improve and achieve the learning outcomes with time. Trainee can consider repeat WBA on the same learning outcomes if it is deemed helpful in achieving the goal.
- On the other hand, during the ITA process, SOT will review the overall progress of a trainee, consistent poor performance in WBA may call for further remedial activities stipulated in the curriculum.

### **3. When shall I call for a CEX? And what should I prepare?**

- The CEX tool looks at the trainee's competence in managing patients in clinical workplace. Either the trainee or a supervising anaesthetist can initiate a CEX.
- Appropriate cases would be one that the trainee should reasonably be expected to manage fairly independently and be working towards independent practice.
- Cases can be selected from any of the clinical fundamental or specialty module learning outcomes that have been mapped to a CEX in the 'Assessment' column relevant to their current training.
- The trainee should ask the supervising anaesthetist in advance to perform a CEX and agree on the scope of assessment. Trainee is in the "driver's seat" and that the assessor will only intervene for reasons of safety or efficiency. The trainee should be encouraged to articulate their relevant thoughts as much as possible such as the issues identified from the assessment of the patient, their perioperative plan and rationale, potential hazards that they envisage and corresponding management.

### **4. When shall I call for a CBD? And what should I prepare?**

- Case-Based Discussion is an assessment of a discussion based on the anaesthetic record of a case that the trainee has done fairly independently.
- Trainees may select from any of the clinical fundamental or specialty module learning outcomes that have been mapped to a CBD in the 'Assessment' column relevant to their current training.

- The cases selected for discussion should be ones in which the trainee has had a significant role in clinical decision making and patient management. A 'virtual' CBD can also be undertaken. Requesting assessments retrospectively is acceptable, and the assessor can be the supervising anaesthetist or other suitable trainers.
- When undertaking a CBD, the trainee should bring the case notes and/or anaesthetic record of a case that they wish to discuss. Patient Identifying information on the copies of the medical/anaesthetic records should be protected for privacy reasons.
- Trainee should be prepared to discuss the conduct and management of the case, explain their choices with pros and cons, suggest alternatives if appropriate etc.

#### **5. When shall I call for a DOPS? And what should I prepare?**

- A trainee can call for a DOPS after s/he has performed the procedure several times (depending on the learning curve of the trainee), and has acquired the basic technique and understanding of the procedure.
- The trainee should understand the relevant anatomy, the indications for performing the procedure, the risks and benefits associated with the procedure, the consent process, and infection control issues, etc.
- The trainee should be reasonably prepared for the whole procedure, including the set up before the procedure, the necessary equipment and consumables needed, the technical skills, the type and dosage of drug(s) to be used, the management of complications if arose and the documentation in patient's notes.

#### **6. What should I do if I fail to perform during DOPS? E.g. Epidural analgesia**

- One of the purposes of having WBA is to assess clinical competency of the trainees. At the same time, WBA is also invaluable as it provides an opportunity for professional dialogue between the trainer and the trainee.
- The most important element of WBA is constructive feedback by the trainer and reflection by the trainee. It is hoped that WBA can encourage learning and help trainees to improve.
- Even a trainee cannot perform the procedure successfully during the DOPS, the trainer can still give feedback and advice on the performance and suggestions on how to improve next time.
- However, the trainee will be strongly advised to repeat the DOPS since after all, the trainee has to show that s/he is competent in performing the procedure.

#### **7. Can I have more WBA than what are required in the curriculum?**

- Yes, you can. The number of WBA stated in the curriculum is only the minimum requirement.
- WBA is most valuable if it is done at multiple time points, by multiple assessors and the use of multiple assessment tools, so that it can increase its validity and show the competency of the trainee and the improvement over time.
- Trainees are encouraged to request for more WBA so that they can benefit more from the preparation, practice, and self-reflection generated from WBA and receive more feedback from the trainer.

#### **8. Can I have DOPS, CEX and CBD in one particular case?**

- Yes, a trainee can have DOPS, CEX and CBD in the same case.
- DOPS and CEX are done during a case in the workplace. For example, in a thoracic case, the DOPS can be on the technical skills of the insertion of a double lumen tube, while the CEX can be on the management of the thoracic patient and the knowledge of the topic. These can be done in the same occasion.

- There should be prior agreement and mutual understanding between the trainer and the trainee on the competencies to be assessed before the start of WBA.
- CBD is done retrospectively. The trainee will choose a case s/he has done recently and bring along the case notes and anaesthetic record to discuss with the trainer. The foci of CBD are mainly on the clinical management of the patient and the related clinical issues. The performance of a particular procedure will not be assessed during CBD.
- CEX and CBD both are on the clinical management of the patients. CEX are mainly on the actual conduct of anaesthesia, including the preparation of the case, the anaesthetic management, communication and teamwork, etc. CBD is the retrospective discussion of the case management, and the related knowledge of the topic, etc. There may be some overlaps in the discussion by both assessment tools if the same case is chosen of CBD and CEX. Trainees are suggested to choose different cases for discussion in CEX and CBD. If the trainee really wants to have the same case for CEX and CBD, the trainer should avoid repeating the issues discussed during CEX previously. The topics to be discussed in CBD may include the post-op pain management, any rare complications and crisis management, etc.

**9. How many learning outcomes/competence allowed/recommended in each single episode?**

- Officially, we do not have a maximum number of WBA allowed in each single episode. E.g. in a complicated thoracic case, the patient may need to have insertions of A line, central line, epidural catheter and double-lumen tube; these procedures can be assessed in DOPS, while the case management can be assessed in CEX.
- However due to the limitation of time and other constraints in clinical environment, as well as to ensure the quality of WBA, the trainer and trainee should limit the number of WBA to a reasonably manageable number in each single episode, say not more than 3.

**10. How many “modules” of CEX/CBD can be claimed for each single case?**

- Since the minimum requirement for CEX/CBD for each module (clinical fundamentals or specialty modules) is low, trainees can claim the CEX/CBD for one module only.
- E.g. a paediatric patient having an eye operation, the trainee can enter the CEX/CBD on either paediatric module or eye module, but not both.
- Trainees are encouraged to select different cases for WBA, with multiple assessors, at different stages of training to maximize the benefits of WBA.

**11. Must WBA be completed once it is initiated, even if there is serious condition change during a CEX/ DOPS?**

- Patient safety should be the number one priority.
- At any time during a CEX or DOPS, if the trainer senses the need to take over the case or procedure, the assessment should cease – and that marks the completion of the WBA.
- Despite the cessation of the WBA at a time earlier than expected, the trainer can still go on giving feedback to the trainee when the condition of the patient is stable. Constructive feedback given in such a way can still be of great learning value to the trainee.

**12. Shall I do running commentary for DOPS or CEX?**

- For DOPS, the trainee may give a running commentary but it is not mandatory. As long as the trainee can demonstrate clearly to the assessor the steps, skills and actions involved in the procedure that should be fine.
- For CEX, the same principle applies – it may not be possible and in fact a little bit awkward for a trainee to give a running commentary and manage a case at the same time.

**13. How to ensure fairness of the WBA since the assessors are assessing trainees of the same department?**

- In general, people look for fairness when the same standard needs to be applied to all.
- With WBA we are talking about assessment *for* learning, that is, identifying areas for improvement. There is no pass or fail, but just constructive feedback. In that sense there is no issue of whether the assessment is fair or unfair for an individual trainee.
- The College emphasizes on multiple assessments by multiple assessors at multiple times, so that the effects of fluctuating performance of the trainee and the individual emphasis by different assessors tend to even out.
- Finally, assessments done between trainers and trainees of the same department (that is at the same workplace) should be the most informative, as it not only shows the “knows” and “knows how”, but actually the “does” level of learning.

**14. What sort of governance is implemented to make sure the assessors are doing a fair and good job, rather than "signing off" some routine documents?**

- The College will organize regular Train-the-Trainer (TTT) workshops to help trainers understand the rationales of WBAs and the best ways to deliver constructive feedback.
- Overall, the College will need to trust, based on good faith, that our trainers are conducting WBAs with the best intention to help trainees to learn and get the most value out of them. The College understands that at the initial phase of implementation there may be queries and concerns about how best to conduct the WBAs. Feedbacks from trainers and trainees regarding this issue are always welcome.