**AN ASSESSOR’S GUIDE TO THE SLE AWC 2 ASSESSMENT**

**The Supervised Learning Event tool (previously known as Workplace Based Assessment) Assessment of Written Communication 2 (AWC 2 – Clinical Communication with another Healthcare Professional)** is an assessment that focuses on the quality of a trainee’s letters and has been developed from the SAIL assessment tool which in turn originated from a consensus framework which was found adequate for validity, feasibility, reliability and educational impact. There are two versions of the tool, one for assessment of an OH report (AWC 1) and one for a clinical communication with another healthcare professional (AWC 2). Each version focuses on clarity of communication, presentation of an appropriate clinical narrative and professionalism, with the addition of either appropriate advice to management (OH report) or occupational context (communication with another healthcare provider). The AWCs can be completed by supervisors or others who feel comfortable to act as assessors.

Supervised Learning Events are “*Formative*” events intended to:

* Promote feedback and self-reflection
* Help trainees to identify opportunities in the clinical environment to promote longitudinal progression towards learning goals
* Encourage trainees to reflect and actively seek feedback
* Help trainees to set action plans and agree learning goals when they have follow-up discussions with their Educational Supervisor

The AWCs and supporting forms have been revised so that they are more closely and easily linked to the Faculty training handbook and curriculum. This has been done using the Faculty competency assessment framework to identify which competencies can be assessed by means of AWC and, where appropriate, including these on the AWC assessment forms.

**General notes**

* The process is ‘trainee-led’ – i.e. the onus is on the trainee to organise each AWC 2 with an assessor, to ensure the paperwork is fully completed and to ensure the minimum target number are done in each year of training. It would be useful to encourage trainees to carry out these formative assessments throughout the training year in order to maximise their value.
* AWCs can be undertaken to evaluate progression towards achieving competency in a particular activity or to evidence attainment of one or more of the Faculty curriculum competencies. For this reason, the AWC assessment framework and standards for the activity being assessed are linked to the Faculty core curriculum competency framework.
* At least **two** AWC 2 assessments should be performed annually but trainees are encouraged to undertake more.
* The assessor will usually be the Educational or Clinical Supervisor, but another consultant**, an experienced OH nurse** or a fellow trainee who is more experienced can assist with AWC 2 assessments. AWC 2 assessments may even be self-completed. Sampling a number of different assessors can be advantageous and is encouraged, and all of the assessments should be included in the training portfolio. The assessor need not know the trainee or the case beforehand.

**The process for each AWC 2**

1. The trainee should identify two letters for patients on whom they have recently corresponded with another healthcare professional. The assessor will then select one for the AWC 2 assessment.
2. The trainee should note on the form one or more FOM Core Competencies from the Training Curriculum to be evaluated in the AWC 2, as well as identify the Learning Outcome(s) expected. Examples of learning outcomes include the following:
* Improve on a previously identified area for development
* Communication of a specific key question for the Healthcare Professional
* Detail of a specific challenge for the assessment to focus on.
1. The form requires that the year of training is recorded (i.e. the year of training is marked as 1,2,3 or 4). The trainee will know their year of training. It may be helpful and relevant when giving feedback to provide further detail on the form to emphasise the specific point in the trainee’s year (e.g. if they are a new trainee at the start of year one, or if they are at the end of year 4 and about to complete training).
2. The assessor should rate the trainee against the performance that could reasonably be expected of them **at their stage of training and level of experience**. If the trainee is rated below expected in any area it must be justified with at least one explanation / example in the comments box. If the trainee is rated above expected please also provide comment. Failure to do so will invalidate the assessment.
3. The primary purpose of an AWC 2 is to provide *constructive feedback*, i.e. it is an “Assessment for Learning” for the trainee. The trainee should be given feedback immediately after the assessment, including discussing any areas where further development is needed. The assessor should also utilise opportunities to provide positive feedback which reinforces the trainee’s progress and avoids the potential impact on confidence and performance that may occur when only negative feedback is given. Discussions should identify how any development needs could be addressed and can be included in an action plan. The AWC 2 should reinforce an educational culture where feedback for learning is the norm.
4. Both the assessor and the trainee should sign the form at the end of the assessment. After completing the form the trainee will keep a copy in their trainee’s logbook. They are also required to make a copy and give it to their Educational Supervisor. The assessor may wish to have a copy for their own records, for example, to help with self-reflection of teaching and feedback skills and/or to keep as evidence of teaching activity in their CPD record.

**The assessment forms**

The first section of the form captures the trainee’s personal information, the assessor’s details (including GMC number) and details of the activity or procedure that is being assessed.The complexity of the case for the trainee’s present level of training should be recorded. If the assessment can be linked to one or more of the Faculty curriculum core competencies, this should be recorded in the box provided along with the expected learning outcomes. The remainder of the first section comprises the rating scale for the areas of competence in which you will assess the trainee (see below).

The middle section of the form is intended to capture the feedback discussion that the assessor will have with the trainee. Space has been provided for comments from the assessor and the trainee’s reflection on both their performance and the feedback that is given. If an educational need is identified it can be recorded in this section.

The final section of the form is the rubric (standard of performance) for the assessment. This has been developed as guidance for the assessor to describe the expected performance in each area of competency.

**Descriptors of trainee performance**

As a guide, a description of expected performance has been given so that the assessor can rate the trainee’s performance into one of three broad categories:

* Below expected
* Expected
* Above expected

The performance should be judged against what is expected and a rating given. The assessor should use their professional judgement, as an experienced OM practitioner, to apply the rubric’s Descriptions of Expected Performance to the context of the specific communication being assessed, referring as necessary to guidance such as Good Occupational Medicine Practice and SEQOHS Standards. The assessor should familiarise themselves with the assessment framework before an AWC 2 is undertaken.

Cases assessed earlier in training may return judgements that are below expected. This requires clear justification and an action plan for learning and skill development. Likewise, scores of above expected would also require justification.

Progressive improvement of the trainee is expected if they have continuing informed feedback during their training, and as they progress through the spiral curriculum. The AWC 2 should be recognised as part of a series of formative assessments which will build up a portfolio of essential educational events along a learning trajectory, not as an end in itself in the way that a traditional formal examination may be seen.

The competencies being assessed are:

1. **Clinical narrative** *includes documenting consent for the communication, clear explanation of the purpose of the referral, clear concise summary of the clinical issues and inclusion of all relevant aspects of the case.*
2. **Occupational context** *includes identification of the worker’s health issues in a work context, accurate description of the impact on work capability, inclusion of the manager’s concerns and support provided by the employer and inclusion of relevant workplace policies*
3. **Content and clarity** *includes clear logical and understandable communication, making an appropriate clinical request, including suitable and sufficient information for the recipient and disclosure of confidential information only with explicit consent.*
4. **Professionalism** *includes professional, courteous and respectful attitude, cultural legal and ethical awareness, compliance with Access to Medical Reports Act 1988, advice regarding relevant legislation, awareness of limits of professional competency.*

Within each of these areas, specific Faculty curriculum core competencies that relate to the case can be included. The Faculty curriculum core competencies have been separated into knowledge, skills and attitudes so that they can be assessed. The assessment framework describes how each element is assessed and the trainee can use the AWC 2 forms to document their performance and progress through their training programme.

**How does this feed back into learning and annual assessment?**

The purpose of this tool is mainly educational – to enable feedback that supports and promotes development of high standards of clinical practice.

The AWCs undertaken in each training year will be collated by the Educational Supervisor who will summarise them on an annual report form. This will be evaluated by the ARCP panel (to chart progress, areas of strength and development needs, and to plan educational objectives).