**AN ASSESSOR’S GUIDE TO THE SLE-CBD ASSESSMENT**

**The Supervised Learning Event tools (previously known as Workplace Based Assessments) Case-based Discussion (CBD)** formalises the process in which trainees present and discuss their cases with more experienced colleagues. It ensures there is a systematic assessment of performance and that structured feedback is given. The whole session should take no longer than 20-30 minutes, including feedback and completion of the assessment form.

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 assessment 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 CBD and, where appropriate, including these on the CBD assessment form.

**General notes**

* The process is ‘trainee-led’ – i.e. the onus is on the trainee to organise each CBD with an assessor, to ensure the paperwork is fully completed and to ensure the minimum target number of CBDs 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.
* The Educational Supervisor should help the trainee to select a range of relevant cases for CBD across the breadth of the training syllabus and suitable to their training needs.
* CBDs 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 CBD assessment framework and standards for the activity being assessed are linked to the Faculty core curriculum competency framework.
* At least **eight** CBD 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 CBD assessments. Sampling a number of different assessors and a broad range of cases can be advantageous, and all of these assessments should be included in the training portfolio. The assessor need not know the trainee or the case beforehand.

**The process for each CBD**

1. The trainee will present you with two case records from patients they have recently seen and in whose notes they have made an entry. Choose one of these for the CBD session.
2. The trainee should note on the form one or more FOM Core Competencies from the Training Curriculum to be evaluated in the case based discussion, as well as identify the Learning Outcome(s) expected. Examples of learning outcomes include the following:
* Improve on a previously identified area for development
* Managing a challenging patient
* Appropriate management of a new experience
* Detail of a specific challenge for the assessment to focus on.
1. Discussion should start from and be centred on the trainee’s record in the notes, and explore a variety of aspects such as: clinical and risk assessment, management and advice, decision-making, awareness of professional, ethical and legal boundaries, record keeping, and opportunities for team working, leadership and prevention (details and descriptors of expected performance are given below).
2. 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 and should inform the assessor of this. 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 I they are at the end of year 4 and about to complete training).Please score the trainee on a 9-point scale from 1 (extremely poor) to 9 (extremely good). A score of 1-3 is below expected, 4-6 satisfactory and 7-9 would be considered above that expected, for a trainee at the same stage of training and level of experience.
3. 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 are 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.
4. The assessor must give feedback to the trainee immediately after the assessment and especially where deficiencies have been identified. 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 CBD should reinforce an educational culture where feedback for learning is the norm.
5. Both trainee and assessor should sign the form at the end of the assessment.
6. After completing the form, please give a copy to trainee for their logbook. A photocopy of the form should go to the educational supervisor (or be retained by you if you are acting also in this capacity).

**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 case 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 case being discussed, referring as necessary to guidance such as Good Occupational Medicine Practice and SEQOHS Standards. The assessor should familiarise themselves with the assessment framework before a CBD 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 CBD 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 record keeping** *records concisely, accurately, confidentially and legibly all medical records*
2. **Occupational assessment** *includes risk assessment and clinical reasoning*
3. **Occupational case management** *includes advice and recommendations, investigations and clinical liaison and preventive opportunism*
4. **Professionalism** *including team working, legal and ethical behaviour*
5. **Organisation and efficiency** *includes time management and effective problem-solving*

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 CBD 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 CBDs 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).