DOPS/SLE Pilot: Frequently Asked Questions

Updated: January 2014

The Faculty of Occupational Medicine's Workplace-based Assessments Advisory Group (WBAAG) has re-designed the existing DOPS tools and re-named them into Supervised Learning Events (SLEs). The revised tools have gone through the Faculty approval procedures and are now ready for piloting by trainees and trainers.

The stages of the pilot will be threefold:

i. a Comprehension Trial in one setting using a focus group of trainers and trainees;
ii. an inter-rater reliability assessment where a range of assessors will be required to evaluate a single performance using one of the tools;
iii. the launch of the new SLEs tools (in parallel to DOPS1) which will be followed by a survey to assess the acceptability, usability and utility of the tools.

Please see below a list of frequently asked questions. We hope these will help answer some of the questions you may have on the new DOPS/SLE tools.

1. Why is the Faculty changing the DOPS tools?

The GMC has stated that level of expected performance should be made explicit and that performance should use multiple items of evidence, professional judgements and evidence of professionalism. The Workplace Based Assessment Forum held by the Academy of Medical Royal Colleges published their outcomes in 2010 and raised some of the concerns regarding the current use of WBAs; including whether the assessments are fit for purpose or do they need modification to ensure they are effective, consistent and make the most of the feedback and reflection (AoMRC, 2010).

The Faculty's WBAAG felt existing DOPS tools do not capture these requirements and so have developed the new DOPS forms - SLEs to ensure the they capture feedback in a method which is clearer and will help trainees and trainers to evaluate the learning process.

2. What are Supervised Learning Events?

The GMC report on WPBAs recommended removing the word "assessment", and emphasizing the formative nature of WPBAs. They emphasised the importance of formative feedback on progress of trainees delivered through supervised learning events (GMC, 2011). In line with these recommendations, the WBAAG have focused on developing the formative nature of the tools and decided to rename them to Supervised Learning Events so it is clear to both trainees and trainers that the nature of these activities are formative.

3. When do I use the new tools?

The new tools should be used in parallel to the current tools. The new tools should be kept as part of your learning record. At the end of the three month pilot period you will be contacted via Survey Monkey to ask about your experience of using the new tools compared to the current tools. Whilst we recommend using a minimum of 2 of the new tools per month during the pilot period, we would encourage you to use as many as possible.

4. Which new tools have been developed?
The Faculty's WBAAG has re-designed the following DOPS tools:

- udiometry
- Spirometry
- Communication Activity
- Biological Monitoring
- Workplace Assessment
- A generic SLE form

5. A section on competencies has been added to the form. What are the reasons for this change and how do I complete the competencies box?
Since inception, the intent of the WBA tools has been to indicate and measure the sub-set of knowledge, skills and attitudes that demonstrate mastery of an aspect of practice, but with the new tools this educational purpose is now more explicitly stated. The competency tables more clearly indicate the areas within the curriculum being assessed by the tool, and the areas being mapped by the tool within the overall system of assessment. This focus on competence is aligned with GMC guidance for workplace-based assessments[1].

Training competencies need to be evidenced in a robust way rather than simply being 'signed off' by the trainer. The new carefully considered forms reflect this. They are slightly more complex and longer but consistent with modern medical training.

How do I complete the competency box? The rubrics with areas of competency and descriptors of expected performance are designed to make judgements easier and highlight important areas for reflection. They are not intended to be a complete and exhaustive list of competences relevant to the activity, or relevant in all circumstances.

6. The scoring system on the new tools has changed. What are the reasons for this change?
The GMC and the AoMRC both recommended that text based descriptors rather than numerical scoring should be used to move away from summative nature of tools (*Learning and assessment in the clinical environment: the way forward – November 2011 / Workplace-based assessment forum: Outcomes -October 2010*)[1].

7. A section on reflection has been added to the form. What are the reasons for this change and how do I complete the reflection box?
Reflection is a key requirement of good medical practice, as recommended by the GMC, and this requirement has been added to all the WBA forms to assist trainees in gathering evidence of their engagement in reflective practice. Additionally, all doctors are now required to show evidence of reflective practice during revalidation and the completed forms could therefore contribute to the evidence submitted for this purpose.

Thoughts entered in the reflection box follow on from the SLE and will be individual and personal to the trainee. Suggestions include thoughts on what went well or less well and what were the challenges in the SLE. Following on from this will be questions on what further information, including reading or clinical attachments, might help improve your

[1] Workplace Based Assessment: A guide for implementation; General Medical Council; April 2010

performance in the future. Additionally, what further SLEs can you organise, which may add to your experience and skills.

8. A rubric listing the 'areas of competency and descriptions of expected performance' has been added at the end of the DOPS/SLE tool. What are the reasons for this change and how do I complete the reflection box?

The GMC states that trainers must have a good understanding of the criteria against which judgements are being made. Making such judgement is made easier if agreed behavioural descriptors, transparent to both trainees and trainers, are available on which to anchor them.

Rubrics based on behavioural (expected performance) criteria linked to the FOM curriculum are used in the new WBA forms to assist with standardising assessment and removal of scoring in the forms.