THE ENTRUSTMENT SCALE

The implementation of CBD comes with a new evaluation scale, the “entrustment scale”:

| 1. I had to do | 2. I had to talk them through | 3. I needed to prompt | 4. I needed to be there just in case | 5. I didn’t need to be there |

Examples of each category:

1. Requires complete hands on guidance, did not do, or was not given the opportunity to do.
2. Able to perform tasks but requires constant or frequent direction.
3. Demonstrates some independence, but requires intermittent direction.
4. Independence but unaware of risks or nuances and still requires supervision for safe and effective practice.

UNDERSTANDING WORK BASED ASSESSMENT AND CBD

In Competence by Design (CBD), competency involves more than ‘know how’. It requires that trainees also ‘show how’ and demonstrate the ability to ‘do’ independently. While learning is often associated with teaching, there is also high value in using assessment as a learning tool.

Work based assessment (WBA) maintains this formative focus by having frontline clinical teachers observe and document authentic observations in the workplace on a regular basis. The results of individual assessments are shared with trainees in a way that guides learning improvement. When these individual work based assessments are aggregated over time, the data from multiple observations and multiple sources gives a clearer picture about a trainee’s performance and progress.

OBSERVATION STRATEGIES

- Orient the trainee to being observed
- Two approaches:
  - Watch it all
  - Watch bits and pieces (some aspect of history, repeat physical exam, provide the plan)
- Introduce concept to patient “I’m a fly on the wall”
- Define what you need to watch
- Make a schedule and observe

ONLINE LEARNING

Have an hour to get a more in-depth understanding of entrustment and work based assessments?

http://www.kaltura.com/index.php/extwidget/preview/partner_id/1688662/uiconf_id/22517242/entry_id/1_n8prqyfy/embed/auto