ROYAL COLLEGE
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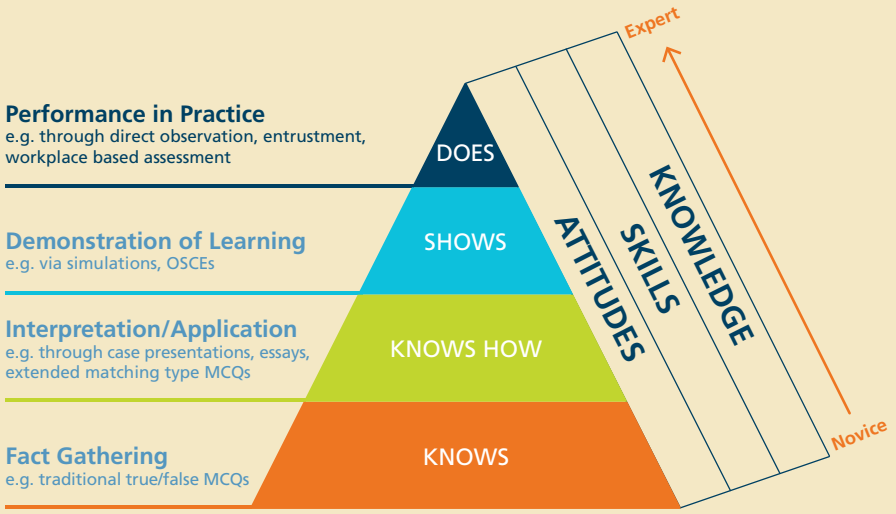
Understanding Work Based Assessment and CBD

In Competence by Design (CBD), competency involves more than 'know how', it requires that trainees also 'show how' and demonstrate 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.

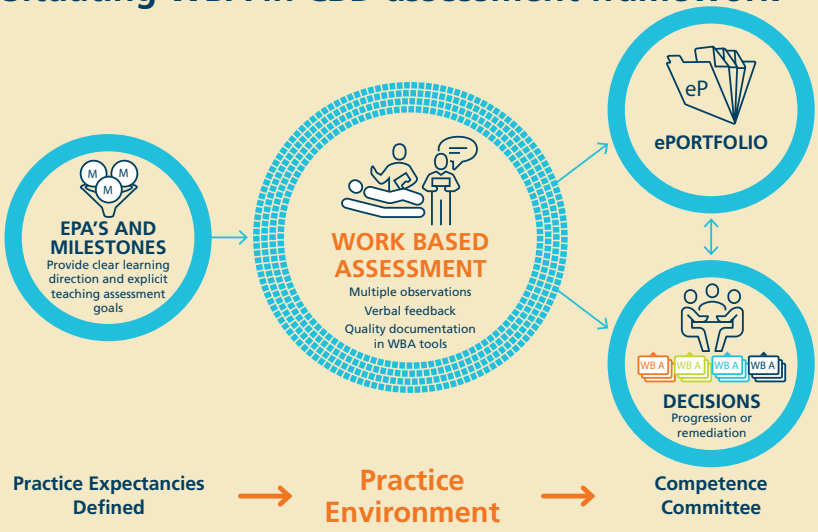
Assessing Ability Where it Matters



"Miller's Pyramid of Clinical Competence," by R. Mehay and R. Burns, 2009. In R. Mehay (Ed.), The Essential Handbook for GP Training and Education (chapter 29: Assessment and Competence, p414). Also available at: http://www.essentialgptrainingbook.com/chapter-29.php. Reproduced with kind permission of Dr. Ramesh Mehay.

Clinical Teaching and Assessment (Observe, Feedback, Document)

Situating WBA in CBD assessment framework



In CBD, frontline clinical teachers do not make overall competence judgements about learners. Instead the expectation is that they observe trainees in practice and provide written-verbal feedback designed to promote learner growth. Feedback is documented in various work based assessment (WBA) tools chosen by individual specialty committees and programs. Completing WBA tools involves clinical teachers rating learners practice performance using entrustability scales and detailed narrative descriptors.

What is an entrustability scale?

These scales use entrustment anchors to rate a trainee's ability to safely and independently perform practice activities indicative of EPA achievement. Entrustment anchors align well with expert observer performance judgements and are shown to be highly reliable compared to traditional WBA rating scale anchors. A modified version of the following entrustability scale is incorporated within several WBA tools endorsed by The Royal College.

O-SCORE Entrustability Scale

Level	Descriptor
1	**"I had to do"** i.e., requires complete hands on guidance, did not do, or was not given the opportunity to do
2	**"I had to talk them through"** i.e., able to perform tasks but requires constant direction
3	**"I had to prompt them from time to time"** i.e., demonstrates some independence, but requires intermittent direction
4	**"I needed to be in the room just in case"** i.e., independence but unaware of risks and still requires supervision for safe practice
5	**"I did not need to be there"** i.e., complete independence, understands risks and performs safely, practice ready

Gofton WT, Dudek NL, Wood TJ, Balaa F, Hamstra SJ. The Ottawa surgical competency operating room evaluation (O-SCORE): a tool to assess surgical competence. Acad Med. 2012;87(10);1401-7. http://journals.lww.com/academicmedicine/Fulltext/2012/10000/The_Ottawa_Surgical_Competency_Operating_Room.24.aspx Reproduced with permission of the authors.

WBA and learner promotion

One goal of work based assessment is to collect as much information as possible about a learner, from as many sources as possible. Over time this data is pooled together to create a comprehensive image of the learner's competence and help inform competence committee discussions about resident promotion. By shifting these broader promotion discussions to the competence committee, interactions between individual learners and observers can focus on coaching feedback designed to help improve learners' performance.

WBA tools in practice

In CBD, both trainees and observers initiate practice observations. These may be direct or indirect. Optimal performance feedback results from direct observation, however this is not always feasible given workflow demands or desire for increasing trainee independence. Regardless of the WBA tool used, or whether observations are direct or indirect, clinical teachers assessing trainee performance should remember:

- Narrative comments focused on behavior specifics are the ***most valuable information in any WBA tool***. Good comments provide trainees with detailed guidance for improvement and competence committees with rich context for the performance ratings.
- Isolated practice activities are linked to, but not inclusive determinants of EPA achievement (e.g. performing a knee exam is only one part of the osteoarthritis management EPA).
- WBA tools provide performance rating information and feedback specific to only that activity and context. As an observer, you are not deciding a trainee's overall competence moving forward.
- Trainee progression decisions are informed by multiple observations using an entrustability scale.