Workplace Based Assessment Program

Feedback from Assessors and Candidates

Dr Usha Parvathy
IMG Director
Centre for Medical Professional Development

Dr Amanda Wilson
Post Doctoral Fellow, School of Medicine and Public Health,
University of Newcastle

Mr Brooke Murphy
Educational Consultant

Ms Justine Smith
Communications Consultant

Professor Balakrishnan R (Kichu) Nair AM
Director – Centre for Medical Professional Development

Qualitative Project

Series of focus groups, one-on-one interviews, linear interviews, evaluation summaries and feedback meetings

- Candidates
- Assessors

Research methodology

Coded separately by two researchers and data analysis using N-vivo

Candidates

Positives

Communication

“There’s no doubt about our clinical skills and our medical knowledge. It’s just that what actually hinders us from becoming good practitioners is actually communication. I think the area of communication is very important.”

Candidates

Positives

Feedback

“When I look at my performance … the feedback from 20 specialists telling you one or two points each, they are very wise words. I received some excellent feedback and it really did affect my practice.”

“I have found the documentation feedback good because no-one tells you how to do the notes … I spoke with many registrars …who never had that type of attention so it is feedback that you normally don’t get.”

Candidates

Positives

360° Assessment

Positive Reinforcement

“360°s were a reassurance for me that I am liked by my colleagues … 12 people that say good things about me … definitely a confidence booster.”

Candidates

Positives

Time Management

“You have got the benefit of one week, you can plan your assignments and study. That is the best thing I have found.

Candidates

Positives

Networking

“You know a lot more people; you have a good relationship with consultants”

Supportive Team

“The team is doing a fabulous job.”

Candidates

Positives

Alternative to Clinical Exam

“I hate exams, I get anxiety and I get nervous and I say the wrong thing. I would not have got through the clinical exam.”

Candidates

Positives

Opportunity to improve

“It was 6 months of seeing patients which was better than just the clinical exam.”

Candidates

Negatives

Format of the Exam

"I failed one assessment Mini-CEX in Mental Health . . I focussed a lot of my study on history, how to take history from a mental health patient… I gave a very good history but then he asked me a few things about investigation and management which I didn't know. I told him this is a history taking and I showed him the form. He failed me from that point I think. That assessor needs more training to know what he is doing."

Candidates

Negatives

Assessor subjectivity: De-identifying candidates

"We didn't even have a real patient. My assessor couldn't find a patient they wanted to have. So he asked another patient to pretend . . ."

"I said this should be a level of an intern. He said 'Oh but you are a registrar'."

"A mental health specialist is telling a surgical IMG being examined at intern level that they were being failed at intern level because they were not answering like a mental health registrar."

Candidates

Negatives

Critical error and grading

“Even though you are 8, 8, 8 in everything else - if it’s a critical error then you are failed.”

“Assessors need to realise that 3 is failing and that eventually they have to know that. They can’t tell you you have passed because you have not passed.”

Candidates

Negatives

Organisational logistics

"I think the assessor needs to put more planning into the actual assessment, not just on the morning organise something."

"I waiting for almost a day as the assessor was waiting for the right patient for me – there needed to be a patient that could be assessed at intern level."

Candidates

Negatives

Orientation of assessors and candidates

“I was so stressed before and I think orientation was not enough. I don’t know how it can be managed better but I think it needs to be more detailed.”

“Providing more information in the actual session about Mini-CEX would be more useful.”

Candidates

Negatives

Time : Length of assessment

“The overall period six months or five months, is a bit too long?”

Candidates

Negatives

Equity

Level of difficulty

“I haven’t done O&G for 20 years … I’m in a completely unrelated field (but) they can ask you anything … that was a drawback.”

Cost Impact

“Paying an extra rent plus a mortgage in Sydney, it was difficult to afford. It is expensive in Australia.”

Candidates

Negatives

Regarded as an easy option

“I heard one clinician say 'You’ve taken the easy way out.’”

Not true workplace assessment

“WBA is when you are being assessed at a workplace. If I’m working in psychiatry, but do an O&G examination … that’s not Workplace Based Assessment.”

Assessors

Assessors

Positives

Developing expertise and workplace excellence

“It is a practical demonstration of the feasibility of delivering a comprehensive WBA program”

“Enhance our national and international reputation as a centre for educational excellence”

“The collateral effect it has had in developing expertise and the workforce instruments that can be used across other settings”

Assessors

Positives

Networking and teambuilding for both sides

"How appreciative candidates are … how much they feel part of the whole team. Now I know who they are and wave to them in the corridors, I can't remember their assessments."

OK to fail – multiple assessors and assessments

"We do fail people, lots of individuals."

Attracts more doctors to HNEHLD

"More trainees to JHH …WBA is playing a role in bringing them here over Sydney based hospitals"

Assessors

Negatives

Candidates try to influence outcomes

“A candidate pleading with me that they “HAD” to pass.”

Feedback

“One guy was at least 2 metres tall, felt more like 3 and he was glaring down at me.”

“From a female perspective... You are alone giving feedback to somebody who has just failed. Candidates need to know they can ask questions but can’t challenge you to change your mind. Make sure you’re in a safe place.”

Assessors

Negatives

Easy option

“If everyone passes, you have to wonder about the bar.”

Assessment Level

“I get CMOs, residents and registrars. Do we pitch it low for interns and higher for fellowship candidates?”

Frustrating - algorithm allows candidates to pass

“Somehow the algorithm worked and she passed. … I think my cat would do better, so no I’m not totally comfortable”

Assessors

Negatives

Patient cost

“Of course you get consent but if you are a psychiatric inpatient in a psychiatric unit you are not all that good at saying no.”

Time constraints / timetabling

“More time consuming than the 10 minutes the Mini-CEX takes. By the time you’ve got there, and they’ve got there and you’ve found the patient. It is quite resource intensive.”

Food for thought . . .

* Consider regular recalibration of all assessors

* Should assessors be observed to begin with?

“So many times I felt it would be a fairer assessment to have more than one person in the room.”