**Trainees’ and Trainers’ Guide to the Pilot Work-Based Assessment forms**

The RCOG is looking for your help. We want to pilot a new style of assessment form which we hope to incorporate into the next curriculum. We would like you to try the forms and give us your feedback.

**Why we are trying new forms**

We want to ensure that our assessment tools are suitable for implementation in the new curriculum. We want to focus on quality, evidence and reflective practice throughout all assessments; revising the current forms may better reflect this. To ensure that the revised format is validated we want to pilot our new assessments forms.

The new style of assessment is unashamedly different in that it places the trainee (‘learner’) at the centre of and in control of the learning experience. As you will see, the new forms are built around the idea that the trainee, not the trainer, owns the learning event. We hope this will make the exercise more helpful and meaningful.

We are piloting the following formative assessment tools:-

- a) Self-assessment forms in parallel with TO1s
- b) New style miniCEX
- c) New style CBDs

**A. n-miniCEX and n-CBD - new style mini CEXs and CBDs**

This is an entirely new system. Our reason for changing things revolves around two factors:-

- a) The current form is ‘owned’ and filled out by the trainer, who may forget important details, forget to do the form, or use phrases like ‘do more’ in the Agreed Action box which do not lend themselves to deep learning.
- b) The current form’s format doesn’t ‘fit’ some learning events and lacks a space for adequate case description and analysis.

The new form has six sections and is used as follows:-

**Stage 1:** the trainee fills in the first three boxes (description, trainee’s analysis, learning plan) and submits/forwards the form to the trainer

**Stage 2:** the trainer fills in the fourth and fifth boxes (trainer’s analysis, additional actions) and submits/forwards back to the trainee

**Stage 3:** the trainee writes a final reflection in the sixth box.

Below you will find the new form with guidance as to what to put in each box followed by worked examples:-
Describe the event/case

[Here the trainee can record a brief anonymised record of what happened to allow the learning event to be contextualised.]

Trainee’s analysis

[Here the trainee can record why this is a learning event. Questions you could ask yourself include: What did you know? What could you reasonably assume? What options did you consider? Finally, what did you identify as a learning need by experiencing this event?]

Trainee’s learning plan

[Here the trainee can record what you will do next to meet your learning need]

Trainer’s analysis

[Here the trainer records their thoughts about what the trainee has written together with feedback. Do you agree with what the trainee wrote?]

Additional actions (if applicable)

[This optional section allows the trainer to record further learning advice]

Trainee’s reflection

[Here the trainee can write a brief reflection having read the trainer feedback, thus closing the loop. The trainee does not have to agree with the trainer analysis but if they disagree should write down why.]
**Example 1: n-CBD, ST1 trainee**

**Describe the event/case:**

In Gynae outpatient clinic, I saw a 45 yr old woman complaining of menorrhagia. I took a detailed history and did a thorough examination which was unremarkable. She had an ultrasound scan which showed a 6cm fibroid.

**Trainees analysis:**

I was very surprised that I didn’t manage to palpate a 6cm fibroid and I was disappointed in myself as I was very sure that on bimanual there was no abnormality found. I felt I did a very detailed gynaecological history and I established a very good rapport with the patient despite being in a busy clinic.

**Trainee’s learning plan:**

Clinic ran late and I hope to take a more focused history next time by attending more clinics and keeping to time. I will read up the causes of menorrhagia using textbooks. I hope to have the opportunity to attend some gynaecology USS sessions and learn to review the images with the sonographers.

**Train’s analysis:**

You did a very detailed and summarised the case very well – the only thing is that it took up a lot of time (1 hour). You will find as you attend more clinics and see more Registrars or Consultants do their consultation, you will learn new ways to ensure that you get back on track with the consultation rather than drift onto a different topic. The reason you weren’t able to palpate the fibroid was because it was a submucosal fibroid.

**Additional action:**

I would advise you to read up about the different types of fibroids and the management of fibroids.

**Trainee Reflection:**

I didn’t know that you can’t always palpate submucosal fibroids.

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**Example 2: n-miniCEX, ST4 Trainee**

**Describe the event/case:**

During morning ward round with consultant on call, I was asked to review a 24 yr old primi at 36 weeks gestation booked under Midwife care with a 12hr history of reduced fetal movements. Midwife had difficulty auscultating and locating a fetal heart and therefore I was asked to review with bedside ultrasound. After taking a brief history, under the supervision of the consultant, I proceeded to do a bedside ultrasound scan and was unable to find fetal heart activity. I made sure my orientation was correct and I was on the right plane, I was still unable to find it. All this while, I was not speaking to the patient and her partner and both became very concerned. Meanwhile my consultant then made the decision to take over the situation.

**Trainee analysis:**
Thankfully it is not often we diagnose stillbirth and even though this was not my first time, I still find it really difficult to break the news to the patient. This is mainly because I am not confident about my diagnosis. Whilst trying to make my diagnosis, I was conscious I was staring at the screen for longer than normal and I didn’t communicate my actions to the patient and partner. In retrospect, I understand it was very uncomfortable and stressful for the patient and partner. I wanted to be 100% sure hence I didn’t want to ‘rush’ into giving a diagnosis.

**Trainee’s learning plan:**

After this experience, I am hoping to spend some time with our Bereavement Midwife to gain more experience in supporting these couples from a more holistic approach rather than from the medical point of view. I hope to use the USS simulation to build my confidence and skills up in assessing fetal heart.

**Trainer’s analysis:**

Breaking bad news is always difficult and it doesn’t get easier but as you have more exposure and seen more cases, you will find a way to break bad news which makes you feel more confident. I hope this experience will give you the motivation to organise a teaching session with our Bereavement Team on ‘Breaking Bad News’ in simulation to give yourself and other trainees the chance to build up your confidence. As part of your Part 2 examination preparation, I advise you to read the Green-top guideline on management of intrauterine death and stillbirth.

**Additional action:**

As above.

**Trainee Reflection:**

I have spoken to our College Tutor to arrange a Friday afternoon teaching day on stillbirth with simulation. I hope to also give a short lecture on the summary of the guideline as advised to help with my Part 2 preparation.

**B. SO1 - self-assessment forms**

Currently our multisource feedback tool (TO1/TO2) allows trainees’ colleagues to rate their performance, especially with regard to attitudes and behaviours. However, many of you will know that the Foundation multisource feedback system (TAB) has for many years included a ‘self TAB’ – trainees rate themselves in parallel with the team feedback. When the educational supervisor releases the team feedback, the trainee can compare the results with their self assessment, and can learn from this.

We would like trainees to fill out an SO1 self-assessment form prior to the TO2 release/discussion. The structure of the SO1 is identical to that of the TO1 form. We would like educational supervisors and trainees to discuss the SO1 and TO2 together, which is exactly what happens with Foundation multi source feedback.
**Frequently asked questions**

1) **How do I participate?**

You will find SO1, n-minICEX and n-CBD on the Training ePortfolio under Forms > Work-Based Assessments > Add New Assessment. Click “Create” next to the relevant tool and when it opens you will see a link to a Microsoft Word document. Click the link to access the Word document, then save the ePortfolio form as draft.

For the SO1, the trainee fills in the Word document and uploads it to their ePortfolio Personal Library. After the educational supervisor meeting, trainers and trainees can reopen and complete the ePortfolio form and give feedback (see below).

For the n-minICEX/n-CBD, the trainee fills in the first three boxes of the Word document and then forwards it by email to the trainer. The trainer fills in the fourth and fifth boxes and returns the form by email to the trainee. The trainee fills the sixth box and uploads the Word document to their ePortfolio Personal Library. They can then reopen and complete the ePortfolio form and give feedback (see below).

N.B. Due to technical constraints it has not been possible to set up the pilot assessment forms on the current NES Training ePortfolio, hence this convoluted process. Please rest assured, however, that it will be possible to complete these assessments through the redeveloped Training ePortfolio that will launch alongside the new curriculum in August 2019.

2) **How can I give feedback?**

When you reopen the ePortfolio form, untick “Save As Draft” and tick to confirm “have you and your trainer completed the Microsoft Word document and uploaded this to your Personal Library?” Below this, you will then see a hyperlink to Survey Monkey to complete single question feedback survey. The survey question is ‘How does the new form change the educational/learning experience of minICEX/CBD/multisource feedback?’ – you will be asked to rate on a 5 point scale between ‘worse’ and ‘better’ and we would be grateful if you could put comments in the free text box.

Once you have completed this survey, you should go back to the ePortfolio and ensure that you click “Save” at the foot of the form.

3) **Will the assessments count towards ARCP?**

Yes, this has been agreed via the Heads of School.