

## COMMENTARY

# Workplace Based Assessment: A Step Towards Competency Based Training

Shafaq Sultana

### ABSTRACT:

Assessment of clinical performance is important but challenging and the key features of good assessment include clarity of purpose, formative feedback, transparency, credibility, cost efficiency, use of multiple methods and ongoing quality assurance. In traditional educational paradigm assessment is based on integrating teaching, learning and assessment however complex professional attributes are difficult to assess using standardized assessment methods but can be better assessed in workplace situation. It has been observed that trainees are seldom observed, assessed and given feedback at workplace. Workplace based assessment as a part of an assessment strategy provides an opportunity to incorporate feedback and facilitate integration. It assesses the performance in everyday clinical practice in healthcare setting and tracks the progress in integrating clinical knowledge and skills for clinical decision making. Faculty training is an absolute radical to valid work based assessment and should include feedback training sessions as well as specifics of individual assessment instrument.

**Keywords:** Workplace, Based Assessment, Competency, Training

### INTRODUCTION:

It has been very well said that "Assessment drives learning." For just over two decades leading educationists, including medical educators, have highlighted the intimate relationship between learning and assessment. Indeed, in an educational context it is now argued that learning is the key purpose of assessment. Assessment is defined as "any systematic method of obtaining information from tests and other sources, used to draw inferences about characteristics of people, objects, or programs." Good assessment is difficult but critical to effective development of clinical learners.<sup>1</sup> This article provides you some principles of assessment and some professional competencies that are difficult to assess within the traditional assessment system for example multiple choice test and written papers, OSCE. We need to assess the competencies using information directly derived from the working environment.<sup>2</sup>

There is an increasing recognition of the need to include work based assessment as part of an overall assessment strategy; as well as providing an opportunity for authentic assessment incorporating feedback and facilitating integration of assessment and learning it also presents significant challenges.

In 1990 George Miller proposed<sup>3</sup> a frame work to assess clinical competence. It shows that there are different types of competence demonstrated at each stage of the pyramid and that it is vital to record, monitor and assess these in an authentic way. At the lowest level of the pyramid is knowledge (knows), followed by competence (knows how), performance (shows how) and action (does). The 'knows' level of pyramid can be assessed using simple knowledge tests, e.g. multiple choice

questions (MCQs). The 'knows how' level can be assessed using one best MCQs, and unfolding patient management problems (PMPs). Objective structured clinical examination (OSCEs) can assess the 'shows how' level but when we are taking about assessing does level, it refer to assess performance in context<sup>2</sup> (figure 1). The problem is that what doctors do in controlled assessment situations correlates poorly with their actual performance in professional practice. These problems give rise to a need to develop assessment method that focus on top of pyramid that's where workplace assessment comes in.

Utility of any assessment method is a product of its reliability, validity, cost, acceptability and educational impact. It is necessary to set explicit standards and assessment program that should be monitored against these parameters. There will be a balance between the educational impact, acceptability, reliability, validity and feasibility across the suite of WBAs implementation.

### Types of assessment:

1. Formative Assessment: The assessment for learning through observation feedback.
2. Summative Assessment: The assessment of learning for a high stake decision (pass/fail, certification etc.)

### What is work place based assessment?

WPBA is the assessment of competence based on what a trainee actually does in the workplace.<sup>4</sup> In Medical education context it means the assessment that is conducted in the clinical setting. Work place based assessment is usually a competency based assessment. The competencies assessed by workplace based assessment are medical expertise, decision making, communication, team work and collaboration, leader-ships, management and health advocacy, scholarship teaching and professionalism.<sup>6</sup>

The main aim of WPBA is to aid learning (Assessment for learning) by providing trainees with constructive feedback. Trainees can use the same methodology to assess themselves (Reflective practice).<sup>7</sup> The assessments help the supervisor to chart a trainee's progress during a placement.

WPBA is an essential part of an assessment system. It is comprehensive assessment system that collectively

✉ Dr. Shafaq Sultana

Lecturer

Department of Pathology

Bahria University Medical & Dental College

Karachi.

Email: shafaq\_sultana@yahoo.com

Received: 11-02-16

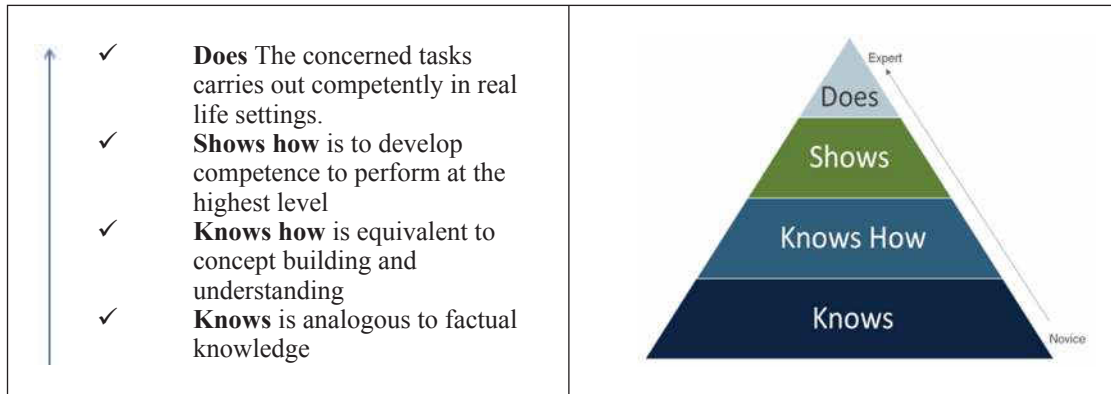
Revised: 25-02-16

Accepted: 27-02-16

forms an overall profile of an individual by testing their skills, knowledge and behaviors.<sup>8</sup> It evaluates trainees in the environment where they will be working upon graduation. The use of WBAs will support the

individual's practice of providing safe patient-centered care. It offers the opportunity of formative assessment and feedback at the same time.

Figure: 1  
Miller's pyramid<sup>3</sup>



**Purpose of work based assessment:**

WPBA provides day to day practice in working environment.<sup>9</sup>It is used to support education and maximize learning impact. It assures patient safety, monitors progression, structures learning plans and provides a transparent policy on assessment for learning and its relationship to assessment of learning.

**Types of WPBA:**

A number of methods of assessment for observation are used in clinical settings.<sup>10</sup>Some of the common methods are Mini - clinical evaluation exercise (mini - CEX), Direct observation of procedural Skills (DOPS), Case - based discussion (CBD), Multi - source feedback (MSF), Mini-PAT peer assessment tool (Figure 2a, 2b).

Areas of competence assessed through WPBA

Figure 2a<sup>3</sup>

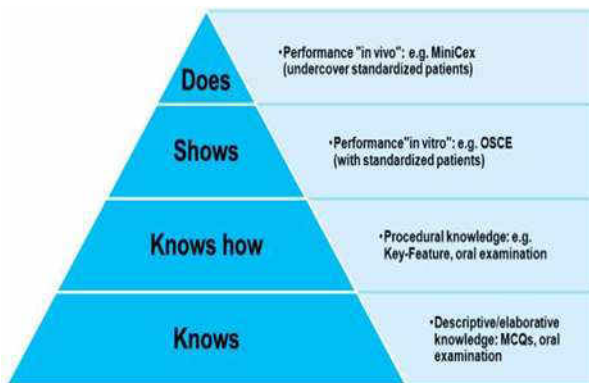
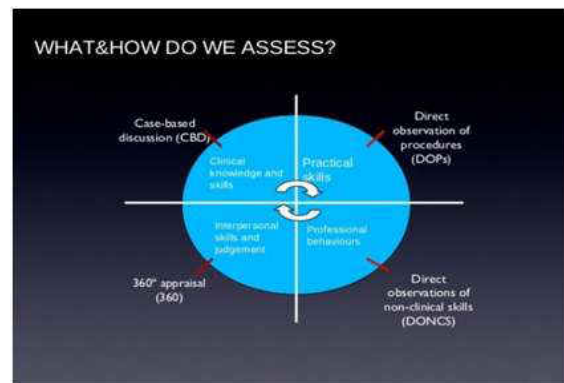


Figure 2b<sup>15</sup>



**Effective feedback:**

The work place based assessment is a useful exercise to get personalized feedback to create, enhance and support learning, thus strengthening the formative impact of this assessment.<sup>11</sup>It provides an educational supervision to learners about progress and encourages the practice of reflection. It fosters an environment where assessment for learning along with assessment of learning is seen. Thus effective feedback informs trainees of their progress, facilitates learning, and motivates them to engage in appropriate learning activities.<sup>11</sup>

**Strengths and limitations:**

WPBA is potentially highly valid assessment tool.<sup>12</sup> It

can assess 'does' (what the doctor actually does in practice) and contribute to an understanding of whether the trainee can apply the skills and knowledge in particular situation. It focuses on Trainee experience and maps achievement in a competency framework.<sup>13</sup> Moreover it helps to identify those who might need particular educational support early in training and creates a nurturing culture and provides feedback. It samples widely in the workplace across the curriculum and utilizes a range of judges and assessors.<sup>14</sup>Not yet robust in terms of reliability. Other assessments of 'show how' and 'know how' are needed to provide reassurance in terms of reliability. WPBA does not assess knowledge

directly. If educational supervision is not working appropriately trainees are more likely to try to delay or avoid assessments, or ignore feedback.<sup>15</sup> WPBA is learner dependent and vulnerable.

**CONCLUSION:**

Workplace Based Assessment is definitely a step towards Competency Based Training. The assessment tools should be designed and continuously refined to maximize their validity in competency frame work. They also ensure what they assess? and what they are intended to assess? WPBA have positive impact on learning and performance and creates a nurturing culture.

Several good methods are available that have major influence on learning and should be utilized. The opportunity for educational feedback is an important contribution to the assessment process. At the end of each assessment session the experts should provide a comprehensive evaluation to trainee based on strengths and weaknesses. Faculty members then should be encouraged for self - assessment and develop action plans, which will enable the trainees to address any deficiencies. In a sense, these methods bring summative and formative assessment closer to each other. However faculty need to be trained on 'how to give effective feedback' as it is one of the most important success factor in workplace based assessment.

**REFERENCES:**

1. Miller MD, Linn RL, Gronlund NE. The Role of Measurement and Assessment in Teaching. In: Robb C. Measurement and Assessment in Teaching. 10th Ed. USA: Kevin M. Davis; 2009: 26-46
2. Overeem K, Faber MJ, Arah OA, Elwyn G, Lombarts KM, Wollersheim HC, et al. Doctor performance assessment in daily practise: does it help doctors or not? A systematic review. *Med Educ* 2007;41:1039-49
3. Miller GE. The assessment of clinical skills/competence/

4. performance. *Acad Med* 1990; 65(9):S63-S7
4. Norcini J. Work place assessment. In: Swanwick T (eds.) *Understanding Medical Education: Evidence, Theory and Practice*. London: Wiley-Blackwell; 2010: p 232-45
5. Norcini J, Burch V. Workplace-based assessment as an educational tool: AMEE guide no.31. *Med Teach* 2007; 29:855-71
6. Van der Vleuten CPM, Schuwirth, LWT. Assessing professional competence *Medical Education* 2005;39:309-17
7. Rethans JJ, Norcini JJ, Baron-Maldonado M, Blackmore D, Jolly BC, LaDuca T et al. The relationship between competence and performance: implications for assessing practice performance. *Med Educ* 2002;36:901-9
8. Wilkinson J, Crossley J, Wragg A, Mills P, Cowan G, Wade W. Implementing workplace-based assessment across the medical specialties in the United Kingdom. *Medical Education* 2008; 42: 364-73
9. Norcini JJ Current perspectives in assessment: the assessment of performance at work. *Medical Education*. 2005 39:880- 9
10. Wass V, Van der Vleuten CPM, Shatzer J, Jones R. Assessment of clinical competence. *The Lancet* 2001;357:945-9
11. Cantillon P, Wood D. Direct observation tools for workplace-based assessment. In: Cantillon P, Wood D, (Eds). *ABC of learning and teaching in medicine*. 2nd ed. London: Wiley-Blackwell; 2010: P. 52-9
12. Miller A, Archer J. Impact of workplace based assessment on doctors' education and performance: a systematic review. *BMJ* 2010;341:Cite this as: *BMJ* 2010;341:c5064
13. Van der Vleuten CPM. The assessment of professional competence: development, research and practical implications. *Adv Health Sci Educ* 1996;1:41-67
14. Postgraduate Medical Education and Training Board Workplace Based Assessment Subcommittee. Workplace based assessment. Postgraduate Medical Education and Training Board, 2005
15. General Medical Council, Academy of Medical Royal Colleges. Workplace based assessment: a guide for implementation. 2010

