WORKPLACE-BASED ASSESSMENT IN POSTGRADUATE MEDICAL TRAINING: SCOPE AND CHALLENGES

NUDRAT SOHAIL
Professor of Obstetrics & Gynecology, Ameer-ud-Din Medical College/Postgraduate Medical Institute/ Lahore General Hospital, Lahore, Pakistan

How to cite this article: Sohail N. Workplace-Based Assessment in Postgraduate Medical Training: Scope and Challenges. Pak Postgrad Med J 2024;35(03): 1-2

Correspondence to: *Nudrat Sohail*
Professor of Obstetrics & Gynecology,
Ameer ud Din Medical College,
Postgraduate Medical Institute,
Lahore General Hospital, Lahore, Pakistan

Email: *nudrat_sohail2006@yahoo.com*

DOI: https://doi.org/10.51642/ppmj.v364i01.773

INTRODUCTION

Post-graduate training programs prepare the residents to treat patients with the best possible skills without errors. The traditional training programs emphasized ensuring trainees get through the examination by scoring good marks in theory and practical; however, traditional learning often underemphasizes significant domains of professional medical practice, including interpersonal skills, lifelong learning, professionalism, and integration of core knowledge into clinical practice [1]. The mainstream postgraduate training programs are now competency-based and focused on transferring performing skills, complemented by knowledge and attitude [2]. During the run of training programs, it is essential that the trainees are constantly assessed on their performance. Medical education has witnessed evolution in assessment, with a current emphasis on formative assessment to improve learning. Workplace based assessments (WPBA) have become a common means to assess trainees learning. This editorial will look into the scope and challenges involved in WPBA.

Workplace-based assessments (WPBA) are essential in formative assessment in competency-based training programs. WPBA provides multiple advantages to the trainee in terms of acquiring competencies in their specialty with continuous feedback, this makes it a quality tool for formative assessment where the trainee has an opportunity to keep on improving their performance. The trainees undergo several sessions of WPBA during each year of training; this not only makes them actively involved in learning but also provides an opportunity for the trainee to take responsibility for their learning. A revised approach to WPBA, with formative and summative encounters, is aimed at engaging both trainees and trainers [3].

WPBA focuses on assessing trainees in real work environments rather than in artificial testing situations, it is at the highest level of assessment in Miller's pyramid of trainee assessment [4]. WPBA makes use of different tools like mini clinical evaluation exercises (Mini-CEX), Direct observation of procedural skills (DOPS), Consultation observation tool(COT), Audio COT, Case based discussion, Clinical encounter cards, Acute care assessment tool, Quality assessment project/Audit, Multisource feedback, Leadership feedback, Portfolio and supervisors review report and many more [5].

All these tools are structured to display objectivity in trainee assessment in specific learning tasks/competencies in their specialty. These tools are designed to provide feedback immediately upon completion of the task. These tools are easy to use and structured in a way that provides a purposeful opportunity to correct the shortcomings in performance. These tools are capable of repeating the same or similar performance and repeating the feedback [6].

The WPBA promotes the supervisor-trainee relationship and builds trainee confidence in performing a task in the real world under direct supervision with feedback. WPBA helps the trainee to improve communication skills with patients and supervisors, as they also learn to take feedback and reflect on their performance. Upon successful completion of sessions of WPBA, the trainee can be trusted with several tasks safely and independently. In recent times, an electronic version or e-portfolio has increased ease of use in maintaining the trainee's record [7].

Critiques of WPBA point out the associated challenges, the most common one being the inability of the supervisor to find time for these encounters from their busy schedules. Trainees and supervisors may not feel comfortable carrying out these sessions, but a culture of trusting WPBA is needed before implementing it. Many training institutes have a limited number of supervisors who may not have time for all the trainees and they have to take help from their consultants who

may not be trained in conducting these sessions, which can affect the quality of training [8]. Implementing WPBA in residency programs involves training the supervisors. Formal training of the supervisors in conducting the sessions is required to overcome the time constraint challenge.

The WPBA sessions must have a limited time, usually not exceeding 20 to 30 minutes. Tasks requiring more time may be broken down into smaller tasks to limit time for a single session. Scoring performance on checklists may generate similar results by novice and expert supervisors. However qualitative analysis of performance, followed by feedback to the trainee, is better given by expert or experienced supervisors who draw more interpretations of trainee behaviour during performance. Improving the behaviours and attitudes of trainees is a known challenge for supervisors involved in teaching.

WPBA uses different patients for different trainees due to patient availability at the assessment time, leading to a lack of a uniform difficulty index. This can be overcome by selecting similar types of patients for all trainees. Trust in WPBA is a challenge that can undermine its effectiveness [9]. Another challenge may be the trainee's perception that supervisors are biased in giving feedback. This can be addressed by using constructive feedback techniques. In recent times, inter-professional feedback has been studied in light of social identity theory, which also has improved feedback [10].

The psychometric analysis of WPBA may not make it the best single tool in terms of reliability, validity and feasibility[3]. The student's performance is subjected to several factors that can modify or make them perform differently on the same task. Trainees may become overconfident and underperform a task in subsequent sessions. Similarly, the novice and expert assessors mark differently, with seniors usually marking strictly, making trainees try to get assessments from junior assessors [3, 11].

Most of the competency-based postgraduate programs have a place for WPBA in their curriculum. It seems mandatory that WPBA must be implemented in the best of user-friendly manner, taking input from all stakeholders, most important being the trainers and the trainees. The checklists used in these assessments must be simple. WPBA empowers supervisors to gain the respect of the trainees who value the effort put into these sessions by their supervisors.

Currently, WPBA has shown to be beneficial in formative assessment in improving trainee learning through reflection and feedback, it shows promise to be used in summative assessment in times to come [12]. Apparently, for the diligent trainee, summative assessments using WPBA are more welcomed than assessments through OSPE or end-of-year assessments, as WPBA is conducted during day-to-day work with less anxiety. WPBA assessments, when compared to traditional summative assessments, often result in direct improvements to patient care and other clinical competencies, while the traditional summative assessment examines text book, the results cannot be generalized to clinical competency [13].

The apparent barriers to WPBA implementation can be addressed, at least to an extent, to make it one of the best assessment tools in postgraduate training. One caveat is that it is equally essential to engage trainees by explaining the purposes and uses of WPBA [12]. WPBAs will continue to evolve, and a cautionary approach is essential and advocated. Medical Colleges need to create mechanisms for regular evaluation of the implementation process to ensure that the WPBAs remain relevant and rigorous [14]. The wisdom of today can only continue to guide and nurture the wisdom for the future if we keep a judicious measure of all the scope and challenges associated with WPBA.

REFERENCES

1. Epstein RM, Hundert EM. Defining and assessing professional competence. Jama. 2002 Jan 9;287(2):226-35.
2. Yuen B, Asmar A, Kibble J. Trainee Identification of the Self-efficacy Domains Needed to Succeed in Undergraduate and Graduate Medical Education. Medical Science Educator. 2025 Mar 20:1-9.
3. Parry-Smith W, Mahmud A, Landau A, Hayes K. Workplace-based assessment: a new approach to existing tools. Obstetrician & Gynaecologist. 2014 Oct 1;16(4).
4. Boursicot K. Performance and workplace assessment. DENT, JA; HARDEN, RM; HUNT, D. A practical guide for medical teachers. 6th ed. Poland: Elsevier. 2021 Apr 24:289-96.
5. Wass V. Assessments and their utility: looking to the future. Workplace-Based Assessments in Psychiatric Training. 2011 Apr 7:193.
6. Keshmiri F, Mehrparvar AH. Development of an interprofessional task-based learning program in the field of occupational health: a content validity study. BMC Medical Education. 2023 Jan 7;23(1):11.
7. Cheston H, Graham D, Johnson G, Woodland P. Changes in UK medical trainees' perceptions of workplace-based assessments across 10 years: results from two cross-sectional studies. Postgraduate Medical Journal. 2022 Apr;98(1158):269-75.
8. Perron NJ, Sommer J, Louis-Simonet M, Nendaz M. Teaching communication skills: beyond wishful thinking. Swiss Medical Weekly. 2015 Feb 8;145(0304):w14064-.
9. Rughani A. Workplace-based assessment and the art of performance. British Journal of General Practice. 2008 Aug 1;58(553):582-4.
10. Feller K, Berendonk C. Identity matters-perceptions of inter-professional feedback in the context of workplace-based assessment in Diabetology training: a qualitative study. BMC medical education. 2020 Dec;20:1-8.
11. Bauzon J, Alver A, Ravikumar V, Devera A, Mikhael T, Nauman R, Simanton E. The impact of educational resources and perceived preparedness on medical education performance. Medical science educator. 2021 Aug;31(4):1319-26.
12. Anderson HL, Kurtz J, West DC. Implementation and use of workplace-based assessment in clinical learning environments: a scoping review. Academic Medicine. 2021 Nov 1;96(11S):S164-74.
13. Garrison C, Ehringhaus M. Formative and summative assessments in the classroom. Available from: https://www.amle.org/wp-content/uploads/2020/05/Formative_Assessment_Article_Aug2013.pdf. Accessed 1 Jul 2023.
14. So HY, Li PK, Lai PB, et al. Hong Kong Academy of Medicine position paper on postgraduate medical education 2023. Hong Kong Med J 2023;29:448-52.