

Surgical Trainers' Experience and Perspectives on Workplace-Based Assessments

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BACKGROUND: Workplace-based assessments (WBAs) were designed to provide formative feedback to trainees throughout their surgical career. Several studies highlight dissatisfaction with WBAs, and some feel they lack validity and reliability and exist as a “tick-box exercise.” No studies have looked at the attitudes of the assessor.

AIM: The aim of this study was to evaluate perceptions and experience of the 4 intercollegiate surgical curriculum programme WBAs by assessors.

METHODS: An 18-item electronic questionnaire, including 6-point Likert scoring questions, was e-mailed to all surgical program directors for distribution to general surgery trainers within their deanery.

RESULTS: In total, 64 responses were received. All trainers had been trained in using WBAs. Trainers had the most experience with procedure-based assessments (PBAs)—72% of trainers had completed more than 25 PBAs. Trainers felt PBAs were the most beneficial WBA, and both PBAs and case-based discussions were regarded as significantly more useful than mini-clinical evaluation exercise ($p < 0.05$). More than 74% stated that WBAs were mainly initiated by trainees, and only 10% had specific sessions allocated to complete WBAs.

CONCLUSION: WBAs are regarded as beneficial to trainees. The results suggest that assessors feel case-based discussions and PBAs, which assess higher thinking and practice of complex practical skills, respectively, are significantly more useful than assessments involved in observing more straightforward clinical and procedural interactions. (J Surg Ed 72:979-984. © 2015 Association of Program

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KEY WORDS: workplace based assessments, formative assessment, intercollegiate, case based discussion, procedure based assessment, direct observation of procedural skills, mini clinical evaluation exercise

COMPETENCIES: Practice-Based Learning and Improvement

INTRODUCTION

Workplace-based assessments (WBAs) have been adopted throughout medical curricula. Within the United Kingdom, they have become an integral component of the new surgical curriculum—the intercollegiate surgical curriculum programme (ISCP).¹ Their primary function is to provide formative feedback to surgical trainees through a variety of styles. These included providing feedback for practical skills using direct observation of procedural skills and procedure-based assessments (PBAs) and enhancing clinical learning using mini-clinical evaluation exercise (mini-CEX) and case-based discussions (CBDs). Furthermore, they serve to provide evidence of learning, attainment of skills, and aid trainers in identifying those struggling in performing tasks. The value of WBAs has been strongly linked to trainer implementation²; thus, determining assessor perceptions is an important factor in potentially improving these assessments' potential effect.

Current surgical training in the United Kingdom is divided into early “core training” years, where trainees are required to achieve relevant competencies and the membership exam, before participating in a national selection process to gain entry into “higher surgical training.” At each of these levels, trainees rotate between posts that usually last 6 or 12 months. The entire program is held together by the ISCP. This was introduced in 2007 and serves to act as a complete curriculum that uses an online

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TABLE 1. Demographics of the Assessors

Male:female	54:10
Full time:part time	60:4
Number of years qualified as consultant	
<5	13 (20%)
5-10	24 (38%)
> 10	27 (42%)
Used WBAs as a trainee	11 (17%)

platform enabling trainees to maintain a portfolio, access the syllabus, and record formative assessments. As it has evolved, areas for recording other achievements and reflections have been added. Trainees are required to demonstrate satisfactory progression at annual reviews of competence progression and use WBAs as evidence toward this.³

Several studies have highlighted a level of dissatisfaction with the WBAs that form part of this new curriculum. Trainees have commented that they felt they lacked validity and reliability and have become no more than a tick-box exercise.⁴ A part of this stems from a lack of engagement with these new tools by both trainers and those being assessed. The ISCP curriculum placed an emphasis on trainees to take responsibility for their own training and ensure that they had obtained the requisite assessments to evidence their competence. In addition, deaneries produced their own guidance on how many WBAs of each type are required in each year of training. It is emphasized that trainees regularly perform WBAs throughout posts rather than completing them in the last few weeks where they can be more confident in performing well.⁵

WBAs have the ability to help demonstrate both competence and performance. The former forms the penultimate level of Miller's pyramid (shows how)—being able to meet a preset checklist of what is required—whereas the latter demonstrates ability at the highest level of Miller's pyramid (does) and is close to representing actual practice.⁶ These assessments may serve to formalize training techniques that have been occurring for generations; however, their real value, provided they are used correctly, is ensuring trainees get appropriate and regular feedback and as such should be used regularly throughout each training post.

Despite the debate about their usefulness, and several studies looking at the attitudes of trainees, no studies have

looked at the attitudes of those participating in these assessments as the assessor in any medical specialty.

The aim of this study was to survey surgical trainers in the United Kingdom who are frequently assessing WBAs to evaluate their perceptions and experience of how these tools are being employed within the ISCP.

METHODS

A web-based electronic survey was undertaken. This comprised 18 questions, including demographics, the experience of assessors with WBAs, their training, and perceptions and usage of WBAs. Likert scoring questions were based on a 6-point scale to discourage respondents from taking neutral viewpoints. Furthermore, space for free-text comments on opinions of WBAs was provided. The questionnaire was designed along the principles by Cohen et al.⁷

General surgery deanery program directors were contacted by e-mail and were asked to forward the questionnaire to consultant general surgical trainers within their deanery. Further request e-mails were sent on 2 occasions to those deaneries where no responses were obtained at 1-month intervals.

Data Analysis

Data from all questionnaires was collated, and statistical analysis with a Mann-Whitney *U* test was used for comparison of Likert scoring questions. A $p < 0.05$ was considered significant.

Thematic analysis was performed manually. An initial coding structure was developed and evolved with iteration to identify the main themes that emerged.

RESULTS

In total, 18 program directors were contacted. A total of 64 responses from general surgeons were received from 9 different deaneries. Of those that responded, 54 (85%) were men and 60 (95%) were employed full time (Table 1). Only 11 (17%) had experience of using WBAs as a trainee. Figure 1 shows the type of training assessors have been given

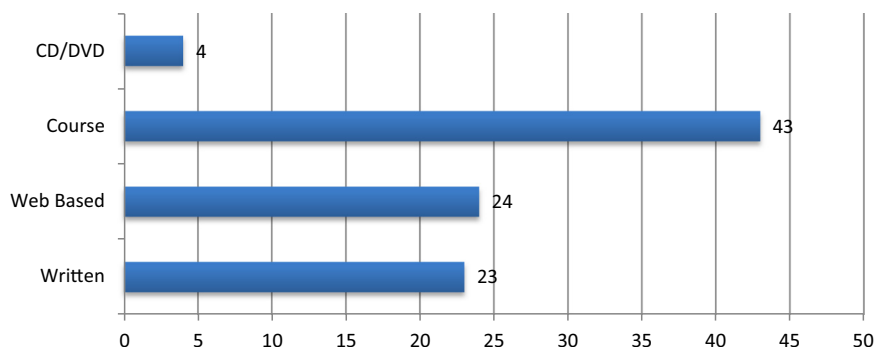


FIGURE 1. How trainers have been educated as to workplace-based assessment use.

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