Workplace-based assessment as an educational tool
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Norcini and Burch (Norcini & Burch 2008) give a useful and authoritative overview of the current literature on the role of workplace-based assessment with an evaluation of the main approaches that are being used.

There are two main purposes for assessment within medical training. The first of these is summative when decisions are made about the candidate's progression to the next stage of training or certification of completion of training. The second is formative when the main purpose of the assessment is to provide information about the strengths and weaknesses of the trainee. This information can then be used to adapt the learning opportunities to meet the trainee's identified needs. The focus in the past has been on developing assessment tools that were valid and reliable. This is a particular challenge when assessing clinical performance. As a result, clinical performance has been increasingly measured in artificial settings where the variables have been tightly constrained such as the OSCE. (Harden et al 1975) This approach can only measure the 'shows how' level of Millar's skills triangle. It is clearly desirable to measure what the candidate 'does' in practise and this is one justification for the attempts to develop methods of workplace based assessment.

Medical trainees at all levels complain that they receive inadequate feedback although feedback has been shown in studies to be an effective tool for increasing learning. Difficulties have been identified in engaging faculty in the process and ensuring accuracy of their observation and feedback. Even when training is given to faculty engagement in routine feedback may be poor. The guide outlines validated instruments that are in use internationally for workplace-based assessment. All have been shown to be feasible and effective in study settings although there has been no formal direct comparison of their relative effectiveness. The combination of methods now being used as a formal part of the assessment of the Foundation Programme for newly-qualified doctors in the UK is described. This may provide further information on the utility of these approaches in routine practice although it is not clear that the fundamental difficulties of clinician engagement and training have been solved.

The authors identify 3 challenges that need to be met if workplace-based assessment is to be implemented successfully

- Gaining a better understanding of why faculty do not routinely engage in trainee assessment and feedback
- Improving the quality of the assessments and feedback given to trainees through a concerted faculty development effort.
- Determining the impact of feedback on trainee learning behaviour and performance

This guide provides a starting point for addressing these challenges and setting up effective feedback systems in clinical settings. It concentrates on using workplace based assessment as a formative tool. It does not address the additional problems that are involved in obtaining consistency of judgement between raters and cases across geographically disparate sites which provide the main weakness in using workplace based assessment for summative decisions.
References


Notes on Contributor

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