

Supervised Learning Events

- Principles & background
- Familiarisation with tools
- Implementation & interaction with LLP
- Case studies

Principles

- Assessment for learning
- Avoid 'tick box mentality' of WBAs
- Provide meaningful judgements on supervision levels required for certain tasks
- Feedback given at the time of assessment to reach decreasing levels of supervision
- SLEs provide information on trainee progression
- SLEs inform higher stakes assessment decisions at critical progression points
- SLEs can be mapped across multiple capabilities

Scales based on supervision

- Assess level of autonomy and responsibility for key activities
- Provide more meaningful judgements
- Making implicit decisions about supervisory requirements more explicit
- Scores shown to be more reliable
- Pick up trainees who are not progressing as well as their peers

QUALITY AND PATIENT SAFETY

Can I leave the theatre? A key to more reliable work assessment

J. M. Weller^{1,2*}, M. Misur², S. Nicolson², J. Morris³, S. Ure⁴, J. Crossley⁵ and B. Jolly⁶

Editor's key points

- Existing tools for work-based clinical assessment have been limited by low reliability and capability to identify poorly performing individuals.
- This paper evaluated a new scoring system for clinical assessment of trainees.
- This system combined traditional assessments with the addition of case difficulty and the level of supervision required.
- This new scoring system appears reliable, with better detection of poor performance.

Making robust assessments of specialist trainees' workplace performance

J. M. Weller^{1,2,*}, D. J. Castanelli^{3,4}, Y. Chen¹ and B. Jolly⁵

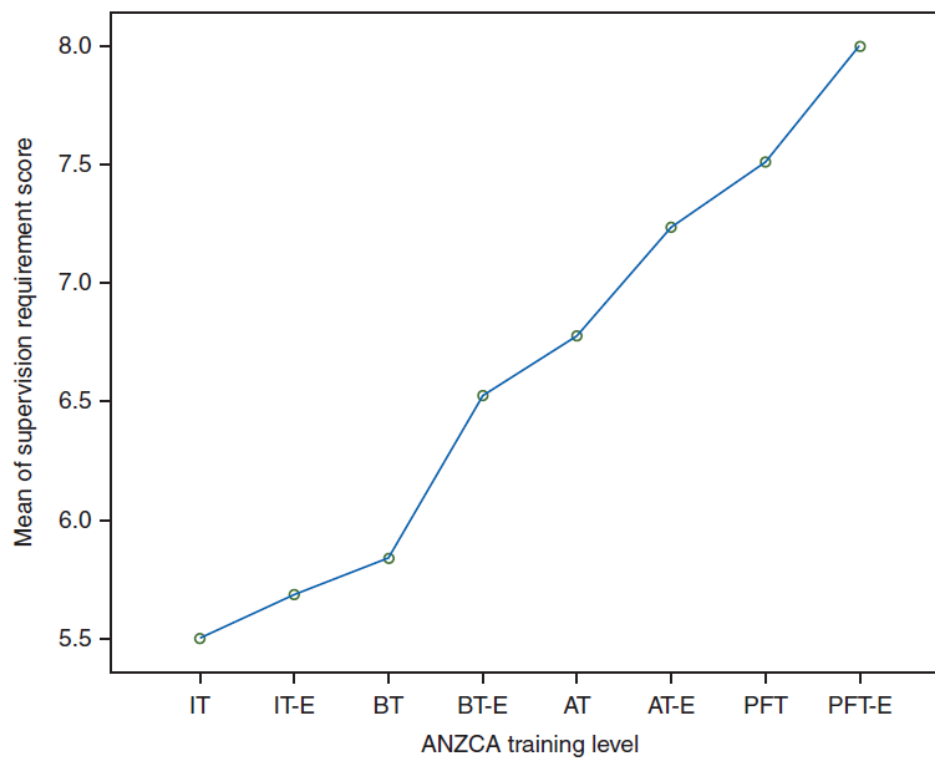
¹Centre for Medical and Health Sciences Education, School of Medicine, University of Auckland, New Zealand,

Mini Clinical Evaluation Exercise (Mini-CEX) Paper Form

Case Details	Procedure										
	Age		ASA								
Medical status of the patient											
Overall complexity (circle)	Low			Moderate			High				
	1	2	3	4	5	6	7	8	9		
Assessment	<i>To ensure safe, efficient and effective care on this aspect:</i>										
	<i>Significant input required from assessor</i>			<i>Some guidance provided from assessor</i>			<i>Able to manage independently</i>			<i>Unable to assess</i>	
Clinical knowledge	<i>Demonstrates relevant knowledge and understanding pertaining to the case</i>										
	1	2	3	4	5	6	7	8	9	UTA	
Patient assessment	<i>Performs a complete and appropriate assessment of the patient and presents well documented findings</i>										
	1	2	3	4	5	6	7	8	9	UTA	
Planning	<i>Formulates an appropriate clinical plan demonstrating an understanding of relevant issues related to the patient, procedure, pathology, positioning and place etc</i>										
	1	2	3	4	5	6	7	8	9	UTA	
Preparation	<i>Prepares appropriately for any intervention, checks equipment, organizes theatre and monitoring, prepares drugs and ensures appropriate personnel are present</i>										
	1	2	3	4	5	6	7	8	9	UTA	

Feedback and Global Assessment

Examples of what was done well									
Areas that needed supervisory input									
Suggestions for gaining greater independence									
What level of supervision did the trainee require for THIS case overall?	<i>Trainee needs assessor in the theatre suite</i>			<i>Trainee needs assessor in the hospital</i>			<i>Trainee could manage this case independently and does not require direct supervision</i>		
	1	2	3	4	5	6	7	8	9



IT=introductory trainee (first six months)

BT=basic trainee (18-24 months)

AT=advanced trainee (24-56 months)

PFT=provisional fellow trainee

E=extended time (trainee has not met all requirements to pass into next stage)

N=7808

SLEs

- A-CEX
- DOPS
- CBDs
- ALMAT

Supervisory / Entrustment scale

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)

Familiarisation with tools

A-CEX

Anaesthesia Clinical Evaluation Exercise (A-CEX)

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Stage of training: 1 2 3

Description of activity (case, complexity & context)	
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Summary of reflective discussion between anaesthetist in training and trainer <i>To be completed by trainee with additional comments by trainer as appropriate</i>	
--	--

Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA

Suggestions for future development <i>To be completed by trainer</i> <i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i>	
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DOPS

Direct Observation of Procedural Skill (DOPS)

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Stage of training: 1 2 3

Description of procedural skill (case, complexity & context)	
--	--

Summary of reflective discussion between anaesthetist in training and trainer <small>To be completed by trainee with additional comments by trainer as appropriate</small>	
--	--

Based on this encounter, what level of supervision does the trainee require for this skill?

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA

Suggestions for future development <small>To be completed by trainer</small> <i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i>	
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CBD

Case Based Discussion (CBD)

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Stage of training: 1 2 3

Description of activity (case, complexity & context)	
Summary of reflective discussion between anaesthetist in training and trainer To be completed by trainee with additional comments by trainer as appropriate	
Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA
Suggestions for future development To be completed by trainer You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision	

ALMAT

Anaesthetic List Management Assessment Tool (ALMAT)

Please complete the question using a cross (x). Please use black ink and CAPITAL LETTERS

Trainee's surname _____

Trainee's forename(s) _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Observed by _____

GMC number (GMC NUMBER MUST BE COMPLETED) _____

Date (DD/MM/YYYY) / /

Stage of training: 1 2 3

Description of activity (cases, complexity & context)	
---	--

Summary of reflective discussion between anaesthetist in training and trainer about the management of this list. To be completed by trainee with additional comments by trainer as appropriate You may wish to discuss the trainee's: <ul style="list-style-type: none"> List preparation Patient Interaction Team Interaction Risk minimisation Non technical skills Efficiency in management of list 	
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Based on this encounter, what level of supervision does the trainee require for this activity?	
1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA

Suggestions for future development

To be completed by trainer

You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision

Completed by

- Designated trainer
- Clinical supervisor
- Educational supervisor

Implementation and interface with LLP

- Changes to LLP to facilitate Assessment changes
- Similar look and feel for both trainees and trainers
- SLEs found in the same area within LLP
- Accessible on PCs, laptops, mobile phones
- Quick Approval
- Guest assessor access (Does not allow quick approval)

Envisaged - LLP Dashboard



Lifelong Learning

Learning

Offline

Northern Trainee

Log Out

Logbook

Case

[Anaesthetic](#)

[Intensive Care Medicine](#)

[Acute Pain](#)

[Chronic Pain](#)

[Procedure \(Stand-alone\)](#)

[Session](#)

Review Logbook

New Entry

Supervised Learning Events

[Personal Activity](#)

[Personal Reflection](#)

Development

[Personal Development Plan](#)

[Milestones and Certificates](#)

[Multi-source Feedback](#)

Multi-trainer Report

[ESSR Records](#)


[ARCP Outcomes](#)

[Document Store](#)

Progress Stage:

 [In progress: 10](#)

 [Completed: 3](#)

 [Not started: 11](#)



Review Curriculum

Locating SLEs

New Entry

[Workplace Based Assessment](#)

[Personal Activity](#)

[Personal Reflection](#)

New Entry

Supervised Learning Events

[Personal Activity](#)

[Personal Reflection](#)

Trainer Assessment Board

AA

lifelong.rcoa.ac.uk



RCOA



RCOA
Royal College of Anaesthetists

Lifelong Learning

Learning

Assessing

Supervising

Ad

Create learner entry

Supervised Learning Event

For your review (2)

Title

Last updated ▼

I inserted a PICC in an obese post...



I took part in the BSD testing in a...

24
November
2020



All entries you have approved

Ian Whitehead

Log Out

Create learner entry

Supervised Learning Event

For your review (2)

Title

I inserted a PICC in an obese post...

I took part in the BSD testing in a...

Last updated ▼

All entries you have approved

Quick Approval

Approval

Send your WpBA for approval. This can either be sent to the assessor for approval, or completed with the quick approval function if your assessor is with you.

You cannot use the quick approval option if you have chosen

Send For Approval

Quick Approval

RCOA | Lifelong Learning

Royal College of Anaesthetists

Learning | Offline

Northern Trainee | Log Out

Anaesthesia Clinical Evaluation Exercise

Quick Approval

This will allow the designated assessor to review the assessment and approve from their own account

Assessor Sign In

Assessor

Ian Whitehead

GMC number

4622620

Email Address

l.j.whitehead@

Password

Sign In

This assessment is for the following learner:

Name	Stage	GMC	CRN
Northern Trainee	ACCS2		

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Royal College of Anaesthetists

You are temporarily logged as: Ian Whitehead

Log Out

[Return to assessor](#)

Category 2 GA Section

A-CEX

Quick Approval

Approval

If you are satisfied that the learner has met the requirements, approve it, this will save it as a read only version that the trainee can access and reflect on. You will still have access to it in your previous assessment section.

☐ I approve this assessment

Approve and Logout

Save and
logout as
Assessor

Return
Assessment
to Learner

Save and
return to
dashboard

Return this
form to Draft

version: 10 July 2018

What could have gone better?

Planning, preparation, grasp of theoretical background, understood procedure and alternatives, plans and risks explained to patient, handling of patient, team communication, ability to cope with problems, mindful of cross infection, ability to evaluate own performance, maintenance of records, post-procedure instructions, professional standards.

B / /

Consider potential issues which can occur during a LSCS and have a plan to manage these if they occur

Plan for learning and development

e-Learning, simulation, courses, targeted clinical experience, journals.

B / /

Whilst this patient was easy to intubate, you should gain experience with patients requiring LSCS with a higher BMI.

Supporting Documents

No supporting documents have been added.

[Add Supporting document](#)

Approval

If you are satisfied that the learner has met the requirements, approve it, this will save it as a read only version that the trainee can access and reflect on. You will still have access to it in your previous assessment section.

☒ I approve this assessment

Approve and Logout

Save and
logout as
Assessor

Return
Assessment
to Learner

Save and
return to
dashboard

Return this
form to Draft

version: 10 July 2018

Undertaking SLEs

Case study – Beatrice

Case study – Background

- Beatrice is a CT2 Trainee
- She is doing an elective hip replacement on a 105Kg (BMI 29) ASA 1 patient and asks you for an A-CEX
- She plans a GA with a Fascia Iliaca Block

Case Study - Observations

- Pre-op assessment is thorough.
- The machine check is completed
- At induction, the LMA does not sit correctly, and she makes an early decision to intubate the patient
- She performs an uncomplicated Fascia Iliaca block, remembering “stop before you block” at the last minute.
- She forgets to give antibiotics – until reminded at the WHO time out.
- She shows good composure throughout the case, and has good communication with the surgical team & ODP.
- Emergence is uncomplicated & the patient is comfortable & stable in recovery.

ACEX - Trainees Comments:

Summary of reflective discussion between anaesthetist in training and trainer To be completed by trainee with additional comments by trainer as appropriate	<p>First solo arthroplasty. Pleased overall – the patient was stable throughout & I did a fascia <u>iliaca</u> block which seemed to work well.</p> <p>Learning points</p> <ul style="list-style-type: none">• Consider intubating larger patients if in doubt.• Remember “stop before you block”• Encourage ODPs to remind me if I forget <u>things!</u>
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Would you add any comments ?

What Level of Entrustment ?

Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA

Any Other Suggestions ?

<p>Suggestions for future development</p> <p>To be completed by trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>	
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To which HLOs could you map this A-CEX ?

- General Anaesthesia
- Regional Anaesthesia
- ? Teamworking
- ? Professional Behaviours & Communication

Case study 2 - Julia

Case study - Background

- Julia is A CT3 Trainee, second obstetric attachment
- She asks for an A-CEX as you supervise her doing a category 2 GA Section
- You agree, and observe her, before filling in your A-CEX form

Case Study - Observations

- Pre-op assessment is timely and comprehensive.
- The machine check is very cursory
- Induction/RSI is uneventful & quite slick.
- There is a brief post partum bleed , and administration of oxytocin is delayed as she forgot to draw up/check availability.
- Uneventful extubation & emergence
- Rather strained working relationship with ODP at times – Julia being rather abrupt (perhaps coming across as "bossy") which led to the ODP being quiet & slightly "hands off"

ACEX - Trainees Comments:

Summary of reflective discussion between anaesthetist in training and trainer To be completed by trainee with additional comments by trainer as appropriate	<i>I think this case went very well. I was nervous – but glad I got the tube in first time. There was no <u>syntocinon</u> in the fridge so I was late giving it.</i>
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Would you add any comments ?

What Level of Entrustment ?

Based on this encounter, what level of supervision does the trainee require for this case?	
1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring at regular intervals
2B	Supervisor within hospital for queries, able to provide prompt direction/assistance
3	Supervisor on call from home for queries able to provide directions via phone or non-immediate attendance
4	Should be able to manage independently with no supervisor involvement (although should inform consultant supervisor as appropriate to local protocols)
N/A	Supervision level not applicable for this WBA

Any Other Suggestions ?

<p>Suggestions for future development</p> <p>To be completed by trainer</p> <p><i>You may wish to consider: GPCs, targeted clinical experience, key learning resources, progression to next level of supervision</i></p>	
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To which HLOs could you map this A-CEX ?

- General Anaesthesia (Obstetric)
- Teamworking

References

- Weller J et al. Can I leave the theatre? A key to more reliable workplace-based assessment. BJA 2014; 112: 1083–91
- Weller J et al (2017) Making robust assessments of specialist trainees' workplace performance. BJA 118 (2): 207–14, doi: 10.1093/bja/aew412
- Harm Peters et al (2017) Twelve tips for the implementation of EPAs for assessment and entrustment decisions, Medical Teacher, 39:8, 802-807, DOI: 10.1080/0142159X.2017.1331031
- Lambert W. T. Schuwirth & Cees P. M. Van der Vleuten (2011) Programmatic assessment: From assessment of learning to assessment for learning, Medical Teacher, 33:6, 478-485, DOI: 10.3109/0142159X.2011.565828

Any questions?