

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

Editor's key points

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

- 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.

Previous numerical scoring for mini-cex in studies shows low reliability and inability to identify struggling trainees. There is more variation in scores due to case specificity and assessor variation than differences in performance by trainees.

Previous study showed 60 assessments needed to make reliable judgements on trainee progression.

Reluctance of assessors to give grades of borderline / unsatisfactory.

Scoring system reflecting the way clinicians usually make judgements about trainees would reduce disagreement between them, and increase score precision.

Anaesthesia supervisors are accustomed to judging the need for direct, indirect, or more distant supervision required by a trainee managing a particular case.

338 assessments on 80 trainees. → good reliability with 7 or 8 assessments in total.

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,

Analysed mini-cex scores from all ANZCA trainees over a 12 month period using entrustment scales (7808 assessments).
Decreased score with increased duration and level of training (construct validity).
Adjusting scores to expected level of requirement increased reliability (G > 0.8 with only 9 assessments).

Three per cent of trainees generated average mini-CEX scores below the expected standard.

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?

Trainee needs assessor in the theatre suite

Trainee needs assessor in the hospital

Trainee could manage this case independently and does not require direct supervision

1

2

3

4

5

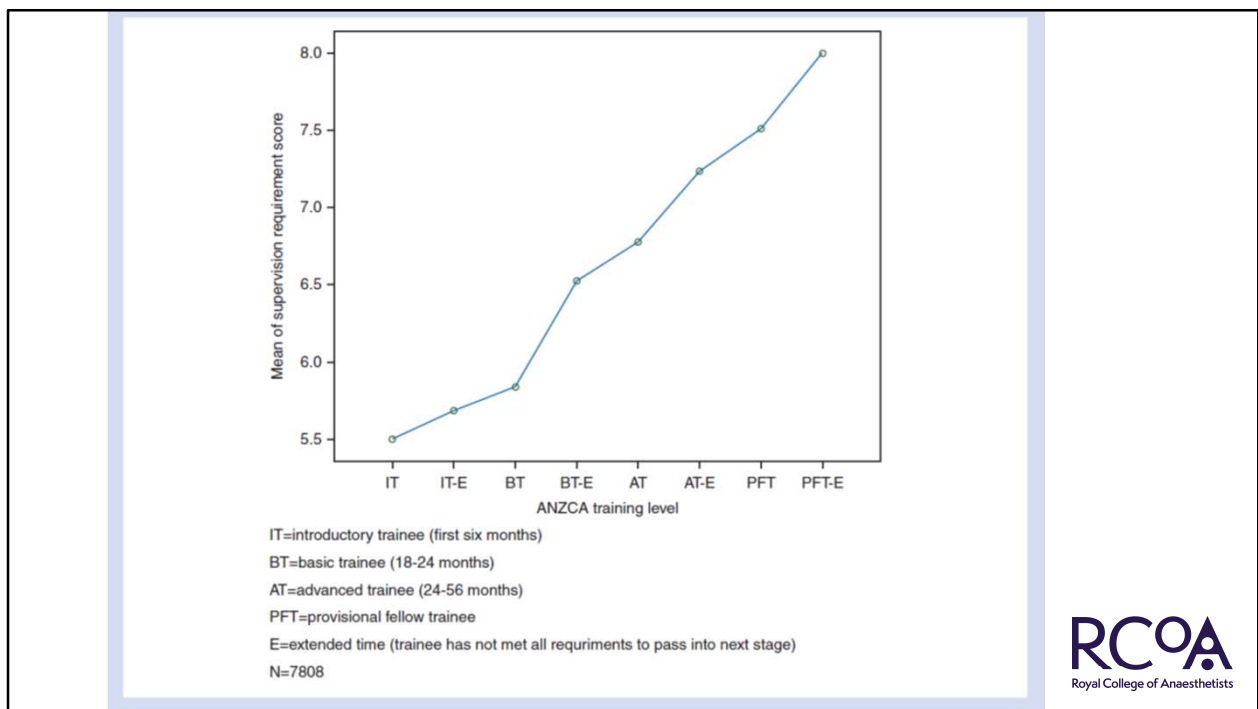
6

7

8

9





Graph shows mean supervision score increasing with duration of training. For those trainees who need extended training due to exam failure, the scores still increase during extended training.

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)

"The trainer identifies the level of supervision that the anaesthetist in training requires for the activity, ie if they were to do the activity again, 'right here, right now'."

The SLE documentation will be modified to allow the supervisor to record, if agreed, the level of supervision required if the activity were to be undertaken again immediately."

In other words supervision that they needed for the activity rather than the supervision they actually received.

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)	
--	--

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	
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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) _____

GAC number (GAC NUMBER MUST BE COMPLETED) _____

Observed by _____

GAC number (GAC 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 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 skill?

1	Direct supervisor involvement, physically present in theatre throughout
2A	Supervisor in theatre suite, available to guide aspects of activity through monitoring of 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: GPCL, targeted clinical experience, key learning resources, progression to next level of supervision	
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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)

28

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

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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:

- List preparation
- Patient interaction
- Team interaction
- Risk minimisation
- Non-technical skills
- Efficiency in management of list

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 of 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 WSA

Suggestions for future development	To be completed by trainer
You may wish to consider GPCIs, 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


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Learning Offline Northern Trainee Log Out


Logbook
Case
[Anaesthetic](#)
[Intensive Care Medicine](#)
[Acute Pain](#)
[Chronic Pain](#)
Procedure (Stand-alone)
Session
[Review Logbook](#)

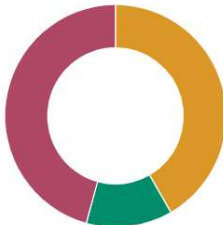
New Entry
Supervised Learning Events
[Personal Activity](#)
[Personal Reflection](#)
Development
[Personal Development Plan](#)
[Milestones and Certificates](#)
[Multi-source Feedback](#)
Multi-trainer Report
[ESSR Records](#)
[ARCP Outcomes](#)
[Document Store](#)

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](#)

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Trainer Assessment Board

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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

RCOA Lifelong Learning

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...	

All entries you have approved

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Quick Approval

Approval

Send your VISA 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](#)

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Lifelong Learning

[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

4822620

Email Address

i.whitehead@rcpa.ac.uk

Password

Sign In

This assessment is for the following learner:

Name	Stage	GMC	CRN
Northern Trainee	ACCS2		

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Lifelong Learning

[Learning](#) | [Offline](#)

You are temporarily logged as: Ian Whitehead

[Log Out](#)

[Return to assessor](#)

Category 2 GA Section

A-CEX

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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 learner 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

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What could have gone better?

Planning, preparation, grasp of theoretical background, understanding procedure and alternatives, plans and contingencies to patient, handling of patient, team communication, ability to deal with problems, control of cross infection, ability to evaluate own performance, maintenance of records and procedure, upholding professional standards.

☐ ☐ ☐ ☐

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

Plan for learning and development

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

☐ ☐ ☐ ☐

Identify patient milestones to achieve, you should gain experience with patients requiring LSCS with a higher BM.

Supporting Documents

No supporting documents have been added.

[Add Supporting Documents](#)

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 learner 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

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Undertaking SLEs

Case study – Beatrice



If you want a hand developing your case study we would be happy to help:
2021cct@rcoa.ac.uk

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



If you want a hand developing your case study we would be happy to help:
2021cct@rcoa.ac.uk

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

First solo arthroplasty. Pleased overall – the patient was stable throughout & I did a fascia ~~iliaca~~ block which seemed to work well.

Learning points

- Consider intubating larger patients if in doubt.
- Remember “stop before you block”
- Encourage ODPs to remind me if I forget things!

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 ?

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

To which HLOs could you map this A-CEX ?

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

Case study 2 - Julia



If you want a hand developing your case study we would be happy to help:
2021cct@rcoa.ac.uk

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



If you want a hand developing your case study we would be happy to help:
2021cct@rcoa.ac.uk

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 think this case went very well. I was nervous – but glad I got the tube in first time. There was no syntocinon in the fridge so I was late giving it.

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 ?

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

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?