

Assessment Guide for Foundation Doctors

The purpose of this document is to provide you with a short practical guide on the work-based assessments that are expected of yourself in order to be signed off at the end of the year.

What are the work-based assessments?

- Work-based assessment and feedback provide a 'snapshot' of your competence within the work place at a specific point in time.
- Used together with other forms of assessment, such as portfolio review and reflective practice, they build a picture of evidence for you that documents progress, achievements and areas for development in knowledge, skills and attitudes.
- If you are an F1 Doctor, you should be assessed against the standard of a doctor who is ready to complete the F1 year as described in the Foundation Programme Curriculum.
- If you are an F2 Doctor, you should be assessed against the standard of a doctor who is ready to complete the F2 year as described in the Foundation Programme Curriculum.
- Foundation Programme Curriculum is available online at: <http://www.foundationprogramme.nhs.uk/pages/home/key-documents#foundation-programme-curriculum>
- Satisfactory completion of assessments form an essential part of the criteria for FY1 and FY2 sign off.

Who can assess me?

- Please see the 'Assessment Tools' section on the next page for detailed information on who is allowed to conduct which assessments.
- You should not be, in any case, assessed by a patient, medical student, student nurse, or any other not yet qualified!
- Wherever possible, you should use a different Assessor for each assessment. Assessors at senior (Consultant or above) level may undertake more than one assessment with you. Assessors at junior level should not assess you more than once.
- Please note that you are not allowed to complete your own assessments. Completing your own assessments is a probity issue.**
- You are only allowed to complete yourself a self Mini-PAT assessment form and a Mini-PAT form for fellow Foundation Doctors.

What should I know about the assessment procedure?

- It is your responsibility to arrange the assessment, choose the Assessor and the procedure/case for all types of assessment. The needs of disabled Foundation Doctors or Foundation Doctors with any other specific needs should be taken into account in assessment arrangements.
- All your assessments should be recorded online in e-Portfolio and it is your responsibility to make sure the Assessor completes the form. Note: Use of paper forms is not acceptable!
- In order to provide your Assessor with access to the online form, you may want to log on e-Portfolio after the assessment has taken place and generate the assessment form from your e-Portfolio log in for your Assessor to complete directly after the assessment. Note: If your Assessor is your Educational Supervisor s/he will be able to complete the assessment form through his/her own log in. If there is no opportunity for your Assessor to complete the assessment form directly after the assessment takes place, you will need to send the Assessor an electronic 'ticket' to his/her email address or hand him/her the printed ticket with a request to complete the assessment form later. Further instructions can be found on the 'ticket'.
- All the assessments should take no longer than 15 minutes to complete which must be followed by an approximate 5 minute feedback session (excluding Mini-PAT). Therefore, it is very important that your Assessor agrees to conduct the assessment only if s/he is available to complete the form in a timely manner.
- Note that the assessment tools are the same for both years of the Foundation Programme but what differs is the level of competence and expertise that you are required to demonstrate through these tools.
- Your Assessor should only fill in the sections on the form where s/he has had a chance to observe you enough to make a judgement; no form should be completed without direct observation.
- You should know that, to ensure fairness and equality of opportunity, all assessments will be subject to monitoring by your Educational Supervisor, your Foundation School or the Deanery by reviewing your portfolio.

Feedback sessions?

- You must be provided with an approximate 5 minute feedback immediately after the assessment (excluding Mini-PAT). Feedback on Mini-PAT will be provided to you by your Educational Supervisor who will collate all comments and provide you with the Mini-PAT summary.
- Feedback should be provided in a sensitive way and in a suitable environment.
- The aim of feedback is to have a conversation that is genuine, mutual, clear, and trusting. The conversation must also set out to understand personal and situational factors.
- During the feedback session, you and your Assessor should identify agreed strengths, areas for development and an action plan.
- While giving feedback, your Assessor will refer to the syllabus and competencies.
- The results of the assessment and feedback session are confidential and your Assessor will discuss these only with colleagues who are involved in your training.

How many of each assessment do I have to undertake?

- Target Timeline:** You must complete during each Foundation Year a minimum of:

By the end of November	By the end of March	By the end of May
Mini-CEX x2	Mini-CEX x2	Mini-CEX x2
DOPS x2	DOPS x2	DOPS x2
CBD x2	CBD x2	CBD x2
Mini-PAT	Mini-PAT	Mini-PAT (if required)

Do my Assessors need to be trained?

- Yes, you should be assessed by trained, well-prepared and competent Assessors.
- The Postgraduate Centre will hold a list of 'Approved Assessors' for each type of Assessment. You should only be assessed by assessors from the 'Approved Assessors' list.

What should I note about the Target Timeline?

- Please note the dates by which you should complete the assessments on the Target Timeline (shown left). The assessments should be spread across the whole Foundation Year and must be completed by the **end of May each year.**
- You are advised to undertake and complete at least two each of Mini-CEX, DOPS and CbDs in each four month placement, both for F1 and F2.
- The first Mini-PAT and Self Mini-PAT should be undertaken by the end of November and the second Mini-PAT and Self Mini-MAT by the end of March.
- A third Mini-PAT and Self Mini-PAT may be required only if there are concerns raised by the Foundation Training Programme Director and/or Educational Supervisor.
- If your placements are three or six month, then you should plan to spread assessments appropriately based on the assessment requirements of the Target Timeline.
- In some specialities, where it may be difficult to undertake certain forms of assessments (e.g. DOPS in Psychiatry), you should seek the advice from your Educational Supervisor on how to spread the assessments to compensate for this.
- If you are on an academic programme and you have undertaken the academic part of your programme as your first or second component, then you will need to manage your assessments according to a slightly different timescale, and you should complete your assessments by the end of June.
- If you are on a flexible or part-time programme, you will also need to manage your assessments according to a different timescale and you should seek the advice from your Educational Supervisor on how best to spread the assessments across the programme.

Mini-PAT: Mini-Peer Assessment Tool

- Mini-PAT is designed to collate views from a range of co-workers for a 360° assessment.

Who can assess me on a Mini-PAT assessment?

- You should nominate 12 co-workers to assess you. This group of people should include at least:

- 2 Consultants/GPs
- 3 Assessors consisting of a mixture of Specialist Trainee, Associate Specialist or Staff Grade

- 5 Assessors consisting of a mixture of Ward Manager, Sister, Senior Staff Nurse, Health Visitor, Midwife

- In addition, the rest of the nominated Assessors may include a mixture of FY1, FY2 (maximum 2), Allied Health Professionals or Administrative staff.

- You should also yourself complete a Self Mini-PAT.

- Mini-PAT questionnaire is confidential and individual comments and ratings are anonymised to you. Your Educational Supervisor must release the Mini-PAT Summary to you and discuss the feedback received at the End of Placement Final Review Meeting.

Mini-CEX: Clinical Evaluation Exercise

- Mini-CEX is used to assess how well you interact with patients, making sure you are obtaining the relevant clinical information without missing important issues or spending lots of time on unnecessary details.
- Each of the encounters that you undertake during the year should be representative of your workload.
- Not all elements need to be assessed on each occasion.
- It should be ensured that the patient is aware that the Mini-CEX is being carried out.

Who can assess me on a Mini-CEX assessment?

- An experienced Specialist Trainee, Consultant, Associate Specialist, Staff Grade or GP.

Competences Assessed and Descriptors

Some descriptors against which assessors consider when rating your competence. A satisfactory Foundation Doctor:

History taking: Facilitates patient's telling of story, effectively uses appropriate questions to obtain accurate, adequate information and responds appropriately to verbal and non-verbal cues.

Physical examination: Follows efficient, logical sequence, examination appropriate to clinical problem, explains to patient, sensitive to patients comfort and modesty.

Communication skills: Explores patient's perspective, jargon free, open and honest, empathetic, agrees management plan/therapy with patient.

Clinical judgement: Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.

Professionalism: Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations.

Organisation/efficiency: Prioritises; is timely; succinct; summarises.

Overall clinical care: Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.

DOPS: Direct Observation of Procedural Skills

- DOPS is designed to provide feedback on procedural skills essential to the provision of good clinical care.
- It should be ensured that the patient is aware that DOPS is being carried out.
- Each DOPS should represent a different procedure and you should sample from each of the core problem groups identified in the Foundation Programme Curriculum. It should also be representative of your workload.

Who can assess me on a DOPS assessment?

- A Consultant, GP, Associate Specialist, Staff Grade, Specialist Trainee, Nurse, Allied Health Professional, Physician's Assistant with expertise in this procedure.

Procedures

- You should be observed undertaking a procedure that constitutes your normal day-to-day practice. Listed below are examples of procedures in the Foundation Curriculum: Venepuncture, SC Injection, Cannulation, ID Injection, Blood Culture (Peripheral), Blood Culture (Central), IM Injection, IV Injection, IV Infusions, Urethral Catheterisation, ECG Airway Care, Arterial Blood Sampling (Radial/Femoral "stab") and NG Tube Insertion.

Broad Standards Expected from Foundation Doctors

- Please refer to the guidance document: 'Directly Observed Procedural Skills: Clinical Guides for Foundation Doctors and Assessors' (available online at: <http://www.netfs.org.uk/news/revise-dops-guide> and <http://www.londondeanery.ac.uk/foundation-schools/policies-guidance-application-forms>), which contains a number of checklists for various procedures and provides assessors with a framework for assessing competences for each skill.

CbD: Case-based Discussion

- CbD is used to enable the documenting of conversations about the presentations of cases. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback.
- CbD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care of which you have been directly responsible.
- It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows you to discuss why you acted as you did.
- Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the Assessor can also evaluate the record keeping in that instance.

Who can access me on a CbD assessment?

- A Consultant, GP, Associate Specialist, Staff Grade, Specialist Trainee at the level 3 or above.

What else should I note?

- You should select 2 case records from patients you have seen recently, and in whose notes you have made an entry. The Assessor selects one of these for this CbD session.
- The discussion must start from and be centred on your own record in the notes.
- An example might be a discussion around an admission 'clerking' and choosing to discuss the reasoning behind your choice of investigations. It should not be taken as an opportunity to discuss the whole case in a viva style approach.

Competencies Assessed and Descriptions

Some descriptors against which assessors consider when rating your competence. A satisfactory Foundation Doctor:

Medical record keeping: The record is legible, signed, dated and appropriate to the problem, and understandable in relation to and in sequence with other entries. It helps the clinician who uses the record to give effective and appropriate care.

Clinical assessment: Can discuss how they understood the patient's story and how, through the use of further questions and an examination as appropriate to the clinical problem, a clinical assessment was made from which further action was derived.

Investigation and referrals: Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why diagnostic studies were ordered/performed, including the risks and benefits and relationship to the differential diagnosis.

Treatment: Can discuss the rationale for the treatment including the risks and benefits.

Follow-up and future planning: Can discuss the rationale for the formulation of the management plan including follow-up

Professionalism: Can discuss the care of this patient as recorded, demonstrated respect, compassion, empathy, and established trust. Can discuss how the patient's needs for comfort, respect, and confidentiality were attended to. Can show how the record demonstrates and ethical approach and awareness of any relevant legal frameworks. Has insight in to own limitations.

Overall clinical care: Can discuss own judgement, synthesis, caring, and effectiveness for this patient at the time that this record was made.