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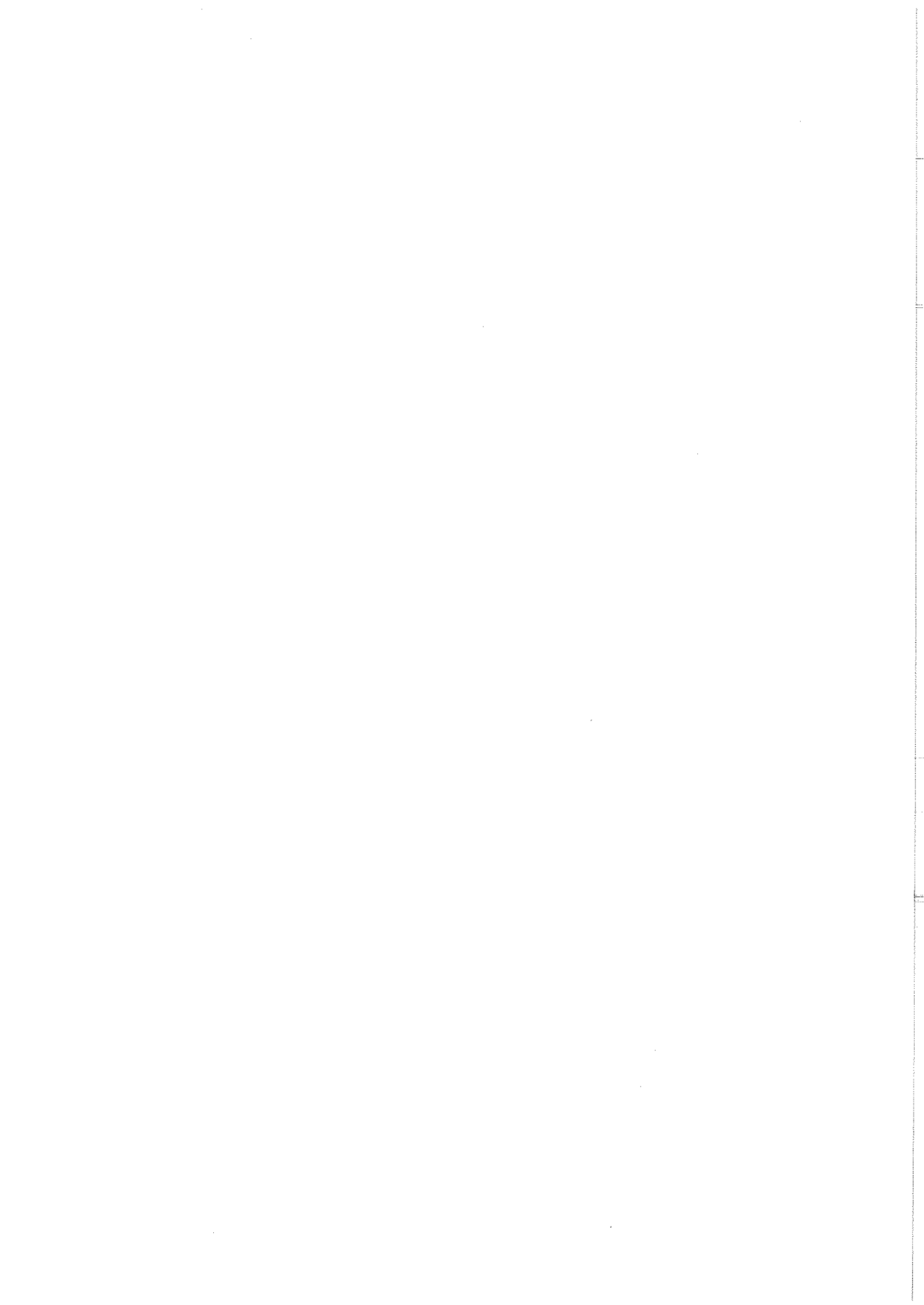


**UNIVERSITY
OF ABERDEEN**

PHASE IV

**CLINICAL ASSESSMENT
FORMS**

2011/2012



CLINICAL ASSESSMENT

During your medicine and surgery blocks you are required to complete a minimum of the following:

- 2x mini-CEX forms with CAS marks
- 1x end of block assessment with CAS mark.
- 2x DOPS assessments as part of your clinical assistantship

During your GP/Psychiatry block, you are required to complete the following:

- 2x mini-CEX forms with CAS marks
- 1x mid (GP block only)/end of block assessment
- Log diary
- 2x DOPS assessments as part of your clinical assistantship

You may be asked to complete additional miniCEX assessments in the professional practice block: information will be available nearer the time.

You do not need to complete any of these assessment forms for your elective block.

The mini-CEX (Clinical Evaluation Exercise)

What is the mini-CEX?

The mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. Strengths, areas for development and agreed action points should be identified following each mini-CEX encounter. This form samples a range of areas within the curriculum. Multiple mini-CEX assessments are known to be as valid as other forms of assessment when repeated over time, and the six you submit will go towards your final summative mark at the end of final year.

You have been issued with this booklet which contains 8 mini-cex, allowing you to have more than the proscribed six through out the course of the year. If you wish to undertake more assessments spare copies will be available from the MBChB office.

When will I have my mini-CEX?

Your educational supervisor/GP tutor is aware that you will have this assessment during your clinical blocks. You are expected to contact your supervisor early in the block, to arrange a suitable time for at least two mini-CEXs. **One of these MUST be completed by the end of week 4 and one by week 8** Your miniCex can be supervised by themselves or with a senior member of staff on the same ward/surgery/clinic (e.g. another consultant, ST or SpR or GP but NOT an FY). The assessor will usually take you to a patient and ask you to take a focused history and perform a relevant examination. You may then be asked about areas of diagnosis and management. The exact format will vary with the ward/outpatient setting.

You need to take the marking form along with you: while you can keep the second copy to help with your reflective practice on your performance. Please also ask the assessor to ensure they have given you a mark on the Common Assessment Scale which is included. **It is your responsibility to ensure that you have at least two mini-CEX examinations for each block, and to return the marked form as instructed. Failure to do so will result in a 0 mark for that component of your final summative mark. Any incomplete forms or assessments carried out by an FY will be rejected and you may be required to re-do the assessment.**

If you complete more than two mini-CEXs per block, the two highest CAS marks will be used for your summative mark.

What should you be assessed doing?

The mini-CEX is suitable for use in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking the actual clinical encounters normally expected of you, such as clerking in a new patient.

How should it work?

The observed process should take no longer than 15-20 minutes. Do what you would normally do in the situation. This is not meant to be a full 'long case' examination taking hours. Your assessor will then provide some immediate feedback which should take no longer than 5 minutes.

End of block assessment

These reflect your attendance, knowledge and attitude during the block and are used to identify any potential problems that you might be having. In GP and Psychiatry you will also be completing a log diary. Although these assessments are formative they will be taken into consideration at the end of final year. You need to arrange to meet with your supervisor to complete these and ensure that they are submitted by the relevant deadline.

DOPS (Direct Observation of Practical Skills)

What are DOPS?

Direct observation of procedural skills (DOPS) is a form of assessment used to assess technical and professional skills in a range of basic diagnostic and interventional procedures, or parts of procedures. This structured observation helps facilitate feedback and highlight good practice in the development of your practical skills as preparation for foundation programme. The assessment involves the observation of a practical procedure within your clinical block relevant to that particular specialty.

You have been issued with this booklet which contains 8 mark sheets, allowing you to have more than the proscribed six throughout the course of the year. If you wish to undertake more assessments spare copies will be available from the MBChB office.

When should I use DOPS?

Your educational supervisor/GP tutor is aware that you will have this assessment during your clinical apprenticeship. These need to be performed by the end of your clinical block and you need to bring them to your end of block review with your clinical supervisor. DOPS can be supervised by any member of staff competent to perform the procedure themselves. This can include FY trainees.

What should you be assessed doing?

DOPS are suitable for any practical skill performed in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking any procedure relevant to your block. Examples are: venesection, safe disposal of 'sharps', catheterisation, measuring blood glucose, ECG, urinalysis, skin suturing, moving and handling patients, hand washing. A complete list of practical procedures is detailed in your study guide. DOPS provide evidence that you have achieved a certain level of competency with that skill or procedure.

How should it work?

You need to bring your assessment book and provide your assessor with the DOPS form. They observe you perform the procedure. Your assessor will then provide some immediate feedback which should take no longer than 5 minutes.

IF YOU HAVE ANY PROBLEMS WITH ORGANISING THESE, LET FIONA PETRIE (f.petrie@abdn.ac.uk) KNOW AS SOON AS POSSIBLE, AND CERTAINLY BEFORE THE FINAL WEEK OF THE BLOCK.

What next?

The top copy of all the assessment sheets should be returned to Fiona Petrie in the MBChB office with the exception of the mid/end block assessment for GP which should be returned to Ann Christie in Dept of GP and Primary Care at West Block, Polwarth Building. The bottom copy should be retained in the booklet for future reference. **You must ensure your name is clearly indicated on the form prior to submission.**

Deadlines

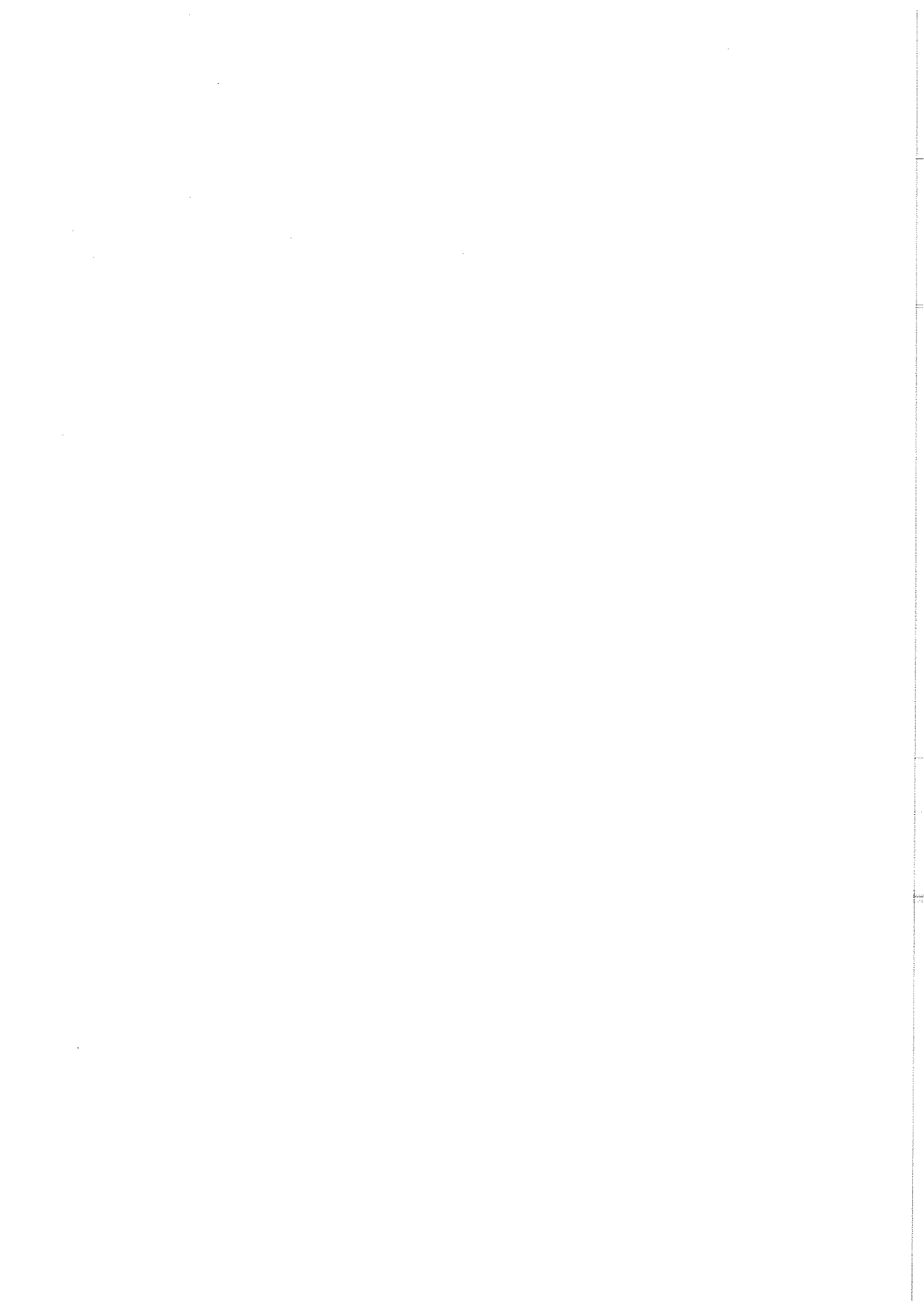
You must complete all of the assessments during the block. This reflects practice in the FY training programme and means you must consider staff vacations or absences and take these into account when planning the assessment. It is not acceptable to complete the assessments in the following block.

All forms must be submitted to Fiona Petrie in the MBChB office as detailed below, ensuring that your name is on all forms.

First mini-cex assessment (completed week 1-4) must be submitted by the end of week 5 of current block
2nd mini-cex, DOPS and end of block assessment must be submitted within 2 weeks of commencement of subsequent block

Late forms may not be considered and late or no submission could result in refusal of your class certificate. Forms may be posted directly to Fiona Petrie, MBChB office, Room 318, Suttie Centre, Foresterhill, Aberdeen, AB25 2ZD

It is your responsibility to arrange these and to submit the completed forms.



Mini-CEX (Clinical Evaluation Exercise): Phase IV ASSESSOR INFORMATION

Thank you for completing this assessment for this student. **For Medicine and Surgery you should also complete the formative eight week assessment mark, as these are used to reflect attendance, knowledge and attitude during the block and are used to identify any potential problems that the student might be having.**

What is the mini-CEX?

The mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. It is a "snapshot" of a doctor or student/patient interaction. The mini-CEX is suitable for use in a community-based, out-patient, in-patient or acute care setting. Not all elements need be assessed on each occasion. The form samples a range of areas within the curriculum. You have been asked to assess this student as you are their GP/ Psychiatry tutor or Educational Supervisor in Medicine or Surgery. You need not have prior knowledge of the student. If you are unable to undertake two assessments during the block, it is acceptable for a senior member of staff to deputise (e.g. experienced SpR, SASG or GP colleague).

How should it work?

Having selected a willing and appropriate patient, you should then direct the student to perform a relevant history and examination, which may also cover investigation and diagnosis. The observed process should take no longer than 15-20 minutes. Immediate feedback should take no longer than 5 minutes.

mini-CEX: Competencies Assessed and Descriptors

Question area	Descriptor for a satisfactory trainee:
History taking	Facilitates patient's telling of story, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues
Physical examination	Follows efficient, logical sequence; examination appropriate to clinical problem, explains to patient, sensitive to patient's comfort, modesty.
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
Clinical judgement	Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.
Communication skills	Explores patients perspective, jargon free, open and honest, empathic, agrees management plan/therapy with patient.
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

Specific points:

The marking sheet should be self-explanatory. A sheet with the Common Assessment Scale (CAS) descriptors is also provided.

Focus of clinical encounter: Diagnosis should include an assessment of the trainees' examination skills and their abilities to reach a provisional diagnosis.

Complexity of case: Please score the difficulty of the clinical case for the level of a phase IV student at this stage of the course.

Feedback: In order to maximise the educational impact of using mini-CEX, you and the trainee need to identify agreed strengths, areas for development and an action plan.

CAS Scale: Please complete, using the CAS scale included in this booklet. This facilitates converting an overall mark into part of the final year summative assessment.

It is the student's responsibility to return the top copy to the MBChB office.

Thank you very much for completing this form and feeding back to the trainee.

UNIVERSITY OF ABERDEEN

COMMON ASSESSMENT SCALE for mini Clinical Evaluation Exercise

PLEASE GIVE AN OVERALL MARK TAKING INTO CONSIDERATION WHICH PARTICULAR ASPECTS OF THE CASE HAVE BEEN EXAMINED (e.g. MOSTLY HISTORY OR MOSTLY EXAMINATION).

The purpose is to assist examiners and to encourage uniformity of marking standards.
Please note that the term 'clinical skills' includes both communication skills and observation of short cases.

CRITERIA	COMMON SPINE MARKING SCALE
Very proficient clinical skills. Excellent eliciting and presenting of history and examination with constructive and imaginative discussion of findings. Excellent communication skills.	20
	19
	18
Good clinical skills. Good eliciting and presenting of history and examination and able discussion of diagnosis and management. Candidate is clearly above average competence.	17
	16
	15
Adequate clinical skills. Sensible elicitation and presentation of history and examination with reasonable discussion of diagnosis and management. Candidate felt to be generally competent.	14
	13
	12
Limited clinical skills and/or ability to elicit and present history and examination. Limited appreciation of differential diagnosis and management. Examiners feels no gross deficiencies requiring further training.	11
	10
	9
<i>The minimum level to constitute a pass.</i>	
A mark of 8 cannot be awarded	
Inadequate clinical skills. Well below the level expected at this stage in training.	7
	6
Clinical skills poor. Bad case presentation. Poor knowledge of essential relevant facts. Little understanding of clinical problems. Examiners agree on the need for a compulsory period of further undergraduate training	5
	or less

Phase IV Assessment : Mini- Clinical Evaluation Exercise (CEX)

Please complete questions or circle appropriate response.

Please also give a CAS mark based on the accompanying Common Assessment Scale.

Student name **Student ID No.**.....

Assessor **Assessor Grade**.....

Phase IV block Medical Surgical GP Psychiatry Elective Other

Clinical setting In patient (Hosp.....Ward) Outpatient Other.....

Main clinical problem(s).....

Complexity of case			Focus of clinical examination			
Low	Average	High	History	Diagnosis	Management	Explanation

Please grade the following areas using the scale below:	Unsatisfactory for current stage	Borderline	Satisfactory	Highly satisfactory	U/C*		
1. History taking	1	2	3	4	5	6	7
2. Physical examination skills	1	2	3	4	5	6	7
3. Mental state examination	1	2	3	4	5	6	7
4. Communication skills	1	2	3	4	5	6	7
5. Clinical judgement	1	2	3	4	5	6	7
6. Professionalism	1	2	3	4	5	6	7
7. Organisation/Efficiency	1	2	3	4	5	6	7
8. Overall clinical care	1	2	3	4	5	6	7

*U/C: Please mark this if you have not observed the behaviour and therefore feel unable to comment.

Anything especially good?	Suggestions for development
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Agreed action:

Assessor's signature

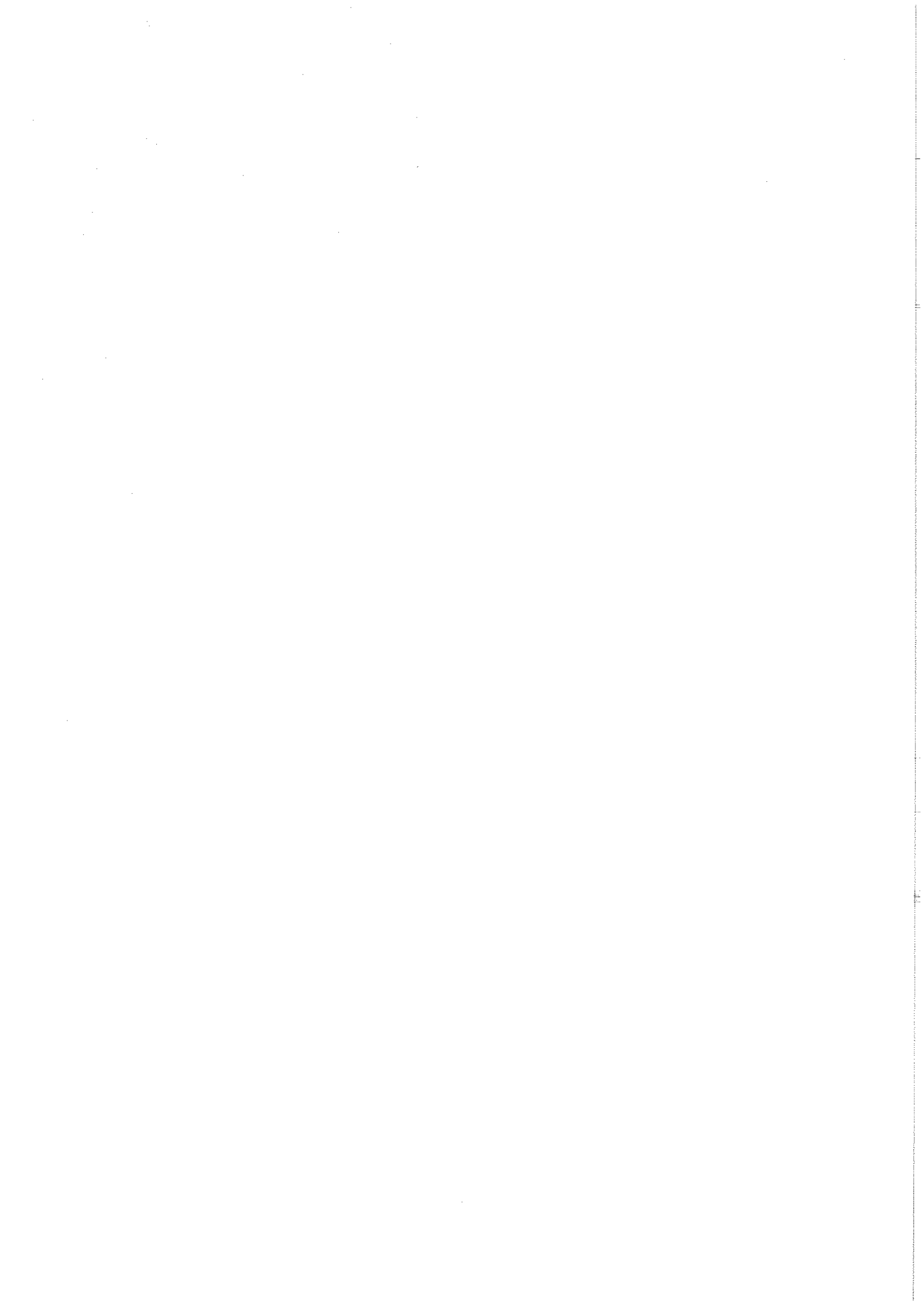
Date

Time taken for observation (mins) _____

CAS mark
(see CAS scale)

Time taken for feedback (mins) _____

White top copy to be returned to Fiona Petrie, MBChB office
Bottom yellow copy to be retained by student



Direct Observation of Procedural Skills (DOPS)
For medical undergraduate assessment of core procedural skills

Assessor Name _____ Student Name: _____

Procedure being observed (CAPITALS) _____

Indication for procedure/diagnosis (CAPITALS) _____

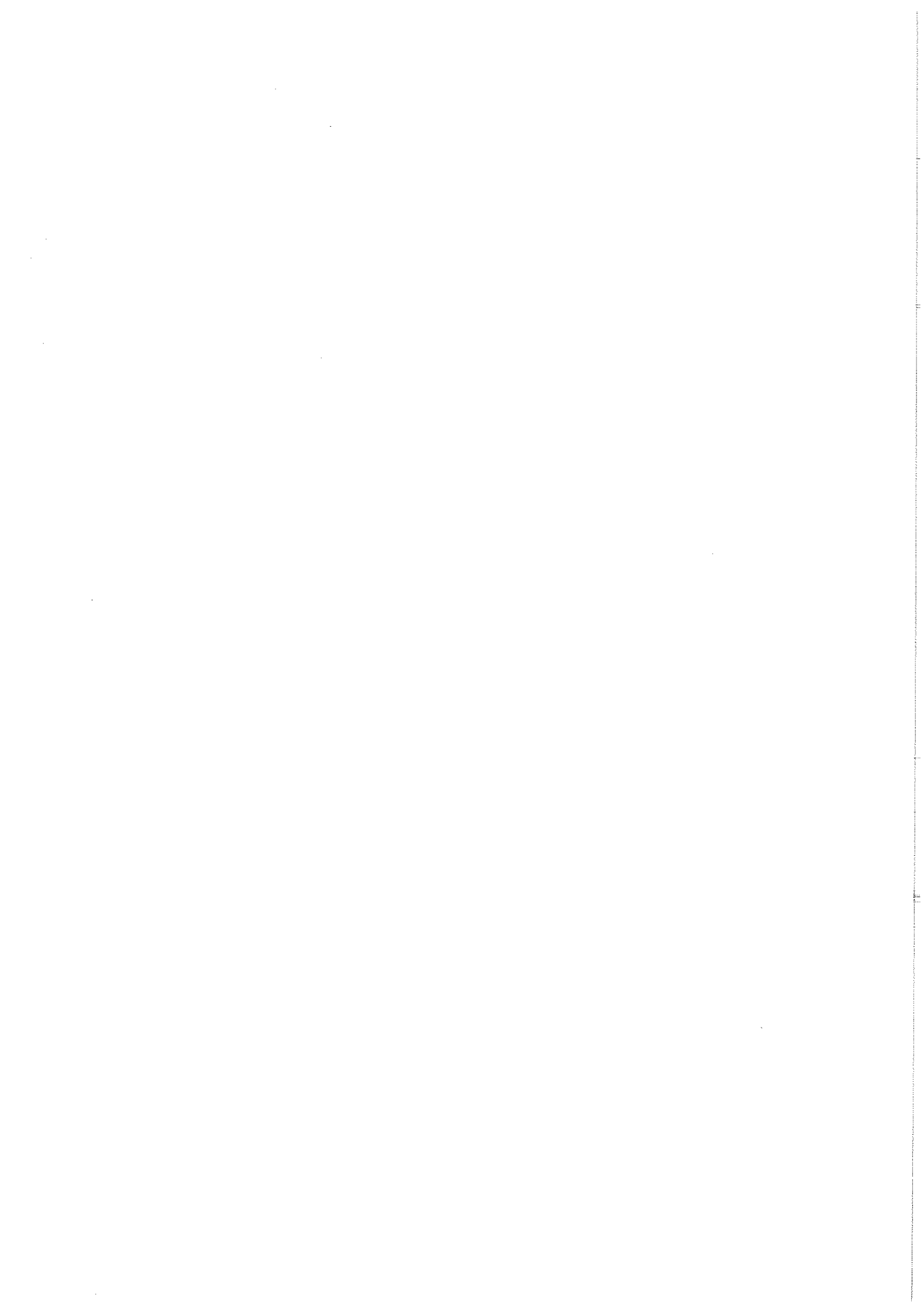
Please mark one of the boxes for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1 is considered satisfactory, 2 borderline, 3 indicates successful performance and 4 indicates outstanding performance. Please note that your scoring should reflect the performance of the students against that which you would reasonably expect at their stage of training and level of experience.

You must justify each score of 1-2 with at least one explanation/example in the comments box. Please feel free to add any other constructive and relevant comments about the student's strengths and weaknesses.

	Unsatisfactory	Borderline	Successful Performance	Outstanding Performance
	1	2	3	4
1. Demonstrates understanding of indications				
2. Obtains informed consent				
3. Demonstrates appropriate knowledge of procedure and anatomy				
4. Technical ability				
5. Demonstrates appropriate & safe handling of equipment				
6. Demonstrates asepsis before, during & after procedure if appropriate				
7. Completes required communications (written & verbal) appropriately (content, clarity, professional to required personnel including patient and carers)				
8. Deals with any unexpected events appropriately (e.g. failure to cannulate vein)				
9. Overall professionalism & patient consideration				

Assessor's comments on student performance

Pink top copy to be returned to Fiona Petrie, MBChB office
Bottom yellow copy to be retained by student



PHASE IV (SURGICAL&MEDICINE) CLINICAL BLOCK END OF BLOCK ASSESSMENT FORM

Student's Name:
 Period:
 Specialty Tutor:
 Tutor Grade:

Please comment on the above student:

	Satisfactory	Unsatisfactory
Attendance		
Clinical Assistantship (minimum of 1 week)		
Completion of two DOPS relevant to block		

	Very Good	Competent	Borderline	Inadequate
1. History Taking & Physical Examination				
2. Investigation and Management				
3. General Medical Knowledge				
4. Clinical Skills & Procedures				

	Very Good	Satisfactory	Unsatisfactory
5. Professional Relationships			
6. Attitude and Behaviour			

End of Block Assessment

CAS MARK

Please give details if any of 1-4 are borderline/inadequate, or any of 5-6 are unsatisfactory:

Please provide the student with some constructive feedback

Signed - Date -
 (Specialty Tutor)

Signed - Date -
 (Student)

Blue top copy to be returned to Fiona Petrie, MBChB office
 Bottom yellow copy to be retained by student



GP/COMMUNITY BLOCK FORMATIVE ASSESSMENT

The purpose of this assessment is to discuss feedback and learning. Below is some guidance you may wish to use on standards for each of the competence areas to be discussed at this assessment.

To aid this assessment process a tutor may look for evidence of students practice and behaviours in

- observed consultations
- observed behaviour within the practice
- the students own record of consultations etc...
- patient records
- reports from primary care team members

Area	Descriptor	Criteria	Standards
Good Clinical Care	Demonstrates a degree of clinical competence appropriate to the year of training. Refer to student record of consultations as well as tutor observed consultations.	Very proficient clinical skills. Excellent eliciting and presenting of history and examination with constructive & imaginative discussion of findings.	Outstanding
		Good clinical skills. Good eliciting & presenting of history and examination. Able to discuss diagnosis & management.	Very Good
		Adequate clinical skills. Sensible elicitation & presentation of history & examination with reasonable discussion of diagnosis & management.	Good
		Limited clinical skills and/or ability to elicit & present history and examination. Limited appreciation of differential diagnosis & management.	Pass (Borderline)
		Inadequate clinical skills well below the level expected at this stage in training. Bad case presentation. Poor knowledge of essential relevant facts. Little understanding of clinical problems.	Fail
Maintaining Medical Practice	Uses all educational opportunities (to identify & addresses learning needs, as well as demonstrate a reflective approach). For evidence check record of consultations that have identified students learning needs.	Self directed, showing strong sense of independence in learning, fully aware of knowledge gaps and uses every opportunity to rectify these. Excellent reflection and full insight into any areas needing improvement.	Outstanding
		Very aware of knowledge gaps and areas to be improved. Very good reflective practice. Very good use of learning opportunities but could be more comprehensive/imaginative. Needs no prompting or advice regarding learning resources.	Very Good
		Aware of knowledge gaps most of the time, occasional reminder/prompts required re learning needs but overall good and aware of gaps needing to be addressed.	Good
		Less aware of knowledge gaps but accepts guidance on rectifying these. Needs prompting about reflective practice and the importance of this.	Pass (Borderline)
		Inappropriate approach to problems. Unaware of their limited medical knowledge and skills. Poor problem solving strategies. Minimal reflective practice displayed.	Fail
Relationship With Patients	Recognised as an effective communicator with patients and relatives. For evidence base this judgment on observed consultations and reports	Excellent communicator with patients and relatives. Excellent rapport, easy manner, empathetic. Able to explain problems succinctly and relevant to individual patients. Excellent patient feedback.	Outstanding
		Very good at listening and so picking up communication cues. Very good rapport, very able in communicating and giving explanations to patients and relatives.	Very Good

	from colleagues.	Good communicator. Generally able to explain adequately and appropriately to patients. Very occasional reminder of a structured communication plan that needs improving.	Good
		Some problems with communication. Difficulties in explaining problems. Sometimes unstructured consultations.	Pass (Borderline)
		Poor communicator, poor explanations. Unsure/unaware of patients needs and/or concerns. Missing the point of consultation. Poor feedback from patients.	Fail
Working With Colleagues	Works effectively with all colleagues from all disciplines. Acknowledges & respects the competencies of other team members. For evidence collect feedback from other members of PHCT and own observations.	Excellent team member interacts appropriately, excellent feedback from all others in the team. Contributes at meetings, involves themselves in day to day matters, actively interested in their placement.	Outstanding
		Very good team member, very good attitude and feedback from others. Have been able and willing to get involved as placement progressed	Very Good
		Good team member, good attitude and feedback from others, no concerns in them working well with others but occasionally lacks reflection of improving their own performance.	Good
		Seems detached from day to day issues, does not demonstrate they are really interested. Lack of interaction with team members. Not much to contribute at meetings except when prompted.	Pass (Borderline)
		Lacks awareness of others in the team, exhibiting little interaction with them. Limited appreciation of other team members' role/status. Appears to make little or no effort in getting involved. Demonstrates lack of interest by little connection with tutor/staff.	Fail
Probity and Maintaining Trust	Evidence of maturity, professionalism and probity (including confidentiality) in general behaviour and actions. Consider attendance, honesty, dress and manners. Refer to Student Dress Code found in Phase IV Handbook.	Always seen as acting appropriately with regards punctuality, honesty, dress and general professional behaviour towards patients and staff.	Outstanding
		Present as honest and have good general professional behaviour towards patients and staff but not exemplary e.g. with regards punctuality, dress and manner.	Good
		Dishonesty or rude/inappropriate manner towards patients and/or staff. Unacceptable professional behaviour.	Fail

PHASE IV GP/COMMUNITY BLOCK FORMATIVE ASSESSMENT

NAME ATTACHMENT PRACTICE

Date of assessment TUTOR MID BLOCK / END BLOCK (please circle)

	FAIL	PASS (BORDERLINE)	GOOD	VERY GOOD	OUTSTANDING
Good Clinical Care					
Maintaining Medical Practice					
Relationship with patients					
Working with colleagues					
	FAIL		GOOD		OUTSTANDING
Probity and maintaining trust					

Strengths
Areas to address including any action points
Plan to take forward to further Blocks

If a student is assessed as fail in several categories, the tutor may want to highlight their concerns about the student with the relevant GP Phase IV lead.

Tutor (please sign)		Student (please sign)	
Date		Date	

Green top copy to be returned to Ann Christie, Dept of GP & Primary Care, Foresterhill Health Centre

Bottom yellow copy to be retained by student

