Workplace-based Assessment for international medical graduates

Assessors Guide

Medical Workforce Branch
Office of the Chief Medical Officer
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Introduction and welcome

Welcome to workplace-based assessment (WBA) in Western Australia (WA). Thank you for your willingness to act as an assessor for international medical graduates (IMGs) undertaking WBA.

The WBA Program in WA commenced as a pilot at Bunbury Hospital in 2010, and has since expanded to Kalgoorlie Hospital (2012) and Geraldton Hospital (2015). It has also been extensively piloted in other states and territories, and currently there are seven accredited program providers and 15 accredited locations across Australia.

The WBA Program provides an opportunity for candidates to be assessed longitudinally by colleagues in regards to clinical competence and knowledge of Australian practices and standards relating to health care delivery.

Assessment is multi-faceted, reflecting a broad scope of clinical activity evaluated by several different methodologies and allowing a comprehensive understanding of the candidate’s skills and knowledge. The feedback loop supports candidates to identify their strengths and development areas to achieve a level of competence equivalent to that of an Australian medical graduate at the end of their intern year.

Your participation in this program is appreciated.

Best wishes

WBA Program management team
Medical Workforce Branch, Office of the Chief Medical Officer
Background

The WBA Program is managed by the Medical Workforce Branch, Office of the Chief Medical Officer, within the Department of Health (the Department).

The AMC requires WBA Programs to be accredited for implementation of assessment against the AMC Workplace-based Assessment Accreditation Guidelines and Procedures, 7 October 2014.

As System Manager, the Department provides overall strategic direction for the WBA program in WA and has been granted accreditation as a Program Provider by the AMC to conduct WBA for IMGs on the standard pathway. There are seven accredited WBA program providers across Australia.

Implementation and day-to-day running of the WBA Program is undertaken by Health Service Providers (HSPs). Nationwide, 15 HSPs are accredited to implement the WBA Program. In WA, the three HSPs currently accredited to implement WBA are Bunbury and Geraldton Hospitals, and the Kalgoorlie Health Campus. Further information: Accredited assessment programs.

WBA provides an alternative mechanism for IMGs to achieve the AMC Certificate and be eligible for general registration with the Medical Board of Australia, assessing on knowledge, clinical skills and professional attributes across the six clinical areas assessed by the AMC Clinical Exam. Candidates are expected to prepare for WBA assessments as they would the AMC Clinical Exam.

The rigour of the WBA assessment provides candidates with the opportunity to modify and improve performance over time; a significant benefit not obtained from the AMC Clinical Examination. Out of 1979 AMC Clinical Examinations held in the 2014/15 financial year, 30% (588) successfully passed; while in the same timeframe nationwide, 76 of 84 IMGs (90%) were successful in achieving the AMC certificate through the WBA Program¹.

The WBA Program supports:

- Monitored progress through the required supervised pathway,
- Identification of, and guidance in addressing, specific learning needs, and
- Determination of candidate readiness to proceed to independent (or more independent) practice in Australia.

Educational benefits, including consistency of supervision and assessment techniques within the wider hospital community, have been demonstrated by the WBA Program, including professional development of clinicians performing an assessment role and calibration across all teaching and training interactions.

This Assessor Guide provides the information you will need to support and assess candidates in the WBA program, and introduces the methods of assessment that will be used. Please read all information contained in this Assessor Guide with care. This document may include terminology and concepts that need clarification and you are welcome to discuss any matter covered here with the WBA Program team.

Selection of candidates

IMGs interested in undertaking WBA are encouraged to apply for employment through the annual centralised recruitment process, or other recruitment processes, through MedJobsWA.

Selection to the WBA Program is undertaken in accordance with the WA Health WBA Program Selection and Appointment Guidelines for Hospitals. Candidates must have passed the AMC MCQ exam (i.e. the normal criteria for the AMC Clinical Exam) and have a contract of employment with an HSP accredited for WBA to be eligible.

A candidate who accepts a place in the WBA program cannot apply for the AMC Clinical Exam during the 12 month period of the WBA program. Additionally, if a candidate is already enrolled in the AMC Clinical Exam for the year of WBA commencement, they will need to withdraw to be accepted into the WBA program for that year.

Information for assessors

The WBA program is based on the opinion of multiple trained assessors using different assessment tools in various clinical settings over an extended period of time.

The role of assessors is to:

- Conduct a direct or indirect summative assessment of a candidate in a specific clinical area / skill / dimension, completes the required assessment documentation and provides the candidate with immediate feedback.
- Assist the candidate to select the case and/or patient to be assessed.
- Ensures that patient consent has been obtained.
- Ensure that the candidate is cognisant of exactly which areas, skills and dimensions are being assessed and that sufficient preparation time has been allocated.
- On request from a candidate, may conduct the required formative assessments prior to the summative assessment, and provide constructive verbal and/or written feedback.
- Ensure that all documentation pertaining to assessment of the candidate is provided to the Department for secure storage in the candidate’s file.

To become an assessor, the AMC requires that clinicians undertake a training program prior to taking part in the WBA program.

Assessor training

Assessors will receive orientation to the WBA Program with training in the following:

- Use of WBA tools.
- Providing feedback.
- Calibration for direct observation of clinical performance and indirect methods of assessment.

The following resources will be provided and mandated for training assessors and supervisors:

- WBA assessor and supervisor training package.
- Assessor Guide.
- Supervisor Booklet.

Assessors are required to attend a WBA training session every year to ensure that assessment criteria and standards are being applied consistently.

Continuing professional development allocation

You may be eligible for continuing professional development points from attendance at workshops and supervision and assessment of the WBA candidates throughout the 12 month program.

Important points

Regardless of the level at which an IMG is employed, all candidates in the AMC WBA program are assessed at the level which one would expect from a minimally or just competent medical officer at the end of PGY1 (internship).

- An awareness that many IMGs have worked in one area of specialty for several years, with little or no exposure to other disciplines, is important. Although assessment is at end of PGY1 level, candidates may not have the same immediacy of knowledge and experience in all six disciplines as junior doctors, and may require considerable revision and remediation in some areas to ensure adequate preparation for assessments.
- Although it is the candidate’s responsibility to ensure sufficient experience in the six clinical areas in which they will be assessed is obtained; you, in your capacity as assessor are required to provide support, advice and guidance, and to facilitate their path through the disciplines.
A minimum of 10 hours exposure to a clinical area is required before assessment can occur. Candidates can gain experience in other clinical areas by formal placement or by attending clinics, ward rounds, educational sessions, and by volunteering.

Candidates are responsible for ensuring completion of all required assessments (as described in the WBA blueprint) to successfully complete. Again, your role is to offer guidance and assistance where necessary.

The required text for the program is the AMC Anthology of Medical Conditions. The AMC Clinical Exam is based on the information contained in this text, and the WBA program assesses the same scope of information. A copy has been purchased for each accredited HSP.

Candidate results will be electronically uploaded to the AMC portal by the HSPs and be monitored by the AMC over the course of the 12-month program.

Conflict of interest

Assessors are required to make an objective assessment about a candidate’s performance. Ideally, an assessor should be at ‘arm’s length’ and independent of a candidate. If a candidate is a relative or friend of an assessor, or if there is any potential, perceived or actual conflict of interest, or preconception about a candidate, the assessment should not proceed and the assessor should notify the WBA administrative officer as soon as possible so that an alternative assessor can be assigned.

Since every assessment is independent of all other assessments, candidates should not discuss WBA progress and previous results with assessors.

If an assessor feels that a candidate is exerting pressure on them to pass, the assessor should halt the assessment and contact the WBA administrative officer and program director immediately.

Assessment requirements for WBA

The WBA process assesses clinical skills and dimensions across clinical settings.

Clinical skills and dimensions

The AMC has developed a list of clinical dimensions and clinical skills across which the performance of candidates should be assessed.

The clinical skills are specified as:

- History taking.
- Physical examination.
- Investigations and diagnosis.
- Prescribing and management.
- Counselling/patient education, and
- Clinical procedures.

The clinical dimensions identified for assessment are:

- Clinical judgement.
- Communication skills.
- Ability to work as an effective member of the health care team (i.e. teamwork and honesty).
- Ability to apply aspects of public health relevant to clinical settings.
- Cultural competence, and
- Professionalism and attention to patient safety.

Clinical settings

The AMC guidelines stipulate that candidates should be assessed across the same clinical areas as the AMC Clinical Examination. The six (6) clinical areas comprise:

- Adult health – medicine (both acute and chronic management).
- Adult health – surgery (both acute and chronic management).
- Women’s health (obstetrics and gynaecology).
- Child health (paediatrics).
- Mental health (psychiatry), and
- Emergency medicine.

It will not be possible for all candidates to do full rotations in all clinical areas. It is expected that candidates will be supported to obtain experience and be assessed in clinical areas in which they are not employed, by means of:
- Educational sessions.
- Short rotations / leave replacements.
- Clinics.
- Ward rounds, and
- Voluntary work.

**Assessment methods and conditions**

The following six (6) mandatory assessment tools are used in the WA WBA program:

1. Mini clinical evaluation exercise (mini-CEX)
2. Case based discussion (CBD)
3. Direct observation of procedural skills (DOPS)
4. Multi-source feedback (MSF) or 360 degree assessment
5. In-training assessments (formative, summative and final supervisor reports)

**Agreed minimum requirements**

A candidate must be successful in all six (6) forms of assessment using both direct and indirect assessment methods.

The agreed minimum requirements for assessment in the WA WBA program are detailed in the blueprint below.
Candidate Blueprint (template):

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX (Pass 9/12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOPS (Pass 6/6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBD (Pass 5/6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSF (Pass 1/1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formative Reports (Not pass/fail)</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summative Reports (Pass 2/2)</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-assessments (Not pass/fail)</td>
<td>F1.</td>
<td>$1.</td>
<td>F2.</td>
<td>$2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Calibration (Not pass/fail)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Report (Pass 1/1)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Glossary:**
- CBD – Case-Based Discussion
- DOPS – Direct Observation of Procedural Skills
- Mini-CEX – Mini-Clinical Examination
- MSF – Multi-Source Feedback
- F1 – Formative 1
- S1 – Summative 1

*Note: This completed blueprint is submitted to the AMC with candidate results*
Assessment methods

All assessment forms are available from the direct assessment and indirect assessment links on the WBA website.

Assessors are asked to ensure the assessment forms are completed, signed and dated by both parties and returned to the WBA administrative officer as soon as possible after the assessment.

Direct assessment

All direct assessments will be held in the clinical setting in which the doctor-patient interaction takes place.

Mini clinical evaluation exercise

Each candidate is required to undertake two (2) mini-CEX assessments in each of the six (6) clinical areas; a total of twelve (12) mini-CEX assessments.

Candidates must pass a minimum of nine (9) out of twelve (12) mini-CEX assessments and pass at least one (1) mini-CEX in each of the six (6) clinical areas.

The mini-CEX aims to assess a range of core competencies that a candidate uses during day-to-day encounters with patients. These are:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Clinical and patient management skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical interviewing and communication skills</td>
<td>Facilitates patient’s telling of story; effectively listens and uses questions/directions to obtain accurate, adequate information needed; responds appropriately to affect non-verbal cues.</td>
</tr>
<tr>
<td>Physical examination skills</td>
<td>Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patient; sensitive to patient’s comfort, modesty.</td>
</tr>
<tr>
<td>Professionalism / humanistic qualities</td>
<td>Shows respect, compassion, empathy, establishes trust, attends to patient’s needs of comfort, modesty, confidentiality.</td>
</tr>
<tr>
<td>Counselling skills</td>
<td>Explains rationale for test/treatment obtains patient’s consent, educates/counsels regarding management.</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td>Selectively orders/perform appropriate diagnostic studies, considers risks and benefits, arrives at an accurate diagnosis or differential diagnosis and identifies effective management strategies.</td>
</tr>
<tr>
<td>Organisation/efficiency</td>
<td>Prioritises; is timely and succinct.</td>
</tr>
<tr>
<td>Overall clinical competence</td>
<td>Demonstrates judgement, synthesis, caring, effectiveness and efficiency.</td>
</tr>
</tbody>
</table>

For further information about mini-CEXs see the following appendices:

- Appendix 1: Mini-CEX assessors guide
- Appendix 2: Tips for assessors conducting mini-CEXs
- Appendix 3: Sample mini-CEX assessment form

Direct observation of procedural skills

During the DOPS assessment, assessors observe WBA candidates as they perform a procedure. The assessor completes the DOPS assessment form (example provided in Appendix 4) at the end of the procedure and provides immediate feedback to the candidate. If there are aspects of the procedure that are not performed satisfactorily the completed DOPS form acts as a guide for further learning.

Examples of procedures are provided in the DOPS skills list. Additional procedures are listed in the Australian Junior Doctors Curriculum Framework.
External assessor report

The external assessor’s report acts as a measure against which all other assessment reports are calibrated, and does not constitute a pass or fail.

The visit of the external assessor is usually conducted during the second half of the WBA program by an experienced clinician with sound knowledge of the AMC Clinical Examination standards. The external assessor will directly observe the candidate in the everyday work environment, complete the external assessor report (an example is provided in Appendix 5) and provide immediate feedback.

Passing standard for direct assessments

The passing standard applied to WBA will reflect the standard applied to Australian-trained doctors at the end of internship (PGY1).

The following table provides examples of the rating scale application to the Mini-CEX assessment:

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
<th>Example</th>
</tr>
</thead>
</table>
| 1 for any single clinical skill or dimension | Fail | 1. Medical interviewing skills – 5  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 1  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

| 2 for one clinical skill or dimension and 3 for another clinical skill or dimension | Fail | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

| 2 for any 2 clinical skills or dimensions | Fail | 1. Medical interviewing skills – 2  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

| 2 for any single clinical skill or dimension and 4 or higher for all other clinical skills or dimensions | Pass | 1. Medical interviewing skills – 5  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 2  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

| 3 for any 2 clinical skills or dimensions and 4 or higher for all other clinical skills or dimensions | Pass | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 3  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

| 4 or higher for all clinical skills or dimensions | Pass | 1. Medical interviewing skills – 3  
2. Physical examination skills – 6  
3. Professionalism/humanistic skills – 4  
4. Counselling skills – 3  
5. Clinical judgement – 7  
6. Organisation/efficiency – 5  
7. Overall clinical competence - 4 |

Note: If scoring a fail, the entire assessment encounter will be counted as a fail, despite all other skills receiving a pass mark.
The following table provides information on the rating scale for DOPS and CBD.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Rating scale</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOPS and</td>
<td>9-point rating scale</td>
<td>1, 2 or 3 = unsatisfactory</td>
</tr>
<tr>
<td>CBD</td>
<td></td>
<td>4, 5 or 6 = satisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7, 8 or 9 = superior</td>
</tr>
</tbody>
</table>

**Indirect assessment**

Indirect assessments and feedback sessions following assessments should take place in a setting which affords as great a degree of privacy as possible.

**Case-based discussion**

CBD is an alternative term for chart stimulated recall, developed by the American Board of Emergency Medicine, designed to allow the assessor to probe the candidates clinical reasoning, decision making and application of medical knowledge in direct relation to patient care in real clinical situations.

CBDs are structured, non-judgmental reviews designed to:

- Improve clinical skills.
- Provide candidates with access to experts in clinical decision-making affording opportunities to reflect on and discuss patient approaches and identify strategies to improve practice.
- Enable assessors to guide learning through structured feedback by sharing professional knowledge and experience in a collegial way.
- Identify areas for development as part of the continuum of learning, including the rationale for preferred management choices.

Candidates select three or four cases from patients they have managed (seen and documented) and prepare case notes for this assessment. Patients should be those recently cared for by the candidate and may include longitudinal care patients. Each case record should have sufficient breadth, depth and complexity to enable focus on clinical decision making.

Using the CBD template (example provided in Appendix 6) candidates will provide assessors with a neatly written or typed summary for each case.

The assessor will select one of the three or four cases for the assessment.

The competencies assessed and characteristics of end of PGY1 level are provided below.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Clinical and patient management skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical record keeping</td>
<td>Relevance, comprehensiveness and quality of note keeping, the reasons behind the clinical decisions and actions.</td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>Focus on the candidate's notes and explore the interpretation of data i.e., nature of the recorded history, physical examination, clinical summary and problem list.</td>
</tr>
<tr>
<td>Management plan - investigation treatment and follow-up</td>
<td>Investigations i.e., interpretation of results; management i.e., management plan for key problems</td>
</tr>
<tr>
<td>Overall clinical competence</td>
<td>Encourages the candidate to reveal their clinical reasoning i.e., reason for ordering an investigation.</td>
</tr>
</tbody>
</table>

**Multisource feedback or 360° degree feedback**

Multisource feedback (MSF) or 360° feedback relies on a collection of ratings from multiple sources, including self-assessment by the candidate, to form a collective assessment of how the candidate meets
the AMC clinical and personal performance dimensions, including honesty and teamwork. The MSF is completed mid-way through the assessment year. An example is provided in Appendix 7.

IMGs should select at least 10 colleagues with whom they have worked during the WBA year, including where possible, at least one representative from each of the following:

- supervisors
- registrars
- RMOs
- consultants
- interns
- nurses
- allied health staff
- ward and medical administrative staff

The following process is applied to the multisource feedback:

1. Each candidate will provide the administration officer with a list of a minimum of 10 names of colleagues they report to, refer to, and work with (see list above).
2. The selected colleagues will each be asked to complete a questionnaire, and will return these to the administration officer.
3. The administration officer will forward completed questionnaires to the senior project officer, who will collate the responses (example in Appendix 8) and provide the supervisor with a de-identified summary of results.
4. The supervisor will provide the IMG with the MSF results in a face-to-face interview.
5. If an MSF is not satisfactory, a review will be held.

In-training assessments (supervisor reports)

Supervisors are required to complete various in-training assessments throughout the WBA Program, including a Self-Assessment and Learning Plan, formative and summative supervisor reports and a final supervisor report. Further information: WBA Supervisor Booklet.

Passing standards for indirect assessment

The passing standard to be applied to WBA will reflect the standard applied to Australian-trained doctors at the end of internship year (PGY1).

The following table provides information on the assessment, rating scale and application for MSF.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Rating scale</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multisource feedback</td>
<td>5-point rating scale</td>
<td>Candidates will normally require a mean score of 3 or higher to pass, but any marginal scores will be reviewed in the context of the global scores. Any scores of 1 will lead to a fail. Respondents are requested to provide additional information if they return a score of 1, 2, or 3 for any question, to enable an informed pass/fail decision, and to ensure that constructive feedback can be provided.</td>
</tr>
</tbody>
</table>

Providing effective feedback

The provision of immediate and regular feedback is one of the reasons that WBA is successful. Characteristics that have been reported to be possessed by good supervisors include being able to observe and provide constructive, honest feedback.

Effective feedback will involve a dialogue between the assessor and the candidate, aiming to identify what was done well and not done well, and helping to develop a plan for improvement. In a feedback
session, candidates should be challenged to address each of these issues, with the support of the assessor when insight is lacking. Useful feedback requires time, commitment and precision.

**Effective descriptors**

The AMC identifies that in giving feedback, some words that describe effective feedback are ‘specific’, ‘immediate’, ‘first-hand’, ‘constructive’, ‘descriptive’, ‘action-affirming’ and ‘adequate’. These descriptors of feedback are outlined as follows:

**Specific**
- The feedback is restricted to the task just performed, and does not include comments that refer generally to other events.

**Immediate**
- The feedback is provided immediately following, or as soon as practicable after, the observed performance.

**First-hand**
- The feedback describes what has just been observed by the supervisor/assessor, and does not include what others might be saying.

**Constructive**
- The feedback provides helpful suggestions for improving performance and/or directs the candidate to resources that can assist; it serves to motivate and reinforce desirable behaviour.

**Descriptive**
- The feedback describes what was good about the performance, plus what was missing and what needs to be done to improve; an honest appraisal—which may contain information the candidate would prefer not to hear—is most appropriately delivered through describing what has just been observed and specifying the actions/behaviour that were not satisfactory.
  - Describe behaviours with ‘I’ statements, such as; ‘I observed that…’, ‘This is what I think you did well…’, ‘These are the areas that I saw need improvement’.

**Action-affirming**
- The feedback sketches out an action plan—which may be recorded on the spot—to give the candidate a summary of expectations. Encourage self-assessment: ‘How might you try to improve?’ ‘Here are some ways you might like to consider.’ Indicate if there are resources that can support achievement.

**Adequate**
- The feedback is detailed and clear, and ensures that the candidate has understood the message being given.

**Feedback on under-performance**

While assessors and candidates would like to see a successful outcome of the assessment process, the reality is that this will not always be the case. Many assessors find giving feedback to candidates difficult where candidates are not proceeding through the assessment process as might reasonably be expected, or have failed their assessment. The most difficult feedback sessions are those with individuals who lack insight and fail to reflect on their actions, or have not been successful in their performance.
It is important that assessors meet their responsibilities in this regard – a poor or failing performance should be recorded as that.

**Additional information and resources**

Assessors will need:

- Training on giving feedback and handling more difficult cases, prior to their appointment as assessors;
- Clear guidelines on the passing standard and calibration;
- The timeline within which assessment must be completed;
- Information on opportunities for remediation;
- Information on the processes for:
  - The re-assessment of candidates;
  - Reporting to appropriate authorities any serious negative outcomes from the assessment process;
  - Handling reviews and appeals, with formal processes to handle appeals in a manner that adheres to the principles of procedural fairness.

It will assist candidates in this situation to:

- Receive clear, timely and ongoing feedback so that they have had advance warning of their performance issues;
- Have clear information about the assessment processes and processes for appeals.

For the assessment system to be robust and defensible it is important that:

- There are fair and transparent processes;
- Valid and reliable methods are used, data are appropriately collated, standards are set, results are defensible and methods are accurate;
- Processes are followed for all candidates, without exception;
- Well documented and public processes are in place to handle complaints/appeals.

Further information: [WbaOnline](#)

**Resitting assessments**

Under normal circumstances, candidates may apply to re-sit a maximum of three failed summative assessments (Mini-CEX, DOPS or CBD) during the 12 month program.

However, where there are exceptional or mitigating circumstances such as faulty equipment, health or family issues, additional resits will be considered on an individual basis.

**Application to re-sit a summative assessment**

It is the responsibility of the candidate, in consultation with their supervisor and/or WBA staff, to seek the remedial support and instruction necessary to complete the assessment successfully on the second attempt.

The following conditions apply:

- Applications must be made on the form provided, within 4 working days of the feedback session following the failed assessment.
- Forms can be obtained from, and should be returned to, the WBA administrative officer.
- Resits will take place a minimum of four weeks from the day of the original assessment.
- The original assessor will not undertake the resit assessment, unless no other assessor is available.
Candidates may only re-sit any specific assessment once (e.g. Mini-CEX for physical examination in Surgery).

**Assessment review, re-evaluation and appeals process**

IMGs undertaking WBA are able to raise and address concerns in a fair, equitable and prompt manner. The *WBA Assessment Review Policy and Guidelines* apply to any assessment review, re-evaluation or appeal, as defined.

The assessment review process seeks to provide solutions to a candidates' concern over the circumstances associated with the assessment' initially through an informal and internal review mechanism, prior to initiating the more formal and structured processes of a re-evaluation or an appeal if the matter is not resolved.

There are three separate processes available to the candidate who does not accept the WBA outcomes. They are:

- Assessment Review – an informal, internal review mechanism;
- Re-evaluation Request – a formal, internal review mechanism; and
- Appeal Request – a formal, external review mechanism.

**Accessing the process**

The following information provides a summary of steps taken to initiate and undertake an Appeals Process for the WBA program in WA. It is intended as a guide only. Candidates wishing to initiate an Appeal Process at any level should consult the *WBA Assessment Review Policy and Guidelines*.

**Assessment review**

To initiate an assessment review the following steps will be undertaken:

- The candidate will complete and lodge an Assessment Review Request Form with their employer within the prescribed timeframe.
- The employer will acknowledge receipt via email using the candidates Department of Health email address.
- The assessment will be reviewed by an independent delegated officer.
- The candidate will receive verbal and written feedback on the outcome of the review.

If not satisfied with the findings the candidate can request a re-evaluation, and if the candidate is satisfied, the outcome will be documented in their file.

**Re-evaluation request**

To initiate a re-evaluation request the following steps will be undertaken:

- The candidate will complete and lodge an Application for Re-evaluation Request Form with their employer within the prescribed timeframe.
- The employer will acknowledge receipt via email using the candidates Department of Health email address.
- The assessment and review and any additional material will be considered by a delegated officer, who is independent of both the original assessment and the assessment review.
- The candidate will receive verbal and written feedback on the outcome of the review.

If not satisfied with the findings the candidate can request an appeal, and if the candidate is satisfied, the outcome will be documented in the candidates file.

**Appeals process**

To initiate an appeal process the following steps should be taken:
- The candidate will complete and lodge the appeal request form with their employer within the prescribed timeframe and pay the required appeal fee at the time of lodging the request.
- The employer will acknowledge receipt via email using the candidates Department of Health email address.
- The prior reviews and original assessment and any additional material will be reviewed by the WBA Appeal Committee (the Committee).
- The candidate will receive verbal and written feedback from the Committee on the outcome of the review and their options in regard to the appeals process.

If not satisfied with the findings the candidate can lodge an appeal request with the AMC Appeal Committee and the employer will finalise the appeal process documentation in the candidates file.

Further information: WBA website.
Appendix 1: Mini-CEX assessors guide

The mini-CEX is a standardised and validated assessment tool involving the direct observation of a candidate in a clinical encounter with a patient for 10–15 minutes followed by immediate feedback by the assessor on their performance for a further 10–15 minutes. The candidate's performance in the mini-CEX is rated by the assessor using a standardised, structured rating form.

- The WBA program director and administrative officer will provide information on the mini-CEX clinical areas and domains to be assessed (e.g. physical examination in surgery). It is up to the candidate to arrange a suitable time for the assessment with the assessor.

- The assessor will locate an appropriate patient, ensure patient consent, and be available at the required assessment time. The assessor must match the patient to the type of assessment the candidate is scheduled to do (e.g. history or physical examination or management and so on). Explain to the patient that they will be part of an assessment and that you will correct any misconceptions or answer any questions that arise in the course of the assessment after they have been seen by the candidate.

- At the appointed time the assessor should meet with the candidate and brief them on the patient’s specifics which are relevant to the type of assessment.
  - For example for a ‘management’ mini-CEX: presentation/history, examination findings and any relevant test and investigation results, and presumably the diagnosis.
  - It may be beneficial to discuss briefly with the candidate their thoughts on the management and what they think they should say to the patient to avoid the patient getting wrong information.
  - This should not become a case based discussion.

- Defining the task: It is most important that the candidate leaves the briefing knowing exactly what you want them to do during their time with the patient: e.g. “Discuss with the parents and child the discharge instructions for asthma” or “Take history relevant to Mr Jones’s chest pain”.

- The candidate should provide the Mini-CEX assessment form for the assessor prior to the assessment.

- The assessor introduces the candidate to the patient. The assessor will explain to the patient that she/he will be observing the candidate and will not take part in the interaction. The assessor will ‘step back’ to observe the candidate’s interaction with the patient. Your assessment is based on what you observe in this time.

- At the end of the assessment, the assessor and candidate leave the patient and complete the Mini-CEX assessment form. The assessor can ask one or two brief questions to clarify the candidate’s reasoning; however, this must not turn into a case-based discussion.

- The assessor will find a quiet place nearby, away from the patient, to give the candidate their result and provide immediate feedback. Information and techniques on providing effective feedback are available from WBAOnline.

- At the completion of the assessment the candidate will be asked by the assessor to sign and date the form, and the assessor will do the same. The assessor retains the assessment form and returns it to the WBA Administrative Officer for review and sign-off by the Program Director.

Please Note:
- All sections of the form must be completed.
- Writing must be legible.

Additional information: [Mini-CEX assessment form and information for assessors](#).
Appendix 2: Tips for assessors conducting Mini-CEXs

Here is a quick way of determining what needs to be done:

**A**

*Appropriate* for intern level. Further information is provided on the second page of the Mini-CEX assessment form.

*Appropriate* patient – choose the right patient eg
- physical examination – choose a patient with definite signs
- history taking – choose a patient where diagnosis can occur etc.

**B**

*Brief* the patient and the candidate.

**C**

*Complete* the form appropriately. All boxes and comments must be filled in and writing must be legible.

There is additional space on the second page if required.

**D**

*Doubt*

If in doubt about the process or completion of the form or the end result, please contact the WBA Program Director and/or WBA administrative officer to discuss prior to asking the candidate to sign the form.

**E**

*Education*

The mini-CEX has educational value and this is the reason for the feedback.

**F**

*Feedback*

You need to give constructive feedback to the candidate irrespective of the result. Further information: [WBAOnline](#).
Appendix 3: Sample Mini-CEX assessment form

Mini-CEX assessment form

This Mini-CEX assesses (Tick the appropriate box): History [ ] Physical examination [ ] Counselling [ ]

Candidate and assessor information

<table>
<thead>
<tr>
<th>Candidate name</th>
<th>Assessor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment</td>
<td>Assessor position</td>
</tr>
</tbody>
</table>

Patient information

<table>
<thead>
<tr>
<th>Age of patient</th>
<th>Patient gender</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients problem</td>
<td>Complexity</td>
<td>Low [ ] Medium [ ] High [ ]</td>
</tr>
</tbody>
</table>

Candidate assessment criteria

<table>
<thead>
<tr>
<th>Medical interviewing skills and communication skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical examinations skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional/Humanistic skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselling skills</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical judgement</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organisational efficiency</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

Comments

Please describe what was effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline.

Minutes spent observing: [ ]

Minutes spent providing feedback: [ ]

Test rating

To what degree was this a test of the doctor’s abilities?

Inadequate [ ] Adequate [ ] Superior [ ]

Overall performance rating

(relative to PGY1)

<table>
<thead>
<tr>
<th>Did not meet expectations</th>
<th>Met expectations</th>
</tr>
</thead>
</table>

Signature of assessor: [ ]

Date: [ ]

Signature of candidate: [ ]

Date: [ ]
## Aim of Mini-CEX
The Mini-CEX is part of a clinical encounter individually observed with a patient.

## Mini-CEX suggested timeframe
The suggested timeframe is 15 minutes observation and 10 minutes feedback.

---

## PGY1 level characteristics (satisfactory level)
Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each dimension may include the following:

---

## Medical interviewing and communication skills
Uses questions effectively to obtain an accurate, adequate history with necessary information, and responds appropriately to verbal and non-verbal clues; explores the patient's problem(s) using plain English; is open, honest, empathetic and compassionate; attends to the patient's needs of comfort.

## Physical examination skills
Follows an efficient and logical sequence; performs an accurate and relevant clinical examination; explains process to patient; correctly interprets any significant abnormal clinical signs.

## Professional/humanistic skills
Is aware of safety issues; washes hands; maintains a professional approach to patient; demonstrates an understanding of the role of teams in patient care; respectful of colleagues.

## Counselling skills
Demonstrates an understanding of different cultural beliefs, values and priorities regarding their health and health care provision, and communicates effectively; manages informed consent; appropriate level of information provided; ability to use available educational resources; provides accurate information according to best practice guidelines; recommends sources of quality information.

## Clinical judgement
Integrates and interprets findings from the history and/or examination to arrive at an initial assessment, including a relevant differential diagnosis; interprets clinical information accurately; and counselling takes account of the patients socio-economic and psychosocial circumstances.

## Organisation/efficiency
Makes efficient use of time and resources; is practiced and well-organised.

## Overall clinical competence
A global judgement based on the whole encounter.

---

Assessor completes assessment form
Candidate and assessor sign form
For further information on Mini-CEX please visit [http://wb-aonlne.amc.org.au/](http://wb-aonlne.amc.org.au/)
### Appendix 4: Sample DOPS assessment form

#### Direct observation of procedural skills assessment form

<table>
<thead>
<tr>
<th>Candidate and assessor information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidate Name</strong></td>
<td><strong>Assessor Name</strong></td>
</tr>
<tr>
<td><strong>Date of Assessment</strong></td>
<td><strong>Assessor Position</strong></td>
</tr>
</tbody>
</table>

#### Patient information

<table>
<thead>
<tr>
<th>Age of patient</th>
<th>Patient gender</th>
<th>Setting</th>
<th>Procedure</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Please record a rating for each component of the procedure observed on the scale 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered below expected level, 4-6 at expected level and 7-9 above expected level, for the PGT1 standard. Support ratings of 1-3 with an explanation / example in the comments box. Please add other relevant comments about this doctor’s strengths and weaknesses that support your ratings and guide future learning.

#### Candidate assessment components

<table>
<thead>
<tr>
<th>Demonstrates understanding of indications, relevant anatomy, technique of procedure</th>
<th>Below expected level</th>
<th>At expected level</th>
<th>Above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obtains informed consent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Demonstrates appropriate preparation pre-procedure                                        |
|                                                                                          |
|                                                                                          |

| Appropriate anaesthesia or safe sedation                                                |
|                                                                                          |
|                                                                                          |

| Technical ability                                                                          |
|                                                                                          |
|                                                                                          |

| Aseptic technique                                                                         |
|                                                                                          |
|                                                                                          |

| Seeks help where appropriate                                                                 |
|                                                                                          |
|                                                                                          |

| Post procedure management plan                                                           |
|                                                                                          |
|                                                                                          |

| Communication skills                                                                      |
|                                                                                          |
|                                                                                          |

| Consideration for patient / professionalism                                             |
|                                                                                          |
|                                                                                          |

**Overall Performance**

- Not yet competent
- Competent

Assessor’s comments on the candidate’s performance

---

**Signature of Assessor:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>/</th>
<th>/</th>
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</tr>
</thead>
</table>

**Signature of Candidate:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>/</th>
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</thead>
</table>
Direct observation of procedural skills information for assessors

Aim of direct observation of procedural skills

The direct observation of procedural skills (DOPS) is an assessment focusing on observing and assessing a candidate’s performance of a procedure.

A DOPS assessment generally requires an assessor to observe the procedure and then provide feedback at the completion. The assessor rates the candidate’s performance on competency skills related to the procedure observed, such as obtaining informed consent, appropriate pre-procedure preparation, technical ability, communication skills and overall clinical competence in performing the procedure.

DOPS is a mastery test, whereby a candidate can attempt the assessment a number of times until they become competent.

PGY1 level characteristics (satisfactory level)

Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each component may include the following:

Obtains informed consent
Prior to procedure explains the procedure in plain language; explores patient’s understanding; uses interpreter if required; asks for patient’s permission to proceed (verbal or written as required).

Demonstrates appropriate preparation pre-procedure
Is familiar and practiced with any equipment to be used; arranges equipment and materials needed for procedure; briefs nurse/assistant; shows and explains equipment to patient in plain language.

Demonstrates understanding of indications, relevant anatomy, technique of procedure
Identifies that there is a clear indication for the procedure; approach and explanation of procedure are accurate and clinically appropriate.

Appropriate analgesia or safe sedation
Uses correct analgesic or safe sedation as indicated in the correct form and dosage.

Technical ability
Demonstrates familiarity with equipment and materials; has a capability with the technique that is appropriate for the skill level expected for the level of training (PGY1 standard).

Aseptic technique
Washes hands before and after the procedure; uses gown and gloves as appropriate for procedure; prepares site with antiseptic swabs; avoids contamination of equipment and site for insertion; deals appropriately with any inadvertent contamination.

Seeks help where appropriate
If unsure of any aspect — e.g. patient anatomy; equipment; failure to proceed as expected - promptly seeks supervisor assistance.

Post procedure management plan
Explains to the patient the expected progress and any symptoms or signs that may commonly occur. Writes up procedure in clinical records and any post-procedure observations to be recorded and management plan.

Communication skills
Prior to procedure seeks information about the patient’s language skills, intellectual and physical capacity from patient’s clinical record notes and attending professional staff. Employ assistance of professional interpreter if required. Uses clear and unambiguous language and checks patient understanding at regular intervals.

Consideration for patient / professionalism
Demonstrates courtesy and consideration to the patient and any assisting staff, shows awareness of patient privacy needs; exposes the patient in an appropriate manner for the procedure.

Overall performance
An overall judgement of performance at the expected level.

Assessor completes assessment form
Candidate and assessor sign form

Please refer to the AMC Intern Outcome Statement for more guidance on what is expected of an intern

For further information on assessment of skills please visit

Notes
If there are further notes for this candidate they may be included here.
Appendix 5: Sample external assessor report

External Assessor Report

This report to be completed by the external assessor during the first assessment visit and discussed with the international medical graduate.

Assessor: ___________________________ Date: ________________
Doctor: ______________________________

Details of clinical area in which assessment undertaken:

Hospital/practice: ______________________
Doctor position: ________________________
Clinical areas: _________________________

1. Range/scope of practice (and any specific activity undertaken on the day such as emergency call-outs).

2. Doctor's strengths.

3. Areas requiring improvement or upskilling. Please include suggestions as to resources or methods which may be of assistance to the doctor.

______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________
______________________________________

1
4. Communication skills.

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Below expectations</th>
<th>Borderline requires assistance</th>
<th>At expected level</th>
<th>Better than expected</th>
</tr>
</thead>
</table>

5. Understanding of the Australian healthcare system.

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Below expectations</th>
<th>Borderline requires assistance</th>
<th>At expected level</th>
<th>Better than expected</th>
</tr>
</thead>
</table>

6. Teamwork.

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Below expectations</th>
<th>Borderline requires assistance</th>
<th>At expected level</th>
<th>Better than expected</th>
</tr>
</thead>
</table>
7. Awareness of own limitations.

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Below expectations</th>
<th>Borderline requires assistance</th>
<th>At expected level</th>
<th>Better than expected</th>
</tr>
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8. Any specific issues or comments.

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9. Proposed courses to be attended.

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</tbody>
</table>
Appendix 6: Sample Case Based Discussion

Case-based discussion assessment form

Candidate and assessor information

<table>
<thead>
<tr>
<th>Candidate name</th>
<th>Assessor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment</td>
<td>Assessor position</td>
</tr>
</tbody>
</table>

Patient information

<table>
<thead>
<tr>
<th>Age of patient</th>
<th>Patient gender</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients problem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Candidate assessment criteria

<table>
<thead>
<tr>
<th>Clinical record keeping</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Management plan – investigations</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Management plan – treatments</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Management plan – follow up</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Clinical reasoning</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
<tr>
<td>Overall competence</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

Comments

Please describe what were effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline. (Must be completed if candidate did not meet expectations)


Minutes spent observing: Minutes spent providing feedback:

Test rating

To what degree was this a test of the doctor’s abilities?

Inadequate □ Adequate □ Superior □

Overall performance rating

(relative to PGY1)

<table>
<thead>
<tr>
<th>Did not meet expectations</th>
<th>Met expectations</th>
</tr>
</thead>
</table>

Signature of assessor: __________
Date: __________/__________/__________

Signature of candidate: __________
Date: __________/__________/__________
Case based discussion information for assessors

Aim of CBD
The CBD is part of a clinical encounter individually observed with a patient.

CBD suggested timeframe
The suggested timeframe is 15 minutes observation and 10 minutes feedback.

PGY1 level characteristics (satisfactory level)
Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each dimension may include the following:

Clinical record keeping
Focus is on the clinical assessment as reflected in the record content details, relevance, comprehensiveness and quality of note keeping, and the reasons behind the clinical decisions and actions.

Clinical assessment
The focus is particularly on the notes the candidate has made. The assessor explores the candidate's interpretation of data in the record – the nature of the recorded history, physical examination, clinical summary and problem list.

History:
- Tell me what you were thinking about this patient's presenting problem.
- What did you think was the sequence of events or underlying process leading up to the presentation?
- What other key problems are also current?
- Is the history of these other problems relevant to the presentation?
- Is the family history of importance for any of the key problems?

Examination:
- Have you examined the key systems relevant to the presenting problem?
- What about the findings relevant to the other active clinical problems?

Summary and Problem List:
- How have you or how would you list the problems in terms of priority?
- Are the different clinical problems related in some way?
- What are the psychosocial issues here?

Management plan – Investigation treatment (highlights investigation risk.)
Investigations:
- Why did you order these investigations?
- How did you interpret the test results?
- Were all the tests necessary in cost-benefit terms?

Management:
- Have you described a management plan for each of the key problems?
- What was the reason for this therapy written on the treatment chart?
- What issues do you consider still need to be resolved?
- What are the main considerations in relation to the patient's discharge plan and future health care?
- What aspects of this patient's care did you find challenging?

Management plan – treatment
Investigations:
- Why did you order these investigations?
- How did you interpret the test results?
- Were all the tests necessary in cost-benefit terms?

Management plan – follow up
Management:
- Have you described a management plan for each of the key problems?
- What was the reason for this therapy written on the treatment chart?
- What issues do you consider still need to be resolved?

Clinical reasoning
Assessor encourages the candidate to reveal their clinical reasoning:
- What was your reason for ordering that investigation?

Overall clinical competence
A global judgement based on the whole encounter.

Tips for feedback
The assessor focuses on what they've observed. This needs to be specific and precise – focusing on about 3 points only.

Assessor identifies the positive aspects of the CBD:
- e.g. I thought your history was thorough and comprehensive and gave the reader a good understanding of the pathophysiological process leading to the presenting problem.

Assessor encourages reflection:
- e.g. I observed that your written history did not include the key element of the lead up to the presentation. Why do you think...
- e.g. Do you think your examination findings showed an appropriate assessment of a diabatic patient?
- e.g. How could your problem list have been improved?

Collegial interaction:
- e.g. When thinking about a patient's problem list we usually try to give some priority to the list. Do you agree?

Assessor's appraisal is honest:
- e.g. In the examination findings I would have expected to see...
- e.g. In my opinion the problem list was incomplete and the important current problems of X and Y were not appropriately considered. Would you agree?
- e.g. Yes, you mentioned that... and I would agree with you that...

Assessor asks candidate to consider how they will proceed from here. Assessor checks candidate's understanding and commitment.

That's really good Marko, we are agreed on a way forward to make your case notes more comprehensive and effective and if you can put all that into action...

Please refer to the AMC Intern Outcome Statements for more guidance on what is expected of an intern


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# Appendix 7: Sample multisource feedback

Multisource feedback assessment form  
(Medical colleague)

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Assessor Name</th>
<th>Date of Assessment</th>
<th>Assessor Position</th>
</tr>
</thead>
</table>

How well do you know this doctor?  
Not at all  
*Not well  
*Somewhat  
Well  
Very well

*If you have marked anything below ‘well or not well’, please refer to your provider for advice as to your suitability to assess the candidate.

Please rate your colleague on the performance statements according to the following scale. Please use the unable to assess if you have insufficient information to respond to an item. Your individual replies will remain confidential. Replies from all medical colleagues will be combined before feedback is given to the candidate. Please mark (✓) with an ink pen.

<table>
<thead>
<tr>
<th>This doctor:</th>
<th>Unable to assess</th>
<th>I strongly disagree</th>
<th>I disagree</th>
<th>Neutral</th>
<th>I agree</th>
<th>I strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicates well with patients.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Reaches the correct diagnosis in a timely manner.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Refers patients appropriately.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Provides appropriate information for colleagues to provide follow-up patient care.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Accepts responsibility for care of ongoing issues.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Provides pertinent and timely information about patients when required.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Makes appropriate use of community resources for patient management (for example public health, social services, mental health services).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Participates in a system to provide care for patients outside of regular office hours.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Recognises and takes action when urgent intervention is required.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Takes responsibility for actions and decisions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Demonstrates appropriate clinical judgement.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Maintains patient confidentiality.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Works well with colleagues.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Speaks respectfully of colleagues in conversations with patients and co-workers.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Documents care appropriately.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Is willing to take responsibility for error.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
## Multisource feedback assessment form

### (Medical colleague)

<table>
<thead>
<tr>
<th>This doctor:</th>
<th>Unable to assess</th>
<th>I strongly disagree</th>
<th>I disagree</th>
<th>Neutral</th>
<th>I agree</th>
<th>I strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Contributes to administrative practices supporting good medical care (office protocols, timely reports / information flow).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. Writes prescriptions and orders clearly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. Demonstrates commitment to health promotion in the community and practice.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Manages health care resources appropriately.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. Appears committed to and current with advances in medical education.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>22. Appears medically capable to practise medicine. (unencumbered by physical and mental health problems and drug, alcohol or substance abuse)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23. Is someone I would recommend to a friend or family member.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Global Rating

An overall rating for this candidate’s performance and professionalism in all areas.

<table>
<thead>
<tr>
<th>Below expected level</th>
<th>At expected level</th>
<th>Above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

### Assessor’s comments on the candidate’s performance

Please comment especially on any ratings at 3 or below. All comments are de-identified and aggregated for feedback.

<table>
<thead>
<tr>
<th>Signature of Assessor:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Multisource feedback information for assessors

Aim of Multisource feedback assessment

Multisource feedback (MSF) is an assessment which provides evidence on the performance of a candidate from a variety of sources. These sources may include colleagues, other co-workers (nurses, allied health) and patients. Questionnaires completed by each of these groups assess a candidate’s performance over time in contrast to a specific candidate encounter. MSF enables the assessment of proficiencies that underpin safe and effective clinical practice, yet are often difficult to assess including interpersonal and communication skills, teamwork, professionalism, clinical management and teaching abilities.

Level of Assessment

It is important to note that the candidate is being rated at the level of PGY1 (intern) level and should demonstrate characteristics that are satisfactory at that level.

Assessors

Assessors MUST be familiar with the candidate’s usual performance in his/her work. If you do not know the candidate well enough to do this, please return the form to the provider so that another assessor may be selected.


Overall performance

An overall judgement of performance at the expected level (PGY1).

After completing your feedback form please ensure that it is signed.

Notes

If there are further notes for this candidate they may be included here.
Appendix 8: MSF result and interpretation template

### Workplace-Based Assessment Program Results: Multi-Source Feedback 1

**Candidate's Name:**

The following ratings represent the average scores for each question. Where "unable to assess" (i.e., 0) responses were returned, these were not included in the calculations. Where any response has returned a score of one, two or three, this has been highlighted as an area of concern that may require remediation.

<table>
<thead>
<tr>
<th>Known to respondents</th>
<th>Not at all</th>
<th>Not well</th>
<th>Somewhat</th>
<th>Well</th>
<th>Very well</th>
<th>Nil response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Range</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotations covered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question** | **Score** | **Self score** | **Comment** | **Average Score Across All 10 Responses for Each Question**
--- | --- | --- | --- | --- |
1. Communicates well and effectively with patients | Q1 | | |  
2. Reaches the correct diagnosis in a timely manner | Q2 | | |  
3. Refers patients appropriately | Q3 | | |  
4. Provides appropriate information for colleagues to provide follow-up patient care | Q4 | | |  
5. Accepts responsibility for care of ongoing issues | Q5 | | |  
6. Provides pertinent and timely information about patients when required | Q6 | | |  
7. Is available to patients when required* | Q7 | 2.0 | |  
8. Is receptive and respectful of co-worker input regarding care | Q8 | | |  
9. Makes appropriate use of community resources for patient care (public health, social services, mental health services) | Q9 | | |  
10. Participates in a system to care for patients outside regular hours | Q10 | | |  
11. Recognises and takes action when urgent intervention is required | Q11 | | |  
12. Takes responsibility for professional actions and decisions | Q12 | | |  
13. Demonstrates appropriate clinical judgements | Q13 | | |  
14. Maintains patient confidentiality | Q14 | | |  
15. Speaks respectfully of colleagues in conversations with patients and co-workers | Q15 | | |  
16. Documents care appropriately | Q16 | | |  
17. Respects my professional knowledge* | Q17 | | |  
18. Is willing to take responsibility for error* | Q18 | | |  
19. Has no significant language difficulties in communicating with patients* | Q19 | | |  
20. Has no significant language difficulties in communicating with colleagues* | Q20 | | |  
21. Treats patients with respect* | Q21 | | |  
22. Has the appropriate knowledge and skills to provide proper patient care | Q22 | | |  
23. Treats me with respect* | Q23 | | |  
24. Facilitates co-worker and colleague learning* | Q24 | | |  
25. Manages stressful situations constructively | Q25 | | |  
26. Collaborates with colleagues* | Q26 | | |  
27. Contributes to administrative practices supporting good medical care (office protocols, timely reports, information flow)* | Q27 | | |  
28. Writes prescriptions and orders clearly* | Q28 | | |  
29. Demonstrates commitment to health promotion in the community and practice* | Q29 | | |  
30. Manages healthcare resources appropriately* | Q30 | | |  
31. Appears committed to and current with advances in medical education | Q31 | | |  
32. Appears medically capable to practice medicine (no physical or mental health problems or drug, alcohol or substance abuse) | Q32 | | |  

**Additional Self-questionnaire questions**

- Q13: I work well with colleagues
- Q14: I appropriately integrate clinical practice guidelines into patient care
- Q15: I maintain a healthy balance of work and personal time
- Q16: I recognise my own limitations
- Q17: I have an organised approach to referral and consultation
- Q18: I provide appropriate continuity of care
- Q19: I make an effort for patients requiring extra care

*Note: The self-questionnaire only has 25 questions, which do not directly correspond to those in the questionnaire for colleagues, so there are some discrepancies.

**Rating scale:**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to assess</td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Marginal</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

24
Comments:

Respondents have been requested to provide additional information if they return a score of 1, 2, or 3, to facilitate constructive feedback to candidates. Where this is the case, the relevant question number has been included. Comments not linked to a question number are general and have been spontaneously included.

ANY COMMENTS PROVIDED BY RESPONDENTS, DEIDENTIFIED AND IN NO PARTICULAR ORDER