

## EDITORIAL

## Workplace Based Assessments: The Innovation in Undergraduate and Postgraduate Medical Studies

IKRAM DIN UJJAN, MUHAMMAD KASHIF SHAIKH, MUHAMMAD KHALID SHEIKH, SYED ZULFIQUAR ALI SHAH, IMRAN KARIM, SAMAR RAZA, SYED JAHANGHIR

*Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro*

*Correspondence to Dr. Syed Zulfiqar Ali Shah, Email: zulfikar229@hotmail.com*

In traditional apprenticeship-training methods, students in health professions programs deal with real-world scenarios that test their knowledge and abilities like other physicians do.<sup>1</sup> Assessment models must protect patients and give trainees contextual feedback<sup>2</sup>.

Objective Structured Clinical Examinations (OSCEs), developed first by Ronald Harden while working at Dundee's utilized in numerous teaching sectors for decades<sup>3</sup>. Assessments have limitations. Because of the nature of the stations, the doctor-patient encounter is generally broken down into its component parts, and the types of instances that can be repeated restrict patient concerns.<sup>4</sup> Many clinical lengthy case examination adjustments have been presented for viable answers. WPBA evaluates workplace clinical practices. It evaluates doctors' practices. WPBA evaluates clinical trainees and provides comments. WBA has made the switch from numbers-based experience to organized assessment possible<sup>5</sup>. The General Medical Council; UK & Royal Colleges use WPBA to evaluate postgraduate medical students. In undergraduate medical education, WPBA is becoming popular.

Miller's clinical competency pyramid starts with knowledge (knows), then competency (knows how), performance (shows how), and act (does)<sup>6,7</sup>. Workplace-based methodologies assess doctors' daily performance at the top of the pyramid<sup>8</sup>.

DOPS (Direct Observation of Procedural Skills) evaluates procedural abilities necessary for clinical treatment. Trainees do practical operations with different observers each time. Each DOPS should be representative of a unique process, and they will be carried out as the need arises. The teacher lets each student choose his or her own training method, observer, and time limit<sup>9</sup>.

Assessors use a predefined checklist to observe trainees doing workplace tasks. Most procedures take 15-20 minutes. Feedback usually takes 5 minutes. Venipuncture, arterial blood samples, urine catheterization, and other procedures are required for first-year residents.

DOPS's key benefits as an appropriate assessment instrument are the trainee is evaluated during patient procedures, technical skills, engagement with patients, coworkers, and professional behavior are assessed, assess simply to complex skills, many trainees need further development, so after obtaining comments, they can work on their strengths and flaws and be reviewed later and DOPS is a good technique for assessing doctors' procedural skills in daily practice<sup>10</sup>.

The Internal Medicine USA has created the Mini-CEX (Mini-Clinical Evaluation Exercise) to evaluate medical trainees in practice. Mini-CEX is a meeting that lasts only 15 minutes that assesses clinical skills, attitudes, and behaviors necessary for high-quality care. The trainee's clinical interaction with a patient is assessed. Students should focus on different aspects of each interaction as they sample from a wide variety of clinical problem categories that each encounter should depict. Competencies includes history observed, physical exam, professional behavior, clinical assessment, organizational proficiency and medical treatment<sup>11</sup>.

Case-based Discussion, the student and educational supervisor reviewed how postgraduate deal the clinical case in

discussion meeting. The student chooses  $\geq 2$  cases to have presentation in group discussion along with clinical notes to the supervisor, who picks one. Discuss the case, not hypotheticals. Most assessments take 15-20 minutes. Feedback usually takes 5 minutes. The trainee and trainer should balance cases across contexts during the placement<sup>12</sup>.

Mini-peer assessment tool (mPAT) incorporates colleagues' opinions on a trainee's competency performance. Eight peers provide confidential input on 16 domains; diagnosis and use of investigative tools, time management, stress, weariness, and work management, communicating well and know your limits. ACAT (acute care assessment tool) evaluates trainees after acute medicine night shifts.

Workplace-based assessments clinical rotations should be a predetermined part of medical students' curriculum and includes induction, curriculum-based teaching Workplace-based assessment and learning, ongoing feedback, promoting comprehensive thinking, reflection, and lifelong learning, each placement, junior doctors should perform DOPS, Mini-CEX, and CbD exams. A portfolio of workplace-based assessments can be used to evaluate trainee performance and progress after each training year.

WPBA evaluates and gives doctors daily input. These evaluation tools are said to help trainees, assessors, and academics learn.

### REFERENCES

1. Yousuf Guraya S. Workplace-based Assessment; Applications and Educational Impact. *Malays J Med Sci.*2015;22(6):5-10
2. Liu C. An introduction to workplace-based assessments. *GastroenterolHepatol Bed Bench.* 2012 Winter;5(1):24-8
3. Prakash J, Chatterjee K, Srivastava K, Chauhan VS, Sharma R. Workplace based assessment: A review of available tools and their relevance. *Ind Psychiatry J.*2020;29(2):200-204
4. Anderson HL, Kurtz J, West DC. Implementation and Use of Workplace-Based Assessment in Clinical Learning Environments: a scoping review. *Acad Med.*2021;96(11S):S164-74.
5. Swanwick T, Chana N. Workplace-based assessment. *Br J Hosp Med (Lond).*2009;70(5):290-3.
6. Goh A, Massie J, Ali JM. Workplace based assessments - confusion and misuse continues to be a problem. *Clin Med (Lond).*2015;15(1):109.
7. Prentice S, Benson J, Kirkpatrick E, Schuwirth L. Workplace-based assessments in postgraduate medical education: A hermeneutic review. *Med Educ.*2020;54(11):981-92.
8. Emke AR, Park YS, Srinivasan S, Tekian A. Workplace-Based assessments using pediatric critical care entrustable professional activities. *J Grad Med Educ.*2019;11(4):430-38.
9. Castanelli DJ, Weller JM, Molloy E, Bearman M. Trust, power and learning in workplace-based assessment: The trainee perspective. *Med Educ.*2022;56(3):280-91.
10. Hecker KG, Norris J, Coe JB. Workplace-based assessment in a primary-care setting. *J Vet Med Educ.* 2012;39(3):229-40
11. Castanelli DJ, Weller JM, Molloy E, Bearman M. How trainees come to trust supervisors in workplace-based assessment: a grounded theory study. *Acad Med.*2022;97(5):704-10.
12. Prins SH, Brondt SG, Malling B. Implementation of workplace-based assessment in general practice. *Educ Prim Care.*2019;30(3):133-144.