SUPPORTING PROGRESS

The new anaesthetics curriculum *part two*

Assessment is pivotal to embedding the philosophy that underpins the curriculum, as it shapes every aspect of the learner's learning experience.

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Our key aim for assessment is to improve practice by concentrating on the educational potential of assessment, and de-emphasising the collection of evidence of achievement. Assessment within the new curriculum is weighted towards formative development where we give an account of practice to enable improvement rather than accounting for practice. The learner is expected, and should feel confident, to demonstrate a journey of progression, in which the process of improvement is appreciated in addition to achievement.

An experiential learning cycle

Development of any complex practice is iterative. An experiential 'cycle' of concrete experience, reflective observation, abstract conceptualisation, and active experimentation should underpin education (see figure). Simply 'practising' anaesthesia will result in changes to performance, but making that practice 'deliberate' by defining a clear developmental trajectory towards curricular outcomes and focusing attention where performance can be best improved will improve its effectiveness. Focused attention can only be achieved by analysing performance, an activity that can be undertaken by anaesthetists in training themselves, if they are capable of frequent, meaningful reflection, but is more effective when that reflection is facilitated by an expert.

In a 'feedback' conversation, the performance of the anaesthetist in training is compared to a conceptual 'desired performance'. This implicit metric will be a composite of their own ambition, the curriculum standards, and the supervisor's expectation. It is more important for development that any gap between the observed and the desired performance is explored, and that a plan is generated to bridge the 'performance gap' than it is that the performance is measured against an explicit metric. The purpose of Supervised Learning Events (SLEs) documentation should be to serve as a record of a developmental conversation.

Developmental conversations

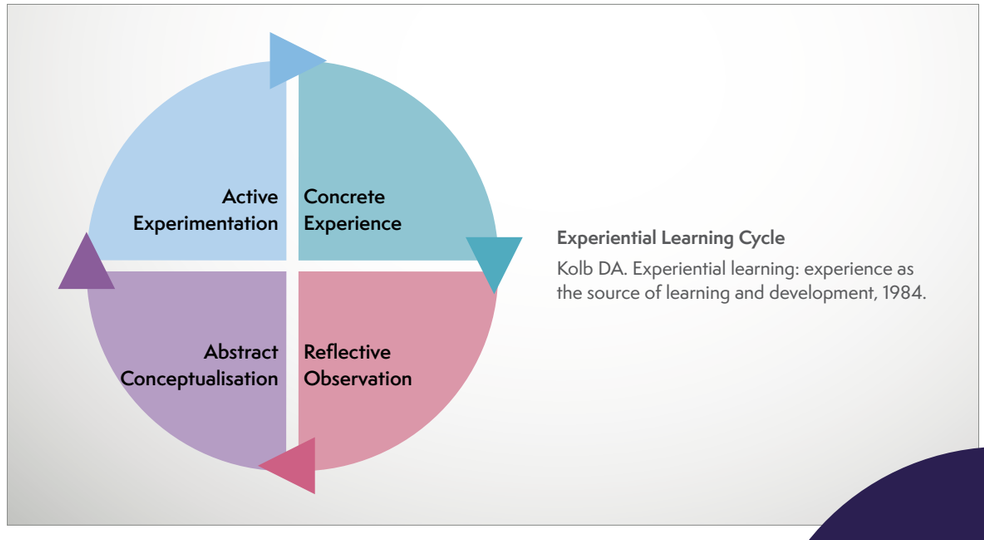
The term 'feedback' may be unhelpful, as it implies a conversation in which the performance of the anaesthetist in training is described by the supervisor, compared to the supervisor's own implicit metric. Observations on the performance 'gap' are therefore defined by the supervisor, and are 'handed down' to the anaesthetist in training. In this construct the observation only has value if there is alignment between the perceptions and goals of both the observer and the anaesthetist in training. It is more effective to explore the anaesthetist in training's evaluation of their performance against their own expectation, (provided that expectation is realistic and aligned to the curriculum): even more so if the anaesthetist in training shares with the observer the aspects of their performance that they wish to work on in advance of the activity. Fundamentally, it is the developmental conversation itself which has value, rather than the completion of the documentation, and the role of the observer is to 'sense check' the anaesthetist in training's desired standards, then enable them to recognise opportunities and strategies for development, rather than to make a summative judgement of ability.

The developmental process can start anywhere in the learning cycle, but it most often begins when an experience is analysed. As a result of that reflective process, concepts are created which describe how performance might be enhanced in the future. The concepts are applied 'experimentally', in that the impact of the change is not assumed, but is observed and reflected upon. The expectation is that performance will improve through repeated cycles of experience, reflection, conceptualisation and application. SLEs should therefore be undertaken with this iterative development in mind: they should examine the performance of the anaesthetist in training and explore the ways in which it might be improved. Features that are key to making SLEs effective are that the conversation happens soon after the observed activity; that this dialogue is aided by a credible facilitator, and that the conversation is seen as part of a continual process of development, rather than an assessment of performance at a single point in time.

Future Supervision Level

The SLE documentation will be modified to allow the supervisor to record, if agreed, the level of supervision required if the activity were to be undertaken again immediately. Previous experience shows that a dichotomous 'satisfactory/unsatisfactory' judgement results in the majority of performances being judged as 'satisfactory', implying that supervisors struggle to define 'unsatisfactory' as an outcome. Conversely, a judgement of 'level of supervision' is relatively easy to make: while this is subjective, summative assessment based on a number of subjective opinions has acceptable validity.

It is hoped that by refocusing attention on participation in developmental conversations and moving away from SLEs as summative assessments, these conversations become a normal part of everyday practice in which teaching, learning, and assessment happen simultaneously. The intention is that training moves away from performing SLEs for the purpose of demonstrating ability, towards a more open culture where frequent, informal, formative analysis of performance is both expected and achievable, and where those powerful conversations, guided by the standards within the curriculum, serve as the scaffold to the achievement of excellence.



Experiential Learning Cycle
Kolb DA. Experiential learning: experience as the source of learning and development, 1984.

Further information is available via the website at:

rcoa.ac.uk/2021-curriculum-assessments

UPDATING ASSESSMENTS

The new anaesthetics curriculum

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The introduction of the new curriculum brings with it some important changes to assessment. Fundamental to these changes are a focus on formative assessment to guide future learning, and an aspiration to reduce the overall burden of assessment. This article describes some of the key changes to assessment and introduces some of the new components of the programme of assessment.

Formative assessment

Formative assessment is assessment for learning. Its goal is to review progress in order to offer ongoing constructive feedback with the aim of improving performance.

Supervised Learning Events (SLEs)

SLEs should be used to promote professional educational discussions and guide future learning. Trainers will be familiar with the tools such as A-CEX, CBD, DOPS and ALMAT, however, these will be updated to emphasise the importance of feedback and include a revised supervision scale.

The trainer identifies the level of supervision that the anaesthetist in training requires for the activity, ie if they were to do the activity again, 'right here, right now'. The use of a supervision scale makes more explicit the implicit judgement of an experienced trainer when supervising trainees. Feedback should cover both the clinical and non-clinical aspects of performance, and may include direction as to what is required to progress to the next supervision level.

For some activities it may be more appropriate to assign 'not applicable' for the supervision level. It is important to note that there is no minimum number of SLEs required for any of the domains.

Multiple Trainer Reports (MTRs)

MTRs will replace existing consultant feedback processes. The MTR reflects the greater emphasis placed on the professional judgement of trainers as part of the revised approach to assessment. Trainers have the opportunity to report on the progress of the anaesthetist in training, including areas of excellence and areas for development. The MTR is a mandatory requirement to support progression at critical progression points of the new curriculum. The MTR is distinct from multi-source feedback (MSF), which will continue in its present form.

Summative Assessment

Summative assessment is assessment of learning and results in a mark or grade – pass or fail. Its goal is to test knowledge or performance against set criteria.

Initial Assessments of Competence (IAC)

The IAC and IAC for Obstetric Anaesthesia (IACOA) will continue as summative assessments of the initial training periods in anaesthesia and obstetric anaesthesia respectively. The IAC represents the first critical progression point of the new curriculum.

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The current list of workplace-based assessments will be replaced by the adoption of Entrustable Professional Activities (EPAs) for assessment of IAC and IACOA. An EPA is a discrete area of clinical practice that an anaesthetist is trusted to perform under distant supervision when they have demonstrated sufficient competence. While this is a new concept, in practice it should feel much more akin to what actually happens as part of clinical training, and it recognises the role of experienced trainers, teaching, encouraging, and discussing progress with new anaesthetists in training.

During the training period SLEs, personal activities, and MTRs are used to help the anaesthetist in training develop the knowledge and skills required and to demonstrate their progress until they reach a point where they can be entrusted to carry out that activity with more distant supervision.

Holistic Assessment of Learning Outcomes (HALOs)

The 2021 curriculum sets out a range of key capabilities that are divided into clinical and non-clinical domains. HALOs provide a structured framework to reflect the evidence that the anaesthetist in training has achieved the required learning outcomes for each domain of training. The anaesthetist in training will need to demonstrate achievement of all the key capabilities in the domain. All 14 domains must be completed in order to progress to the next stage of training. The HALO can be considered analogous to CUT forms in the 2010 curriculum.

Assessors should draw upon a range of evidence, including logbook data, SLEs, MTRs, personal activities (such as courses and e-learning) and reflections, to inform their decision as to whether the learning outcomes have been met. As with the current curriculum, a single piece of evidence may inform a number of different key capabilities. The evidence from personal activities will be especially pertinent for the GPC domains.

While HALOs will normally be completed towards the end of a stage of training, anaesthetists in training should be encouraged to accumulate evidence throughout the stage. Within each domain, key capabilities that require similar evidence will be clustered together and will be reviewed by a designated trainer, in a similar process to the existing CUT form completion.

WHAT HAS NOT CHANGED?

- Formative assessment using SLEs with the emphasis on feedback
- A single assessment may provide evidence to satisfy multiple key capabilities across any domains.
- SLEs are only one form of evidence used to support achievement of key capabilities.
- Assessment of the initial phase of training in anaesthesia and obstetric anaesthesia with the IAC and IACOA.
- The FRCA Primary exam, to be completed by the end of CT3, and the Final by the end of ST5.
- MSF to be completed annually.

Further information is available via the website at:

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WHAT WILL CHANGE

- A-QIPAT to support formative assessment of QI projects
- EPAs for the assessment of IAC and IACOA
- HALOs to collate the evidence for completion of the domains of learning at each stage
- MTRs to replace existing consultant feedback processes.