SAC guidance on Orthodontic WBAs

# Speciality Registrars (StRs)

The SAC advises that a minimum of 10 WBAs is undertaken, using a range of assessment modalities, duringeach year of StR training. Many trainees will undertake more WBAs than the recommended minimum in achieving the required competencies.

The WBAs should be assessed relative to the level expected at the completion of speciality training i.e. MOrth and in line with ISCP Levels.

# Post-CCST trainees

The SAC advises that a minimum of 11 WBAs is undertaken, using a range of assessment modalities, during each year of Post-CCST training. The WBAs should include 2 from each of the 11 Post-CCST modules, over the two years. Many trainees will undertake more WBAs than the recommended minimum in achieving the required competencies.

The WBAs should be assessed relative to the level expected at the completion of higher speciality training i.e. ISFE and in line with ISCP Levels.

# Generic guidance

The WBAs should include:

* an MSF, undertaken within the first six-months of a training period and yearly thereafter;
* a minimum of 50% DOPS and
* a spread of other assessment modalities. See Table.

WBAs should be assessed in accordance with what you would expect their level of competency to be at the end of their training i.e. CCST for St1-3 and ISFE for St4,5.

The **spread** of the WBA modalities and module / topic of the WBAs should be agreed as part of the trainee’s Learning Agreement and Personal Development Plan through ISCP.

The **setting** of the WBAs should reflect the individual trainee’s rotation and should be assessed by a range of supervisors, preferably consultant trainers.

The WBAs should include a maximum of 2 **simulated** WBAs in any one-year of training.

# Suggested spread of Work Based Assessments (WBAs)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year | MSF | DOP\* | CBD# | CEX# | Asst of Audit# | Obs of Teaching# | TOTAL\* |
| StR | 1st | @ 6/12 | 5 | 3 | 2 |  |  | 10 |
| 2nd | 1 | 5 | 2 | 2 | 1 |  | 10 |
| 3rd | 1 | 5 | 2 | 2 |  | 1 | 10 |
| Post-CCST | 4th | @ 6/12 | 5 | 2 | 2 | 1 | 1 | 11 |
| 5th | 1 | 5 | 2 | 2 | 1 | 1 | 11 |

\*Minimum number #Suggested spread

# Use of different WBA modalities

A number of WBA modalities have been designed and made available for use during training. Taken as a whole, there should be an ISCP WBA that will suit every training situation. For example:

* **CBD** can be used for probing the clinical reasoning abilities of the trainee;
* **CEX** can be used for directly observed clinical consultations and
* **DOPS** can be used for short procedures or part procedures and so on.

Case based discussion (CBD)

CBD uses the records and investigations of a case, for which the trainee has been directly responsible, as the basis for dialogue between the trainee and the assessor, who is usually a clinical supervisor, to explore the knowledge, judgement and clinical reasoning of that trainee. More complex cases are used as training progresses.

All aspects of diagnosis, assessment and management of a case, including ethical and professional aspects such as the quality of the record keeping and presentation, can be explored. CBD is not an assessment solely of factual knowledge.

ISCP levels for CBD

Level 0 Below that expected for early years training

Level 1 Appropriate for early years training

Level 2 Appropriate for completion of early years training or early specialty training

Level 3 Appropriate for central period of specialty training

Level 4 Appropriate for Certificate of Completion of Training (CCT)/Specialty Training (CCST)

Clinical Evaluation Exercise (CEX)

The CEX is a consultation or discussion conducted by a trainee, which is observed and critiqued by a trainer/assessor.

The process comprises the trainer/assessor observing the trainee during a consultation of whatever type; e.g. discussion of treatment at a new patient consultation, taking consent from a patient/parent; discussing retention with a patient at debond or discharge; discussions with parent/guardian re on-going care of a patient requiring multi-disciplinary treatment would all be appropriate. The ISCP form will provide some structure to the exercise from the point of view of feedback as well as a record for the training portfolio.

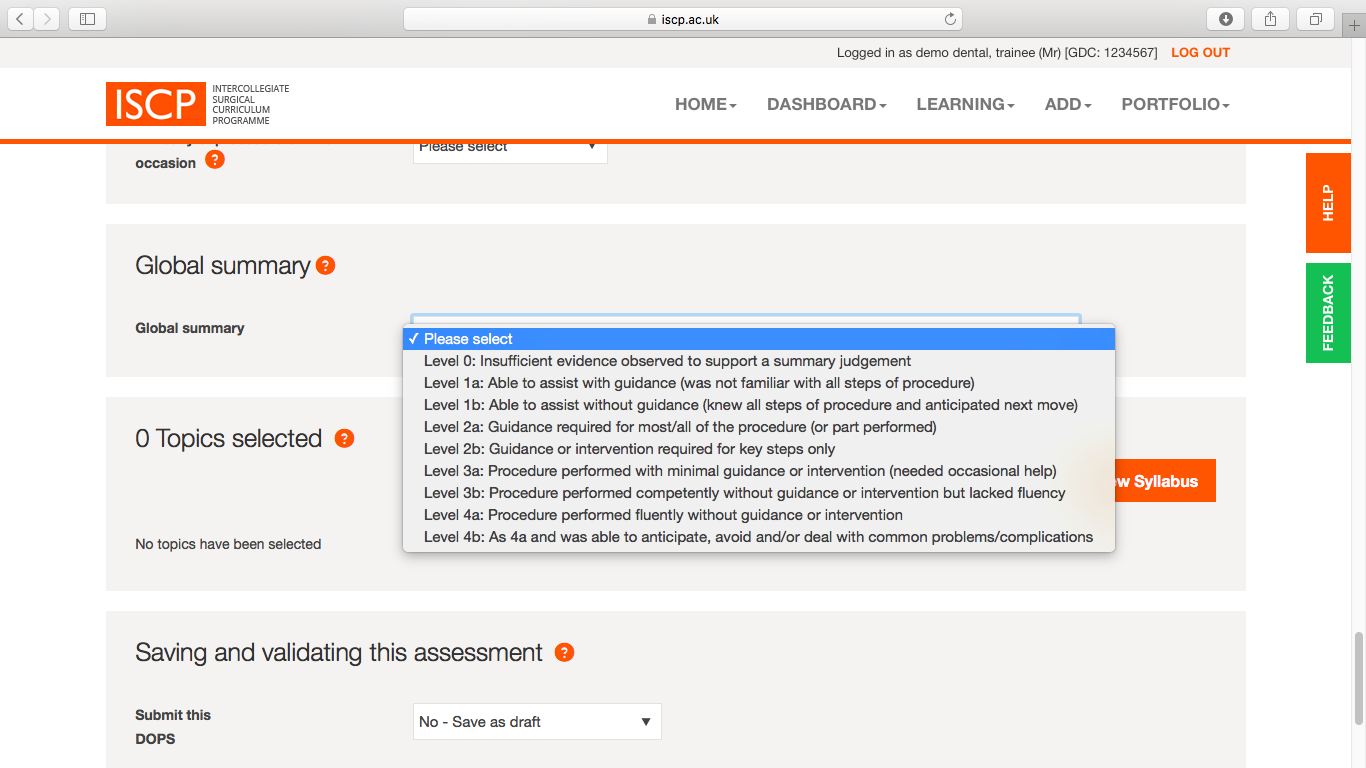
The assessor should observe the trainee undertaking the consultation and doing what they would normally do in that situation. Most encounters should take no longer than 15-20 minutes and should be concluded with a 5-10 minute debriefing, feedback and completion of the CEX form. Assessors should record a rating for each competency on the assessment form.

Direct Observation of Procedural Skills (DOPS)

DOPS is applicable to short, diagnostic and interventional procedures, or part procedures, that comprise relatively few steps. It will be found most useful during the early years of training. DOPS can be used to assess the competence of a trainee to perform a procedure, and to provide feedback when learning a new procedure.

An appropriate range of DOPSs can be found on the ISCP website e.g. bond-up; placement of molar bands; fitting of headgear; placement of bonded retainer.

The level of a DOPS should be assessed relative to what would be expected at the end of the training period i.e. CCST or ISFE. A demonstration of progression of competence should normally precede achievement of competence.



Multi-Source Feedback (MSF)

MSF is also known as 360°or peer assessment, by which an individual’s performance can be evaluated by all members of their team. It is a powerful method of obtaining evidence about professional behaviour and team working.

The MSF comprises a self-assessment by the trainee and the collated ratings from a range of the trainee’s co-workers. It provides the Assigned Educational Supervisor (AES) and the trainee with information on many aspects of patient care and professionalism in the clinical setting. Trainees are assessed doing what is normally expected of them in their usual working environment.

Assessment of Audit (AOA)

The Assessment of Audit is an optional tool designed to assess a trainee’s competence in completing an audit and to encourage a reflective approach to learning.

The AOA can be based on the review of audit documentation or on a presentation of the audit at a meeting. If possible, more than one assessor should assess the trainee on the same audit.

Observation of Teaching (OOT)

The Observation of Teaching is an optional tool designed to provide structured, formative feedback to trainees about their competence at teaching.

The OOT can be based on any instance of formalised teaching by the trainee, which has been observed by the assessor e.g. seminar or lecture. It is **not** designed to assess chair-side teaching.

# Feedback

Workplace based assessments are designed to include immediate feedback for learning as part of two-way dialogue towards improving practice. Formal examinations provide limited feedback as part of the summative process. Assigned Educational Supervisors are able to provide further feedback to each of their trainees through the regular planned educational review and appraisal that feature at the beginning, middle and end of each placement. Feedback is based on the evidence contained in the portfolio.

Constructive formative feedback includes three elements:

* An outline of the strengths the trainee displays,
* Suggestions for development,
* Action plan for improvement.

Feedback is complimented by the trainee’s reflection on his/her practice with the aim of improving the quality of care.

# More information

Further details of and guidance for undertaking these WBAs can be found on the ISCP website <https://www.iscp.ac.uk/surgical/assessment_wba.aspx>.

Further reading

Chadwick SM, Holsgrove GJ. New developments in assessment in orthodontics. J Orthod. 2009 Jun;36(2):122-9.

Millett D. WBAs in orthodontic postgraduate education: why and how? J Orthod. 2011 Dec;38(4):240-2.