EURACT Statement on Assessment in Specialty Training for Family Medicine

“ASSESSMENT FOR LEARNING”

Katarina Stavric (FYR Macedonia) - chair, Eva De Fine Licht (Sweden), Jan Degryse (Belgium), Dolores Fores (Spain), Inguna Locmele (Latvia), Llukan Rrumbullaku (Albania), Darach O’ Ciardha (Ireland), Peter Prydz (Norway), Jo Buchanan (UK), Roar Maagaard (Denmark), Mario R Sammut (Malta), Nynke Scherpbier de Haan (Netherlands)

Approved by the Specialist Training Committee of EURACT, the European Academy of Teachers in General Practice/Family Medicine, Porto, Portugal, 2-4 October 2014
Approved by the EURACT Executive Board, Vienna, Austria, 10 January 2015
Approved by the EURACT Council, Prague, Czech Republic, 23-25 April 2015

Introduction

This document proposes a comprehensive model for assessment in GP speciality training. Historically assessment has been rigidly defined as either summative or formative but this division has been discredited. It is now recognised that assessment needs to be embedded within training, be integral to the curriculum and be a driving force which encourages the development of the trainee. Assessment should be collaborative and facilitate a partnership approach between the Trainee and the Trainer. This statement outlines the basic principles and tools that can be used and can be adapted for local purposes.

The assessment process will promote reflection. Reflective activity is a cognitive process which enables learners to turn learning into performance.

“We do not learn from experience, we learn from reflecting on experience” (Dewey)\(^1\).

Learners that reflect well perform better than learners who do not reflect. Reflective activity can increase professionalism in the learners and better engagement with their professional life.

The goal is to ensure the development of a confident doctor who is competent, takes responsibility for care of the patient and functions as a safe, independent, professional family doctor. A strong appreciation of the need for reflective practice and life-long learning will be fostered by this approach.
Features of the GP Trainees’ Assessment

- Assessment will be high quality, programmatic and embedded in the curriculum of specialty training. It should be planned in advance as part of the specialty training programme. Curriculum planning will require the inclusion of a clear assessment plan at the outset. The assessments will need to be effective, robust, sensitive, professional and scientifically grounded.

- Assessment will require a commitment to providing adequate protected time and training of assessors; this training will need to include bench marking of assessors.

- Assessment should lead to the production of meaningful feedback as opposed to producing a score as the only assessment outcome. Meaningful feedback is characterised by a two-way conversation between Trainer and Trainee, a dynamic process where the Trainee learns about his or her performance from the Trainer and reflects on means of adapting his/her performance in future if required. This process can be instantaneous or over a relatively short time frame.

- A process for the documentation of the assessments and reflections on learning will be required.

- Assessment at this level correlates with activity at the top of Miller's pyramid - the “Does” level, and provides an environment for professional, ethical, spiritual and personal growth.

- This form of assessment helps to identify issues with the Trainee’s performance at an early stage and to determine whether these will improve with appropriate intervention. It also provides evidence for decisions to be made about whether the Trainee should proceed with training.

- The assessments will contribute to a periodic aggregate assessment performed by an external resource, close to the educational process but not part of the ongoing Trainee-Trainer relationship. The aggregate evidence will be reviewed by the external resource. The importance of the external resource is that it affords an element of protection to the vital Trainee-Trainer relationship. These are high stakes judgements which need to be defensible.

- Assessment will inevitably be mainly based in the work place and involve review of different aspects of practice, e.g. hospital, domiciliary visits, practice.

- Feedback will be obtained from patients, peers and other professionals. Much of the informal mentoring that Trainers undertake is integral to this framework. Multiple methods can be used but they all must stimulate reflection and facilitate feedback and learning.
**Glossary**

*Assessment*: the term ‘assessment’ refers to all those activities undertaken by teachers, and by their students in assessing themselves, which provide information to be used as feedback to modify the teaching and learning activities in which they are engaged.

*Feedback*: helpful information or criticism that is given to someone to say what can be done to improve performance.

*Formative / Summative Assessment*: formative assessment is assessment for learning whereas summative is assessment of learning.

*Performance*: the action or process of performing a task or function

*Programmatic*: of the nature of or according to a programme, schedule, or method.

*Reflection*: the process of thinking about our experiences and attributing meaning to them.

**References:**

1. Dewey J. Experience and Education. 1938, New York: Macmillan.
