



EURACT Statement on Assessment in Specialty Training for Family Medicine

“ASSESSMENT FOR LEARNING”

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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 growth²**.
- 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, practice³.
- 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.
2. Miller GE. The assessment of clinical skills/competence/performance. Acad Med 1990; 65(Suppl):S63-7.
3. Wilm S. (Ed.). Assessment of General Practitioners’ Performance in Daily Practice: The EURACT Performance Agenda of General Practice / Family Medicine (EUPA). European Academy of Teachers in General Practice and Family Medicine (EURACT). 2014. Düsseldorf: Düsseldorf University Press.