

WEB TABLE I TOOLS FOR WORKPLACE BASED ASSESSMENT [17, 18]

<i>Category Tool</i>	<i>Tool Description/ Salient points</i>	<i>Advantages/ Limitations</i>
Documentation of clinical work		
Logbook	<ul style="list-style-type: none"> – Record of clinical and academic activities by the trainee – Reviewed periodically by the faculty – Benefits accrue from review and discussion rather than simply recording 	<ul style="list-style-type: none"> – Popular and in use in India at some institutions – Can be made into dynamic logs if reviewed frequently with discussion & feedback
Clinical Encounter Cards (CEC)	<ul style="list-style-type: none"> – Pack of 5x8 inch computer readable cards with instruction booklet containing list of diagnoses and codes – Students document each patient encounter on these cards using codes: severity of disease, patient progress, their involvement in patient care – Cards scanned weekly by faculty, reports generated, feedback given and recorded on cards 	<ul style="list-style-type: none"> – Individual appraisal and peer comparison possible – Gives the trainers a good idea of spectrum of clinical work exposure – Trainee is not directly observed, therefore validity of interpretations based on them may be limited
Direct Observation		
Mini Clinical Evaluation Exercise (Mini-CEX)	<ul style="list-style-type: none"> – Direct observation of an actual clinical encounter of a trainee with patient – The assessor scores on a standard sheet & then provides contextual focused feedback to trainee – Evaluation on seven core clinical skills – medical interviewing, physical examination, professionalism, clinical judgment, counseling, organization/ efficacy and overall clinical competence – Not all skills may be assessed in a single encounter. – Focused, immediate and contextual feedback – Time: approx. 10-15 min per encounter including 5 minutes for feedback – 6-8 encounters desirable for reliability 	<ul style="list-style-type: none"> – Versatile , useful for both PG and UG – Feasible in Indian settings – Elaborate preparations not required and can be incorporated in routine clinical work – Allows wide contextual sampling of clinical situations & competencies – Encourages reflective practice – Adequate evidence for validity – Reliability comparable to traditional long case or OSCE – Multiple assessors in multiple settings
Direct Observation of Procedural Skills (DOPS)	<ul style="list-style-type: none"> – Similar to mini-CEX for observation of technical or procedural skills – Predetermined list of short procedures (10-15 min) such as endo-tracheal intubation, establishing intravenous access, nasogastric tube insertion 	<ul style="list-style-type: none"> – Useful both for UG and PG – Feasible for Indian setting – Advantages similar to mini-CEX
Clinical Work Sampling (CWS)	<ul style="list-style-type: none"> – Observation and scoring of various domains of patient interaction and care (usually in-patient) on a routine basis by faculty assessor rather than recall based – Global rating on a standard form followed by feedback discussion – Could be admission rating, ward rating, patient rating form 	<ul style="list-style-type: none"> – Direct observation adds to validity evidence – Multiple domains specially non-cognitive skills amenable to

Acute Care Assessment Tool (ACAT)	<ul style="list-style-type: none"> – A type of Clinical Work Sampling in emergency clinical setting – Done by doctor supervising the emergency ward services or a shift. 	<p>assessment and feedback (communication, diagnostic skills, examination skills, management skills, interpersonal skills)</p> <ul style="list-style-type: none"> – Can assess clinical case management , team working, time management, counseling, leadership skills, efficiency in managing multiple patients in the same time frame
Discussion of individual cases		
Chart Stimulated Recall (CSR)Case based Discussion (CbD)	<ul style="list-style-type: none"> – Discussion between the faculty and trainee based on case records of a patient recently managed by the trainee. – Trainee gives case records of 2-3 patients managed by him to the assessor in advance and assessor selects one – Discussion on what was actually done by the trainee rather than what he would do hypothetically – Takes 10-15 min with 5-10 min for feedback 	<ul style="list-style-type: none"> – Allows assessing clinical reasoning, decision making skills, ethical & professional aspects, and also medical record keeping skills. – Different from traditional case presentations as it focuses on what was actually done rather than what will be done.
Feedback based		
Multi Source Feedback (MSF)/ 360 Degree Feedback	<ul style="list-style-type: none"> – Feedback based on observations and opinions of colleagues in a person’s sphere of performance and influence compiled together – Sources: medical/ paramedical/ nursing/ clerical staff/ patients – Utilize surveys/ questionnaires – Opinions also sought as narratives 	<ul style="list-style-type: none"> – Feedback from a variety of perspectives – professional, interpersonal and communication skills also assessed – Developmental value since promotes self reflection – Mutual trust and confidentiality essential
Mini Peer Assessment Tool (Mini-PAT)	<ul style="list-style-type: none"> – Feedback collected centrally from 6-8 colleagues from among the ones nominated by the trainee – Anonymity maintained but important verbatim comments included – Supervisor gives feedback based on peer evaluation – Overall goal is agreement on strengths, weaknesses and a workable plan for improvement. 	<ul style="list-style-type: none"> – Validity established – Allows for rating of technical & professional competence, interpersonal skills, teamwork environment
Longitudinal Compilation Portfolio	<ul style="list-style-type: none"> – longitudinal description of the learning process put together by the trainee himself supported by appropriate documents and also includes his own reflections on the same – Presence of reflective component distinguishes it from logbook – Assessed periodically by faculty and feedback discussion held 	<ul style="list-style-type: none"> – Provide evidence of learning as well as the course of learning – Face and content validity high – Require significant student motivation and staff training