

WORKPLACE-BASED ASSESSMENT (WPBA)

STANDARDS FOR WPBA TOOLS

(Histopathology and Chemical Pathology)

STANDARDISING ASSESSMENT

Workplace-based assessment is undertaken by a wide variety of assessors in different locations and using different tools. It is therefore important that there is a degree of commonality in the standards that are required of trainees in each assessment. Although the standard against which trainees are marked is the standard expected of a trainee at the end of their particular stage of training, it can be difficult to decide how to grade their performance in each category on the forms provided. Ultimately, it is the assessor's view of the trainee's performance that is recorded but to assist in this process, the College has prepared grade descriptors for each element of performance which are attached. These are intended as guidelines to assist assessors choosing the grade that best describes the performance of the trainee during the assessment. It is hoped that these grade descriptors will provide a degree of standardisation of what inevitably is a diverse process.

Standards for assessment

Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as follows.

- Stage A** ST1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.
- Stage B** ST2 and ST3 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.
- Stage C** ST3 onwards leading to the Part 2 examination. The trainee will be undertaking further specialised general training.
- Stage D** Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'Unable to comment'.



Grading scale

The form offers a grading scale from 1–6:

1–2	Below expectations
3	Borderline
4	Meets expectations
5–6	Above expectations

Definition of borderline

In the context of workplace-based assessment, borderline trainees have not convincingly demonstrated that they have met expectations during the assessment but there are no major causes for concern.

Definitions for the grading scales are provided in the table below.

Outcome of assessment

The outcome of the assessment is a global professional judgement of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

Satisfactory The trainee meets the standard overall

Unsatisfactory The trainee needs to repeat the assessment



DOMAINS FOR ASSESSMENT – Chemical Pathology (CP) and Histopathology (H)

Case-based discussion (CbD)		
	CP	HP
Medical records		X
Additional investigations	X	X
Clinical/pathological/microbiological assessment	X	X
Clinico-pathological correlation		X
Sample and test selection		
Clinical management advice/appropriate drug therapy	X	X
Infection control advice/health protection issues and laboratory issues	X	
Follow up	X	
Laboratory safety, clinical governance		
Consideration of patient issues		X
Overall laboratory and clinical judgement	X	X
Overall professionalism	X	X

Direct observation of practical skills (DOPS)		
	CP	HP
Understanding of indications for and scientific principles of procedure	X	X
Consideration of health and safety requirements (e.g. risk assessment, COSHH)	X	X
Familiarity with SOP	X	
Ensures patient safety		X
Consideration of QC/QA	X	
Technical ability and correct use of equipment	X	X
Post-procedural documentation	X	
Communication skills (written and/or verbal)	X	X
Professionalism (e.g. patient confidentiality, respect) and patient focus	X	X
Ability to seek help where appropriate	X	X
Overall ability to perform procedure	X	X
Is aware of limitations of test or procedure		
Is aware of importance of patient/specimen identification checks/ pre-procedural preparation		X



Evaluation of clinical events (ECE)		
	CP	HP
Understands theory of encounter/event (process)	x	x
Applies clinical/pathological knowledge appropriately	x	x
Makes appropriate clinical judgements	x	x
Follows established procedure (SOP, institutional procedures or guidelines)	x	x
Demonstrates appropriate communication skills (verbal and written)	x	x
Maintains a patient focus and delivers patient centred care (e.g. respect for patient dignity, consent, confidentiality, turnaround times)	x	x
Maintains professional standards	x	x
Considers professional issues (record keeping, consultation with colleagues, linkage of department to others, institution rules, plan for feedback)	x	x
Organisation and efficiency	x	x
Overall clinical care (where appropriate)	x	x

Mini clinical evaluation exercise (Mini-CEX)	
	CP
Medical interviewing skills	x
Physical examination skills	x
Consideration for patient/professionalism	x
Clinical judgement	x
Counselling and communication skills	x
Organisation/efficiency	x
Overall clinical competence	x



Case-based discussion (CbD)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Medical records and reporting	Records/reports had potential to harm patients	Mistakes, or ambiguity in records/reports, meaning not clear	Poor recording/reporting but meaning can be understood	Records/reports all major issues	Clear, logical, well laid out and documented record/report	Faultless recording/reporting with all features required
Additional investigations	Dangerous investigations	Unnecessary investigation	Mainly correct investigations but may be expensive or not focussed	All essential additional investigations covered	Focused investigation with alternatives. Avoids blanket requesting	Reasoned (e.g. referenced) investigation with e.g. diagnostic tree
Clinical/pathological/microbiological assessment	Missed important or major features, lack of understanding of issues	Inadequate assessment but no major features missing	Assessment gets some but not all of required features	Assessment gets all main features of case, competent diagnosis	Good diagnosis of all features, major and minor	Complete competence in assessment of all aspects of case
Clinico-pathological correlation	Unable to link pathology with clinical picture	Poor correlation, missing important links	No important missing items but struggles to link items	Correlation of major clinical and pathological findings	Correlation of major and minor clinical and pathological findings	Clinico-pathological correlation of presentation/publication quality
Sample and test selection including macroscopic description, dissection and block taking	Poor description, wrong sample or block which could invalidate test or examination	Misses important points, poor description tests or samples/blocks	Minor issues in connection with description, samples blocks or tests	Adequate description, takes or requests correct blocks, samples and tests	Description, dissection, blocking and sampling to maximises diagnostic yield	Focussed accurate description, dissection, blocking and sampling to maximise diagnostic yield and minimise patient discomfort, clinical and cost effectiveness
Clinical management advice/antiviral therapy	Dangerous advice with potential for patient harm	Poor or unclear advice but not dangerous	Advice barely adequate	Advice covers all essential features of case	Advice covers essential features and potential complications	Highly professional advice covers everything and includes references



Case-based discussion (CbD)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Infection control advice/health protection issues/laboratory issues	Dangerous advice with potential for patient harm	Poor or unclear advice but not dangerous	Advice barely adequate	Advice covers all essential features of case	Advice covers essential features and potential complications	Highly professional advice covers everything and includes references
Follow up	Absent	Inadequate	Just adequate	Standard follow up as required	Good follow up	Excellent follow up
Laboratory safety, clinical governance	Serious safety or governance issues raised	Poor lab safety or governance concerns	Minor lab or governance issues only	No laboratory safety or governance issues	Actions maximised laboratory safety	Actions maximised safety and minimised governance issues
Consideration of patient issues including consent and confidentiality	Patients made uncomfortable, lack of consideration or consent, indiscretion	Inadequate care for patients' concerns and confidentiality	Adequate care but not patient friendly	Makes patient comfortable and addresses potential concerns and related issues	Meets patient concerns and confidentiality, comfort high priority	Anticipates and meets concerns and inspires confidence in patient
Overall laboratory and clinical judgement	Dangerous practice, potential for harm	Poor or inadequate practice	Just adequate practice	Standard practice at expected level	Good practice	Excellent practice
Overall professionalism	Completely unprofessional	Poor professionalism	Just adequate professionalism	Professional with no missing aspects	Highly professional	Exemplary professional behaviour across all domains



Direct observation of practical skills (DOPS)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Understanding of indications for and scientific principles of procedure	No understanding of basic principles.	Understanding poor or faulty	Knows which principles apply but poor understanding	Understand underlying principles	Understands principles, explains clearly	Can teach principles and application to procedure
Consideration of health and safety requirements (e.g. risk assessment, COSHH)	Serious safety issues raised or does not understand issues	Concerns about health and safety in procedure	Minor health or safety issues only	No health and safety issues	Actions maximised safety	Full health and safety in procedure and explained clearly: exemplary
Familiarity with and understanding of SOPs	Did not refer to or understand SOP	Does not use appropriately, poor understanding of SOP	Minor lapses over SOP but knows main operating procedure	Familiar with SOP	Demonstrates complete understanding of SOP	Complete understanding of SOP, constructively critiques SOP
Ensures patient and colleague safety	Does not ensure patient or colleague safety, procedure has to be stopped	Inadequate patient colleague safety although procedure can continue	Minor safety issues only	No safety issues	Actions maximised patient or colleague safety	Anticipates and meets concerns and inspires confidence in patient and colleagues
Consideration of QC/QA	No consideration or understanding of QC/QA	Inappropriate or inadequate QC/QA of procedure	Minor QC/QA issues	Follows correct QC/QA procedure	Understands QC/QA including interpretation of previous results	Complete understanding of and can teach QC/QA procedures
Technical ability and correct use of equipment	Unable to perform procedure	Poor technical ability, gives rise to concern about result	Technical ability barely adequate, or poor use of equipment	Technically competent	Technically as good as tutors	Assured, competent and sufficiently technically proficient to teach procedure



Direct observation of practical skills (DOPS)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Post-procedural documentation	No or misleading documentation	Inadequate documentation	Documents procedure but barely adequate	Records procedure correctly	Clear, logical, well laid out and documented record	Faultless recording with all features required
Communication skills (written and/or verbal)	Misleading, incomprehensible, wrong or no communication with patients or staff	Poor communication with patient or staff but makes effort	Communication adequate but does not inspire confidence	Explains all main points and communicates with colleagues	Clear, logical communication makes meaning clear to all	Highly professional communication inspires confidence in patients and staff
Professionalism (e.g. patient confidentiality, respect) and patient focus	Patients made uncomfortable, lack of consideration or consent, unprofessional appearance or manner	Inadequate care for patients concerns. Poor professional manner or appearance	Adequate care but not patient friendly, just adequately professional	Makes patient comfortable and addresses potential concerns, professional in all aspects	Meets patient concerns and comfort high priority, very professional.	Highly professional in all aspects, inspires confidence in patients and staff
Ability to seek help where appropriate	Problems due to lack of seeking help	Does not appear to know when to seek help but aware of own inadequacies	Seeks help but inappropriately	Demonstrates knows when to seek help	Knows limits of ability, spots when may need help before need arises	Knows when to seek help and when to offer support to others
Overall ability to perform procedure	Unable to perform procedure	Poor technical ability, gives rise to concern about result	Technical ability barely adequate	Technically competent	Technically as good as tutors	Assured, competent and sufficiently technically proficient to teach procedure



Direct observation of practical skills (DOPS)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Is aware of limitations of test or procedure	Unaware of limitations which could invalidate test or procedure or cause dangers to patient	Unaware of some limitations to test or procedure which may compromise result	Minor issues in connection with limitations to test or procedure	Aware of limitations to test or procedure	Action minimises limitations to test or procedure	Aware of limitations to test or procedure and can explain underlying issues Fully aware of limitations and complications
Is aware of importance of patient/specimen identification checks/pre-procedural preparation	Unaware of importance and makes no identification checks	Unaware of importance or makes inadequate identification checks	Barely adequate checks	Makes appropriate checks on identification	Makes appropriate checks on identification and actions minimise potential issues	Makes appropriate checks on identification and can identify how procedural safety can be improved



Evaluation of clinical events (ECE)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Understands theory of encounter/event (process)	No understanding of basic principles	Understanding poor or faulty	Knows which principles apply but poor understanding	Understands underlying principles	Understands principles, explains clearly	Can teach principles and application to encounter/event
Applies clinical/pathological knowledge appropriately	Unable to link pathology with clinical picture	Poor correlation, missing important links, inappropriate application	No important missing items but struggles to link pathology with clinical picture	Able to correlate and apply major clinical and pathological findings	Correlation and application of all major and minor clinical and pathological findings	Clinico-pathological correlation and application of presentation/publication quality
Makes appropriate clinical judgements	Dangerous practice, potential for harm. Missed important or major features, lack of understanding of issues	Poor or inadequate judgement. Inadequate clinical assessment but no major features missing	Just adequate practice	Standard practice at expected level. Assessment gets all main features of case, competent diagnosis	Good practice with diagnosis and advice covering all major and minor issues	Excellent practice. Complete competence in assessment of all aspects of case
Follows established procedure (SOP, Trust or Health authority approved procedure or guidelines)	Did not refer to or understand SOP, procedure or guideline	Poor understanding of SOP, procedure or guideline	Minor lapses over procedure but knows and can demonstrate how to do it safely	Familiar with and follows established SOP, procedure or guideline.	Demonstrates complete understanding of SOP, procedure or guideline.	Complete understanding of SOP, constructively critiques SOP, procedure or guideline.
Demonstrates appropriate communication skills (verbal and written)	Misleading, incomprehensible, wrong or no communication with patients or staff	Poor communication with patient or staff but makes effort	Communication adequate but does not inspire confidence	Explains all main points and communicates with colleagues	Clear, logical communication makes meaning clear to all	Highly professional communication inspires confidence in patients and staff



Evaluation of clinical events (ECE)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Maintains a patient focus and delivers patient centred care (e.g. respect for patient dignity, consent, confidentiality, turnaround times)	Patients made uncomfortable, lack of consideration or consent	Inadequate care for patients concerns	Adequate care but not patient friendly	Makes patient comfortable and addresses potential concerns	Meets patient concerns and comfort high priority	Anticipates and meets concerns and inspires confidence in patient
Maintains professional standards	Completely unprofessional	Poor professionalism	Just adequate professionalism	Professional with no missing aspects	Highly professional	Highly professional
Considers professional issues (record keeping, consultation with colleagues, linkage of department to others, Trust rules, plan for feedback)	Unaware of professional issues	Concerns about some aspects of professionalism	Considers main issues misses some minor issues	Considers all major and minor issues	Highly professional in consideration of all issues	Professional in practice, inspires confidence
Organisation and efficiency	Slow, completely disorganised and inefficient	Poorly organised so efficiency impaired	Minor organisational issues	Organised adequately	Efficient, organised, safe and quick	Efficient, organised, safe and quick, can be used as example
Overall clinical care (where appropriate)	Dangerous practice, potential for harm	Poor or inadequate practice	Just adequate practice	Standard practice at expected level	Good practice	Excellent practice



Mini clinical exercise examination (Mini-CEX)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Medical interviewing skills	Did not obtain principal reason for encounter or major symptoms	Missed major categories of information	Missed minor items	Obtained all required information	Obtained all information in efficient organised manner	Obtained information pleasantly and effectively
Physical examination skills	Missed obvious clinical abnormalities or did not examine relevant systems	Complete examination but awkward or clumsy, missed minor abnormalities	Examined all systems but minor difficulties with examination	Examined all systems competently	Competent and efficient examination	State of the art clinical examination
Consideration for patient/professionalism	Caused patient pain without warning or apology	Caused minor discomfort or pain to patient	May have missed some patient unease or concern but did not cause significant problem for patient	Considerate to patient and professional in manner	Pleasant, considerate, and efficient with completely professional manner	Pleasant, considerate, and efficient with completely professional manner giving patient complete confidence
Clinical judgement	Differential diagnosis misses major areas, selection of investigations follow up or treatment dangerous to patient	Poor differential diagnosis or poor selection of investigation, follow up or treatment	Clinical judgement misses minor points which will not endanger patient	Clinical judgement adequate for stage of training	Clinical judgement well integrated with above average knowledge of condition	Clinical judgement demonstrates full knowledge of condition and good integrated assessment of history and examination



Mini clinical exercise examination (Mini-CEX)	1 Below expectations	2 Below expectations	3 Borderline	4 Meets expectations	5 Above expectations	6 Above expectations
Counselling and communication skills	Caused patient unease or discomfort, rude	Caused minor unease or discomfort to patient, missed some opportunities for counselling	Communication poor but managed to obtain and give appropriate information to patient	Obtained and gave information professionally	Good, patient friendly communication with good patient rapport	Pleasant, considerate, and efficient with completely professional manner giving patient complete confidence
Organisation/efficiency	Completely disorganised	Poor organisation although missed only minor elements	Followed system but some parts of history or examination out of sequence	Followed logical sequence in history and examination	Logical and efficient sequence in history and examination	Very efficient organisation without impairing communication with patient
Overall clinical competence	Dangerous or incompetent	Significant problems with competence but not dangerous	Some minor issues but nothing significant	Competent in areas assessed	Competent and efficient	Competent efficient giving patient complete confidence

Assessment Department

Updated March 2018

assessment@rcpath.org

