



Cellular Pathology

(Histopathology/Neuropathology/Forensic Pathology/Paediatrics and Perinatal Pathology and sub-specialty of Cytopathology)

Explanatory notes for formative ePortfolio-based assessments

Multi-source feedback (MSF)

Trainees will undertake an MSF assessment each year during training.

Some changes have been made to the multi-source feedback (MSF) form. The wide range of questions are now grouped under specific headings so as to increase the assessors' focus. One MSF form is to be used for all stages of training.

As usual, trainees will receive anonymised responses from a wide range of assessors who are chosen by the trainees and ratified by their educational supervisors. The responses (a minimum of 7) will be collated on one MSF Report and verbally presented by the educational supervisor, giving trainees an opportunity to seek clarification if necessary. The MSF Report is subsequently released into the trainee's ePortfolio for submission to the Annual Review of Competence Progression (ARCP).

Assessment of Performance (AoP)

AoP is a newly designed feedback form about trainees which is completed by supervisors after each rotation/attachment, e.g. GI, renal and head and neck etc. It is aimed to reflect the full scope of training undertaken and must be initiated by trainees, and completed by both trainees and the supervising consultant or clinical supervisor. The full range of AoPs must be reviewed by the trainee's educational supervisor to ensure adequate progress is being made and to help identify areas of difficulty. It is expected that at least one form for each clinical supervision per specialty (an indicative number of six per year) should be completed to reflect the full scope of training undertaken.

Educational supervisors must gather information from the AoPs to be included in the Educational Supervisor Structured Report (ESSR) which is submitted towards the Annual Review of Competence Progression (ARCP).

AoPs represent opportunities to both capture and triangulate data about trainees' longitudinal progress, and improve the feedback provided, engendering reflective practice. In particular, the form is designed to capture evidence of trainee progress towards independently entrustable practice across the spectrum of pathology activities. As the forms should be completed at rotations, areas of strengths and weaknesses will be evident. For example, a trainee might score well in dermatopathology, but less so in head and neck pathology. This should help identify learning needs.

Supervised Learning Events (SLE)

SLEs are feedback-rich 1:1 assessment, based upon traditional workplace-based assessments. The shift in nomenclature recognizes the move to programmatic assessment – whereby one SLE will record performance at a point in time rather than representing a pass/fail decision. The picture built by a series of SLEs over time provides a richer picture of a trainee's strengths and weaknesses, while placing greater emphasis on timely feedback provided around each case. Trainee and assessor usage will be via an updated Learning Environment for Pathology Trainees (LEPT) system.

The SLEs comprise:

- Case-based discussion (CbD)
- Direct observation of practical skills (DOPS)
- Evaluation of clinical/management events (ECE)

These SLEs are designed to:

- encourage feedback discussions between trainees and assessors
- encourage trainee reflection
- capture information about trainee progress which will contribute usefully to educational supervisors' reports and to ARCP meetings.

The SLEs allow the assessor the opportunity to:

- provide immediate feedback to trainees without relying on 'tick box' scoring
- provide opportunities to close the gap between current and desired performance
- advise trainees about observed learning needs
- encourage trainees to engage in appropriate learning activities
- ensure that procedures are safely and correctly performed, and that patient safety is not compromised in the training setting

Trainees benefit from understanding their feedback and using it to drive self-improvement, independent of scores, grades or rates. SLEs will also assist assessors to recognise trainees' progress and achievements and to monitor progress. The nomenclature of CbD, DOPS and ECE has been retained, but the forms themselves have been significantly redesigned and include areas requiring both trainee and assessor input and, in some forms, trainee reflection. The forms are designed to capture information relating to the revised curriculum.

The CbD and DOPS SLEs

Both DOPS and CbD SLEs facilitate discussion and feedback on practical pathology activities. The assessor should provide comments in the boxes associated with the individual descriptors followed by a summary of what was done well, areas for improvement and a brief plan for development.

The ECE SLE

The ECE SLE is designed to engender reflection, self-assessment and feedback and to encompass and capture information about curricular areas related to professionalism which are more difficult to assess. Some of the descriptors overlap (e.g. team working, communication, human factors, patient safety and non-technical skills).

Many of the descriptors will not be relevant for an individual activity being assessed; the list is provided in order that the trainee and trainer (independently and thereafter in discussion) reflect upon whether the descriptor requires to be considered in the particular situation. Most are self-explanatory, but some further clarification relating to a few of the terms is provided below:

- Human factors – primarily related to errors and involving understanding of information processing, biases, slips and lapses as well as automation and ergonomics.
- Non-technical skills e.g. situational awareness, fatigue management, stress management, options assessment in decision making.
- Open learning culture – openness about errors and ability to review errors objectively and identify (and learn from) both personal and system failings.
- Communication
- Patient safety
- Quality improvement
- Ethical aspects
- Dealing with uncertainty
- Team working & leadership/followership
- Entrustment levels (supervised/unsupervised)
- Use of information systems
- Legal aspects
- Public health considerations