

Guidance for using Procedure Based Assessment (PBA)

What is Procedure Based Assessment (PBA)?

Procedure Based Assessment (PBA) is one of a number of assessments used in the clinical setting to help the teaching and assessment of a clinical skill. In common with the other workplace-based assessments (WBAs), its primary purpose is to provide structured teaching and feedback in a particular area of clinical practice. The PBA method assesses the range of competencies required to perform an interventional procedure. It should be used when performing an index procedure in a surgical speciality (these are a small number of common and important procedures that are indicative of satisfactory performance in a range of other procedures).

The assessment involves an assessor, (typically a consultant trainer), observing the trainee performing a practical procedure within the workplace (usually in theatre). The assessor's evaluation is recorded on a structured form which is used by the assessor to provide the trainee with structured feedback.

The tool has two principal components. The first consists of a series of competencies within five core domains. Most of the competencies are common to all procedures (e.g. competencies in the section for intra-operative techniques are marked G for generic). Some competencies are specific to the particular procedure (e.g. marked T for task-specific). Each competency is rated according to the standard expected for Certification at the completion of training.

The second part of the evaluation consists of an assessment of the overall competence of the trainee to perform the procedure on that occasion (global summary). The global rating is divided into nine levels, the highest of which is the ability to perform the procedure to a standard expected of a specialist in practice within the NHS (Certification).

Because the PBA is set at the level of Certification (rather than as satisfactory for each level of training), it fulfils a patient safety/clinical governance function in conjunction with the logbook. This also enables PBAs performed during one level of training to be added to those during the next. This is also applicable to modular training.

Although the principal role of the PBA is to aid learning (formative), the summary evidence from many PBAs in conjunction with the logbook will be used to inform the annual review process.

What does one completed PBA mean?

Successful completion of a PBA on any one procedure does not 'licence' a trainee to perform the procedure unsupervised. The decision to permit a trainee to perform a procedure without supervision remains the prerogative of the supervising consultant clinical supervisor who has responsibility for patient care. This will depend on evidence from a number of PBAs (i.e. if the trainee has acquired enough PBAs of a sufficient standard (level 4b). The number required to inform that decision will depend upon many factors, including the complexity of the procedure and the experience of the trainee. The evidence provided by the trainee's logbook therefore complements this process.

Who should assess the PBA?

On many occasions this is likely to be the trainee's Assigned Educational Supervisor (AES). Other surgical consultants (and senior trainees depending upon their level of training and the complexity of the procedure) should also assess the trainee whenever they supervise an index procedure, as this adds to the reliability of the assessment process. All assessors must be trained in the use of PBAs.

Trainees will find that reflecting on the assessment criteria (as contained in the assessment form and validation worksheet) can help them define any gaps in their understanding or ability which they can bring to the discussion with their AES and other assessors.

How many assessments are required?

Given the great variation in the rate of progress between individuals, absolute numbers of individual assessments are not prescribed. In clinical practice a number of observed activities, even if completed to a satisfactory level, are insufficient if not underpinned by adequate experience.

As a guide, minimum of 40 WBAs (not including those done in a simulated setting) should be conducted throughout each training year. The proportion and case mix of PBAs will depend on the specialty and level of training. The overall number in each placement should also be agreed between the trainee and the AES and should be based on individual trainee need.

Ideally, trainees and assessors should use the assessment instruments every time a trainee is supervised undertaking an index procedure i.e. at every possible opportunity. The great benefit of WBAs such as the PBA is that by obliging the trainer to review the performance of the trainee across the full range of components involved in a procedure, a comprehensive picture of the trainee's strengths and weaknesses can be obtained and kept under review during the whole placement.

The GMC has not accepted the proposal for minimum specified experience in terms of numbers and it will be a matter of judgement for AESs and annual review panels to determine whether the experience element is sufficient when signing off their reports.

How should it work?

The trainee's Learning Agreement should indicate which PBAs (or sections of PBAs) are required. The procedures should be representative of those the trainee would normally carry out at that level and should be one of an indicative list of procedures relevant to the specialty.

The process is trainee led. It is the trainee's responsibility to ensure the required number of PBAs are performed to a satisfactory standard by the specified timescale. The trainee will need to be familiar with the PBA assessment form and internal validation worksheet. The trainee generally chooses the timing and makes the arrangement with the assessor.

Assessors do not need to have prior knowledge of the trainee. The assessor should observe the trainee undertaking the agreed sections of the PBA in the normal course of workplace activity (usually scrubbed).

Patient safety and well-being remains paramount. The assessor supervising the procedure retains responsibility for patient care. The assessor should ensure that the patient is informed, has provided consent for the exercise and suffers no increased risk or discomfort. Given the priority of patient care, the assessor should choose the appropriate level of supervision depending on the trainee's stage of training. Trainees should carry out the procedure, explaining what they intend to do throughout. The assessor should provide verbal prompts, if required, and intervene if patient safety is at risk.

Completing the form

The online form must be completed. For convenience, a printed version of the assessment form can be used during the session after which the trainee must transpose the assessment in his/her electronic learning portfolio. The assessor must validate the assessment online in order for the assessment to be considered completed. If used, a copy of the paper form should be kept by both parties as a means of recalling the note of the discussion.

- **Feedback**

Each PBA form is a completed record of a particular procedure. Any one assessment is not a pass or fail event; the primary purpose is to provide objective feedback to aid learning.

The assessor should provide immediate feedback to the trainee in a debriefing session. Feedback should be constructive and given in a suitable environment. The assessor should explain any ratings that *Development required*, identify areas of achievement and opportunities for development. The PBA will take as long as the procedure itself; completion of the form and feedback should only take about 10-15 minutes and can usually be done in the coffee room between cases. It is essential that trainees reflect on feedback and take a proactive approach to improving their practice.

- **Operation more difficult than usual**

If the procedure was uneventful, without any unusual problems, assessors should enter this as **No**.

If the procedure was more difficult than had been initially expected, (especially if circumstances made it too difficult for the particular trainee's stage of development) this should be entered as **Yes**. The reasons for indicating that it was more difficult than usual must be stated.

- **Rating the form**

The assessor should complete the PBA form. Each item should be rated, N (*not observed or not appropriate*), D (*development required*), or S (*satisfactory at the standard expected for Certification with no help or prompts required*).

- **Global summary**

If the trainee was observed to have completed enough of the procedure to enable the assessor to make a judgement about the trainee's standard of overall competence to perform the procedure on that occasion, a global statement should be chosen from the levels shown.

The global statements relate to the extent of supervision the trainee was seen to require in that procedure on that occasion. In order to achieve a global level 4b for an entire procedure, most (but not necessarily all) competencies should have been rated as satisfactory. Achieving a level 4b on one occasion does not confirm that the trainee is competent to perform that procedure unsupervised. This judgement will require repeated assessments by more than one assessor.

After the assessment

After each PBA, the trainee must transpose the assessment into his/her electronic learning portfolio at the earliest opportunity. The range of assessments recorded by the trainee builds into an overall profile of the trainee's progress enabling the AES to award learning outcomes against the learning objectives that were set down in the Learning Agreement. At the end of the placement, the AES will use the evidence in the portfolio to make a summative judgement about whether the trainee has met the requirements of the Learning Agreement. The trainee's portfolio is also used at the annual review to record whether the required curriculum competencies and experience are being acquired, and that this is at an appropriate rate.

It should be borne in mind that the AES has the facility to make substantial changes to the clinical timetable and sessional exposure that a trainee has during a placement, if it is deemed in the best interests of the trainee. It is expected that the trainers in any one placement work as a team and if an assessor, trainer or trainee feels that any such change might be indicated, then this should be brought to the notice of the AES at the earliest opportunity.

KEY POINTS

Summary of the method

- Observed assessment of index procedures
- Covers patient safety, pre-operative planning and preparation, exposure & closure, intra-operative technique and post-operative management
- Available for advanced specialty index procedures

Minimum number of assessments per year

- The number of PBAs in specialty training will depend on the specialty and level of training. Ideally, a PBA should be performed every time a trainee is supervised undertaking an index procedure

Who should assess the PBA?

- The current Assigned Educational Supervisor must be one of the assessors
- Other consultant Clinical Supervisors
- Senior trainees depending upon their level of training and the complexity of the procedure
- Assessors do not need to have prior knowledge of the trainee
- Assessors need training in using the PBA and sufficient expertise in carrying out the chosen procedure.

Time needed

- Observation will be as long as the procedure itself
- 10-15 minutes for completion of the form and feedback

Appropriate assessment settings

- Usually in theatre