Guidance for using the Mini-PAT (Mini-Peer Assessment Tool)

Summary and overview

The mini-PAT is a peer assessment tool comprising a self assessment by the trainee and the collated ratings from a range of the trainee’s co-workers. Peer assessment is also known as 360° assessment and multi-source feedback or MSF. PMETB and the GMC have identified peer assessment as suitable for both postgraduate training and revalidation.

The mini-PAT is derived from the Sheffield Peer Review Assessment Tool (SPRAT) and has been shortened on the basis of content validity in relation to the curriculum and contextualised to the surgical environment. The mini-PAT competencies that are rated map to those defined by Good Medical Practice and to the core objectives of the Intercollegiate Surgical Curriculum.

The mini-PAT questionnaire is confidential. Individual assessments are anonymised and are not disclosed to the trainee. Feedback to the trainee is delivered by the trainee’s Assigned Educational Supervisor (AES) and comprises the raters’ aggregate ratings compared with the trainee’s self-assessment plus raters’ written comments which are listed verbatim. Should the trainee specifically request to see the individual evaluation, however, he or she is entitled to do so under the Data Protection Act 1998.

Mini-PAT in the context of workplace-based assessment (WBA)

As part of a multi-disciplinary team, surgical trainees work with other people who have complementary skills. They are expected to understand the range of roles and expertise of team members in order to work effectively within that team. At times they will need to ask for help and at other times assume leadership appropriate to the situation. An essential aspect of good team-working is the contribution to learning and development team members can give each other through peer-assessments. The mini-PAT is used as an educational method of assessing professional competence within a team-working environment. It provides developmental feedback to the trainee in order to improve the trainee’s clinical care and professional competence by directing learning and improving their insight. Trainees are assessed doing what is normally expected of them in their usual working environment. It is important that trainees choose different raters to cover a variety of perspectives important to the curriculum.

Mini-PAT makes a difference to the individual being assessed and is useful to the rater’s own development in gaining an understanding of other members’ roles and responsibilities. Moreover, it is through the evaluation of another person’s role that the rater can gain the skill of empathy which is important in team-working.

The number and timing of assessments

Trainees should complete one mini-PAT every three years with the first assessment being held during the first year of entry to surgical training. For most trainees it will take place in ST1, ST4 and ST7. The trainee’s AES may request further assessments if there are areas of concern at any time during training. Mini-PAT should be held in the third month of a four-month or six-month placement and in the fifth month of a one-year placement.

Who should assess the mini-PAT?

There should be up to 12 raters with a minimum of eight, plus the trainee’s self-assessment. One of the raters must be the trainee’s AES. The other raters should be members of the trainee’s multi-disciplinary healthcare team who represent a range of different grades and environments (e.g. ward, theatre, outpatients) and who have sufficient expertise to be able to make an objective judgement about the trainee’s performance. Raters do not include administrators, support staff or patients.
How should it work?

The trainee must drive the process by completing a mini-PAT self-assessment and nominating a range of co-workers as raters. Trainees must ensure that enough raters are engaged and have submitted assessments in good time.

Raters are required to complete an electronic assessment form containing 16 competencies on a 6 point scale, rating the trainee’s professional behaviour against the standards of Good Medical Practice. Raters do not need specific training in mini-PAT because the tool uses qualified members of the multi-disciplinary team who have observed the competencies and can make a judgement about their quality.

Personalised feedback is produced which compares the trainee’s self-ratings with the average ratings of co-workers plus the raters’ anonymised written comments. Feedback is received by the AES who is required to meet with the trainee to present the feedback and discuss a development plan. To complete the process, the AES makes a report which is included in the trainee’s portfolio.

Completing the mini-PAT form

Raters receive individual confirmation by e-mail that they have been nominated by the trainee. Raters must be registered with the ISCP at www.ISCP.ac.uk. Once registered, raters will be able to login using their username (institutional e-mail address indicated on registration) and password (issued by the ISCP) and access the mini-PAT form. Raters may find it most convenient to use a printed version of the assessment form before transposing the ratings to the electronic form. The assessment should only take about 5-10 minutes to complete.

These notes may be helpful when using the mini-PAT form:

- Raters should take the time to consider each competency carefully and fill in the questionnaire as accurately as possible.
- Each competency should only be marked if it has actually been observed, otherwise it should be marked as unobserved (U/C)
- The assessment should be judged against the standard expected at completion of the stage of training (i.e. initial, intermediate or final stage). Stages of training are defined in the syllabus. Some specialties have also indicated standards associated with each training level (e.g. ST1, ST2 etc) which can also be applied.
- The primary purpose of the assessment is to provide meaningful feedback to the trainee. Constructive written comments help the trainee build on strengths and address areas for development. Raters should write comments to illustrate their ratings and should explain any ratings that are below ‘Meets expectations’. This should be done sensitively and worded in relation to problems so that the trainee can learn as much as possible from them. Raters’ comments are fed back to the trainee anonymised but as written.
- Raters should mark any concerns about probity and health as it is crucial that evidence of poor performance is identified so that remediation plans can be in place as soon as possible. These observations serve to maximise patient safety.
- Raters should read the guidance notes and should confirm this on the form by ticking the appropriate box.

Overcoming unintentional bias

It is important that raters ensure that they are as objective as possible, not tending towards leniency or severity. A trainee who seems very competent overall may not be competent in all areas. It is valuable for a trainee to know which particular areas need to be developed. Similarly, raters should be careful not to confuse a likeable personality or compliant behaviour in team-working as competence to do a job.

After the assessment

Raters will receive an acknowledgement by e-mail confirming that their evaluation has been received. Each assessment is anonymised and ratings are aggregated with at least seven other raters and fed back to the trainee via the trainee’s AES. As part of the quality assurance process raters may be asked to verify their assessment at a later date.
Monitoring the mini-PAT

The mini-PAT is trainee-driven, however as the trainee’s AES is responsible for monitoring and guiding the trainee, presenting feedback and signing off the mini-PAT. The trainee’s Programme Director is also able to monitor progress and view assessments.

In order that an appropriate range of grades and environments is chosen, the electronic mini-PAT system guides the trainee’s choice by regulating the number and type of raters who can be nominated. The table below shows the range and minimum numbers required.

<table>
<thead>
<tr>
<th>Type of rater</th>
<th>Up to 12 (minimum 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assigned Educational Supervisor</td>
<td>Must be included</td>
</tr>
<tr>
<td>Consultant</td>
<td>1</td>
</tr>
<tr>
<td>Senior nurses</td>
<td>2</td>
</tr>
<tr>
<td>Specialty trainees/other doctors</td>
<td>2</td>
</tr>
<tr>
<td>Health care professionals</td>
<td>2 different types</td>
</tr>
</tbody>
</table>

As evaluations are submitted the trainee’s AES will be able to view them. The AES should make a particular point of viewing evaluations that are flagged up as including health and probity concerns and discuss appropriate action with the Programme Director and trainee as appropriate.

Feedback

The mini-PAT provides each trainee with personalised feedback comprising a graphical representation that compares the trainee’s self-ratings with the average ratings of co-workers plus raters’ anonymised written comments. In the first instance the trainee’s AES receives the trainee’s feedback so that it can be presented to the trainee as part of the support and development of the appraisal process.

In order to maximise the educational impact of using mini-PAT, the AES should meet with the trainee to present the feedback. In preparing for the meeting the trainee and AES can refer to the good feedback guidance contained in the ISCP’s [A Well Known Feedback Model - Pendleton’s Rules](#).

It must be emphasised that the most important use of this assessment method is in providing the trainee with ‘formative’ feedback (i.e. information that forms and develops the trainee’s practice). Therefore, an assessment is not a pass or fail event, nor does it award a licence to practice without assistance or direct supervision. At the end of a period of training, the trainee’s whole portfolio is reviewed. The accumulation of formative assessments contributes as one of a range of indicators that informs the decision as to satisfactory completion of training at the annual review.

The amount of time required for the feedback meeting depends upon the results of the aggregate ratings and the trainee’s self-perception (insight). It is recommended that the first 10-15 minutes of the meeting is set aside for the trainee to see the feedback and be left alone to reflect on it. It would then be necessary for the trainee and AES to discuss it together, identifying the trainee’s strengths and development needs and agreeing any actions that would help to develop the trainee.

After the meeting the AES should sign off the mini-PAT by making a report in the comments box and selecting an outcome from the following options:

i) Satisfactory mini-PAT
ii) Development of the trainee is required through targeted training
iii) Unsatisfactory mini-PAT. In this case the matter should be referred to the Programme Director.

After sign off, trainees receive the mini-PAT feedback and report and are able to make comments. The completed mini-PAT is stored in the trainee’s electronic portfolio.
KEY POINTS

Summary of the method

- Uses the trainee’s self-assessment and the collated ratings from a range of members of the multi-disciplinary healthcare team from different grades and environments.
- Evaluates the trainee’s clinical care and professional competence in a team-working environment, mapped to the standards of GMP.
- Provides personalised developmental feedback to the trainee via the trainee’s Assigned Educational Supervisor.

Number and timing of assessments

- One mini-PAT in the first year of entry to surgical training then once every three years (normally ST1, ST4, ST7). Further assessments may be required if there are areas of concern at any time during training.
- Held in the 3rd month of a four-month or six-month placement and in the 5th month of a one-year placement.

Who should be a rater?

- Trainee must provide a self rating.
- The current Assigned Educational Supervisor in the placement must be one of the raters.
- The trainee chooses co-workers from a range of grades in the trainee’s multi-professional team: consultants, STRs, staff grades, and healthcare professionals.
- Raters need to be familiar with the guidance notes and assessment form.
- Patients and support staff should not be included.

How many raters are needed?

- Up to 12 raters with a minimum of eight plus the trainee’s self-assessment.

Time needed for completion of the form

- Approximately 5-10 minutes.

TIPS FOR TRAINEES

Self-assessment

You might find completing a self-assessment useful in between the timing of peer assessments. The self-assessment contains the same competencies as the peer assessment and can help you identify and fulfill your learning needs. Reflect on the areas that you feel are going well, those that you hope to improve and ways in which you think you could perform better.

Nominating raters

Invite more than the minimum required number of raters. Give your colleagues plenty of notice that you are nominating them and inform them of the deadline for completion so that they can plan their time. Be sensitive to pressure periods.

In the first instance, you may wish to invite your colleagues in person because they must undertake the activity voluntarily and take time out of their normal routine in order to evaluate your performance and provide you with honest feedback for your development.

Your colleagues might find it helpful if you also give them a printed copy of the guidance notes and assessment form to refer to before they transpose their ratings to the electronic form.

Once your colleagues have agreed to evaluate you, you can nominate them through the ISCP website.

It is your responsibility to submit your self-assessment and ensure your raters submit their evaluations in good time.

References