Supervised Learning Events
The demise of WPBAs

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WPBAs
Why change?
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• Excessive
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• Onerous
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• Not valued
WPBAs
Why change?

- Excessive
- Onerous
- Not valued
- Tick box mentality
WPBAs purpose

• Mini – CEX : feedback and assessment

• DOPS : Training and achieving proficiency

• CBD : Feedback on reasoning

• MSF : Judgement of behaviours
Pre Foundation

• Assessment based on impression over a period of attachment (6 months!)

• Ask the ward sister / rest of team

• Feedback in the corridor
Foundation for Excellence

- All doctors aspire to be as good as they can be
- How?
- Clinical experience with feedback
Clinical Experience

• Enough! Not too much nor too little
• Safe environment
• For patients and doctors
• Appropriate level of supervision
• Near point feedback
Feedback Success

- Credibility of trainer
- Recipient ready
- The message
- Frequency
Feedback

- Accurate
- Specific
- Timely
- Constructive
Accurate

• Don’t pretend good practice when not seen

• Make sure the trainee identifies your description of events
Specific

‘You did that well’

Warm glow but unhelpful

‘ I liked the way you put her at ease.....’

Can build on what went well
Specific

“‘You did that badly’

Unhelpful. They know already. Destructive

‘You might think about how you introduced yourself....’

They know where to improve.
Timely

- The sooner the better after the event
- Still a live issue
- More chance of being believed
- Earlier opportunity for reflection
Frequency

• Never too often!
• Just because you are bored by it.....
• Same message from different people
SLEs

- Mini-CEX
- DOPS
- CBD
- Clinical teacher

Feedback and no assessment
Assessment in Foundation

• MSF ( TAB )

• Clinical Supervisor’s report

• Educational Supervisor’s report

• ARCP
WPBAs ?

What Foundation does today, the rest of post-graduate medical education will follow tomorrow