

## Assessment Guide

For the Global Health Residency

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## 1. Introduction

This is a guide to the different assessments tools and its related forms used during the Global Health Residency (GHR).

The training to become a physician GH&TM is competence-based, a concept that can be defined as: ‘Assess whether the resident is able to act competent and professionally in the relevant context and whether the resident is able to reflect on this by making use of and building further upon the expertise available in the specific work field regarding knowledge, understanding, skills and attitudes.’ The concept of competence highlights a clear relationship between knowledge and application of knowledge in professional practice. Competence implicates the ability to evaluate and review the quality of one’s own work. This concerns personal qualities (cognitive and technical skills and personal characteristics). These qualities are conditional to achieve a predetermined result (efficiency, product, service, or effect) in a given organization. The focus is on personal qualities to produce relevant revenue or profit within the current context. The essence of competence-based assessment is to obtain an indication of the level of competence in the international professional practice.

Testing forms a fundamental basis of the learning concept of competence based learning; Testing directs learning and is based on the performance of an entire professional task. In addition, continuous development of knowledge, skills and attitude is necessary to perform these tasks well. The training program opts to use both formative assessment and summative assessments. The formative and summative evaluations lead to the granting of EPA’s, as described in the Training Curriculum.

Formative tests are forming, development-oriented tests. The resident receives feedback, so he or she can direct his or her own development, with support of the supervisor. The formative tests use a uniform rating scale, which helps to formulate and standardise the feedback. Furthermore, formative tests have a diagnostic function. They give both the supervisor and the resident an idea of the level at which the resident performs a certain competency, a (partial) skill or masters a certain theory. Based on such a testing instrument, points for improvement may be formulated and evaluated.

A summative evaluation is designed to collect data that can determine whether the resident has mastered competencies at the target level. Summative assessments ensure external stakeholders that the resident has managed to reach the required level of the targeted competency. The reliability of assessment increases when the number of assessments, types of testing and number of assessors increase.

In the table beneath, the time scheme is demonstrated for the required application of the different formative and summative assessment tools.

Type of assessment	GHR months			Total
	0	3	6	
Clinical Evaluation Exercise (CEX)		2	2	4
Objective structured assessment of a technical skill (OSATS)		5	5	10
Critical Appraisal of a topic (CAT)		1		1
360-degree feedback			1	1

Self-reflection report	1			1
Assignment/Public health exercise (CAT PHE)		1	1	2
Review of performance		1		1
Assessment of competence				
Selective and final Assessment (by Training Institute)			1	1

In the following table the minimal digital portfolio requirements for the completion of the GHR are listed:

DIGITAL PORTFOLIO REQUIREMENTS GHR
• Updated Curriculum Vitae
• (Self-) reflection report
• Updated Individual Development Plan (IDP)
• 1 x Introduction form
• 1 x Interim evaluation form (Review of performance)
• 1 x Assessment of competence
• 1x 360 degrees feedback
• 2 Public Health Exercises/ 2 CAT PHE
• 4 x CEX
• 10 x OSATS
• 1 x CAT

## 2. Formative assessment

### Clinical Evaluation Exercise (CEX)

The Clinical Evaluation Exercise is a test instrument that is easy to perform in daily practice. It is intended as an observation assessment (approximately 10 minutes) of the resident in daily practice, based on the CanMEDS competencies that are illustrated in figure 1. The initiative for conducting a CEX can be taken by either the resident or the supervisor.



Figure 1: the CanMEDS competencies

Procedure:

- To be performed after a ward-round, out-patient consult, delivery, resuscitation, etc.
- A minimum of 4 CEX are realized in the 6-month GHR period
- The supervisor, other staff members or residents can act as assessor
- The resident describes the situation in the format and chooses the relevant EPA's
- The CEX is discussed between resident and assessor by applying the Pendleton rules and new individual learning goals can be formulated
- CanMEDS competences are evaluated
- The CEX is signed by resident and supervisor
- The reliability increases if several CEX are done by different staff members
- In case the internet connection does not permit digital use of the portfolio, signed paper CEX (available from the OIGT website) can be uploaded by the resident in the portfolio.

### Objective Structured Assessment of a Technical Skill (OSATS)

The assessment of technical (surgical) skills (OSATS) is a test instrument to assess the technical skills of the resident. An OSATS is used to assess functioning in theatre or the delivery room i.e.

Procedure:

- A minimum of 10 OSATS are realized in the 6-month period
- The evaluation should take place immediately after the end of a procedure
- The intervention and relevant EPA's are selected
- The OSATS is discussed between resident and assessor by applying the Pendleton rules
- Depending on the type of intervention the supervisor assesses different aspects of the technical skills by utilizing the format in the portfolio
- The OSATS is signed by resident and supervisor
- In case the internet connection does not permit digital use of the portfolio, signed paper OSATS (available from the OIGT website) can be uploaded by the resident in the portfolio.

### 360 Degrees Feedback

- The 360-degree feedback-assessment is a method in which 2 to 4 different stakeholders in the work setting will be asked to assess the functioning of the resident. Professional behaviour and cooperation will be assessed with this tool.

Procedure:

- One 360-degree evaluation report is realized in the last month of the GHR
- 2 to 4 stakeholders; a variety of nurses, secretarial staff, facility employees, fellow residents, paramedics, and, if desired, patients fill out the 360-degree questionnaire (available from OIGT website)
- The resident uploads the 360-degree feedback forms in the portfolio and elaborates the final 360-degree evaluation report in the digital portfolio, based on the questionnaires

### Critical Appraisal Topic (CAT)

A minimum of one CAT is realized during the GHR. A CAT is a critical review of an issue, related to a specific clinical or global health scenario. This then leads to standardised, based on recent literature, answers to a clinical or global health question. This method responds to the need to learn to critically read, interpret and appreciate scientific literature in relation to daily practice.

## Procedure:

- Formulation of a practical question followed by a focused literature search related to this question
- A selection of relevant literature is analysed and an answer to the question formulated
- The resident uploads the CAT in his portfolio and relevant EPA's are selected
- The CAT is discussed between resident and assessor by applying the Pendleton rules and new Individual learning goals can be formulated
- The supervisor assesses the CAT by utilizing the format in the digital portfolio
- In case the internet connection does not permit digital use of the portfolio, a signed paper CAT evaluation (available from the OIGT website) can be uploaded by the resident in the portfolio.

## Public Health Exercise

The Public Health Exercise (PHE) is a tool to assure that the resident focuses on public health and is specifically related to the achievement of EPA 15 to 18 (see Training Curriculum). PHE topic examples are outreach PHC, health promotion and disease prevention (vaccination program), management - finance, HR, infection control, health system structure (catchment area, referral system), intercultural aspects (traditional practices and believes), health and safety, advocacy for the health of vulnerable population groups.

## Procedure:

- The resident chooses a topic and approach together with the supervisor.
- The resident writes the PHE proposal by making use of the structure of the PHE format (see PHE description available from OIGT website)
- The international liaison officer of OIGT approves the topic
- The resident realizes the PHE and elaborates the report by making use of the PHE format
- The supervisor assesses the PHE by making use of the CAT evaluation form (digital or paper version)
- The exercise is uploaded to the portfolio in "Assessment of a Public Health Exercise" as an attachment (see Public Health Exercise) and relevant EPA's are selected
- The international liaison officer assesses the final version of the PHE by making use of the Pendleton rules and the evaluation criteria in the portfolio

## Self-reflection report and Individual Development Plan (IDP)

Before departure the resident fills out the digital form in the portfolio and uploads a self-reflection report of at least 2 pages to evaluate his or her learning process during the previous training components, based on the CanMEDS competencies. Also part of this report is a reflection on the OIGT code of conduct with view on the GHR.

The IDP in the digital portfolio consists of SMART formulated personal learning goals to achieve the requirements of the training GH&TM. It is formulated in the first month of the GHR and based on previous IDP's and assessments and the self-reflection report. The international liaison officer of OIGT approves the IDP in the portfolio. For the periodic evaluations with the supervisor the IDP is important input. Achievement of learning goals is evaluated and new learning goals can be formulated. In this way, the portfolio creates a dynamic space for continuous reflection and definition of new learning goals.

### Introductory meeting

#### *In the first or second week*

The expectations of the supervisor, the local training plan and the Individual Development Plan (IDP) of the resident are discussed. The resident and supervisor formulate agreements about the working schedule and the responsibilities, supervision, planning of periodic evaluations, topics for the public health exercise, etc.

The use of the portfolio (VREST) is discussed. The “Residency development introduction” form is filled out in the portfolio.

### Periodic evaluations with supervisor

#### *After three months*

The resident and supervisor discuss the performance of the resident in the past period and more specifically the progress and level of the various competencies that the resident develops. Specific focus for the coming period is outlined. The suitability of the resident is reviewed. The “Residency development interim evaluation” form is filled out in the portfolio and competences and EPA’s are evaluated, according to the EPA proficiency levels (see Training Curriculum). New individual learning goals can be formulated.

#### *After six months*

The resident and supervisor discuss the performance of the resident in the GHR and more specifically the progress and level of the various competencies that the resident has developed during his or her work at the different hospital departments. The suitability of the resident is reviewed. The “Geschiktheidsbeoordeling” (Assessment of competence) form is filled out in the portfolio and themes and EPA’s are evaluated, according to the EPA proficiency levels (see Training Curriculum).

In case the internet connection does not permit digital use of the portfolio, the signed 3-month evaluation “Review of Performance” (both available from the OIGT website) and 6-month evaluation “Assessment of competence” can be uploaded by the resident in the portfolio.

### 3. Summative assessments: Selective and final assessment

At the end of the GHR the international liaison officer reviews the portfolio of the resident and determines whether he or she has successfully completed this training component. This is a formal assessment and is formulated as an advice to the head of the training institute. EPA’s proficiency levels are signed for the GHR. Consequently, the head of the training institute decides whether the training GH&TM of the resident is completed.