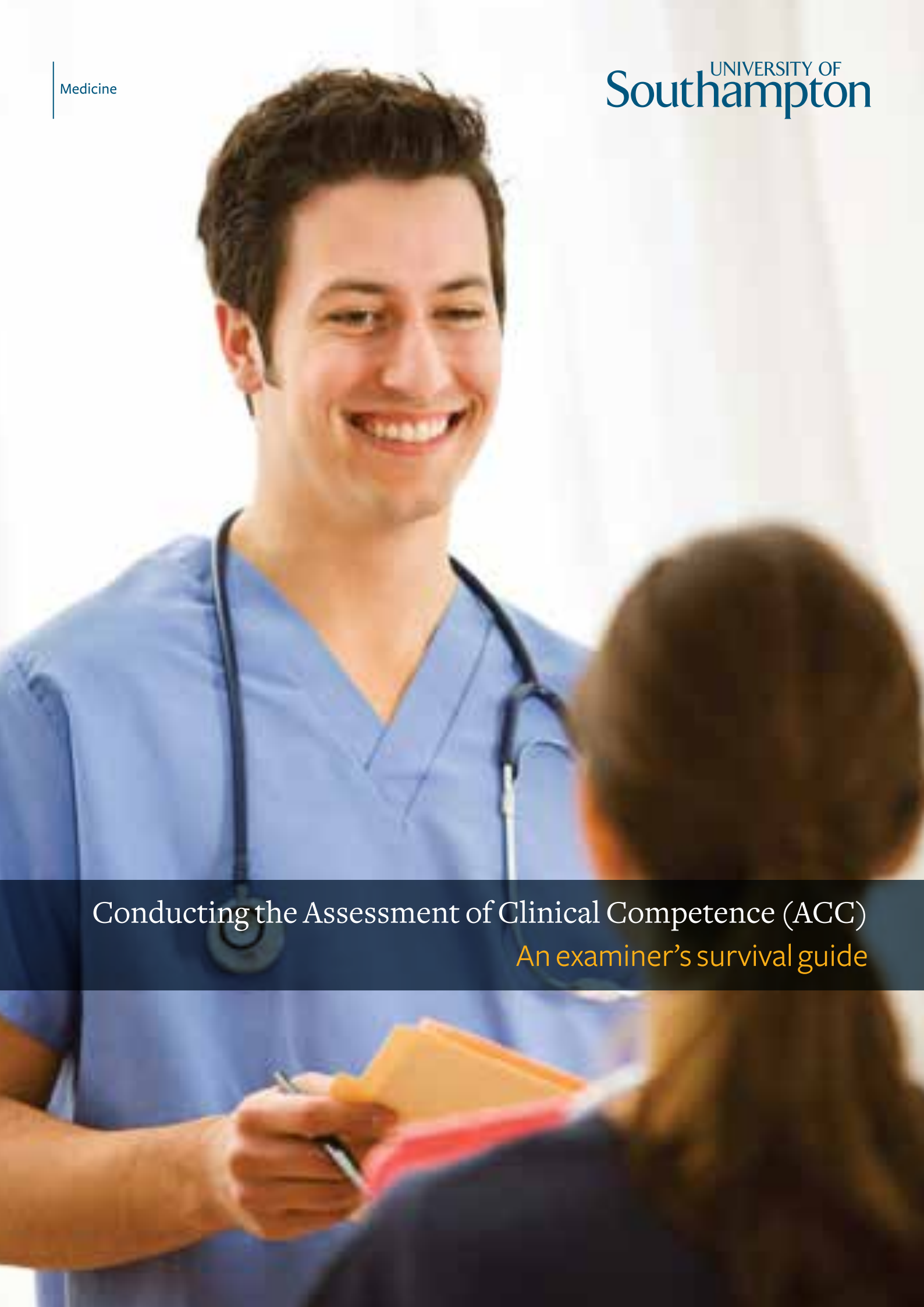
Medicine

UNIVERSITY OF Southampton



Conducting the Assessment of Clinical Competence (ACC)

An examiner's survival guide

About this guide

This guide has been developed as a quick reference for clinical teachers on how to conduct an Assessment of Clinical Competence (ACC). It is intended to serve either as a brief introduction, or as a refresher for more experienced examiners.

Please note that the GMC now require all examiners to be trained. Reading through this document may be considered as basic level training. However, for a fuller account of the guidelines on conducting an ACC we strongly encourage examiners to take the online module on the staff development portal, MEDUSA (www.southampton.ac.uk/medusa), where you can also practise rating students' performance and see feedback from experienced examiners. From 2014/15 examiners are required to declare on each ACC form, alongside their professional registration number, that they have read this guide or accessed further training (either the MEDUSA module or a workshop).

The ACC (formerly known as the mini-CEX): summative measure, formative treasure

The ACC is a short, structured clinical assessment based upon and developed from the Mini Clinical Evaluation Exercise or mini-CEX. Final year students are assessed on several occasions in each clinical attachment (17 times in total across all specialties), with a different case, and ideally a different examiner on each occasion. The examiner observes the student carrying out a focused history, examination, presentation of a patient's condition and a management plan, and rates the student's performance on a six-point scale. The student is then given feedback on their performance.

The ACC aims to provide a holistic assessment of the student's ability to efficiently and professionally assess a patient, using appropriate communication skill. The assessment should include the whole process from taking a focused history to an appropriate examination, and using this information to formulate a diagnosis and a suitable management plan. Therefore, it seeks to replicate as closely as possible the task of assessing the patient in the clinical setting that they will need to do after qualification. It differs from an OSCE station in that it assesses the complete task, rather than specific elements taken in isolation.

The ACC has been directly developed from and remains intentionally very similar to its postgraduate cousin, the mini–CEX, which is principally a formative assessment, i.e. its main function is to provide constructive feedback rather than monitor performance. However, the ACC includes a summative element since it also measures a student's ability and is used to make a judgment about whether they can progress in the programme. Therefore, ACCs must be conducted rigorously and reliably in all cases since they form part of the student's "finals examinations".

Appendices 1 and 2 show examples of assessment forms, with a brief description of each competency. Appendix 3 gives specific guidance regarding the conduct of the ACC which must be followed.

'As learning tools they have been fantastic. As an actual occasion to get someone... to sit down and properly listen to you and give you genuinely informed feedback... it's some of the best teaching I've had on any of my attachments.'

Final year student

The ACC: step-by-step

Step 1: Preparation

Adequate preparation is vital. The examiner must choose an appropriate patient, and seek fully informed consent. A full explanation of the purpose of the exercise should be given, and the patient must be told what to expect. The student cannot choose either the patient, or the examiner. In the clinical area where the student will see the patient, disturbances should be anticipated and prevented as far as possible. A suitable location should be identified for discussing management and diagnosis, and giving the student feedback on their performance. This should be away from the clinical area, in a quiet and relaxed space.

Step 2: History and examination

The examiner introduces the student and patient, and reiterates to the patient that the student will ask some questions and perform a brief examination. The examiner should then instruct the student to spend around 15 minutes to take a history and perform a clinical examination, focusing on the patient's presenting problem. The examiner observes and assesses the student's performance on a number of defined competencies. These competencies are listed on an assessment form, which the examiner starts to fill in while observing the student.

Step 3: Management and diagnosis

The student presents their deductions regarding diagnosis, and proposes a management plan, away from the patient in a quieter, relaxed location. The examiner then scores the remaining competencies. It is essential that ALL the competency domains are given a score before moving onto the next step and that no negotiation over these scores is entered into with the student.

Usually 15 - 20 minutes have elapsed by the end of Step 3.

Step 4: Feedback

The examiner gives the student constructive feedback on their performance. A good way to open the feedback session is to ask the student how they felt about their performance - what went well, and what could be improved. The examiner and student should end the feedback session by agreeing upon an action plan for making further improvement. Having done so, the examiner must complete the final sections of the form, sign the declaration, add their professional registration number (e.g. GMC/NMC/BAN) and then give all copies to the student to distribute as described on the front sheet. Usually 30 minutes have elapsed by the completion of feedback.

The competency domains

The six specialties are Medicine, Surgery, Obstetrics & Gynaecology, Child Health, Primary Medical Care and Psychiatry. Each assess the following domains (though in Psychiatry they are worded slightly differently):

- History Taking
- Physical Examination (Examination Skills)
- Communication (Communication Skills)
- Clinical Judgement (Decision Making Skills)
- Professionalism (Personal and Professional Behaviour)
- Organisation/Efficiency (Use of time)
- Overall achievement of task

It is essential that ALL domains are marked in EVERY assignment since leaving a domain blank will affect the overall reliability.

Completing the form - using the scale

Scores are awarded according to the extent to which the student "meets expectations." A student who "meets expectations" performs to a standard that the examiner, as an experienced professional, would expect of a safe and competent doctor at the start of their first postgraduate year of medical training, i.e. a safe, responsible, new F1 trainee on their first day in the job. The ratings we give students are anchored to that reference standard.

A rating of "Borderline" or "Below expectations" does NOT in itself represent a failed assessment: a student who fails on average to meet expectations within a single specialty across all domains or within a single domain across all specialties will need to be assessed on at least 6 (and up to 12) further ACCs during the final BM examination. The exact number they need to take in Finals will depend upon the number of specialties or domains in which they fail to gain exemption. It is to be expected that most students will have some low ratings, as they do not consistently attain the target level of proficiency until the end of the Final Year.

It is particularly important that if a student displays any of the following traits, the rating must reflect this, and specific feedback should be given to the student:

- Inappropriate attitudes or behaviour
- A lack of awareness of his/her limitations
- A level of knowledge that could put patients at risk

Giving constructive feedback

The examiner should encourage the student to take responsibility for managing their learning, reflecting on their performance and how it could be improved. We now know that humiliating or belittling feedback is counter-productive.

Please do:

1. Start by asking the learner for self-assessment: "What went well? What could be improved? How did you feel about your performance?" You will then be able to gauge the student's insight.
2. Use a collaborative tone, and open questions.
3. Highlight good and poor areas, giving reasons.
4. Be clear and direct rather than making vague comments. Students appreciate this approach if carried out with sensitivity and respect.
5. Offer specific observations that the student will be able to act upon.
6. Check out feelings. Make sure the student doesn't go away with emotional barriers to change.
7. Review understanding. Make sure the student doesn't go away with misconceptions.
8. Negotiate a realistic improvement plan.

Please avoid:

1. Sandwiching negative comments between positives. Students often miss the positive comment, because they are anticipating the inevitable negative.
2. Giving feedback at a later time. Learning happens most effectively when the experience is fresh in the mind.
3. Using this opportunity to mention all mistakes. The most important problems should be highlighted, but unnecessary pickiness will serve only to demoralise the student.
4. Adopting an inappropriately cheerful, optimistic manner. This may be seen as insincere, and might obscure constructive, honest feedback.

Appendix 1: Medicine ACC form.

NB The same domains apply to Surgery, Obstetrics & Gynaecology, Child Health and Primary Medical Care.

Assessment of Clinical Competence (ACC) - MEDICINE

MED

Please complete the questions using a cross: X Use black ink and CAPITAL LETTERS

Student to complete:

Centre: Basingstoke ☐ Bournemouth ☐ Chichester ☐ Dorchester ☐ Frimley ☐ Guildford ☐
Isle of Wight ☐ Jersey ☐ Lymington ☐ Poole ☐ Portsmouth ☐ Salisbury ☐
Southampton ☐ Wexham ☐ Winchester ☐

Student Surname:

Forenames:

Student Number: 4

Examiner to Complete:

Clinical Setting: ED ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surg'y ☐ Other - Please state : _____

Examiner's position : Consultant ☐ SASG ☐ HST ☐ GP ☐ Other ☐

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations 1	2	Borderline 3	Meets expectations 4	5	Above expectations 6
History Taking - Facilitates patient's telling of story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.	☐	☐	☐	☐	☐	☐
Physical Examination - Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort, modesty.	☐	☐	☐	☐	☐	☐
Communication - Explores patient's perspective; jargon free, open and honest, empathic.	☐	☐	☐	☐	☐	☐
Clinical Judgement - Makes appropriate diagnosis and formulates a suitable management plan. Suggests appropriate diagnostic studies, considers risks, benefits.	☐	☐	☐	☐	☐	☐
Professionalism - Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner. Is aware of and sensitive to the patient's cultural background. Aware of own limitations.	☐	☐	☐	☐	☐	☐
Organisation/Efficiency - Prioritises; is timely, succinct. Summarises.	☐	☐	☐	☐	☐	☐
Overall achievement of task - Successful achievement of the specific task that was set.	☐	☐	☐	☐	☐	☐

Feedback - you and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment

Particular strengths	**Suggestions for development**

Time taken for observation (minutes) ☐☐ Time taken for discussion of diagnosis (minutes) ☐☐ Time taken for feedback (minutes) ☐☐

Examiner: I declare that I have observed the above named student performing the ACC. GMC/NMC no:

Examiner Surname:

Examiner's signature: Date: D D / M M / Y Y

Student - Once your ACC is completed distribute copies - TOP COPY and one other to centre undergraduate administrator (as advised at induction), one copy returned to examiner and one to be kept for your records

Centre Administrator - Send only TOP COPY to Faculty of Medicine Office, Southampton General Hospital for processing

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Appendix 2: Psychiatry ACC form

Assessment of Clinical Competence (ACC) - PSYCHIATRY

PY

Please complete the questions using a cross: X Use black ink and CAPITAL LETTERS

Student to complete:

Centre: Basingstoke ☐ Chertsey ☐ Chichester ☐ Crawley ☐ Gosport ☐ Guildford ☐
Isle of Wight ☐ New Forest ☐ Poole ☐ Portsmouth ☐ Salisbury ☐ Southampton ☐
Wexham ☐ Weymouth ☐ Winchester ☐

Student Surname:

Forenames:

Student Number: 4

Examiner to Complete:

Clinical Setting: ED ☐ OPD ☐ In-patient ☐ Acute Admission ☐ GP Surg'y ☐ Other - Please state : _____

Examiner's position : Consultant ☐ SASG ☐ HST ☐ GP ☐ Other ☐

Please grade the following areas using the full range of scores. The standard expected is that of a safe competent doctor at the start of the foundation programme (F1)

	Below expectations 1	2	Borderline 3	Meets expectations 4	5	Above expectations 6
History Taking: Asks relevant and appropriate questions; uses supplementary questions to clarify and explore when necessary; Is aware of the areas to be covered; Follows a logical and organised sequence with patient.	☐	☐	☐	☐	☐	☐
Examination Skills: Asks appropriate questions to elicit phenomenology; Balances general screening and focussed, specific questions; Able to report observations accurately; Conducts the examination sensitively.	☐	☐	☐	☐	☐	☐
Communication Skills: Questions and explanations are clear and appropriate for the patient; Responds to verbal and non-verbal clues; Shows that they have understood the patient correctly.	☐	☐	☐	☐	☐	☐
Decision Making Skills: Demonstrates good judgement, synthesis and sifting of information in a focused way; is efficient and safe; knows limitations of personal competence and knows when to request help; is able to formulate a differential diagnosis, discuss appropriate investigations, and plans for immediate management, including risks and benefits.	☐	☐	☐	☐	☐	☐
Personal and Professional Behaviour: Shows respect, compassion, empathy, establishes trust; attends to patient's needs and respects patient confidentiality, chooses an appropriate environment for interview, is aware of and sensitive to the patient's cultural background.	☐	☐	☐	☐	☐	☐
Use of time: Prioritses; manages time appropriately.	☐	☐	☐	☐	☐	☐
Overall achievement of task: Successful achievement of the specific task that was set.	☐	☐	☐	☐	☐	☐

Feedback - you and the student need to identify and agree strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.

Particular strengths	**Suggestions for development**

Time taken for observation (minutes) ☐☐ Time taken for discussion of diagnosis (minutes) ☐☐ Time taken for feedback (minutes) ☐☐

Examiner: I declare that I have observed the above named student performing the ACC. GMC/NMC no:

Examiner Surname:

Examiner's signature: Date: D D / M M / Y Y

Student - Once your ACC is completed distribute copies - <u>TOP COPY and one other to centre undergraduate administrator</u> (as advised at induction), one copy returned to examiner and one to be kept for your records
Centre Administrator - <u>Send only TOP COPY to Faculty of Medicine Office, Southampton General Hospital for processing</u>

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Appendix 3: Guidance for Assessment of Clinical Competence

1. The standard required is that of a doctor at the start of their first postgraduate year of medical training.
2. All assessments MUST be observed. It is not acceptable to complete this assessment on the basis of anything other than an observed clinical encounter with a patient. Please sign the declaration to this effect and please include your professional registration number (e.g. GMC/ NMC/BAN).
3. The student MUST NOT choose the patient or the examiner.
4. Once the examination has started it must be finished unless the examiner decides during the assessment that the patient is not suitable for a fair and complete assessment of the student to be completed.
5. The full process of the ACC examination should be observed; history taking, examination, discussion regarding diagnosis and management or further investigation.
6. All domains on the form must be observed and a mark given for each.
7. If an examiner has not performed an Assessment of Clinical Competence before, they should first observe one being carried out by an experienced examiner and then carry out their first ACC under the supervision of an experienced examiner.
8. Except in exceptional circumstances (see 9 below), where three ACCs are required, two MUST be completed by a Consultant, and the third by either a Consultant or a Registrar (ST4 or above); an Educational Fellow; a staff grade/ associate specialist; or a senior health-care professional such as a Nurse Specialist (Band 6 or above).
9. Any variance from clause 8 above must be approved by the ACSD (or in the case of Southampton, the speciality lead).
10. It is strongly recommended that if at all possible the three ACCs (two in PMC) for an individual student attachment are assessed by different assessors.
11. It is the student's responsibility to ensure all ACCs are completed in a timely fashion so that all assessments are not left until the end of the last week.

Contact us

We hope the survival guide has been useful. For more details about the Medical Education Staff Development Unit (MEDU) and our staff development activities, please go to:

www.southampton.ac.uk/medu

Employees of the NHS and other affiliated organisations can register for access to MEDUSA and other University systems at:

www.nhs.soton.ac.uk

To comment on this guide or for any further information please contact medu@southampton.ac.uk

Acknowledgements

Thanks to Faith Hill for helping prepare the original mini-CEX survival guide upon which this is based.

References:

1. Hill F, Kendall K. Adopting and adapting the mini-CEX as an undergraduate assessment and learning tool. The Clinical Teacher. 2007; 4(4):244-248.
2. Hill, F. Feedback to enhance student learning: facilitating interactive feedback on clinical skills. International Journal of Clinical Skills. 2007; 1(1):21-24.

www.southampton.ac.uk/medu