

**AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS (ACFJD) PROJECT – ASSESSMENT GLOSSARY**

The following glossary of terms has been developed to facilitate discussions in regards to Assessment of PGY1 and PGY2 doctors. A common understanding of terminology is necessary to avoid confusion and provide clarity in regards to principles of assessment and the tools being used.

Term	Description	Reference
<b>General Assessment terminology</b>		
Learning Objective	Learning Objectives are specific measurable statements that are used to describe what a learner will know or be able to do/demonstrate after a period of learning. They are sometimes referred to as Behavioural Objectives. Learning objectives assist the learner in identifying specific content areas on which they should focus. In addition, they assist the educators to design the learning activities/strategies/opportunities, to achieve these objectives. The term learning objective and learning outcome are often used interchangeably. Assessment should be related to achievement of the objectives.	Laidlaw and Hesketh, Chapter 21: Study Guides, p. 196. In Dent, J., & Harden, R. (2005). <i>A practical Guide for Medical Teachers</i> . London: Elsevier Churchill Livingstone.
Assessment	The process of measuring the professional knowledge, skills or behaviour of a learner. In the workplace this involves making a judgement about the learner’s strengths and weaknesses in order to establish a learning plan or to measure improvement over time.	Wojtczak, A. (2002). Glossary of Medical Education Terms: Part 1. <i>Medical Teacher</i> , 24(2), 216-219.
Formative Assessment	This assessment is part of the ongoing teaching and learning process and is designed to assist the learner to improve their performance. It should include feedback to the learner as part of this developmental process. This type of assessment is not used to determine progression to the next stage of learning but rather to assist in planning learning opportunities to enhance or improve performance.	Wojtczak, A. (2002). Glossary of Medical Terms: Part 1. <i>Medical Teacher</i> , 24(2), 216-219.  Newble, D., & Cannon, R. (2001) <i>A handbook for medical teachers</i> (4 <sup>th</sup> ed.). Netherlands: Kluwer Academic Publications.

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Summative Assessment	<p>This term is used to describe the process of assessment which occurs at the end of a period of teaching/learning. In the context of the Prevocational doctor this would occur at the end of a specific rotation. Summative assessment usually involves the process of comparing the learner's performance against a standard. Ideally this assessment should be objective, reliable, valid and reproducible.</p>	<p>Wojtczak, A. (2002). Glossary of Medical Terms: Part 1. <i>Medical Teacher</i>, 24(2), 216-219.</p> <p>Newble, D., &amp; Cannon, R. (2001) A handbook for medical teachers (4<sup>th</sup> ed.). Netherlands: Kluwer Academic Publications.</p>
Appraisal	<p>Appraisal is an ongoing, two-way process between a supervisor and a trainee involving feedback and reflection on the trainee's performance, identification of education needs and planning for personal development. A regular, formal appraisal process can provide trainees with the time and motivation to achieve their training goals.</p> <p>Appraisal is broader than formative assessment and may involve review of personal as well as professional goals, and performance in areas not covered by assessment. It may be based on self assessment, results from formative and summative assessment, and supervisor and colleague's observations. It should be a confidential process.</p>	<p>Lake FR Ryan G. Teaching on the run tips 8: assessment and appraisal. <i>Med J Aust</i> 2005; 182: 580-581</p> <p>Cowan G, editor. Assessment and appraisal of doctors in training. Principles and practice. Salisbury, UK: Royal College of Physicians of London, 2001.</p>
Self Assessment	<p>This involves the learner assessing their own performance against a set of criteria. This process of assessment requires the learner to reflect on their performance and make judgements against the criteria.</p>	<p>Newble, D., &amp; Cannon, R. (2001) A handbook for medical teachers (4<sup>th</sup> ed.). Netherlands: Kluwer Academic Publications.</p>
Peer Assessment	<p>This involves the use of the learner's peers (other PGY 1 or PGY2 doctors) to assess the performance of each other rather than a more experienced clinician/supervisor.</p>	<p>Wojtczak, A. (2002). Glossary of Medical Education Terms: Part 5. <i>Medical Teacher</i>, 24(6), 658-660.</p>
Competence	<p>Competence can be defined as the acquisition of a satisfactory level of relevant knowledge, skills, and/or attitudes as determined by an assessment at a particular point in time. A learner can be judged competent at the time of an assessment and yet fail to perform in real life.</p>	<p>Wojtczak, A. (2002). Glossary of Medical Education Terms: Part 1. <i>Medical Teacher</i>, 24(2), 216-219.</p>

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Performance	Performance is what is done in real life under varying conditions and times. Performance can only be assessed by observation within the workplace over time.	Wojtczak, A. (2002). Glossary of Medical Education Terms: Part 5. <i>Medical Teacher</i> , 24(6), 658-660.
Feedback	Feedback is information given to an individual in order to reinforce or to improve their performance. Feedback needs to be specific so that the learner knows what they have done well and what they need to improve. Feedback also needs to be timely with research showing that feedback is most effective when given close to the time the performance occurs.	Stenglehofen, J. (1993). Feedback. In <i>Teaching students in clinical settings</i> . (pp. 153-159.). London: Chapman and Hill.  Peyton, J. (1998). <i>Teaching and learning in medical practice</i> . Great Britain: Manticore Europe Ltd.
Evaluation	Evaluation is a term used to describe the process educators use to determine the efficacy of their education program. This may include determining relevance, efficacy of teaching methodology, impact on learning and teacher performance.	Cantillon, P., Hutchinson, L., & Wood, D. (2003). <i>ABC of Learning and Teaching in Medicine</i> . London: BMJ Publishing Group. Wojtczak, A. (2002). Glossary of Medical Education Terms: Part 2. <i>Medical Teacher</i> , 24(6), 338-340.
<b>Assessment Tools</b>		
Case based discussion (CBD)	This is a structured discussion of clinical cases by the supervisor focusing on clinical reasoning and decision making. It should include discussion of real cases in which the trainee has been involved.	Southgate L, Cox J, David T, <i>et al</i> . The General Medical Council's performance procedures: peer review of performance in the workplace. <i>Med Educ</i> 2001;35:9–19.
Multi-source feedback	These are collated views from a range of co-workers either team members or a range of supervising staff.	Archer J, Norcini J, Davies H. Use of SPRAT for peer review of paediatricians in training. <i>British Medical Journal</i> . 2005;330(1251-1253).  Violato C, Lockyer J, Fidler H. Multisource feedback: a method of assessing surgical practice. <i>British Medical Journal</i> 2003;326(7388):546-8.
In Training Assessment/Global rating scales	This assessment aims to give a credible view of a trainee's progress and is usually completed by the supervisor, based on personal knowledge or after consultation with colleagues.	Ringsted C, Pallisgaard J, Østergaard D, Scherpbier A The effect of in-training assessment on clinical confidence in postgraduate education <i>Medical Education</i> 2004; 38:1261-1269
Direct Observation of Procedural Skills (DOPS)	The assessment of a real life technical procedure by a supervisor using a global rating or skills checklist in a standardised form.	Wilinson JR, Crossley JGM, Wragg A <i>et al</i> Implementing workplace-based assessment across the medical specialties in the United Kingdom <i>Medical Education</i> 2008; 42: Pages 364 - 373

Term	Description	Reference
Mini CEX	A real life episode of care or interaction between a trainee and a patient, observed for a short period, typically 10-25 minutes, and rated on a number of technical and professional dimensions on a standard rating form.	<p>Norcini J. The Mini Clinical Evaluation exercise (mini-CEX). <i>The Clinical Teacher</i>. 2005;2(1):25-30.</p> <p>Norcini J, Blank L, Duffy F, Fortna G. The mini-CEX: a method for assessing clinical skills. <i>Annals of Internal Medicine</i>. 2003;138(6):476-81.</p>
Portfolio	A collection of work which provides evidence of the achievement of knowledge, skills, attitudes, understanding and professional growth through a process of self-reflection over a period of time.	Dent J and Harden R. (2005). . A practical guide for medical teachers. 2 <sup>nd</sup> edition. (p 346 ).Elsevier
Logbook	A training logbook constitutes the record of all training postings, work experiences, training activities with clinical supervisors, structured educational programmes attended, certified checklists of knowledge and skills and other educational activities	Dent J and Harden R. (2005). A practical guide for medical teachers. 2 <sup>nd</sup> edition. Elsevier
Multiple Choice Question (MCQ)	A test consisting of a short statement with multiple further statements of which one (In a one-best answer format) or more than one (in a multiple true-false format) can be correct. The trainee indicates which are correct/incorrect.	<p>National Board of Medical Examiners. Constructing written test questions for the basic and clinical sciences. NBME, USA (Authors: Case SM, Swanson DB).</p> <p>(Source of the manual on writing items)</p> <p><a href="http://www.nbme.org/PDF/ItemWriting_2003/2003IWGwhole.pdf">http://www.nbme.org/PDF/ItemWriting_2003/2003IWGwhole.pdf</a></p>
Extended Matching Question (EMQ)	A test consisting of a large set of options (i.e. usually >10) followed by one or more short statements or patient vignettes. The trainee is asked for the best answer to a question that may involve diagnosis, choice of investigation, treatment or management for which one of the options provides the best answer.	<p>National Board of Medical Examiners. Constructing written test questions for the basic and clinical sciences. NBME, USA (Authors: Case SM, Swanson DB).</p> <p>(Source of the manual on writing items)</p> <p><a href="http://www.nbme.org/PDF/ItemWriting_2003/2003IWGwhole.pdf">http://www.nbme.org/PDF/ItemWriting_2003/2003IWGwhole.pdf</a></p>
Short Answer Question (SAQ)	A short answer question. Usually a statement of a topic or a patient vignette about which a trainee would be required to answer a few brief questions. In 'key feature items' the answers would be requested based on a rationale for the trainee to focus on the most important (non-trivial) aspects of the case, and to make judgments about priorities e.g., the three most likely diagnoses/investigations to consider.	<p>Page, G. and Bordage, G. "Developing Key Features Problems and Examinations to Assess Clinical Decision-Making Skills", <i>Academic Medicine</i> 1995; 70: 194-201.</p> <p>Farmer E, Page G. A practical guide to assessing clinical decision-making skills using the key features approach <i>Medical Education</i> 2005;39: 1188 - 1194</p>

Term	Description	Reference
Objective Structured Clinical Examination (OSCE)	A structured round-robin test involving 5-10 minute 'stations' in which trainees carry out clinical tasks with real or simulated patients and are rated by an examiner at each station. Typically OSCEs have 10-15 stations and all students are rated by the same cohort of examiners.	Newble DI. Techniques for measuring clinical competence: objective structured clinical examinations. <i>Medical Education</i> , 2004;35; 199–203.  Roberts C, Newble DI, Jolly B, Reed M, Hampton KK Assuring the quality of high stakes undergraduate assessments of clinical competence. <i>Medical Teacher</i> 2006; 28: 535-543