



## **EVALUATION OF CLINICAL/MANAGEMENT EVENTS (ECE) Guidance for assessors and trainees in Medical Microbiology**

### **What is evaluation of clinical/management events?**

Evaluation of clinical/management events (ECE) is a tool used for assessing the trainee in the performance of their duties in complex tasks, often involving teamworking or interacting with other professional staff. Examples include presentation of cases at a multidisciplinary team (MDT) meeting, or contributing to quality assurance and audit processes in clinical and laboratory settings.

The assessment takes place whilst the trainee undertakes the activity then the assessor will then spend 5-10 minutes providing immediate feedback. The assessor will complete the assessment form as soon as possible after the assessment takes place with the trainee present. The assessment is performed against the standard expected at the end of the trainee's current stage of training (A to D). Please see the section below for more information on the standards for assessment.

[Medical microbiology overview](#)

[Purpose of assessment tools](#)

### **Who is the ECE assessment for?**

Only trainees who started their training from August 2010 will be required to undertake the ECE assessment. The requirements are 6 DOPS and 4 ECE assessments for the first and second year of medical microbiology training for joint medical microbiology and infectious diseases trainees. The requirements for the remaining years of training are 4 DOPS and 6 ECE assessments.

Medical microbiology trainees on the 2007-2008 Medical Microbiology & Virology curriculum can do the ECE assessment if they want to but it is not a mandatory requirement.

### **Suitable events**

Examples of areas suitable for ECE are included in the appendix – see below. These are grouped under headings that reflect different areas of practice. The items are of different levels of complexity, with some requiring a substantial time commitment. Each year, with guidance from the Educational Supervisor the trainee should select assessments from several sections and with varying levels of complexity in order to cover a broad range of activities and scenarios. The assessor must decide the level of complexity for the assessment as detailed in the 'Overview of workplace-based assessment in Medical Microbiology'. Trainees should not repeat an assessment for the same activity or scenario unless an unsatisfactory outcome was recorded the first time. Although the minimum number of successful assessments is specified for each year of training, this may be exceeded. Wherever possible written evidence of an activity should be retained, either in the form of documentation generated by the activity, a written report or reflective notes.

[Curriculum](#)

### **Who can be an assessor?**

Assessors can be consultants (medical or clinical scientist), staff grade and associated specialists (SAS), senior biomedical scientists (BMS), clinical scientists, a more senior trainee or other healthcare professionals competent in the area being assessed (e.g. nurses). Assessors do not need prior approval from the College or prior knowledge of the trainee but should be briefed about

the standard required of the stage of training (see curriculum). For optimum reliability, assessments should be undertaken by as many different assessors as possible. Trainees are encouraged to include assessments from a broad range of consultants and senior staff.

### **How does the assessment work?**

The process is led by the trainee who chooses the event for discussion and the assessor. However, over time the assessments should cover a broad range of events and a range of assessors. The process is a structured discussion between trainee and assessor, with the trainee talking through what occurred, considerations and reasons for actions. It should take no longer than 15–20 minutes, followed immediately by feedback lasting about 5-10 minutes.

At the end of the discussion, an ECE form should be completed with the trainee present. Workplace-based assessments should be recorded in the [Learning Environment for Pathology Trainees \(LEPT\) system](#). The LEPT is a web-based system for workplace-based assessment and multi-source feedback (MSF) which will also include an e-Portfolio to support the ARCP process. However, the printable workplace-based assessment forms on the College website will still be available, for instances when trainees/assessors do not have direct access to a PC/internet when the assessment is being conducted. In such cases, it is expected that the forms will be used to record the assessment with the intention of transferring the contents to the LEPT system either by the trainee or assessor.

### **Standards for assessment**

Trainees must be assessed against the standard expected of a trainee at the end of the stage of training that they are in. Stages of training are normally defined as:

**Stage A** – ST1 (full outline of competency is available in curriculum). The trainee will be developing a comprehensive understanding of the principles and practices of the specialty under direct supervision.

**Stage B** – ST2 and ST3 leading to the Part 1 examination. The trainee will have acquired a good general knowledge and understanding of most principles and practices under indirect supervision.

**Stage C** – ST3 onwards leading to the Part 2 examination. The trainee will be undertaking further specialised general training.

**Stage D** – Meets the requirements of the CCT programme. The trainee will have an in-depth knowledge and understanding of the principles of the specialty.

The following grading scale must be applied to the assessment criteria for each workplace-based assessment tool. If a criterion is not applicable, the assessors should tick 'unable to comment'.

### **Grading scale**

The form offers a grading scale from 1-6:

1-2 Below expectations

3 Borderline

4 Meets expectations

5-6 Above expectations

### **Definition of borderline**

In the context of workplace-based assessment, borderline trainees have not demonstrated that they have convincingly met expectations during the assessment but there are no major causes for concern.

Definitions for the grading scales are provided at:

[Standards for assessment tools](#)

**Outcome of assessment**

The outcome of the assessment is a global professional judgement of the assessor that the trainee has completed the task to the standard expected of a trainee at that stage.

Satisfactory - The trainee meets the standard overall

Unsatisfactory - The trainee needs to repeat the assessment

**Feedback**

To maximise the educational impact of ECE, aspects of performance that are particularly good as well as those where there is scope for improvement should be discussed with the trainee. Feedback should be given sensitively, in a suitable environment. Areas for development should be identified, agreed and recorded on the ECE form.

**Record keeping**

An assessment should not be approached as if it was an examination. After completing the assessment, the assessor should provide immediate feedback to the trainee. If the paper-based assessment form was completed in the first instance for entering onto the LEPT system at a later date, then it should be duly signed and dated by the trainee and the assessor. Trainees are asked to check with their local arrangements whether they are required to give a photocopied version of the form to their educational supervisor/assessor and/or retain the original copy of the form in their portfolio for possible presentation to the ARCP panel.

[ECE form](#)

**Thank you for discussing the event and providing feedback.**

### Items suitable for Medical Microbiology ECE assessment

#### LABORATORY PRACTICE

- Investigate and report on a NEQAS failure
- Review and update an SOP or evidence-based change-of-practice
- Write an SOP
- Undertake and report on a risk assessment of a laboratory procedure, including COSHH
- Undertake and report on a service evaluation of a laboratory method, kit or piece of equipment
- Deal with a patient safety issue (e.g. specimen misidentification) (with reflective practice write up)
- Raising a RIDDOR report
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#### CLINICAL CARE

- Investigate and report on a clinical incident
- Write a set of clinical guidelines

#### INFECTION CONTROL

- Deal with a failure of testing for Infection Control eg theatre air, endoscope rinse water (with reflective practice write up)
- Lead an outbreak investigation and chair the outbreak committee (with reflective practice write up and preparation of committee minutes)
- Prepare a written outbreak report
- Undertake a root-cause analysis (includes preparation of report)
- Undertake an Infection Control risk assessment (includes preparation of report)
- Undertake a decontamination assessment for a new piece of equipment (includes preparation of report)
- Write a set of infection control guidelines

#### AUDIT

- Undertake a vertical audit (includes written report)
- Undertake a horizontal audit (includes written report)
- Undertake a safety audit (includes written report or presentation of findings)
- Undertake a clinical audit (includes written report or presentation of findings)
- Undertake a re-audit (includes written report or presentation of findings)

#### TEACHING and PRESENTATION SKILLS

- Prepare and give a lecture or tutorial on a clinically-relevant topic (formal feedback must be obtained from students)
- Present research findings (formal feedback must be obtained)
- Prepare for and run a journal club meeting
- Preparation for and presentation of cases at a multidisciplinary team meeting

#### MANAGERIAL SKILLS

- Organise a departmental seminar programme or journal club (with reflective practice write up)
- Chair a committee meeting (including providing agenda and minutes)
- Take on a role allocated by the Laboratory Management team (with reflective practice write up)
- Involvement in an interview process (shortlisting and interview)

- Prepare an application and attend the Drugs and Therapeutics/Antimicrobial Prescribing Committee to support the submission.
- Attend a laboratory committee eg. health and safety/quality/training, on an ongoing basis (with reflective practice write up)
- Involvement in a critical incident reporting procedure (with reflective practice write up)
- Retrieval, analyse report on computerized laboratory data
- Tasks delegated from seniors to demonstrate understanding or involvement in the CPA process (reflective notes)

### **WRITTEN EXERCISES**

- Undertake a literature review
- Referee an article for a journal
- Write a case report
- Respond to a written clinical query
- Respond to a written complaint
- Write a business case
- Formulate a research outline
- Write an ethics submission and take to the committee
- Write a research paper
- Write a grant submission
- Write a submission to the Pathopedia

### **OTHER**

Activities that are considered by the Educational or Clinical Supervisor to have sufficient content and educational value to constitute an ECE. These activities should map directly to the Medical Microbiology curriculum. Written evidence of the activity should be retained.

**ASSESSMENT DEPARTMENT  
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