Is it all in the mind?

Citation for published version (APA):

de Jonge, L. (2022). *Is it all in the mind? Unravelling stakeholder conceptions on workplace based assessment*. [Doctoral Thesis, Maastricht University]. ProefschriftMaken. https://doi.org/10.26481/dis.20220328lj

Document status and date:
Published: 01/01/2022

DOI:
10.26481/dis.20220328lj

Document Version:
Publisher's PDF, also known as Version of record

Please check the document version of this publication:

• A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
• The final author version and the galley proof are versions of the publication after peer review.
• The final published version features the final layout of the paper including the volume, issue and page numbers.

Link to publication

Impact paragraph

The primary goal of competency-based medical residency training is to prepare trainees for independent clinical practice and life-long learning. As competency-based training has a focus on knowledge and skills application in real-life practice, this resulted in a central position of workplace-based assessment (WBA). WBA essentially fulfils two functions: it serves a formative purpose, in order to monitor the trainee's individual development and to drive learning, as well as a summative purpose, to enable decisions on the trainee's achievement during training. The authenticity of the clinical environment implies that WBA is complex and typically influenced by uncontrolled variables such as case difficulty, patient mix and patient numbers. Moreover, research has demonstrated that the quality of WBA mainly depends on how stakeholders (e.g. clinical supervisors, learners and program directors) use the assessments -rather than on the intrinsic qualities of instruments and methods used to evaluate clinical performance. In other words, the utility of WBA resides in the users of WBA.

WBA is therefore a 'socially situated interpretative act'; it is always constructed according to the conceptions (i.e., beliefs, meanings and experiences) of individual stakeholders that are situated in- and affected by a unique social context. By bringing these stakeholder conceptions to surface, and reflecting on their influence on WBA strategies, this thesis contributes to a meaningful understanding of the actual functioning of WBA and its role in competency development during medical residency training.

The main objective of the research described in this thesis is to further our understanding of stakeholders' conceptions of WBA and their impact on assessment strategies used during medical residency training. In the previous chapters of this dissertation, we described and discussed the various studies we conducted to achieve our research objectives. In this chapter, the scientific and societal relevance of the research captured in this thesis are described.

Scientific relevance

Our studies showed that stakeholders involved in WBA, both within and beyond the clinical workplace, might have diverging conceptions of WBA. Stakeholders particularly differ in their preferences regarding the locus of regulation of learning and the preferred level of standardization of assessment (**chapter 2**). Moreover, our research suggests that conceptions of the workplace-based stakeholders (i.e., supervisor and trainee) influenced their approach towards two important strategies in WBA, namely the entrustment of clinical tasks at the very start of medical residency training and the use of direct observations of trainee performance throughout training.

We found that supervisors based their entrustment decisions primarily on an idiosyncratic assessment of the trainee's overall trustworthiness, by focusing on more generic capabilities such as self-reflexivity, knowing one's limitations, and asking for help in time, rather than on task-specific performance (**chapter 3**). Furthermore, supervisors' intentions to conduct observations of clinical

performance were found to be determined by their previous experiences, as well as their perceptions about trainee preferences and the interests of other stakeholders (**chapter 4**). Supervisor-trainee dyads often seemed to leave individual conceptions and preferences undiscussed (**chapter 5**), yet achieved achieve a working repertoire regarding the use of performance observations without explicit communication. Use of performance observations to guard patient safety was furthermore found to be self-evident in General Practice (GP) residency training. However, discussion and alignment of goals and approaches towards observations was scarce, thereby impairing the educational potential of performance observations (**chapter 5**).

The central *practical implication* of this thesis is that stakeholders in WBA should be aware of their own conceptions and those of other stakeholders. *Awareness* and *articulation* of one's own conceptions of WBA, and *alignment* with those of other stakeholders, are to be seen as essential strategies to improve the effectiveness of assessment activities and to stimulate the development of a shared mental model on WBA.

Within the clinical workplace, supervisors and trainees need to discuss conceptions and preferred approaches to entrustment, not only to warrant patient safety but also to foster trainees' learning opportunities (**chapter 3**). Mutually agreed upon expectations and discussions about entrustment strategies and preconditions are key. Explicit attention is needed for cultivation of trainees' generic trustworthiness qualities (e.g. self-reflexivity, knowing one's limitations, and asking for help in time) in meaningful feedback dialogues.

A predominant focus on patient safety may withhold the use of observations for providing developmental feedback. Supervisor and trainee need therefore be aware of their individual conceptions on the use of performance observations (**chapter 4 and 5**), and expectations on the roles and initiatives of both supervisor and trainee must be clearly articulated. Clarity on goals and approaches towards observations implies that trainees are transparent about their individual learning needs and that supervisors explicitly discuss their particular agenda and role. Embedding facilitated discussion and alignment of the various goals and approaches towards performance observations in the learning conversations may be a promising avenue to improve their effectiveness during workplace learning.

Awareness, articulation and alignment of the various stakeholder conceptions of WBA are equally important for assessment interactions that extend *beyond the clinical workplace*. When designing, implementing but also using assessment programs and tools, WBA conceptions of more distal stakeholders (i.e., the training institute, national professional colleges) should be clearly communicated, in order to be taken into account by the workplace-based stakeholders. Moreover, awareness of the impact of (programmatic) assessment activities and clear and consistent articulation of their purpose are necessary at the workplace as well as at the level of program directors at the training institute.

Assessment programs, as developed nationally and implemented by the training institute, may need to ensure incorporation of tools that capture generic trustworthiness qualities of trainees. These tools may serve as a starting point for a meaningful feedback dialogue on trust, entrustment, and the trainee's development toward autonomous and self-regulated professional practice. In

addition, training of both supervisors and trainees, and increased awareness of various underlying conceptions of not only faculty, but also assessment program developers, may enhance the sophistication and utility of the assessment process and the resulting assessment decisions in clinical practice.

To improve the practice of observations of clinical performance but also to foster a shared mental model on their use in medical residency training, we recommend that residency-training programs articulate their expectations regarding supervisors' engagement more clearly, explicitly and consistently. A practice of regular training and coaching of supervisors and trainees, may contribute to the enactment of supervisor intentions into actual performance of observations. Such regular training should not only include sessions on when and how to effectively conduct observations but also provide guidance as to how to foster the shared responsibility of learner and supervisor in performing them.

The results of this thesis have been submitted to peer reviewed international medical educational journals and have been disseminated to the scientific society by presentations at national and international medical (educational) conferences. Sharing our findings in publications in international peer- reviewed journals allows researchers to build on our investigations, challenge and add to our findings and thus strengthen the scientific knowledge base on the role of stakeholders' conceptions in WBA. The findings presented in this thesis can, for example, be used as input for the development of the national educational program (LOP, Landelijk Opleidings Plan) and the assessment programme for FM training in the Netherlands (SBOH, Stichting Beroeps Opleiding Huisartsen).

Social relevance

The main social relevance of the implications of the research presented in this thesis lies in their potential to improve the quality of medical trainees' workplace-based learning, support their competence development and, ultimately, contribute to the -current and future- provision of high-quality patient care and lifelong learning by medical doctors at the clinical workplace. Consequentially, patients are the key beneficiaries. Yet, all stakeholders participating in WBA can take advantage of our findings to optimize their assessment practices. Awareness, articulation and alignment of the various stakeholder conceptions in WBA can foster a more transparent assessment culture and support the development of a shared understanding of WBA. This will potentially benefit the effectivity of current and future WBA practices and programs, which integrate the learning function of assessment. In addition, the results of this thesis are not only applicable to GP and other medical training settings, but can also be informative when developing and implementing assessment tools, -strategies and -programs in other, workplace-based, educational settings.