

Implementing Workplace-Based Assessments in Ophthalmology: CPSP's Commendable Endeavor

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Assessment drives learning, a principle that underpins the recent efforts by the College of Physicians and Surgeons Pakistan (CPSP) in transforming post graduate training through Workplace-Based Assessment (WPBA). WPBA evaluates medical trainees directly within their clinical environments, ensuring that their skills are developed in real-world settings. CPSP has implemented a comprehensive WPBA program in Ophthalmology, incorporating Direct Observation of Procedural Skills (DOPS), Ophthalmic Clinical Evaluation Exercise (OCEX), and Ophthalmic Surgical Competency Assessment Rubric (OSCAR).

From January 2024 onwards, new residents are required to engage with WPBA tools, working with designated assessors according to a detailed curriculum timeline. Supervisors will organize assessment sessions, provide feedback, and create action plans, all documented through an online platform. The WPBA program covers various aspects of ophthalmology training:

- *Ophthalmic Clinical Evaluation Exercise (OCEX)* focuses on providing formative feedback and actionable improvement plans for various clinical encounters. Residents will undergo four exercises in the first two years.
- *Direct Observation of Procedural Skills (DOPS)* assesses specific procedural skills like foreign body removal, local anesthesia, and laser treatments, providing detailed feedback. Residents are expected to complete two DOPS each year, totaling eight over four years.

- *Ophthalmic Surgical Competency Assessment Rubric (OSCAR)* focuses on phacoemulsification, ensuring residents achieve competence in designated surgical steps of this important surgery over the first three years. Annual OSCAR assessments are conducted over the first three years.

Implementing WPBA poses certain challenges, including time constraints, resource limitations, and the need for faculty training. Clinical environments are often understaffed, making it difficult for faculty to devote time for comprehensive assessments and feedback. Additionally, WPBA requires faculty to develop new skills in assessment techniques and feedback methodologies.¹

To address these issues, CPSP provides training modules and workshops for faculty members from time to time. An online portal has been introduced to streamline the recording and tracking of assessment data, reducing administrative burden and enhancing the quality of feedback. The college has provided flexible scheduling for these assessments. The trainee and supervisor can mutually agree on the day and time for conducting the assessment. Additionally, if the supervisor is unavailable or busy, they may delegate the session to another senior faculty member, or the trainee may request this arrangement. To ensure practicality and prevent an excessive workload, the number of required assessments has been kept attainable.

For WPBA to be effective, it must be integrated into the daily clinical workflow. Embedding assessment activities into routine patient care, such as using case discussions and bedside teaching as

evaluation opportunities, ensures that WPBA becomes a natural part of medical training.

The implementation of WPBA in Ophthalmology presents significant challenges; however, it offers a promising avenue for the enhancement of training and the improvement of patient care. Addressing these challenges requires innovative solutions and a commitment to integrating WPBA into clinical practice. Further suggestions for enhancing WPBA include increasing support for faculty

development, leveraging technology for efficient assessment processes, and fostering a culture that values continuous feedback and improvement. By refining these strategies, WPBA can become a cornerstone of competency-based medical education.

Reference:

1. Liu C. An introduction to workplace-based assessments. *Gastroenterol Hepatol Bed Bench.* 2012 ;5(1):24-8.