

Characteristics of a Good Clinic Card

Clinic cards with entrustment ratings and narrative comments are a valid and reliable element of work-based assessment (WBA) in clinical settings (Gofton et al., 2017). They contribute to a cyclical process of cognitive apprenticeship and entrustment that is at the core of clinical education (Merritt, Shah and Santen, 2017). They document the direct observation of clinical skills - a key assessment strategy in competency-based medical education (Kogan et al., 2017).

Why do we use clinic cards?

1. For the Learner: support further development
2. For the Clinical and Academic Coach: provide evidence to support assessment, judgement around competency development and a prescription for future growth
3. For the Program: document the learners' path to support program summative decisions concerning program extension, enrichment, completion or termination

Clinic card principles:

1. Clinic cards do not replace feedback, they only document it.
2. Better support for competency development and assessments comes from focusing on parts of clinical encounters that require thinking/problem solving (higher order skills) beyond basic knowledge.

3. Not all clinic cards require direct observation of the patient encounter but all clinic cards do require direct involvement and reflective discussion with the student. Think broadly for sources of feedback and clinic cards, i.e. a clinic card could be based on their clinical reasoning following a discussion and/or chart review, witnessing their collaboration with AHC, professional behaviours, leadership skills, etc.
4. Competency-based assessment requires looking for patterns of performance and trajectory. If there is a previously identified area needing improvement, follow up on this to ensure that improvement/growth has occurred.
5. Clinic cards alone are not sufficient. They must be part of an assessment system that collates, summarizes and interprets the data to make decisions. As such they should cover a broad range of identified desired competencies, pick up on past performance to follow trajectory and be numerous enough to provide a high resolution picture of competency.

A Good Clinic Card -

- Has a date (for trajectory)
- Identifies a topic and an EPA
- Is behaviourally specific and uses clear unambiguous language
- Is detailed enough to paint a picture of the performance being commented on
- Is focused on the individual (not a comparator to others)
- Is focused on a manageable amount of information
- Is focused on higher order skills (i.e. history rather than physical exam, diagnosis vs treatment, differential diagnosis vs diagnosis)
- Includes an application of the assessment standards
- Has a judgement about the performance
- Identifies things to continue doing, things for further growth
- Promotes reflection

How do your clinic cards measure up?

Good coaching is fostered by:

- a) Ensuring the discussion is timely (at least the same day)
- b) Ensuring it is frequent (at least daily)
- c) Being specific and commenting on behaviours, not intentions or personal attributes
- d) Having reflective discussions that focus on challenging/discerning case characteristics
- e) Stimulating learning through making a judgement and documenting and discussing pertinent coaching points with each case
- f) Focusing on one take-home message each for the behaviours to continue and the behaviours to modify
- g) Making judgements based on standards, not comparators to others
- h) Using the EPA descriptors to help identify key messages

References

Modified from authors: Working Group on the Certification Process, College of Family Physicians of Canada August 2014 www.cfpc.ca

Gofton W, Dudek N, Barton G, Bhanji F. (2017). Work based assessment implementation guide: Formative tips for medical teaching practice. 1st ed. (PDF) Ottawa: The Royal College of Physicians and Surgeons of Canada. pg. 1-12. Available at: Royal College of Physicians and Surgeons <http://www.royalcollege.ca/rcsite/documents/cbd/work-based-assessment-practical-implications-implementation-guide-e.pdf>

Kogan JR, Hatala R, Hauer KE, Holmboe E. (2017). Guidelines: The do's, don'ts and don't knows of direct observation of clinical skills in medical education. *Perspect. Med. Educ.* 6, 5, 286-305. doi.org/10.1007/s40037-017-0376-7

Merritt C, Shah B, Santen S. Apprenticeship to entrustment: A model for clinical education [published online ahead of print August 1, 2017]. *Acad. Med.* doi: 10.1097/ACM.0000000000001836.