Assessments in the Foundation Programme: A Guide

Welcome to the Trent Foundation School Guide for Assessments in the Foundation Programme. This guide describes the assessment tools from both the perspective of the trainee and the assessor. We hope that all of those involved in assessment within the foundation programme find this guide useful.

Learning during the foundation programme should be trainee-led and evidence-based. Trainees must be able to collect all the evidence they need to demonstrate to their supervisors and the ARCP panel that they have developed their learning against the competencies set out in the Foundation Curriculum. The purpose of assessment is to provide a vehicle for feedback, to keep objective evidence of progression linked to the curriculum and to identify doctors needing additional support.

There are currently six types of assessment tool that foundation trainees are required to use. A trainee may, however, also want to consider submitting project work, course certificates, personal references, or excerpts from reflective practice.

The trainee should ensure that they are familiar with the Foundation Curriculum. This provides guidance as to how many assessment forms should be completed.

Some individuals may need to submit additional assessments to satisfy their supervisors of competence in a specific area: for example, a trainee struggling with safe prescribing may choose to submit additional CBDs to substantiate their improvement in performance, and eventual achievement of F1/2 competence. Doing more than the recommended guidelines is fine; doing less will raise questions from the educational/clinical supervisors and will jeopardise the trainee’s ability to present a sound case of competence at the end of the foundation programme.

Dr Bridget Langham Trent Foundation School Director
Version 3, June 2011
Assessment Tools

The *Foundation Curriculum* sets out the requirement to use a series of assessment tools. The Trent Foundation School requires each trainee to complete a minimum of the following assessment tools:

<table>
<thead>
<tr>
<th>Assessment Tool</th>
<th>Foundation Year 1</th>
<th>Foundation Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Assessment of Behaviour (TAB)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Case-based Discussion (CBD)</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Direct observation of doctor/patient encounter</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Of which 6 must be Mini Clinical Evaluation Exercise, the remainder may be Direct Observation of Procedural Skills or Mini CEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing the Clinical Teacher</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>F1 Log Book</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

There are two types of workplace-based assessment used in the foundation programme; these are direct observation and multi-source feedback tools. Extensive guidance is available in the *Foundation Curriculum* and in the *Foundation Programme Rough Guide*, but a brief summary of the tools from an assessor and trainee perspective are set out in this guide.

**Feedback and debriefing**

A key component of the assessment process is the provision of feedback and debriefing. This is required to outline the views of observers and assessors to doctors in the Foundation Programme. Giving and receiving feedback, which highlight both success and difficulty, are a vital part of and will enhance learning and development. Feedback should be descriptive and non-judgmental, specific, helpful, forward looking and timely. The outcome of feedback is that future learning needs and the changes required are identified and an action plan is agreed.

**Assessment Videos**

The Foundation School have made a number of training videos for the Case-based Discussion, Mini Clinical Evaluation Exercise and Direct Observation of Procedural Skills assessments. **Please take the time to watch these videos once you have read this information.** The videos are of real FY2 trainees and assessors (the patients in each case are actors) and are a useful resource for assessors and trainees. For more information on how to access the videos and the Foundation Curriculum please follow this link [http://www.eastmidlandsdeanery.nhs.uk/page.php?id=1225](http://www.eastmidlandsdeanery.nhs.uk/page.php?id=1225).
Who can carry out foundation assessments?

The Foundation School Faculty (Foundation School Director and Foundation Programme Directors) have set a standard for assessors across our school which all Trusts have agreed to. This standard will ensure all foundation doctors are assessed to the same standard and that all assessors recognise their responsibility and accountability to the GMC when completing these assessments.

Who can assess Foundation Doctors?
The staff groups that may assess and the assessments they are able to carry out are detailed in the table below.

<table>
<thead>
<tr>
<th></th>
<th>CbD</th>
<th>Developing the Clinical Teacher</th>
<th>DOPs</th>
<th>Log Book</th>
<th>Mini-CEX</th>
<th>TAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant/GP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialty Doctor (formally SASG)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>ST3 or above</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>ST1 and ST2</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Experienced Nurses</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Qualified Allied Health Professionals</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Foundation Doctors</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>F2s only</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Admin &amp; Auxiliary Staff</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Nursing/AHP or Medical Students</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Training Required by Assessors
All assessors must have been trained in assessment and feedback methodology and must be able to competently perform the interaction themselves. Please refer to the foundation school’s Assessment Policy for further details of the training you are required to evidence.
Mini-CEX Guide Part 1

What is the mini-CEX?
mini-CEX is a structured assessment designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. This tool samples a range of areas within the foundation curriculum and can be mapped to Good Medical Practice. The tool was designed originally by the American Board of Internal Medicine.

What competencies are being assessed in the Mini-CEX?

<table>
<thead>
<tr>
<th>Question area</th>
<th>Descriptor for a satisfactory trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking</td>
<td>Facilitates patient’s telling of story, effectively uses appropriate questions to obtain adequate information, responds appropriately to verbal and non-verbal cues.</td>
</tr>
<tr>
<td>Physical examination</td>
<td>Follows efficient, logical sequence, examination appropriate to clinical problem, explains to patient, sensitive to patients comfort and modesty.</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Explores patient’s perspective, jargon free, open and honest, empathetic, agrees management plan/therapy with patient.</td>
</tr>
<tr>
<td>Critical judgment</td>
<td>Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/perform appropriate diagnostic studies, considers risks, benefits.</td>
</tr>
<tr>
<td>Organisation &amp; efficiency</td>
<td>Prioritises; is timely and succinct; summarises.</td>
</tr>
<tr>
<td>Overall clinical care</td>
<td>A global judgement based on the above question areas.</td>
</tr>
</tbody>
</table>

Who can assess a Mini-CEX?
Mini-CEX assessors must be trained in assessment and feedback methodology. They must also be able to competently perform the interaction yourself. Consultants, GPs, doctors in core or higher training, specialty doctors, experienced nurse or allied health professionals can assess. The assessor does not need prior knowledge of a foundation doctor. The trainee should ask at least six different assessors to assess them; and should try to include their Clinical Supervisor in each post. Mini-CEX is suitable for use in a community-based, out-patient or acute care setting. It can be used at any time of the day or night, whenever a clinical interaction might occur with a patient and a potential assessor is available.
How should the Mini-CEX work?
Please ensure that the patient is aware that the mini-CEX is being carried out. The process is trainee led; the foundation doctor chooses the clinical encounter, which should be representative of their workload. Unscheduled assessments on foundation doctors can be undertaken. The observed process should take no longer than 20 minutes; this is not meant to be a long case examination taking hours. **Immediate feedback** should be provided to the foundation doctor and should take no longer than five minutes.

Using the assessment form
Foundation doctors should send an electronic ticket to the assessor via e-Portfolio. If you are the foundation doctor’s clinical or educational supervisor you can log directly onto the doctor’s e-Portfolio to assess them.

**Specific points to help complete the assessment form**
- **Training:** Assessor training is helpful in any assessment process; for this reason you must confirm you have been trained in assessment methodology and feedback.
- **Focus of the clinical encounter:** select the most appropriate focus.
- **Complexity of case:** score the difficulty of the clinical encounter for a F1 or F2 doctor.
- **Free-text:** to maximise the value of the mini-CEX use the free text to describe anything that was especially good, suggestion for development and agreed action.
- **Linking the assessment to the foundation doctor’s personal development plan (PDP):** you can directly link this mini-CEX to the foundation doctor’s PDP by selecting up to 10 relevant outcomes from the drop down menu based on the Curriculum.

**The reference standard**
F1 doctors should be assessed against the standard expected at satisfactory completion of F1. F2 doctors should be assessed against the standard expected at satisfactory completion of the Foundation Programme (F2). The Foundation Curriculum (2010) provides a detailed description of the relevant competences expected of a doctor completing F1 and F2. It is expected that some ratings below ‘meets expectation for completion of foundation’ will be in keeping with some trainees’ level of experience. This will particularly be the case for F1s.

**Feedback**
In order to maximise the educational impact of using mini-CEX, the assessor and the trainee need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.
What is the DOPS?
This is a structured checklist for assessing a foundation doctor’s interaction with a patient when performing a practical procedure. Although developed to assess procedural skills; its primary purpose in the foundation programme is to assess the doctor/patient interaction. In keeping with the foundation programme quality improvement assessment model, strengths and areas for development should be identified following each DOPS encounter.

What is being assessed?
DOPS is designed to provide feedback that should be of help to the foundation doctor. Therefore they should be assessed undertaking procedures normally expected of them and undertake them in the work environment that they would normally carry out the procedure, i.e. not in the clinical skills laboratory. DOPS includes 11 rated question areas and provides free-text space for the assessor to identify strengths and areas for development.

<table>
<thead>
<tr>
<th>Question area</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-procedure management</td>
<td>Safely disposes of equipment; documents the procedure, including labelling samples and giving instructions for monitoring; arranges appropriate aftercare/monitoring.</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Explores patient’s perspective; jargon free; open and honest; empathic; agrees management plan with patient.</td>
</tr>
<tr>
<td>Consideration of patient / professionalism</td>
<td>Shows respect, compassion, empathy, establishes trust; attends to patient’s needs of comfort; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; aware of own limitations.</td>
</tr>
</tbody>
</table>

Who can assess a DOPS?
Assessors must be trained in assessment and feedback methodology. DOPS assessors should be Consultants, GPs, doctors in core or higher training, speciality doctors, experienced nurses or allied health professionals. The assessor does not need prior knowledge of a foundation doctor. Different assessors should be used for each DOPS assessment, which are spread over the different posts. DOPS can be used at any time of the day or night. A foundation doctor could, for example, ask a speciality trainee to come with them when they are putting in a cannula or a nurse competent in the procedure could observe a foundation doctor taking blood.
How should the DOPS work?
The assessor should ensure the patient is aware that DOPS is being carried out. The process is trainee led; the
foundation doctor will need to select an assessor and choose the procedure. The encounter should, however, be
representative of their workload. The observed process should take no longer than 20 minutes. **Immediate feedback**
should be given to the foundation doctor and should take no longer than five minutes to deliver.

Using the assessment form
Foundation doctors should send an electronic ticket to the assessor via e-Portfolio. If you are the foundation doc-
tor’s clinical or educational supervisor you can log directly onto the doctor’s e-Portfolio to assess them.

Specific points
- **Training**: you must confirm that you have been trained in assessment methodology and feedback.
- **Clinical setting**: select the most appropriate setting; if none apply select ‘other’ and specify.
- **Procedure**: use the free text to describe the procedure.
- **Rating the question areas**: you should use the full range of the rating scale with reference to the de-
scriptors for each. It is expected that some ratings will be below “meets expectations for F1/F2 completion”
for assessments undertaken early in each year.
- **Free-text**: to maximise the value of the DOPS use the free text to describe anything that was especially
good and suggestions for development.

The reference standard
You should assess F1 doctors against the standard expected at satisfactory completion of F1. You should as-
ssess F2 doctors against the standard expected at satisfactory completion of the Foundation Programme (F2).
The Curriculum (2010) provides a detailed description of the relevant competences expected of a doctor com-
pleting F1 and F2. It is expected that some ratings below ‘meets expectation for completion of foundation’ will be
in keeping with some trainees’ level of experience. This will particularly be the case for F1s.

Feedback
In order to maximise the educational impact of using DOPS, the assessor and the trainee need to identify
agreed strengths and areas for development. This should be done sensitively and in a suitable environment.
CBD Guide Part 1

What is a CBD?
Case-based Discussion (CBD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. It is a structured discussion of clinical cases managed by a foundation doctor. CBD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the doctor’s record keeping in that instance.

What competencies are being assessed?
CBD includes seven rated question areas and provides free-text space for the assessor to identify strengths, areas for development and an action plan.

<table>
<thead>
<tr>
<th>Question area</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Keeping</td>
<td>Legible, signed, dated, appropriate to the problem, understandable in relation to and in sequence with, other entries; helps the next clinician give effective and appropriate care.</td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>Understood the patient’s story, made a clinical assessment based on appropriate questioning and examination.</td>
</tr>
<tr>
<td>Investigations and referrals</td>
<td>Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Discusses the rationale for the treatment, including the risks and benefits.</td>
</tr>
<tr>
<td>Follow up and future planning</td>
<td>Discusses the rationale for the formation of the management plan including follow-up.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust. Discusses how the patient’s needs for comfort, respect, confidentiality were addressed; discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks; has insight into own limitations</td>
</tr>
<tr>
<td>Overall clinical care</td>
<td>A global judgement based on the above question areas</td>
</tr>
</tbody>
</table>
Who can assess a CBD?
Assessors must be trained in assessment and feedback methodology. Assessors must be: consultants, GPs, doctors in higher training (ST3 or above/SpRs) or specialty doctors. The assessor does not need prior knowledge of the foundation doctor. Different assessors should be used for each CBD assessments.

What should be assessed?
CBD is suitable for use in a community-based, out-patient, in-patient or acute care setting. It is designed to provide feedback that is of help to the foundation doctor.

How should the CBD work?
The foundation doctor should provide the assessor with the notes prior to the meeting to give the assessor time to familiarise themselves with the case. The foundation doctor should select two cases in which they have written in the notes. The assessor should choose one of the two cases to discuss. The discussion process should take no longer than 20 minutes. Immediate feedback provided to the foundation doctor and should take no longer than 5 minutes.

Using the assessment form
Foundation doctors should send an electronic ticket to the assessor via e-Portfolio. If you are the foundation doctor’s clinical or educational supervisor you can log directly onto the doctor’s e-Portfolio to assess them.

Specific points
- **Training:** you must confirm that you have been trained in assessment methodology and feedback.
- **Complexity of case:** score the difficulty of the case for the level of a F1 or F2 doctor.
- **Rating the question areas:** you should use the full range of the rating scale with reference to the descriptors for each. It is expected that some ratings will be below “meets expectations for F1/F2 completion” for assessments undertaken early in each year.
- **Free-text:** to maximise the value of the DOPS use the free text to describe anything that was especially good and suggestions for development.

The Reference Standard
You should assess F1 doctors against the standard expected at satisfactory completion of F1. You should assess F2 doctors against the standard expected at satisfactory completion of the Foundation Programme (F2). The Curriculum provides a detailed description of the relevant competences expected of a doctor completing F1 and F2.

Feedback
In order to maximise the educational impact of CBD, the assessor and trainee need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.
**Purpose**

Professional behaviour is a hugely important component in assessing the performance of a foundation doctor. These are best assessed in the work setting by those who regularly work with a foundation doctor using a recognised multi-source feedback tool. This tool enables foundation trainees to demonstrate through their learning portfolio that they are complying with the standards of professional behaviour as set out in the GMC’s *Good Medical Practice* and the *Foundation Curriculum* document.

Trent Foundation School uses the Team Assessment of Behaviour (TAB) tool to collect views from a range of a foundation doctor’s co-workers across all professional disciplines.

TAB is an opportunity for the trainee to demonstrate to their Educational Supervisor as well as themselves the progress they have made during a year. It also enables the Educational Supervisor to praise the doctor when they have performed well and help to build professional development plans to further develop the foundation doctor. Occasionally, specific areas of weakness may be identified as a result of this assessment; enabling Educational Supervisors and/or Foundation Programme Directors to offer targeted guidance and support to those foundation doctors requiring additional input.

Two satisfactory TAB assessments must be completed in each year of the training programme. The foundation school stipulates that the TAB assessments are carried out in the first and second 4-month placements.

**Who can take part in the TAB assessment?**

For a TAB to be deemed valid 10 assessors must complete and return the TAB form via the e-Portfolio system. It is important that only staff the trainee works with on a regular basis are nominated. Assessors **must** be from the following groups of staff:

- at least two doctors including the clinical supervisor; but neither should be other foundation doctors;
- at least two nurses (band five or senior);
- at least two allied health professionals (physiotherapists, OTs etc); and
- at least two other team members (ward clerks, secretaries and auxiliary staff).

Other foundation doctors cannot take part in the TAB assessment.
Completing the form

Assessor’s will be asked to rate the doctors performance against 4 areas; using a 3-tiered rating system i.e. No concern; Some concern or Major concern:

- Maintaining trust/relationship with patients;
- Verbal Communication Skills;
- Team Working; and
- Accessibility.

An assessor should ensure their scoring and comments reflect a doctor’s typical behaviour over time. Assessors should bear in mind that this is not so much about whether they like the trainee, but rather about how they perform. If the assessor scores any part of the form as “some concern” or “major concern” they must say why they have a concern in the comments box, describing the behaviour which concerned them.

Reference Standard

<table>
<thead>
<tr>
<th>No concern</th>
<th>This will be the right mark for the majority of trainees. Comments are a helpful way to congratulate and praise good behaviour. It is valuable to write supportive remarks, describing what you find impressive. You can write as much as you wish.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some concern</td>
<td>Tick this box if you have a concern, if a few incidents or behaviours have worried you. This is about helping the trainee to address blind spots. You must describe behaviours which have caused you concern.</td>
</tr>
<tr>
<td>Major concern</td>
<td>This is serious; on occasion a trainee needs to be provided with insight into shortcomings so these can be addressed. You must describe behaviours which have caused you concern and provide specific examples to enable the Educational Supervisor to investigate fully.</td>
</tr>
</tbody>
</table>

How to access the TAB form?

The foundation doctor will send the assessor a ticket request to their work email account. This ticket request provides a unique reference code for the assessor to complete the form in the e-Portfolio system. It is not possible for a paper form to be completed and then inputted on to the e-Portfolio system. If you are concerned that your 10 digit code has been used inappropriately (i.e. the form has already been submitted by someone else and you are unable to use the login code) please contact the Foundation Programme Coordinator based in the Postgraduate Education Centre at your Trust and they will investigate.
F1 doctors are required to demonstrate that they can competently perform the following 15 core procedures to be eligible for full registration with the General Medical Council.

- Venepuncture
- IV Cannulation
- Prepare and administer IV medication and injections and fluids
- Arterial puncture in an adult
- Blood culture (peripheral)
- IV infusion including the prescription of fluids
- IV infusion of blood and blood products
- Injection of local anaesthetic to skin
- Subcutaneous injection
- Intramuscular injection
- Perform and interpret an ECG
- Perform and interpret peak flow
- Urethral catheterisation (male and female)
- Airway care including simple adjuncts.

These 15 procedures are listed in the logbook section of the e-Portfolio. A foundation doctor’s ability to perform other procedures can be assessed using the DOPS assessment tool. A foundation doctor’s educational supervisor and foundation programme director will review the log-book.

**Who can assess procedural skills?**
Assessors must be trained in assessment and feedback methodology. They must be able to competently perform the procedure themselves. Only consultants, GPs, specialist/specialty registrars, specialty doctors, doctors in training more senior than F1, fully qualified nurses and allied healthcare professionals can sign the log book. Different assessors should be used for each encounter wherever possible.

**How do I access the logbook?**
The logbook is accessed via the e-Portfolio; foundation doctors will send the assessor an electronic ticket via e-Portfolio; alternatively clinical and educational supervisors can log directly onto the foundation doctor’s e-portfolio.

**What is the required standard?**
By signing the log book, the assessor is confirming that the foundation doctor has satisfactorily performed the procedure. Detailed guidance is provided in the logbook about the requirements for each procedure.
Developing the Clinical Teacher

What is the Developing the Clinical Teacher form?
This tool is an assessment of a foundation doctor’s skill in teaching and/or making a presentation. It can be used for one-to-one and group teaching sessions.

Who can be a Developing the Clinical Teacher assessor?
Assessors must be trained in assessment and feedback methodology. The assessor must also be able to competently undertake the teaching session yourself. Assessors should be consultants, GPs, doctors in higher training (ST3 or above/SpR), specialty doctors or senior nurses. If possible, a different assessor should be used for each teaching assessment.

How does it work?
The process is led by the foundation doctor, who should choose the teaching session for assessment.

What specific competences does the Developing the Clinical Teacher assess?
Developing the Clinical Teacher includes four rated question areas (see below) and provides free-text space for you to identify what went well, areas for development and an overall assessment of the teaching/presentation. Not all question areas need to be assessed on each occasion.

<table>
<thead>
<tr>
<th>Question area</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation and setting</td>
<td>Creates an appropriate environment, checks resources are available/working in advance; uses resources appropriately.</td>
</tr>
<tr>
<td>Teaching</td>
<td>Introduce self; introduces the topic; establishes prior learning; uses an appropriate pace; clear and logical teaching; reviews/summarises key points; manages time.</td>
</tr>
<tr>
<td>Subject knowledge and ability to answer questions</td>
<td>Understands subject matter; answers questions clearly; aware of own limitations.</td>
</tr>
<tr>
<td>Interaction with group</td>
<td>Maintains eye contact; maintains participants’ attention; facilitates group participation.</td>
</tr>
</tbody>
</table>

What is the reference standard?
The assessor should assess F1 doctors against the standard expected at satisfactory completion of F1. You should assess F2 doctors against the standard expected at satisfactory completion of the Foundation Programme (F2).

Feedback
In order to maximise the educational impact of using the assessment tool, the assessor and the foundation doctor need to identify what went well and why and areas for development. This should be done sensitively and in a suitable environment.