Why We Assess, What Matters, and How to Do It Well

A guide for clinical educators

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Speaker COI Disclosure

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Session Specific Learning Objectives

By the end of this session participants will be able to:

1. Describe what assessment is and how it differs from teaching and feedback.
2. Explain why assessment matters for learner development, progression, and patient care.
3. Identify the key goals of effective assessment in everyday clinical training.
4. Apply simple, practical strategies to assess learners well in routine clinical encounters.

Assessment begins before the form

What did you actually observe?

Think of the last learner you supervised. What evidence changed the help you provided—or the responsibility you were willing to give?

01 **OBSERVE**
What happened?

02 **JUDGE**
Against which standard?

03 **DECIDE**
What follows?

04 **DOCUMENT**
What evidence must be preserved?

The form records the assessment; it does not create it.

Teaching, feedback, and assessment

TEACHING	Creates the conditions for learning and changes what the learner can do.	*“Let me show you a way to structure this.”*
FEEDBACK	Uses information about performance to guide improvement.	*“Here is what I noticed—and what to try next.”*
ASSESSMENT	Collects and interprets evidence to support a judgment or decision.	*“This performance does—or does not yet—meet expectations.”*

One clinical encounter may include all three. Be clear about which job you are doing.

Assessment serves three responsibilities



Makes strengths and gaps visible, calibrates self-perception, and directs practice.

Identifies progress and needed support, and enables defensible progression decisions.

Aligns responsibility and supervision with demonstrated ability.

Assessment for learning + assessment for decisions

Four features of good assessment

01	**CREDIBLE**	Relevant evidence is interpreted against a clear standard.
02	**USEFUL**	The result changes learning, supervision, or a decision.
03	**FAIR**	Expectations are transparent and language is behaviour-based.
04	**FEASIBLE**	The assessment is focused enough to complete and document.

Quality is judged by the decision the evidence can support.

A practical micro-assessment

Assess one manageable slice—not everything.



FRAME

Name the task, expected level, and one focus for observation.

WATCH

Observe directly. Note what happened and any help provided.

NAME

Describe the evidence and compare it with expectations.

PLAN

Agree on one next action, document it, and reassess.

“I’ll watch how you explain the plan.”

A clear focus makes observation and feedback more useful—for both educator and learner.

Replace impressions with evidence

VAGUE

“Good knowledge, but needs more confidence.”

Why it fails

No observable evidence
A personality label
No path forward

USABLE

OBSERVED You generated an appropriate differential and recognized that the patient was unwell.
JUDGMENT You needed prompting to prioritize the immediate safety concern.
NEXT STEP On the next case, state stability and immediate actions before the full differential.
SUPERVISION Continue direct supervision for initial management.

Behaviour → Standard → Next step → Supervision

Match the evidence to the stakes

COACHING
One observed encounter can support a specific next step.

Use one observation to coach—not to label.

PROGRESSION
Look for patterns across encounters, observers, and contexts.

IMMEDIATE SAFETY
Intervene, document specific evidence, and escalate now.

High-stakes progression decisions should aggregate evidence. A serious safety concern still requires immediate action.

Before you submit an assessment, ask…

1 **What did I actually observe?**

2 **What standard did I apply?**

3 **What should the learner do next?**

4 **Is my decision proportionate to the evidence?**

The goal is not more assessment.

It is better evidence, better learning, fairer decisions, and safer care.

Q&A • What makes assessment hardest in your setting?

References

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