The Mini-Peer Assessment Tool (PAT) is valuable in assessing professionalism in UK psychiatry trainees

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Defining professionalism - American Board of Medical Specialties (1)

Declaration to fellow professionals and the public to uphold competency standards and ethical values. Acquire, maintain and advance; ethical position of serving others; knowledge and technical skills required, and interpersonal skills.

Knowledge, skills and performance

Safety and quality

General Medical Council (GMC): Duties of a doctor: Professionalism in action domains (2)

Maintaining trust

Communication, partnership and teamwork

Mini-PAT – Royal College of Psychiatrists (RCPsych)

- Formative WPBA for UK psychiatry trainees, via e-portfolio.
- Function: improve performance and identify gaps in development.
- Comprises multisource feedback (MSF) – requiring 6 or more responses + self-assessment to be valid. No more than 2 from any one profession.
- 1 required per training post.
- Utilises numerical rating scales and free text comment boxes.
- Findings discussed by supervisor face to face to ensure an educationally supportive environment. (3)
- Contributes to Annual Review of Competency Progression (ARCP) in providing evidence of attainment of curriculum competencies for level of training.

Domain	Self	Average
1. Ability to diagnose patient problems	4	5.43
2. Ability to formulate appropriate management plans	4	5.56
3. Awareness of their own limitations	5	5.33
4. Ability to respond to psychosocial aspects of illness	5	5.56
5. Appropriate utilisation of resources e.g. ordering investigations	4	5.56
6. Ability to manage time effectively / prioritise	4	5.50
7. Technical skills (appropriate to current practice)	4	5.43
8. Willingness and effectiveness when teaching/training colleagues	5	5.50
9. Communication with patients	5	5.50
10. Communication with carers and/or family	5	5.60
11. Respect for patients' dignity and their right to privacy & confidentiality	5	5.60
12. Verbal communication with colleagues	5	5.80
13. Written communication with colleagues	5	5.50
14. Ability to recognise and value the contribution of others	5	5.80
15. Accessibility/reliability	5	5.80
16. Overall, how do you rate this trainee compared to others at the same grade?	5	5.80
17. How would you rate the Trainee's performance at this stage of training?	4	5.89
Do you have any concerns about this practitioner's health in relation to their fitness to practice		
No Comments		
Do you have any concerns about this practitioner's probity?		
No Comments		
Do you have any additional comments		

Van der Vleuton and Schuwirth (2005): "Assessment in medical education addresses complex competencies and thus requires quantitative and qualitative information from different sources as well as professional judgement". (4).
Conceptual formula of assessment usefulness "utility" = validity x reliability x educational impact x acceptability x cost effectiveness (feasibility).

Aim and method: to critically appraise the mini-PAT tool as an assessment of professionalism in UK psychiatry training, using the utility formula and current literature

Validity

The extent to which the mini-PAT measures professionalism.

- Construct – mini-PAT not exclusively designed to measure professionalism but unrealistic to expect this of one assessment. (4)
- **"authentic" as assessment of real practice.**
- **Content - developed by "experts" at RCPsych in line with curriculum**.
- Evidence that broad theme of professionalism may be enough and no benefit from being too specific. (5)
- No "gold standard" for MSF across professional organisations.
- Rating scale of 1-6 (below and exceeds), when 1-4 may be enough. (5)
- Predictive – little evidence to support this. (6)

Reliability

The extent to which the mini-PAT provides a consistent assessment.

- Challenge. Not specifically designed to measure professionalism alone.
- No training/ guidance for assessors but use of own experience.
- May be difficult to judge "current level of training" and expectations.
- Unclear as to balance of subjective and objective assessment.
- Potential for bias and skewed feedback as trainees choose who to nominate and are likely to select those they perceive as being more favourable (sampling).
- **But…multiple assessments over the training period allows for broader view of consistency over time – ultimate aim to reach expected level for a consultant.**
- **Minimum 6 responses aims to achieve interrater reliability. (7)**
- **Some internal consistency for a number of concepts of professionalism.**

Acceptability

To all involved stakeholders.

- **Parsonian professionalism: accepted that professional institutions look to secure competence. (10)**
- **Obtaining MSF is commonplace within healthcare professions.**
- **Domains covered likely to be deemed "reasonable" and appropriate.**
- **Same form is utilised across training years so trainees and other professionals become accustomed to completion.**
- **Feedback is confidential and this is explicitly stated – greater likelihood that respondents feel confident in raising any concerns.**
- Form is quite lengthy – 17 scale rated domains + 3 free text answers. May deter respondents.

Cost effectiveness/ feasibility

The ability to accomplish the mini-PAT assessment.

- **Generally cost-minimal method.**
- **Initial outlay to develop the assessment and actual form and incorporate to e-portfolio. Costs then limited to maintenance of e-portfolio and time taken for respondents/ supervisor to complete.**
- **Few resources required – equipment and internet connection.**
- **Respondents have ample time to complete (28 days).**
- **Results/ feedback automatically generated.**
- **Use of MSF found to be feasible across multiple specialties, including psychiatry. (11)**

Educational impact

The value of the mini-PAT in driving learning/ professionalism.

- **Undertaken part way through each training post to allow time for reflection/ development, however, no clear way of monitoring achievement of this.**
- **Summary feedback releasable only by supervisor and clear guidance that this is discussed with an emphasis on learning.**
- Improvement likely only if a need for change is identified, trainee perceives need, and reacts positively to feedback. (8)
- Domains are broad and may lack specificity to enable change in practice. (9)
- Free text answers not mandatory and so potential that valuable and more personalised feedback is lost.

Discussion and conclusion

- Evidence is supportive of the mini-PAT being a useful tool in the assessment of professionalism of UK psychiatry trainees, despite issues identified.
- Context - important - not designed or intended to be used in isolation but as evidence of performance more globally to support achievement of competencies and progression, aligned with GMC and RCPsych.
- Supports identification of achievement of "does" stage of Miller's pyramid, with expectations increasing to reflect level of training. (12)
- Challenge to critique MSF assessments in general as constructs/ items/ scales/ types and number of respondents/ administration frequency can vary greatly. (13)
- But, clear consensus of benefit of gaining perspectives of different groups of colleagues with different perspectives on professional values and attitudes. (14)
- Would, on review appear mini-PAT is a reasonable attempt.
- Improvements - ? review of current MSF form or design of stand alone form for assessing professionalism with broad themes and more free text comments to enhance value, although ? feasibility of this.

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