

Workplace-Based Assessments- articulating the playbook

'Maximes': Grice

Introduction:

Argue vis-à-vis the official discourse of the WBA rather than the prior research

A workplace-based assessment (WBA) refers to the assessment of a day-to-day practice undertaken in the working environment of a postgraduate surgical learner (Postgraduate Medical Education and Training Board Workplace Based Assessment Subcommittee 2005). During these assessments, an assessor (who is usually the learner's clinical supervisor at the time of the clinical activity) makes judgements and gives feedback to the learner about their performance. Judgements (in the form of numerical performance scores) and feedback (in the form of narrative comments) are structured through standardised, online proformas (Norcini and Burch 2007), which are populated, uploaded onto, and then stored in the learner's learning portfolio.

In the last 30 years, as surgical education has shifted to competency-based training model, WBAs have served as tools – purported to be windows through which training bodies ((claim to)) evidence a learner's competency in the workplace, a way of 'measuring' a learner's habitual practice. For much of the competency-based era, WBAs have had substantial importance placed upon them within a learner's educational portfolio. Yet, despite this centrality, their use and benefit has constantly been debated (REF x2or 3). This should be followed by a brief explanation of the main points of critique...: They include...the reasons for their apparent failures, their unpopularity, their inadequacies is their unreliability (REF), their lack of validity or the challenges of using them in the wider healthcare system (REF).

In this article, we re-categorise the current literature around WBA to explain its shortcomings. Adopting a sociocultural standpoint (REF) We examine the WBA as a workplace entity, recognising it not as objective window onto a learner's competence, but as workplace, real-world, lived experience, which then becomes realised in through an institutional, standardised proforma. We examine, using principles based upon naturalist inquiry, drawing from a theoretical framework based on Goffman's dramaturgical analogy for the presentation of self, and using qualitative research methods to articulate what is happening as learners complete these now commonplace assessments in the workplace.

prior research: (1,500 words)

Prior theoretical and empirical research on WBAs have tended to focus on tools themselves – are they valid? are they robust? Do people like using them? (REF for each). To do this, researchers have tended to adopt particular approaches to investigate and understand WBAs as they are used in current practice:

- i) those that examine the product of the WBA – the completed WBA proforma (which largely take the form of large-scale quantitative database analyses or through analysis of narrative comments made in the proformas),
- ii) those that report controlled WBA *experiments*,
- iii) those that examine the views and opinions of WBA users (where self-reported outcomes and WBA user perceptions tend to be the focus of study).

Research studying WBA proformas

Learners upload their completed proformas to their online portfolio. The website which houses these learning portfolios (REF - ISCP) therefore serves as a large database of collated WBA outcomes for multiple learners. A number of researchers have interrogated this database. As examples, Fishpool et al. (2014) analysed 1356 completed assessments of otolaryngology trainees in Wales over a six-year period or Shalhoub et al. (2015) described WBA uptake nationally across all specialties between 2011 and 2013, in a quantitative analysis of over 750000 WBAs. Such data has allowed researchers to describe trends in WBA usage and draw conclusions about the patterns that are found through correlating various information on these proformas. To illustrate – fishpool described XXX or awad identified how documented performance scores on the proforma were greater in more senior level learners (Awad et al. 2014; 2015a; 2015b; 2015c).

It has largely been the numerical scores on the proformas that have been the focus of these analytical interrogations. In fact, studies reveal a reluctance for users to engage with narrative-based comments in WBAs (Sebok-Syer et al. 2017)(Burnand et al. 2014). Some studies however, have implied that narrative comments may have potential to enhance the insights into performance, insights that are not demonstrable through numerical scores alone (Wilby et al. 2019, Young et al. 2019). Narrative comments have shed light, not only on the assessment tool, but also on the practices that generate that assessment outcome. For example, Ginsberg (2013) found there was a strong correlation between the type of narrative comments made on these documents and the numerical scores that were awarded. However, readers of these proformas relied on a shared understanding of a *hidden code*. In other words, the interpretation of narrative comments on proformas required a reading *between the lines* (Ginsburg et al. 2015). Sebok-Syer's work (2017) supports the notion of a

hidden code which allows readers to infer relationships between narrative comments and numerical scores. A further study by Ginsberg (2017) noted that learners, as well as assessors, were aware of the *hidden code* in assessment language. Learners used this knowledge to decode and interpret narrative comments made by their assessors accordingly.

Whether it is the performance scores or the narrative comments that are subject to analysis, what these studies have in common is that they take the product of the WBA process – namely the completed proforma – as their raw data. This data is detached entirely from the human interactions and learner performances that led to the creation of those documents. Complete proformas are taken as proxies for the real-world practices that they are ‘capturing’ and serve as the basis for further interpretations by the researcher. They therefore lack the inherent contextualised basis required to understand what actually happens during a WBA and how it shapes a learner’s future practice.

WBA experiments

Some researchers have designed WBA *experiments*, run either in the workplace itself or in simulated environments, to further understand aspects of the WBA. To illustrate, Marriott et al. (2011) investigated 749 WBAs, carried out by 81 different learners in three teaching hospitals. As learners carried out a chosen procedure, they were directly observed by their usual clinical supervisor. The learner’s performance was also observed by one or more independent assessors from the research team. Feedback was given by the supervisor to the learner “*in the usual way*” (p452) - a process which was also observed by the independent assessor. Proformas were then completed by the clinical supervisor and the independent assessors directly after the procedure. Although Marriott found that clinical supervisors provided similar ratings to independent assessors, their observation of the learner’s clinical performance itself and the learner-supervisor post-procedural debrief will have undoubtedly (albeit impossible to measure) led to an alignment of supervisor and independent assessor scores.

Other evidence, generated within controlled environments is useful to explore. Sarkar (2010) video recorded laparoscopic cholecystectomy procedures as performed by both senior and junior grade learners. Video recordings (without audio) were blindly assessed by two experienced surgeons using the PBA tool?? in an office environment at some point after the event. Although the study reported good inter-rater reliability, assessors were not able to discriminate between junior and senior level trainees based on solely video evidence (which focused only on the operative field). The authors account for this by suggesting an increase in supervisor input for junior level learners (for example through spoken commands, explicit direction or implicit guiding) led to the appearance of a higher quality of task-specific skill in a purely video-based analysis.

Williams et al. (2012) have also carried out a study using retrospective analysis of audiovisual recordings of WBAs. Seven different expert raters were asked to independently and blindly review the recordings of learners at different levels of seniority performing different surgical procedures. Raters then evaluated learner performances using a WBA scoring tool. Learners were also scored by the supervising surgeon at the time. Here, the supervising surgeon scored learners differently *in-situ* (most often higher) than independent expert raters in office environments. The authors proposed practical reasons for this (such as the supervising surgeon's need to multitask during the procedure or their perception of features in the performance that were not seen in the video) as well as social factors (such as their awareness of the learner's background and the potential impact of having to defend the given rating to the learner). As with Marriott's (2011) study, these findings suggest that being present at the time of the procedure plays a role in how these performances are measured and subsequently presented.

Drawing from these WBA experiments, rather than an objective assessment, the WBA can be re-framed as a social and interpretive event. Therefore, the positivist assumptions that underlie these WBA experiments may not hold true when trying to understand an individual WBA as a complicated social situation, and perhaps more naturalistic modes of inquiry may be required to better understand them.

User perceptions

The interrogation of WBA databases and WBA experiments have analysed and compared the product of the WBA – i.e. what appears on the completed WBA proforma. The final set of studies rely on subjective views of users, and have provided a different perspective on WBAs. These rely on WBA users' self-reported practice and their own perceptions of these exercises, although these were often explored jointly in individual studies.

Interview studies have been used to explore feedback during WBAs. Gaunt et al. (2017) found that seeking feedback was one driver for surgical learners to complete WBAs. Furthermore, learners balanced the anticipated benefits and costs of getting that feedback before initiating the WBAs. Learner motivation for seeking feedback again varied depending on whether they felt a WBA represented an opportunity to learn (where learners might seek to improve their traits, skills and abilities) or an assessment of learning (where learners might seek to enhance the way they are viewed, for example by seeking positive feedback after a mediocre performance) (Gaunt et al. 2018). Importantly, the influence of WBAs on practice behaviour in learners implied that WBAs are not simply objective windows, but also have the potential to change and alter practice as they occur.

Questionnaire-based studies in surgical education have asked WBA users to look back at their own WBA experiences and describe their perceptions. Findings are diverse. Pereira and Dean

(2009; 2013) reported an overall dissatisfaction amongst learners and assessors with WBAs in a quantitatively analysed questionnaire of around 800 responses. They wrote that WBAs *“have rapidly become entrenched in postgraduate training in the UK, spreading a plague of box ticking exercises that continue to increase year on year.”* (Pereira and Dean 2013, p65). Other studies, however, reported that learners found WBAs useful and acceptable (Joshi et al. 2017). For Pereira and Dean, that view represented a cultural shift, where *“newer generation(s) of trainees never knew anything better.”* (Pereira and Dean 2013, p65). Such changes in user perceptions over time are acknowledged in other studies (Hawkins et al. 2014), and illustrate the dynamic conversation that has occurred in the surgical education community with regards to the value of the WBA in surgical learning and culture.

The need for a new approach: (200 words)

The WBA has not been un-explored in the research literature. But, by re-phrasing the existing literature in this way, we demonstrate that WBAs have been under-theorised and over-simplified - studied out of the context of their real-world, messy workplace. There remains very little research that examines the WBA as a real-world happening and therefore, very little insight and understanding of what happens during these learning situations, *in-situ*, on an individual, day-to-day, basis. The translation from real-world activity to formal document is largely taken for granted. Research methods have shared a reliance on either documentation (i.e. completed proformas) or on individuals reporting their interpretation of events and behaviours *post hoc*, rather than any attempts at direct observations or interpreting the event as an intricate, real-time, social phenomenon. How they get done, the process behind it and the resultant impact on the learner - has been difficult to characterise because of this disconnect between data gathered, and then analysed, and the real-life learning situations.

This research takes a different approach, where the focus changes from the WBA as an objective tool, to that of a lived experience. The process by which the WBA is created in the social world will now be explored using a theoretical framework derived from the ideas of social performance put forward by Goffman to better understand exactly what is happening as learners turn their real-world lived experiences into institutionalised WBA documents.

Theoretical framework to better understand the WBA in the real world:

According to Goffman, as put forward in his seminal work – *The presentation of self in everyday life* (1959), the learners in this study would be actors who, when engaged in social interactions, present versions of themselves to the various audiences they perform before. These performances refer to “*all the activity of an individual which occurs during a period marked by his continuous presence before a particular set of observers*” (Goffman 1959, p32). As they play their role, Goffman suggests that the learner is implicitly asking their audience to take seriously the impression that they have fostered and to believe in the character they are playing. Similarly, the audience also submits themselves to co-operate – they allow themselves to believe in the social performance. In this way, the learner’s *self* is not independent and fixed, but constructed in through a social negotiation, involving audiences and settings.

Conceptually, the current literature see the performance in the WBA as that which occurs during the real-time clinical activities which learners undertake under the direct observation/interaction with their assessors. In such a situation, the *front* that the learner presents before their assessor is what Goffman describes as a front stage performance (Goffman 1959, p110). But WBAs are not simply live performances, but processes through which real-world happenings are translated into a standardised, online proforma. Through the WBA proforma, learners create another visible (and permanent) front – a *dramatic re-presentation* of the transient, no longer visible, real-world activity. Analogies can be drawn from the work of Latour and Woolgar (1979) who, in their ethnographic study investigating the construction of scientific facts in laboratories, describe an *inscription devices* (p51) as an “*item of apparatus which can transform a substance (eg a bioassay) into a figure (such as a graph) which is directly usable by one of the members of the office.*” They talk of the output of these inscription devices being used as a starting point for further discussions and elaborations, a point at which the messiness that laboratory workers encountered prior to this can be “*bracketed off,*” (Latour and Woolgar 1979) or as Law (2004) phrased it, “*the process of producing (it) melts into the background.*” (p20)

Like the *inscription device*, the WBA proforma acts as an instrument to transform the personal, contextual, ephemeral experiences of the learner into a materially realised, impersonal and standardised *text* – a document - a permanent and fixed record for comparison with other compatible *texts*. The resultant *text* serves to function as a scientific tool, neatly *bracketing off* the real-world on which it is based. The production of a standard format document aims to facilitate comparison, either for a particular learner over time, or across other learners, just as Latour and Woolgar’s *inscription devices* produced figures that enable laboratory scientists to compare the outcomes of their experiments. The proforma

makes permanent the temporary/transient perceptual experiences of sight or touch, the doing of the operation or having the clinical conversations, that might otherwise be lost to record. In this way, as the only tangible representation the clinical activity, the performance within the proforma takes its place frontstage, leaving the clinical world on which this proforma is based, to take the backstage role that Goffman speaks of, separated by time and space.

Methodology: present as ethnographic case study?

The protocol for this study received HRA approval (REF NUMBER). This paper presents one aspect of a larger study, which explored how surgeons-in-training learnt through WBAs (reference thesis). Data was generated from the experiences of six surgical learners who were voluntarily recruited to participate in this study from a single teaching hospital. They identified 14 upcoming clinical activities that were potential opportunities for them to undertake WBAs with their chosen assessors.

During these clinical activities, data were generated, *in-situ*, through 50 hours of observations with field notes and 19 hours of audiovisual recording. These led to a total of ten WBAs being completed by the learners (as after four of the clinical activities, the learner decided not to complete a proforma about them). For each WBA, the learner shared their completed WBA document. Learners were then interviewed twice after their documents were completed, leading to eight hours of interview material. These data were analysed together, by generating precise and multimodal timelines (fig a and b). Timelines, video extracts and the learners own WBA proformas were used as research artefacts to prompt discussion through the subsequent learner interviews. The data presented here relates to the process through which learners re-framed their own lived clinical experiences into their final WBA documents to ultimately generate a set of general principles – the WBA playbook - which learners used to present themselves through their WBA proformas.

WBA audiences / participants (660 words, could be shortened/left out as focus in results is on assessor; last paragraph could be integrated in main section)

Learners made use of the freedoms and flexibilities that the WBA affords to them, to present themselves in particular ways through their WBA documents. They all initially drafted the contents of their proformas, setting the tone of the document, prior to submitting it to their assessors for validation at some later date. Therefore, they had autonomy to select, control and shape what appeared on their proformas, and did so with particular audiences in mind. During a social interaction, the audience can have an important, influencing impact on the performance of an individual (Blumstein 1973), and the learners in this study had to simultaneously portray a version of themselves through the construction of their WBA documents to several different audiences. These included their WBA assessors, their institutional training bodies and unknown others.

The most apparent and obvious audience for the learner is their own assessor. Their awareness that their assessor is an audience appears to influence the performance given by a learner. This is evidenced in this extract from one learner, who discussed the level of attention he gave to completing his WBA document:

“(when) you know the boss will check it at the end, you pay a bit more attention and you think about what you are doing a bit more.” [Sam]

Assessors hold a privileged position as they both participate in the activity in focus *and* have access to the learner’s account of that activity as a written document. In contrast, other team members who participate in the clinical activity (for example other surgical specialists, learners or healthcare professionals) never see the learners WBA document and as such are not audiences for the proforma performance. Similarly, other audiences (such as the training deanery, who would oversee the learners entire training programme) see only the WBA document itself, but have not shared in the experience that led to the generation of that document.

The training deanery, as an audience for a WBA performance, unlike the assessor, is not present during the clinical activity, but interacts solely with the performance the learner gives through the WBA document itself. Their interaction with the document occurs remotely and non-contemporaneously, often in the form of yearly ARCP appraisals. Again, the version of self that learners presented in this study was affected by their awareness of what this audience might expect. For example, here Jatin remarked how he was influenced to choose one type of assessment over another:

“If you’ve got 40 or 80 to get, you don’t want too many of one type or they’ll say why haven’t you done this or that.” [Jatin]

A third audience consists of those who would not routinely view WBA documents, but who learners recognised might access them in certain situations in the future. For example, learners were concerned that information they wrote within their documents might be used in future medicolegal situations. This audience, unlike the two above, is not fixed or pre-determined but only potential. It is unknown to the learner, and in their imagining of it, learners in this study attempted to predict how it might appreciate their presented self:

“I don’t want things to bite me in the future, so I want to state the good things. Carried out competently. And so, when someone looks at it that is what they see.” [Sam]

Goffman (1959) argued that during social performances, individuals seek to stage manage their presentations to allow their audiences to buy into their act. A number of studies have investigated how individuals minimise the tensions that arise when performances intended for one particular audience are viewed by audiences for whom that particular rendition was not intended (Fleming and Darley 1991, Cameron et al. 2019). As a brief example, learners in this study were worried about over-scoring themselves. While this might look impressive on their portfolio, they feared having their scores reduced by their assessor at the time they validated their proforma. It is these conflicts that learners acknowledged and then resolved as they constructed their WBA documents.

The WBA playbook:

In order to accommodate for the expectations of different audiences, learners apply a set of tacit principles when drafting their WBA proformas. These principles are unwritten, unofficial and emerged through detailed analysis of the global dataset, and I present relevant excerpts from the dataset here. By articulating these principles, we propose that learners' messy, real-world narratives that have been constructed through their experiences, are understood, manoeuvred and presented as tidy, codified, acceptable and neatly-packaged assessment episodes. By adhering to these principles, learners are expressing their understanding of their social position in their world at that time the documents are created. These principles are outlined as follows:

Principle 1: Maintain the impression of progression

Principle 2: Manage the authenticity of the individual proforma

Principle 3: Avoid losing face with the assessor

Principle 4: Complete the proforma in an effort-efficient way

Principle 1: Maintain the impression of progression (a linear learning curve)

(Perhaps one effect of the WBA is that trainees develop a very strong sense of where they ought to be on the imagined learning curve for each procedure.

Learners reported it was expected that those closer to the end of their training will obtain higher global outcome scores than those at the beginning. On a global outcome scale where 1 represents a novice performance and 4 represents a performance ready for independent practice, those at the start of their training might expect to be scoring 1's and 2's, while those at the end should be scoring 3s and 4s. Similarly, a learner with a certain amount of experience should score higher in a more straightforward procedure compared to a complex procedure. Learners described how performing to a *level 4* standard is important to complete their training programme:

"At my stage, I'm probably at level 3 level for simple things. The more advanced stuff, I'm in the 2's. For (completing the training programme), I need a certain amount of level 4 WBAs." [Luke]

Overtly maintaining the appearance that they were appropriately progressing seemed important to learners. For example, portraying the impression of improvement held more

value than registering a high score in a single, stand-alone WBA. This was particularly so if that high score was not to be expected given the learners level of experience or the complexity of the procedure. These out-of-place high scores were actively avoided:

“But at my level, it’s more to show a bit of progression probably. If I did something complex, to get a 4 would be a bit bold.” [Luke]

Learners realised that they could have manipulated this WBA system to award themselves high absolute scores. However, that they did not, further emphasised the value they place in maintaining their idealised progression curves:

“I could if I wanted to, get signed off for level 4 for pretty much everything if I wanted to.” [Sam]

In other words, for the purposes of their learning portfolio, learners didn’t want to score at level 4 for everything. Instead, they were keen to display a managed longitudinal progression. Along similar lines, learners were also keen to avoid the ramifications of not showing appropriate progression:

“I actually didn’t do a WBA (for a particular operation) at level 4. And I specifically remember sitting down and saying well, I do loads of these. But I’m almost finished, so (the deanery) were like you’ve not got level 4 for (that operation). And I was like, how can that be. I’m doing these on-call on my own in the middle of the night.” [Sam]

Learners wanted to idealise the progression of their performances. To provide this impression, they controlled the information communicated through these proforma performances to influence how they were perceived by their audience. Their aim to fulfil the expectations of the audience required them to make active judgements about what those expectations were. Only then were they in a position to present their idealised version of themselves - to present themselves in the best possible light for that audience. This progression management emerged through the data as learners 1) selected representative performances, 2) actively downgraded their performance scores and 3) manipulated the system:

1) Selecting representative performances.

Learners selected experiences to record because they thought that those clinical experiences epitomised what was expected of them. Conversely, as in the following extract, they choose not to write about experiences because they were not deemed representative. Here, Saira made a defensive judgement about how her own performance during one of the observations in the study matched her stage of training:

“Because it was a more difficult case than usual, it doesn’t represent my ability in treating these cases. That’s it. For someone on the outside looking at it, they might say oh, she struggled to do that case, whilst I think it was just a more difficult case.” [Saira]

(so also develop strong sense of difficulty of cases)

Interestingly, within the WBA proforma, there is a drop-down menu to record whether a case was more difficult than usual. Saira was reluctant to use it. Instead it was telling that she preferred to omit the case from their learning portfolio altogether. She felt it was more appropriate not to include an experience, rather than formalise her experience as a WBA and include the mitigating circumstances that made the case, in her opinion, *“a more difficult case.”* Using Goffman’s terms, for her to give *“expression to an ideal standard”* during the performance, she wanted to *“conceal the actions which might be perceived to be inconsistent with those standards.”* (Goffman 1959, p26)

More generally, the ((performance in the)) final WBA document is the only visible, tangible end product of the WBA process. Learners use this to their advantage by giving an impression of infallibility. They can keep the difficult messy nature of real-world practice hidden backstage and therefore conceal, omit and disguise features of the activities which aren’t in keeping with the self-image they want to portray.

2) Actively downgrading performance scores

Even if learners felt they performed to a high standard, they actively downgraded their performance to match how they felt they *should* be performing. This learner provided an illustration as he recalled the WBAs he had recently completed that related to some relatively complex procedures (thyroid operations):

“On this job, I came here being able to do thyroids, because I’ve just come from a six-month attachment, purely thyroids. But I came here and (my assessor said), you know, let’s put down a level 3 and maybe (we will) show progression to level 4.” [Sam]

Interestingly here, the learner’s use of the term *“we”* suggests that decisions were made jointly, between himself and his assessor. In other words, there is a degree of complicity that occurs across the learner-assessor dyad, where assessors also work to uphold these rules, thereby helping to shape the impression of appropriate progression.

3) Working the system

Learners recognised certain apathies amongst their assessors. For example, learners felt that time constraints or lack of interest in WBAs meant assessors would not fully engage in reading the completed WBA proforma. As a result, with regards to assessor attitude, one learner felt that:

“Most will be like, I can’t even remember that case, and tick it.” [Sam]

For this reason, according to learners, their assessors rarely changed what was drafted on WBA documents. In this study, for example, one learner realised during the interview that he had accidentally, but significantly, over-scored himself on his WBA document. However, his assessor had not noticed and therefore not altered the score on validation:

“Is that what I put? It probably shouldn’t have been that as he was guiding me through the whole thing, even though he only took over once or twice. But it wasn’t as fluent as he wanted.” [Jatin]

Learners harnessed their assessor’s indifference for their own benefit. One way they did this was by bulk completing their WBA documents. To illustrate, Sam explained how he had saved up several completed WBA documents over a 6-month period, and then sent them to his assessor to validate. Of that, he said:

“I did about seventeen in one go... He was like which case was this again, and I was like I can’t remember. Literally!” [Sam]

In this way, learners were now taking advantage of the ((modal)) *restrictions* of the WBA proforma (and too liberty to save them up and overwhelm assessor). The WBA document is modally restrictive in that there is only limited expression learners could give to their prior experiences through the ((modes of)) typing/writing on a standardised proforma. However, these ((modal)) restrictions now became beneficial because by limiting the information that could be presented, learners recognised that, provided their documents appeared appropriate, assessors were unlikely to question what a learner had written in them about their experiences. In this way, learners made use of their assessor’s apathies, to encourage them to sign off their documents unchanged.

As such, learners appreciated that they had the flexibility to manage the impression of progression without significant scrutiny from their assessors. This was not a blank slate to indiscriminately record high scores. Instead, by adhering to the rules, learners self-regulated the scores, and entries, on their WBA document to maintain the impression of appropriate progression. In doing so, at the time of completing these documents, they made adjustments to appear at about the right level for the right type of procedure for their own stage of

training. (note that that presumes understanding of those expected levels and of how they apply to them)

Principle 2: Manage the (impression of the) authenticity/integrity of the individual proforma

In addition to impression-managing their progression, learners made efforts to control the appearances of their individual proformas. Two aspects that they paid attention to were 1) document authorship and 2) the contents within each document.

1) Authorship

In the free-text comment boxes, learners made concerted efforts to conceal the fact that it was them drafting the words on the proforma. To do this, sometimes learners wrote out statements as if they were their assessor:

“Jatin carried out a neck dissection under my supervision and guidance.”
[Jatin proforma entry]

They also used neutral, short and agentless statements with ambiguous referents:

“Able to discuss the local anatomy” [Saira, proforma entry]

However, when learners came to completing the free-text boxes that were allocated for their own reflections, they switched to using the first person.

“I multiple times breached vessels causing bleeding but was able to arrest bleeding each time.” [Saira, proforma entry]

By entering information into the proforma this way, learners provide the audience with the impression that the various parts of the document were completed by those authorised to do so. This helps the audience accept that raters made those comments written in that section.

Learners also completed their proformas like this was to streamline the validation process for their assessors. By writing in this way (i.e. as if it was written by their assessor themselves), learners hoped to make it easier and quicker for an assessor to validate their WBA document.

“Everyone one is kind of busy... As with most of these WBAs, you kind of pre-fill them in and you kind of just go through it and then send it to the consultant really.” [Jatin]

It seems learners didn't want to burden their assessors with another administrative task. Such a view is perhaps consistent with the on-going, daily, working relationship between the learner and their supervisors/assessors.

2) Content

Learners included content in their WBA document that showcased performances that went well or highlighted interesting discussions, unusual events or new knowledge (connects with point about selection earlier). They often documented take-home messages and key themes somewhere on their documents.

“I put it in recommended actions or development needs. Mapping. That’s the learning point from this.” [Sam]

Learners were reluctant to choose experiences that were seen as routine to base their proformas on. For example, when activities lacked interesting discussions or teaching moments, learners did not want to record them:

“If it’s a routine thing, not much to learn, you know, that’s straightforward then there isn’t really any point of picking that one up.” [Jatin]

In this way, what to write in a WBA became a balancing act between highlighting progression using representative cases and avoiding cases that lacked novelty or interesting features. ‘Saturation’

A final insight into how learners use the proforma emerges through Omar’s comment:

“In some way, I’ve put comments in so I don’t leave it blank” [Omar]

There is a need to *fill up* the remainder of the proforma to give it the appearance of being a thorough, well thought-through account of their performance. In other words, learners didn’t want the document to look empty, which would be unconvincing for an on-looking audience.

Principle 3: Avoid losing face with the assessor

Maintaining the trust and respect of their assessor while creating a polished WBA document was a key, but difficult balance for learners during the WBA process. As explained, the assessor was both present at the time of the clinical activity and eventually saw the completed proforma. Unlike the other audiences, assessors were part of the clinical experiences that learners wrote about in their WBA documents, while also seeing what learners have written about those experiences. Learners saw assessors as gatekeepers, before whom they had to audition. If how they had presented themselves was deemed appropriate, it was then offered up for the review of the other audiences. Learners therefore acted to find a way to move smoothly passed these gatekeepers, and on to a performance before their other audiences. So there's a risk in anticipating minimal engagement, which puts into perspective the other strategy discussed above

Goffman explains that the performer (i.e. the learner) takes measures *to make it possible for the audience (and outsiders) to employ protective measures on their behalf* (Goffman 1959, p135). Therefore, there is a need for the performer-audience (learner-assessor) to build and then maintain the two-way social partnership that they enter into. Learners ultimately didn't want their documents to act as a point of conflict, which may diminish the trust between them and their assessor. They did not want to make it difficult for their assessor to agree that what they have presented is acceptably truthful. The learner's performance for their assessors, in part, relied on the negotiation of trust:

"Usually I mean, the relationship that I have built with him over the last six months, he kind of understands whatever I have said is reasonably sensible and I am not going to say anything unusual sort of thing." [Vinay]

To avoid losing face with their supervisors, learners did several things:

1) Portray themselves as modest

Learners made efforts to portray themselves as humble when they populated their WBA proformas:

"I'm always very nervous. I would never say like, that looked amazing. I'm fairly modest and fairly non... nothing too outlandish." [Luke]

The reason for this, learners reported, was that they didn't want their assessors to think that they have over-scored themselves. It would lead to a loss of credibility with their assessor if they overestimated their own abilities and they would feel embarrassed if they were called

up on this by their assessor. They instead preferred to award themselves a lower score, thus giving their assessor the opportunity to upgrade them:

“I think I am one of those guys who will always put level 3 when the boss thinks I am level 4... it feels a bit awkward if the boss looks at it and, I don’t want the boss to feel that he has to downgrade it. So, I rather they upgrade it.” [Sam]

There was a sense that learners also tried to avoid recording anything that they felt might raise suspicions or prompt assessors to interrogate this or future activities that the learner records. For example, Jatin worried that if he wrote anything that seemed overly positive, he would:

“come across as obnoxious, and then all of a sudden, someone could say no, this doesn’t reflect what actually happened... I just try and stay as neutral as possible. Not criticising too much. A couple of specific things mentioned. And then, generically, trodding along as expected.” [Jatin]

Learners found this balance difficult to negotiate,

“It’s very difficult to be critical but also difficult to be praising of yourself,” [Jatin]

Interestingly, some learners felt they could have *gotten away* with giving themselves higher scores. In other words, learners were aiming for the highest possible score, without appearing out of the ordinary and potentially prompting further scrutiny:

“I put level three, or whatever. I think more times than not, I’ve regretted not putting down level 4 or a higher level.” [Sam]

2) Present normal-looking documents

Learners appeared to favour presenting their assessors with generic, generalised proformas, with little to make them or the activity stand out. They aimed to stay *under-the-radar*, for an assessor to cast the merest of glances over their proforma, agree that it appeared as it should and then to validate it. In this way, learners actively discouraged undue interest from the assessor. They didn’t want assessors to start interrogating the proforma that the learner presented before them. Such an interrogation may draw attention to things that assessors might want altered if they choose to look at the proforma in more detail:

“So, I leave it a bit generalised and I always say to them look I’ve filled it in, feel free to amend it how you want or sign it off.” [Jatin]

To once again harness assessor indifferences, learners in this study appeared to complete the document as fully as possible. As a result, when assessors came to open, read and sign off the completed form, ideally, they did not have to make any changes to it:

“but I think he does expect me to fill them in as best as I think and he checks them and validates them as he sees fit.” [Vinay]

This thinking reinforces and propagates the real-world practice where learners themselves collate, paraphrase and record their interpretations of the feedback gleaned from intra-activity conversations with their assessors, where learners then make their own entries into free-text boxes reserved for rater comments, selected appropriate checkboxes in the competency checklists and allocated themselves a suitable score. By doing this, learners took this potentially arduous role away from their assessors. But, such practices also gave learners the space and power to fashion these documents in ways that perhaps they wouldn’t have been able to, had this been taken out of their control. It allowed them to reframe their clinical experiences through their own eyes, using their own *way of seeing* that experience. It thus gave them control over how to present themselves to their audiences.

With this control, learners were able to lead, even strongly influence, how assessors themselves looked back at learner performances during clinical activities. As touched upon earlier, learners anticipated assessors limited memory, incomplete engagement or indifference to guide them and sway their recollections into ones that were favourable to the learner. Sam’s comment illustrates this:

“But (my assessor) looks at (what I wrote) and goes oh yeah... if you ask him what did he think I learnt from that, I would be interested to see what he said. He might turn around and be like, oh, he’s a competent person and he knows how to do this. I don’t think he would say (the same thing I wrote). He wouldn’t remember that.” [Sam]

In this way, Sam was able to define his take home messages in a way that he felt was most useful. His assessor agreed in the large part, or at least, didn’t disagree. Although Sam suggests that his assessor may have expressed their own, different views if pressed separately, none of the learners in this study reported that any of their WBA proformas were amended by their assessors. It therefore appears that assessors largely accept and adopt the narratives as portrayed (and massaged) by learners in their documents. Do need to recognize your sample here. Trainees that are really struggling are unlikely to have taken part in your study. My hunch would be that assessors make their own assessment of a trainee, and if they

are concerned about underperformance (or lack of understanding of self), they *will* pay closer attention to the WBA, which then offers a mechanism for them to deal with it.

Learners had to develop an understanding of how to best practically use these documents within the ISCP platform. They did this over time, through experimentation. This learner recalled an anecdote about this:

“The first few. They are literally so long, with references and papers. But it is rubbish. You can go back and look at it but the layout is rubbish. If you put bullet points, the formatting just goes, so it looks like continuous text. Utterly useless... Genuinely for the first 2 or 3 cases I did that and the boss was like, you’ve just written a bunch of text.” [Sam]

Learners aimed to avoid these mishaps, because it detracted from the ideal, smooth, uneventful recording process. It made assessors take note of what was on the proforma. They were no longer *under-the-radar*. Instead, learners wanted the space and anonymity to be able to create the documents as they wished.

3) Building face

As well as not losing credibility in the eyes of their assessors, learners also tried to use these proformas to try to foster a positive self-image. Learners realised that if they had performed well during a particular clinical activity, they could use the WBA to make this explicit to their assessors.

“So, if I have a very good learning experience, I say, you know what, I’ve had a very good learning experience and I want to record this, and most people are fine with that.” [Saira]

In other words, these documents allowed a learner to formalise their own confidence about the procedure in front of their assessor. Rather than a learner verbally explaining to their supervisor, *“Oh, I think that went well,”* which, as transitory comment, may or may not be internalised by their supervisor, making this confidence explicit in a written, institutional document gave it permanence:

“And for the trainer as well, they see your confidence and knowledge coming through, then I think they will let you do even more next time around. It’s kind of a self-perpetuating thing, I think.” [Vinay]

Principle 4: Complete the proforma in an effort-efficient way

Learners made judgements about how much effort they should put into populating these proformas. If they felt an assessor might closely read what was written, learners made more effort when they populated their proformas. The converse was true if learners felt assessors wouldn't engage with the WBA document:

"if you know that this person is going to tick the box, just sign you off, then you probably spend less time." [Sam]

Bulk completion, which was explained earlier, became an important part of the effort learners put into populating each proforma. It largely represented an effort-efficient way for learners to complete their WBA requirements:

"It won't be a case of doing it after every single interaction every single time. I won't just log in and do one. I'll do 3 or 4." [Jatin]

In other words, learners sacrificed the benefits of completing their proformas in timely fashions (while, as Jatin himself explained, *"everything is fresh in my mind"*) in preference for completing several WBA proformas in one sitting.

Vinay expressed a different view about one of his learning experiences. He reportedly received very little formal feedback at the time of a clinical activity and had an assessor who was inclined to *'tick the box.'* For him, it was more effective to spend more time, write more and use the space to reflect more on certain activities:

"I think I actually have to put more thought into it. Because if the trainer is not going to engage with it, then I have to focus more. I have to do the work and be more focused about what I am writing down. Yeah, so I write more if I can, because I know that I have to give feedback to myself... I know that the trainer is not going to write anything down themselves. It's me who has to sort of describe the case, synthesise some sort of learning point from it myself." [Vinay]

Here, Vinay was not worried about losing face, or not creating a document aligned with his assessor's expectations. He reported he knew whatever was written would be signed off. Instead he used the space in a productive effort-efficient way for him. The time spent on the document was valuable for *him*, as it has provided him with a space to elucidate learning points and take-home messages that he may not otherwise have been able to articulate for himself.

Learners also found efficient ways to fill the spaces in their proformas that they simply wanted to “*avoid leaving blank*” [Omar]. One learner explained how he thought carefully about the phrases he used in these spaces, mindful not to make unguarded comments. However, once he had constructed the statement, he could often use it generically in other WBA documents.

“I often, when I am writing it out, re-write it two or three times. Unless I have done one like it before, then I might copy and paste.” [Sam]

This learner recognised a need to complete the blank spaces. Rather than re-writing things several times, or creating comments *de novo*, he realised that he could make use of his pre-existing phrases, simply lifting similar comments from other similar WBA documents. In this way, he populated his WBA proforma in the most effort-efficient way for him.

Conclusions

This work recognises the WBA document as a social space, where learners engage in a social relationship with the readers of the proforma. Re-framing the WBA proforma as a social performance acknowledges the importance of the different audiences that learners find themselves simultaneously performing before in these documents. These different audiences (either the assessor, institutional bodies or unknown others) each have different perceived requirements, which learners have to accommodate for as they populate their WBA proformas.

To populate these proformas, learners use general principles drawn from a playbook that is articulated in this paper. These four principles relate to maintaining an impression of progression, managing the authenticity of an individual proforma, avoiding losing face with their assessor and completing the proforma in an effort-efficient way. As a tacit set of social rules, they articulate what meanings learners are making as they follow through, and complete, the WBA process.

By using such a playbook, it is important to note that learners are not necessarily or disingenuously attempting to deceive their audiences. But rather the notion here is of a shared actor/audience understanding of the performance, a shared conscious/unconscious understanding of this game. Furthermore, previous medical educational research has looked at barriers to using WBA instruments effectively, citing numerous hurdles. Many of these were fundamentally institutional and fiscal and so were difficult to overcome (Brazil et al. 2012, McQueen et al. 2016, Young et al. 2020). That WBAs not only still exist, but have a prominent position in the surgical education curriculum, means that learners (as performers) and assessors (as audiences) have had to find ways to negotiate these tensions to make WBAs *functionable*. Recognising that learners are obeying a set of tacit, unwritten, unarticulated, implicit principles - straying from the formal institutional regulations just enough to remain within acceptability, while allowing the audience to buy in to their performance, might go some way to justifying how WBAs have remained *functionable* despite the challenges mentioned above.

Finally, the conclusion drawn in this study were based upon an exploration of WBAs in the postgraduate surgical setting. We acknowledge that the surgical education landscape is a changing scene, and workplace assessment continues to evolve. Already a new surgical curriculum is being embedded, with a different emphasis on workplace assessment. However, understanding how all real-world activity becomes educational, and how that experience is transcribed in formal written ways, and the impact of the transcription process will remain fundamental to understand what is really happening as learners learn. In this way, the methodology present in this study is novel, and represents a new way to study and

understand how future assessment tools are used in the work place, and most importantly, how these tools impact the learners who use them.