Assessing Digital Skills in WPBAs:
A Guide for Senior Medical Staff

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Digital health skills encompass the ability to use digital tools confidently, understand their role in clinical care, and maintain a positive attitude toward innovation. These skills are increasingly vital for doctors working in a modern NHS. WPBAs offer an opportunity to observe and assess these competencies in real clinical settings.

This guide outlines practical ways to incorporate digital health elements into each WPBA method (based on this list), helping assessors support resident doctors in developing the capabilities needed for future practice.

This is resource is available on the MED website in downloadable format so the links can be used to access supporting resources: https://www.med.scot.nhs.uk/digital/digital-skill-development
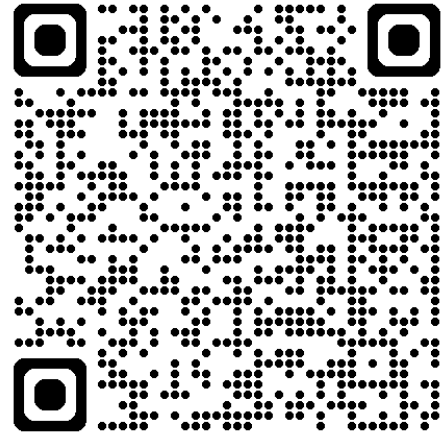
Case-Based Discussion (CbD)

- Use of Digital Case Notes: Encourage discussion around how the resident doctor used digital records to find information from a variety of sources to inform decisions. (TRAK for Doctors Guide)
- Remote Case Management: Include cases managed via virtual consultations. If possible, include both video and phone consultations and consider the pros/cons of each. (TURAS Remote Consulting Resources)
- Clinical Knowledge Resources: Ask how the resident doctor used online clinical guidelines or evidence databases, how easy it was to find these and whether they used reputable sources (up-to-date, approved, evidence-based, NHS-suitable). (TURAS Finding and Using Knowledge)

Mini-Clinical Evaluation Exercise (mini-CEX)

- Digital Consent and Documentation: Observe how the resident doctor explains digital consent processes, for example explain to the patient who will have access to their notes. (Sensitive Information in TRAK (Mental Health))
- Use of Mobile Devices: Evaluate appropriate use of mobile apps or devices during patient interactions. Include how the information is passed to the patient/carer (QR code, written handout). (Create a QR code in Microsoft Edge)
- Virtual Consultations: Conduct the mini-CEX during a video or telephone consultation. Discuss how/if seniors can 'supervise' virtual consultations compares to in-person. (TURAS Remote Consulting Resources)

Direct Observation of Procedural Skills (DOPS)

- Digital Procedure Logs: Review how the resident doctor records procedures in digital portfolios or apps. Discuss appropriate levels of reflection on a shared and permanent record, with confidentiality.
- Use of Imaging/Monitoring Systems: Assess competence in using digital equipment and interpreting outputs, e.g.: viewing images over PACS, getting information out of a bedside monitor, receiving data collected by patients.
- Online Safety Protocols: Discuss how the resident doctor ensures digital safety, e.g.: good use of logins and passwords to EPRs, whether a patient is suitable for a virtual consultation, whether data is of good-enough quality.

Audit / Quality Improvement Project Assessment (AA/QIPAT)

- Data Extraction and Analysis: Assess the resident doctor's ability to use digital tools to analyse clinical data. Do they know how to get data out of TRAK? Can they store it in ways approved by Information Governance?

- Presentation Software: Evaluate how the resident doctor uses digital formats to present audit findings. This includes both Excel/SPSS/related to analyse the date and Powerpoint/Word/similar to present the findings. ([M365 National Skills Hub](#))
- Digital Quality Improvement Platforms: Encourage use of NHS-approved platforms for audit tracking. This includes use of [Lothian's approved and downloadable QI tools](#).

Teaching Observation (TO)

- Digital Teaching Methods: Observe use of e-learning tools or simulation software. In particular, their use of Powerpoint as a presentation platform and what good/bad looks like. ([TEDs how-to-do-it-well guide](#))
- Resource Sharing: Assess how the resident doctor uses digital platforms to share materials. Compare how sharing with colleagues differs from sharing materials digitally with patients/carers.
- Feedback Tools: Encourage use of digital feedback forms or polling tools. In particular, their use of Teams to share their screen/slides and Teams built-in interactivity tools (instant/planned polls, breakout rooms, reactions). ([Using Teams to deliver training/education remotely](#))

Multi-Source Feedback (MSF)

- Digital Professionalism: Assess how the resident doctor and the person giving feedback maintains boundaries and confidentiality.
- Team Collaboration Tools: Consider feedback on use of shared digital systems to collect 360 feedback and their strength/weaknesses compared to asking in person.

Acute Care Assessment Tool (ACAT)

- Electronic Handover Systems: Observe how the resident doctor uses digital handover tools to communicate patient information safely and efficiently.
- Clinical Decision Support Tools: Assess the resident doctor's use of digital resources (e.g. guidelines apps, risk calculators) during acute care decision-making. ([Lothian's Right Decision Service pages](#))
- TRAK/EPR Navigation: Evaluate how the resident doctor accesses and documents patient information in electronic patient records (EPRs). ([TRAK for Doctors Guide](#))

Outpatient Care Assessment Tool (OPCAT)

- Digital Scheduling and Follow-Up: Evaluate how the resident doctor manages appointments. Do they know how far away the next available appointment is, do they know what happens digital when an appointment is booked. ([Lothian's eComms Platform for digital appointment letters](#)) ([Lothian's SOP for scheduled care letters](#))
- Patient Portals: Discuss how the resident doctor uses or explains patient-accessible digital tools where parts of their clinical record are shared. ([TRAKs Patient Portal – Personal Community](#)) ([National Digital Platform](#))
- Virtual Clinics: Assess performance in remote outpatient settings and how this differs from in-person clinics– this includes both phone and video clinics. [TURAS Remote Consulting Resources](#))

Patient Survey (PS)

- Digital Feedback Collection: Use electronic surveys to gather patient feedback, including what can/cannot be asked and not to include patient-identifiable information. ([Lothian's Online Surveys tool](#))
- Digital Communication Style: Include questions about clarity and empathy in virtual consultations. Importance of text size, font, reading age, performance with screen-readers. ([Lothian's Patient Information Team](#))
- Accessibility: Discuss how technology interacts with a range of disabilities and how to assess this. Discuss the 'digital divide' and the importance of offering digital vs non-digital options. ([Audit Scotland Digital Divide report](#))