

MODERNISING MEDICAL CAREERS

CLINICAL ASSESSMENTS - GIVING GOOD FEEDBACK

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MODERNISING MEDICAL CAREERS

OVERVIEW

- The foundation programme introduced by Modernising Medical Careers (project board of the 4 UK health departments).
- 2 year programme designed to bridge the gap between medical school and speciality/GP training
- Live in August 2005

MODERNISING MEDICAL CAREERS

AIMS

- To improve patient care by delivering modern and focussed career structures for doctors through a major reform of post graduate medical education.
- 2 year foundation programme established which requires doctors to demonstrate abilities and competence against set standards (GMC, PMETB)
- GMC & PMETB both have legal responsibilities to regulate foundation programme training

MODERNISING MEDICAL CAREERS

FOUNDATION PROGRAMME

- FY1 curriculum focus is on building knowledge, skills & competence acquired at medical school.
- FY2 curriculum focus is on assessment & management of the acutely ill patient.
- Ability to take on increasing levels of responsibility
- Assessment methods the same for FY1 and FY2
- What differs is the level of competence and expertise

ASSESSMENT

- Progress through foundation will be documented by Participation in a system of work-based supportive assessments
- Work-based assessment & feedback central to the philosophy of the foundation programme
- Ensures satisfactory progress, documents achievements, assist with identifying problems early.
- Who can complete assessments?

TRAINEES

Assessments will support the majority (evidence/curriculum) with a credible strategy for identifying the minority.

Not about rating

Responsibility on the trainee to complete the assessments

ASSESSORS

Need clear information and instructions

Standardised easy to use documentation

Fit naturally into the working day

PATIENT

Informed of assessment

ASSESSMENT TOOLS

- Chosen to allow all areas of good medical practice and all aspects of the chosen content to be samples

- **MINI - CEX**

Designed to assess an actual clinical encounter with a patient
Hx, Cx, management, explanation, communication.

- **CASE BASE**

Used to facilitate a focussed discussion around an actual entry in the notes

Thinking skills, formulating plans, clinical reasoning, documentation

MULTI SOURCE FEEDBACK

- Feedback from a range of co-workers across domains of good medical practice.

DOPS

- Designed specifically for the assessment of practical skills
- FY1 peripheral cannula, NG tube, IV meds, arterial puncture.
- FY2 lumbar puncture, cvc, suture.

VALIDITY (examples)

MINI PAT (Ramsey et al 1993) peer assessment study (Norcini 2003)
medical education (Topping 1998) higher education

DOPS (Goff et al 2002) OSATS (Grober et al 2004) training study
(Winckel et al 1994) actual performance

MINI CEX (Norcini et al 2003) routine use, (Durning et al 2002)
postgraduate training (Boulet et al 2002)

CASE BASE DISCUSSIONS (Maatsch et al 1983) validity study,
(Norman et al 1989) referred doctors (Soloman et al 1990) practicing
doctors

CORE DOMAINS

ASSESSMENTS SELECT ACROSS

- Clinical skills
- Interpersonal skills
- Professional behaviours
- Practical skills

Overall record will form the basis for a submission to the deanery as evidence of satisfactory completion of foundation

FEEDBACK

- Each assessment should be accompanied by immediate feedback to the trainee
- Evidence of a response to feedback will be shown by Subsequent assessment of the same area

•CONCERNS

FEEDBACK & LEARNING

BEME Guide

32 studies about the effect of feedback on performance demonstrated positive impact

106 studies about the effect of feedback combined with Practice guidelines demonstrated positive effects

FEEDBACK HAS POSITIVE EFFECTS ON PERFORMANCE

IMPROVES LEARNING.

FEEDBACK

- Rocket engineers
- Reluctance
- ‘How am I doing’
- Assessor competence
- Insight into actions and consequences
- Reinforcing/Corrective

FEEDBACK

- Feedback drives learning and progress
- Assessor interest in progress and development V test score
- Useful when it relates to behaviour that can be changed
- Feedback is informed – objective appraisal
- Improves skills not estimate worth

WHEN FEEDBACK FAILS

- Tick box exercise
- Inaccurate
- Handled poorly
- Defensive/embarrassed/demoralised/rejected
blamed
- When goals are different
- Personal judgements
- Negatives
- Inappropriate/public places

GIVING FEEDBACK

Best practice guidelines

- Close in time
- Expected
- Descriptive ,non-judgmental
- Accurate
- Agreed P&T
- Based on specific behaviour not general performance
- Seen at first hand
- Given on decisions and actions

