The Curriculum, Educational and Clinical Supervision

School of General Practice

East of England Deanery

The Curriculum

- “A curriculum is an attempt to communicate the essential principles and features of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice.”
- Stenhouse 1975

An introduction to Curriculum Research and Development, London: Heinemann

The Curriculum is ALL of these

- What - topics
- Why – rationale
- Who – supervision
- Where - context
- How - methods
- When – timings / timetable
- How much- assessments

The Curriculum

- Reflects the job – the competencies
- Is living (not historic)
- Is the Driver of and resource for Learning
- Is the Driver of Assessment

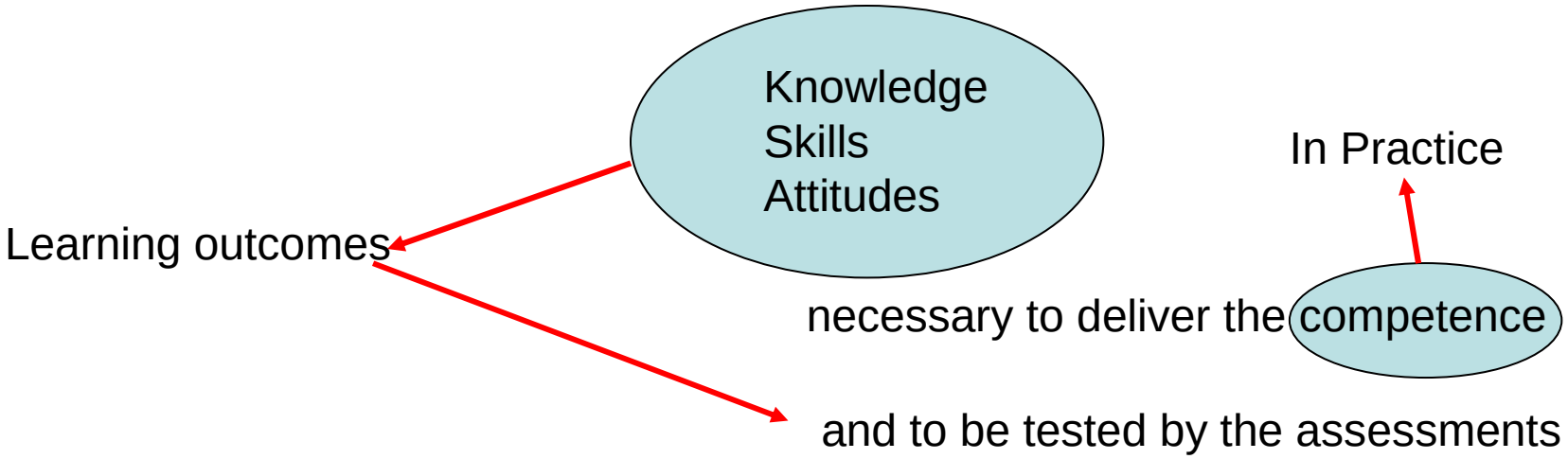
The Curriculum has

6 Domains Each domain has the three essential features

Each Domain has several Major Competencies

Each major competency will have several minor competencies

Each minor (n) competency will define the



The RCGP Curriculum

- A competency based document
- 6 core domains
  - Each of which have 3 essential features
- 32 supporting statements for the domains

The one Core Statement and 32 supporting statements

1. ***The 'Core Statement' - Being a General Practitioner***
2. ***The General Practice Consultation***
3. ***Personal and Professional responsibilities (7 statements)***
4. ***Management in Primary Care (2 statements)***
5. ***Healthy People***
6. ***Genetics in Primary Care***
7. ***Care of Acutely Ill People***
8. ***Care of Children and Young People***
9. ***Care of Older Adults***
10. ***Gender-specific Health Issues (2 statements)***
11. ***Sexual Health***
12. ***Care of People with Cancer & Palliative Care***
13. ***Care of People with Mental Health Problems***
14. ***Care of People with Learning Disabilities***
15. ***Clinical Management (10 statements)***

The Curriculum Domains

- Six Core Domains
    1. Primary Care Management
    2. Person-centred Care
    3. Specific Problem-solving Skills
    4. A Comprehensive Approach
    5. Community Orientation
    6. A Holistic Approach
- Three Essential Application Features
    7. Contextual
    8. Attitudinal
    9. Scientific

ASSESSMENTS

Definition

“The assessment of a doctor’s progress over time in their performance in those areas of professional practice best tested in the workplace”

Developmental progression

"a process of monitoring student's progress through an area of learning so that decisions can be made about the best way to facilitate future learning"

Assessing the learning outcomes

- Knowledge – AKT, WpBA, CSA
- Skills – WpBA, CSA,
- Attitude – WpBA, CSA

Assessments

- Two RCGP set and run – CSA, AKT
  - Preparing for
- WpBA – RCGP owned but Deanery run
  - How to do it

The Assessments

- Assessing in the Workplace - WpBA

Purpose of Workplace assessment

- Accurate idea of learner's performance at work
- Assess if learners clinical practice achieves standard for independent practice
- Competence equals what you would expect of a new GP fresh from training.
- Provide learner with feedback
- Promote reflective practice

The 12 Professional Competencies to be assessed in the workplace

1. Clinical management
2. Working with colleagues and in teams
3. Primary care administration and IM&T
4. Communication & consulting skills
5. Data gathering and interpretation
6. Making a diagnosis/making decisions
7. Managing medical complexity
8. Community orientation
9. Practising holistically
10. Maintaining an ethical approach to practice
11. Fitness to practise
12. Maintaining performance, learning and teaching

The tools

- Naturally Occurring Evidence
- COT
- CBD
- DOPS
- Mini-CEX
- MSF
- PSQ

Case based discussion

- Structured oral interview
- Designed to assess professional judgement
- Across a range of competency areas
- Starting point is the written record of cases selected by the trainee
- Will be used in general practice and hospital settings

COT

- Tool to assess consultation skills
- Based on MRCGP consulting skills criteria
- Can be assessed using video or direct observation during general practice settings

Mini CEX

- Used instead of COT in hospital settings

DOPS

- For assessing relevant technical skills during GP training:
  - Cervical cytology
  - Complex or intimate examinations (e.g. rectal, pelvic, breast)
  - Minor surgical skills
- Similar to F2 DOPS

DOPS Mandatory

- Application of simple dressings
- Breast examination
- Cervical cytology
- Female genital examination
  Male genital examination
  Prostate examination
- Rectal examination
- Testing for blood glucose

DOPS optional

- Aspiration of effusion
- Cauterisation
- Cryotherapy
- Curettage/shave excision
- Excision of skin lesions
- Incision and drainage of abscess
  Joint and peri-articular injections
- Hormone replacement implants of all types/any types
- Proctoscopy
- Suturing of skin wound
- Taking skin surface specimens for mycology

“External” tools

- MSF (multi-source feedback)
- PSQ (patient satisfaction survey)

MSF

- Assessment of clinical ability and professional behaviour
- Rated by 5 clinical and 5 non clinical colleagues on 2 occasions in ST1 and ST3
- Simple web based tool
- Is able to discriminate between doctors

BUT

- Needs skill of trainer in giving feedback

PSQ

- Measures consultation and relational empathy (CARE)
- 40 returned questionnaires from consecutive consultations
- Central optical scanning and generation of results
- Can differentiate between doctors

BUT

- Needs skill of trainer in giving feedback

Naturally occurring evidence

- From direct observation during training
- “tagged” against appropriate competency headings
- Validated by trainer and forms part of the evidence of progress
- Other practice-based activities

The Tools

How to use the tools

- Knowing the format
- Understanding the process
- Formative
- Feedback
- Level of performance
- Shared assessment
- Progression
- Multiple assessments / opinions

EoESHA3

Slide 29

EoESHA3 further slides for each line

Arthur Hibble, 29/01/2008

KNOWING THE FORMAT

- Trainee to keep an educational log in their E-Portfolio.
- Reflective log not just list of educational events
- Advised to spend at least 15 minutes per day to enter the learning episode of the day with some reflection

Understanding the process

- Encourages trainee to reflect on their learning and become self directed
- Encourages lifelong learning
- Critical self appraisal
- Log for life
- Highlights learning needs
- Demonstrates a progression

Formative

- Conversations between teacher and learner which build and go deeper
- Provision of effective, timely feedback to help trainees enhance their understanding
- Active involvement of trainees in their own learning

Feedback

- Describe situation
- Ask trainee for their view of situation
- Come to a shared understanding.
- Develop an action plan for learning / to move forward
- Agree to follow up later to monitor progress

The e-portfolio

- Learning tool
- Teaching tool
- Reflective tool
- Links to learning resources
- Potential for learning tool for life
- Place to record Assessments

LEVEL OF PERFORMANCE

- PMETB
- WBPA should be developed as evidential process throughout training period. Must enable evidence to be gathered widely and using variety of assessments
- WPBA should identify a developmental progression in such a way that trainee can monitor own progress through training

SHARED ASSESSMENT

- Feedback at set points in training period as variety of assessments take place throughout training period
- These assessments are judged against a continuum that demonstrates trainees improving performance.
- Thus teaching, learning and assessment integrate.

PROGRESSION

- WBPA-allows you the opportunity to gather evidence in the workplace and provide feedback.
- Each assessment will be judged against some of the criteria stated in the twelve competency areas.
- The judgements will be: insufficient evidence, or needs further training, or competent, or excellent

Locally assessed

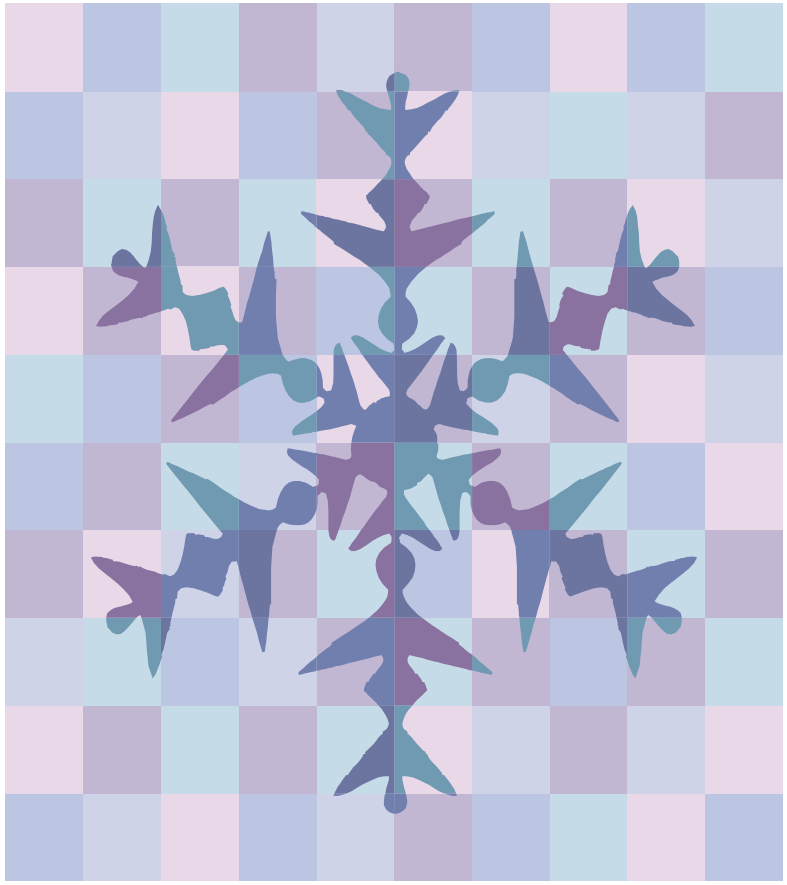
- Assessed by clinical supervisor in hospital or general practice setting

- Regular reviews at 6 month intervals by educational supervisor
  - Review all the assessment information gathered
  - Judge progress against competency areas
  - Provide developmental feedback

Assessments

- (I) **Insufficient evidence**
  From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.
-
- (N) **Needs further development**
  Rigid adherence to taught rules or plans. Superficial grasp of unconnected facts. Unable to apply knowledge. Little situational perception or discretionary judgement.
-
- (C) **Competent**
  Accesses and applies coherent and appropriate chunks of knowledge. Able to see actions in terms of longer-term goals. Demonstrates conscious and deliberate planning with increased level of efficiency. Copes with crowdedness and able to prioritise.
-
- (E) **Excellent**
  Intuitive and holistic grasp of situations. No longer relies on rules or maxims. Identifies underlying principles and patterns to define and solve problems. Relates recalled information to the goals of the present situation and is aware of the conditions for application of that knowledge.

When to do them



Workplace-based assessment
ST1

Interim review

Based on evidence:

*3 x mini-CEX

3 x CBD

**DOPS

**Clinical supervisors report

Interim review

Based on evidence:

3 x mini-CEX

3 x CBD

**DOPS

**Clinical supervisors report

MSF

PSQ

* COT if GP post

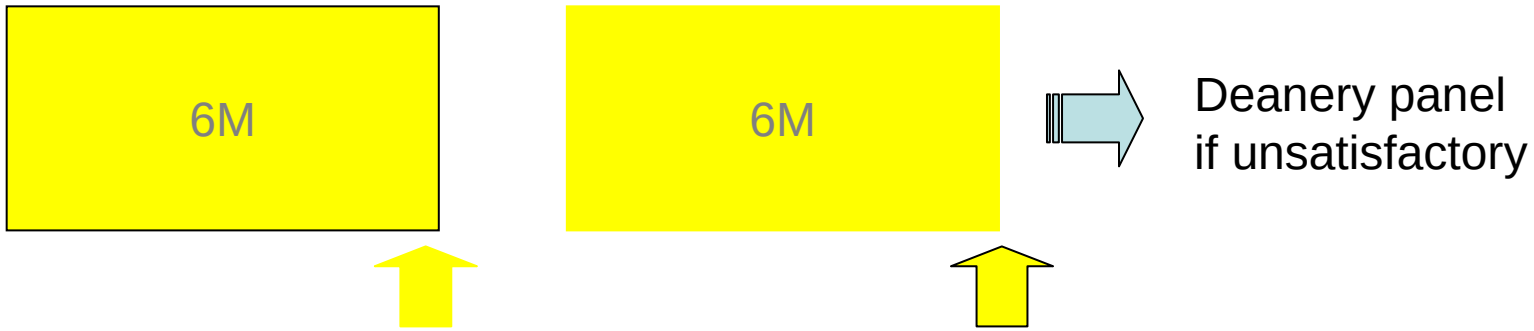
** if appropriate

Slide 41

EoESHA4 we need a health warning here, dont wait for panels, they are blunt tools, keep the old practice of taking to PD who will talk with Ad etc.

There should be no surpises at the panel stage.
Arthur Hibble, 15/02/2008

Workplace-based assessment ST2



Interim review

Based on evidence:

*3 x mini-CEX

3 x CBD

**DOPS

**Clinical supervisors report

Interim review

Based on evidence:

*3 x mini-CEX

3 x CBD

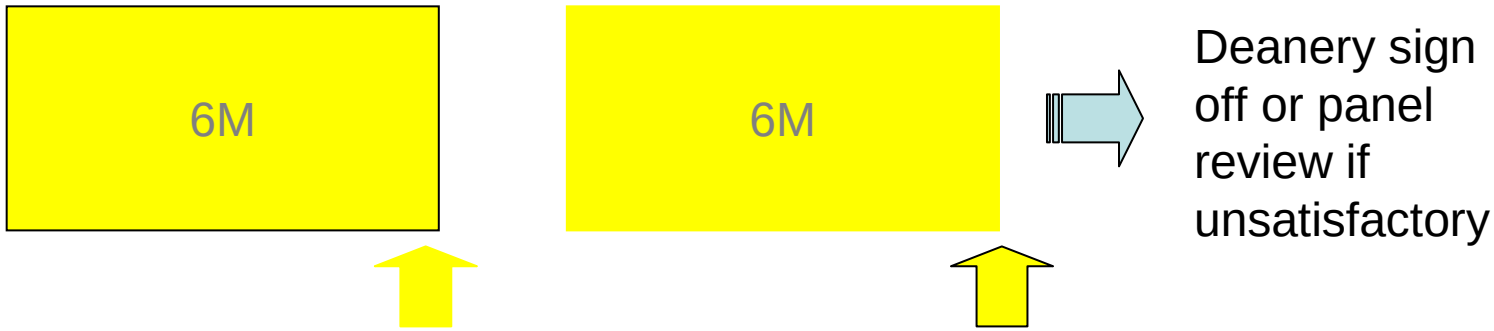
**Clinical supervisors report

**DOPS

* or COT if GP post

** if appropriate

Workplace-based assessment
ST3



Interim review

Based on evidence:

*6 x COT

6 x CBD

**DOPS

**Clinical supervisors report

Final review

Based on evidence:

6 x COT

6 x CBD

MSF

PSQ

**DOPS

* mini-CEX if hospital post

** if appropriate

Supervision

SUPERVISION

- Administrative-promotion and maintenance of good standards of work, practising evidence based medicine
- Educational-development of each individual to realise their full possibilities of usefulness
- Supportive-The maintenance of harmonious working relationships

Clinical supervision

- Patient safety
- Learner safety
- Clinical governance
- Learning facilitation
- Assessment
- Feedback

Educational Supervision

- The programme
  - Making it happen
  - Quality of processes
  - Learning opportunities
  - Evaluation
- The person
  - Learning – competencies
  - Experience
  - Pastoral
  - Assessment – judgement / opinion

Responsibilities of Educational Supervision

- OK what is the bottom line?
- Three things
  1. You need to be aware of the assessments for the curriculum (nMRCGP)
  2. You need to meet your GPStR every 6 months
  3. Once a year you must make a recommendation to the deanery whether the GPStR is progressing satisfactorily or not.
- ☺

Before the 6 monthly review

- Your GPStR books a 1 hour appointment with you.
- The GPStR completes a self-assessment within the e-portfolio
- You review the e-portfolio “review” section noting strengths and weaknesses of the evidence it contains

What would you do during the review? Think!

1. Welcome, make comfortable, explain the process.
2. Discuss posts / other experiences since last seen.
3. What has gone well? Why?
4. What has gone not so well? Why?
5. Have the (minimum) assessments taken place?
6. Are the Assessments formative?
7. What evidence has been collected for the curriculum and competency areas?
8. Are they on target? (is this number or level?)
9. What further evidence / assessment is required?
10. Agree personal development plan for the next 6 months.
11. Agree date of next review

What is the standard against which the GPStR is judged, throughout the programme?

- the level of competence expected of a doctor who is certified to practise independently as a general practitioner
- The GP trainer uses his professional experience to judge if the trainee is prepared for independent practice.
- Unlikely to be of this standard in first year, but maybe in secondary care aspects.
- Competent in all 12 WpBA areas at the final review

What happens after the meeting?

- If not done at the review:
  - GPStR completes the PDP in the e-portfolio
  - Ed Supervisors report is completed in e-portfolio
- Ed Supervisor will communicate any concerns with course organiser.

Gathering the evidence about the learner’s developmental progress

E-Portfolio

- Information provided in E-Portfolio on reflective learning
- Records of assessments from clinical supervisor
- Discussion with trainee

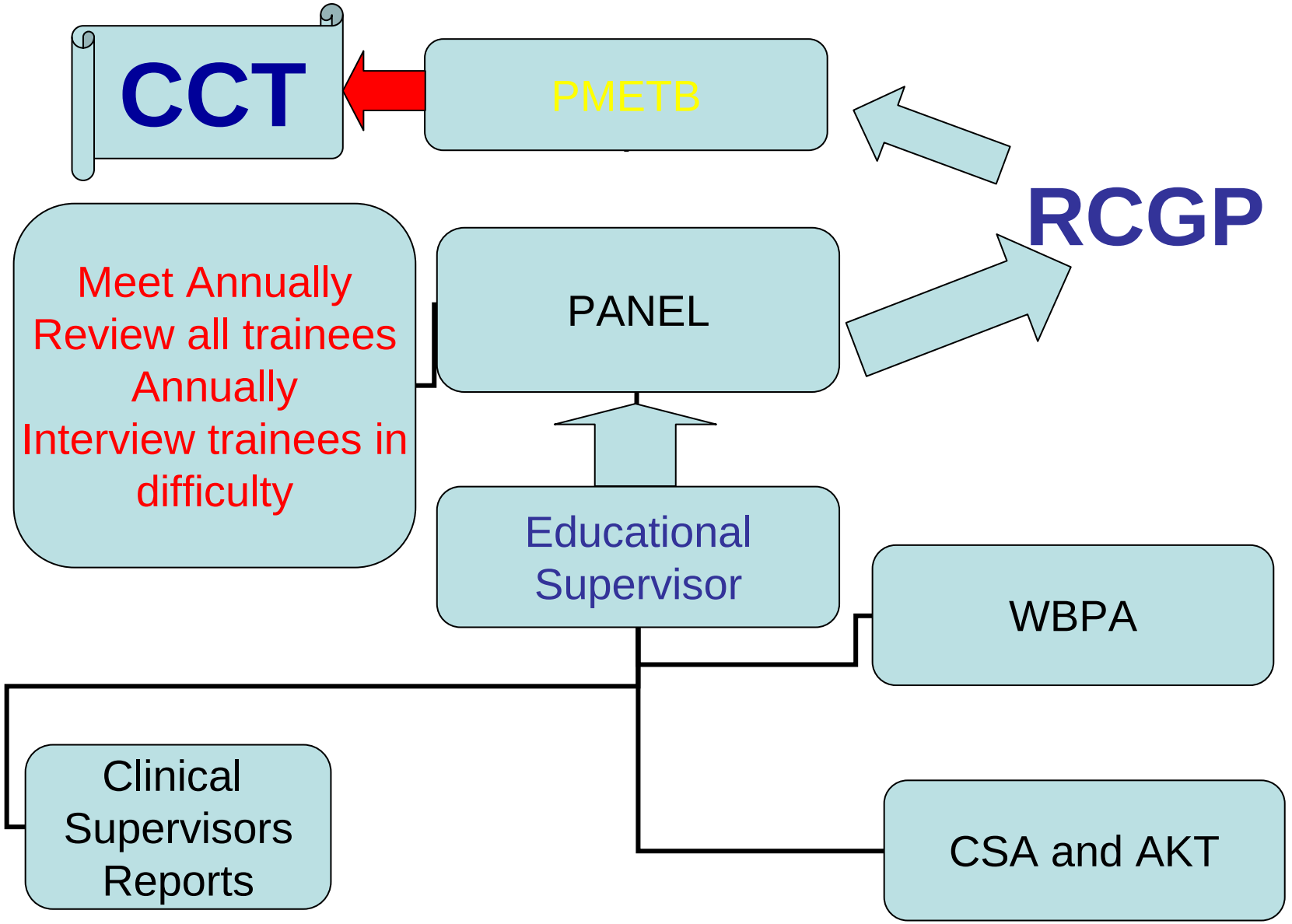
Naturally occurring evidence

- From direct observation during training
- “tagged” against appropriate competency headings
- Other practice-based activities
- Validated by the trainer

External tools

- MSF (multi-source feedback)
- PSQ (patient satisfaction survey)

Competency Area	MSF	PSQ	COT	CbD	CEX	CSR
Communication and consultation skills	✓	✓	✓		✓	✓
Practising holistically		✓	✓	✓		✓
Data gathering and interpretation	✓		✓	✓	✓	✓
Making a diagnosis/decisions	✓		✓	✓	✓	✓
Clinical management	✓		✓	✓	✓	✓
Managing medical complexity				✓	✓	✓
Primary care admin and IMT				✓		
Working with colleagues and in teams	✓			✓		✓
Community orientation				✓		✓
Maintaining performance, learning and teaching	✓				✓	✓
Maintaining an ethical approach	✓			✓		✓


CCT
PMETB
RCGP
Meet Annually
Review all trainees
Annually
Interview trainees in
difficulty
PANEL
Educational
Supervisor
WBPA
Clinical
Supervisors
Reports
CSA and AKT