

Becoming a GP

The learning and assessment
guide for the nMRCGP

Book Sample:

**nMRCGP
performance
screening
forms**

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For
trainees
trainers
assessors

<i>Shaded areas may not be evident until the final year of training</i>			Please grade the trainee in comparison with doctors at the same stage of training				Unable to grade	Concerns?
			Below expectations	Border line	Meets expectations	Above expectations		
Relationship	Communication and consultation skills	Explores patient's agenda and ideas, concerns & expectations						
		Recognises the impact of the problem on the patient's life						
		Works in partnership to negotiate a plan						
		Explores what the patient has understood from the consultation						
		Flexibly and efficiently achieves consultation tasks						
	Practising holistically	Understands the patient's socio-economic/cultural background						
		Recognises the impact of the problem on family/carers						
	Working with colleagues and in teams	Works co-operatively with team members, using their skills appropriately						
		Communicates proactively with team members						
	Deeper features are shown below. Ring any that apply							
POSITIVE				NEGATIVE				
<ul style="list-style-type: none"> • Non-judgemental, shows interest and understanding. • Encourages contribution 				<ul style="list-style-type: none"> • Makes assumptions, authoritarian. • Lacks warmth in voice/manner 				
<ul style="list-style-type: none"> • Uses open questions, adjusts questioning • Expresses ideas clearly. 				<ul style="list-style-type: none"> • Uses too many closed questions • Unable to adapt language,. • Unclear when communicating 				
<ul style="list-style-type: none"> • Good non-verbal behaviour 				<ul style="list-style-type: none"> • Shows favouritism, critical, confrontational • Gives little support 				
<ul style="list-style-type: none"> • Delegates appropriately • 								
<ul style="list-style-type: none"> • Gives constructive feedback & support • 								
<ul style="list-style-type: none"> • Collaborates 								
<p>Summary & interpretation:</p> <p>Action:</p>								

<i>Shaded areas may not be evident until the final year of training</i>			Please grade the trainee in comparison with doctors at the same stage of training				Unable to grade	Concerns ?
			Below expectations	Border line	Meets expectations	Above expectations		
Diagnostics	Data gathering and interpretation	Takes a history, examines and investigates systematically & appropriately						
		Elicits important clinical signs & interprets information appropriately						
		Makes appropriate use of existing information about the patient's problem.						
	Making a diagnosis/ making decisions	Addresses problems that present early and in an undifferentiated way by integrating information in order to aid pattern recognition						
		Uses time as a diagnostic tool.						
		Decides what is probable and uses this to aid decision-making						
		Makes or excludes important diagnoses						
		Revises hypotheses in the light of additional information.						
	Clinical management	Thinks flexibly around problems, generating feasible solutions						
		Formulates appropriate management plans in line with best practice						
		Varies management options in response to changing circumstances.						
		Refers appropriately and co-ordinates care with other professionals						
	Managing medical complexity	Provides continuity of care for the patient rather than just the problem						
		Simultaneously manages acute and chronic problems						
		Tolerates uncertainty where appropriate						
		Communicates risk effectively to patients and involves them in its management to the appropriate degree						
	Encourages health promotion							
Deeper features are shown below. Ring any that apply								
POSITIVE					NEGATIVE			
<ul style="list-style-type: none"> Identifies key issues Elicits necessary detail Aware of appropriate options Shows sound/systematic judgment 					<ul style="list-style-type: none"> Fails to explore important cues/overlooks important issues Suggests too narrow a range of options Random/disorganised 			
<ul style="list-style-type: none"> Tries to think around an issue Open to new ideas/possibilities 					<ul style="list-style-type: none"> Makes immediate assumptions Dogmatic 			
Summary & interpretation:								
Action:								

<i>Shaded areas may not be evident until the final year of training</i>			Please grade the trainee in comparison with doctors at the same stage of training				Unable to grade	Concerns?	
			Below expectations	Border line	Meets expectations	Above expectations			
Management	Primary care administration and IMT	Uses the primary care organisational and IMT systems routinely and appropriately							
		Uses the computer during the consultation whilst maintaining rapport with the patient.							
		Keeps good medical records							
	Community orientation	Identifies important characteristics of the local community that might impact upon patient care							
		Encourages patients to appropriately use the community resources.							
		Uses resources cost-effectively							
	Maintaining performance, learning and teaching	Critically appraises guidelines and research evidence to inform decision-making.							
		Keeps up-to-date and shows commitment to addressing learning needs							
		Participates and learns from audit and significant event reviews							
		Completes learning cycles and routinely learns from reflection							
		Contributes to the education of students and colleagues							
	Deeper features are shown below. Ring any that apply								
	POSITIVE				NEGATIVE				
	• Thinks ahead, plans effectively				• Fails to think ahead, plan and think about knock-on effects				
	• Prioritises information / time appropriately				• Unable to cope with the unexpected				
• Co-ordinates activities				• Disorganised					
• Able to juggle competing demands				• Misses reasonable deadlines					
• Delegates effectively & demonstrates leadership when appropriate				• Doesn't have a system for keeping up to date					
• Delivers on time									
• Regularly updates skills									
Summary & interpretation:									
Action:									

Using the performance screening forms

In the **top section**, working from left to right and using the *Relationship* form as an example, we see:

1. The cluster area (relationship)
2. The relevant performance areas from the competence framework (communication & consulting skills, practising holistically, working with colleagues and in teams)
3. The key word pictures for each of the performance areas

There is a rating scale that can be used by assessors or by trainees for self-assessment. The wording of the scale suggests that comparisons are made with doctors at the same stage of training. For doctors at the *end* of training, the standard will be the 'competent for licensing' standard described in the word pictures. For doctors at an earlier stage of training, the expected standard will be either at the level described by 'needs further development' or between and this and the 'competent' level.

Some competencies are more advanced and therefore unlikely to be developed until late on in training and these are shaded *grey* on the form.

In the **middle section**, the deeper features are listed with positive ones on the left and negative ones on the right. Positive behaviours need to be seen repeatedly and in a variety of contexts if we are to be sure that they are truly embedded and not just a fluke. The negative behaviours should not be thought of as being 'one strike and your out' offences but if any of them are seen, they should not be ignored. If a negative behaviour occurs once, it should be noted. If it is seen again, it should be regarded as a red flag and should prompt us to be concerned and to explore this area of performance in more detail.

In the **bottom section**, the summary and interpretation can be written after which any action points can be noted. The *interpretation* may include any learning needs that have been identified. The *action* might include any further training or assessment that might be required.

Performance can be quickly and repeatedly screened

Using the screening forms shown earlier in this chapter, performance can be repeatedly gauged throughout training both by assessors and by learners themselves. One approach is as follows:

1. The first step is to conduct a brief screen of performance using the screening forms. The screening forms represent the four RDMp clusters and it is worth screening all four areas rather than one at a time as the clusters are interrelated and affect each other as shown in figure 1.
2. The second step is to look for links between related areas. The material that has been brought together in each form can help you with this. To take an example from the screening form for Diagnostics, if a doctor routinely over-investigated, we might mark them down on the following competency:

'Takes a history, examines and investigates systematically & appropriately'

We might also expect such a doctor to have difficulty with the competency:

'Tolerates uncertainty where appropriate'

If there was a mismatch in performance between the two, this might prompt further discussion. For example, if the doctor was over-investigating and yet was thought to be tolerating uncertainty, we might ask whether we need to look more closely at the latter.

3. The third step is to look at the deeper features. How do these correlate with what has been shown from the competency rating? To take an example from the screening form for Professionalism, a doctor might be thought to have difficulties with the following competencies:

'Is organised, efficient and takes appropriate responsibility'

'Deals appropriately with stress'

The deeper features that underlie this area of performance might suggest why this might be. For example:

- Able to admit mistakes/learn from them
- Backs own judgment appropriately
- Recognises own limitations and can compromise
- Able to seek help when necessary

We can see from this how the screening forms can be used to investigate and diagnose a problem at a competency level and also at a deeper level of performance.

4. Because RDMP areas do not stand alone but overlap with each other, the next step might be to look at problems shown up in one cluster and check for problems in associated areas. For example, Relationship & Diagnostics overlap with each other, particularly in the area of data gathering & interpretation.

If the doctor had problems with data-gathering we could look at the **Diagnostics** screening form where we might see that the doctor had problems with the following deeper features:

Didn't do this: Elicits necessary detail

Did this: Fails to explore important cues/overlooks important issues

This might prompt us to look at the screening form for **Relationship**. On this form, there might be concerns over the following deeper features:

Didn't do this: Non-judgemental, shows interest and understanding, encourages contribution

Did this: Makes assumptions, authoritarian, lacks warmth in voice/manner

This exercise would help us to see that the data-gathering problem was not really tied in with a lack of diagnostic expertise, but was more likely to be due to a *lack of interest* in encouraging sufficient information from the patient.

5. The deeper features are shown on the screening forms, but they are an abbreviated version of what was referred to earlier in this chapter as being our 'DNA'. The full version is shown in the first chapter of each RDMP section of the book. In these short chapters, the deeper features that are particularly relevant to that section are listed and explained. Deeper features often appear in more than one section but have more impact in some areas of performance than in others. This weighting is also illustrated in the chapters.
6. The final stage is to bring these pieces together in the summary box at the bottom of the screening form and make a plan of action. We can see from the above that it is vital to take care with the diagnosis of the problem before launching on a solution. For example, the doctor who was having problems with data-gathering would find it much harder to improve if relationship skills were not identified as being the primary problem.

The screening forms also help us to plan how best to evaluate the improvement in performance that the trainee will be working towards when the action plan is implemented.