MODULE SEVEN

FEEDBACK, ASSESSMENT, PROGRESSION & EVALUATION

QUESTIONS ANSWERED

WHAT	•	Are the different purposes of assessment?
	•	Are the main assessment methods?
	•	Is performance review and remediation?
	•	Is evaluation?
WHY	•	Is feedback and assessment important?
	•	Is performance and review needed?
	•	Is evaluation important?
WHEN	•	Do feedback and assessment activities occur?
	•	Do performance review and remediation occur?
	•	Should evaluation occur?
HOW	•	Does feedback and assessment get undertaken?
	•	Does the progress of registrars get monitored?
	•	Do performance review and remediation procedures get implemented?
	•	Does evaluation get undertaken?
WHERE	•	Does assessment occur?
	•	Does evaluation occur?
WHO	•	Are the critical members of the team involved in feedback, assessment, monitoring of progress and program evaluation?

MEs have a significant role in ensuring registrars obtain regular feedback, assessment of registrar performance and monitoring registrar progress through their training. It is essential for the ME to have an understanding of formative, summative and in-training assessment, assessment methods and tools, College assessment requirements and AGPT performance assessment and remediation and appeals policies. It also important for MEs to understand and participate in evaluation of teaching and program delivery for the purpose of improving the quality of the training provided by RTPs.

This module focuses on the areas of competence an ME needs in order to make informed judgements about:

1. how registrars are performing as they progress through training
2. how they as individual ME are performing as teachers and how the program as whole is performing

All teachers – MEs are no exception – become involved in these 2 basic questions. The first question is about feedback and assessment. The second question is about evaluation.

In module 3 the competencies required to be an ME were presented. Here is an extract from this list of competencies.

ME Competencies related to feedback, assessment and evaluation

2.1 Developing
Demonstrate ability to:
a)
b) prepare effective assessment questions and strategies
c) develop effective evaluation methods

2.3 Assessment and Feedback
Demonstrate ability to:
a) make defensible assessments of registrar performance (progression towards unsupervised practice) using a variety of assessment tools
b) provide constructive feedback that is learner centred and balanced
c) guide learners to self reflect on their performance
d) match assessment methods to learning methods and content
e) accurately inform registrars on the ways in which they will be assessed by the respective Colleges

2.4 Evaluation
Demonstrate ability to:
a) effectively evaluate education sessions and programs using a variety of tools
b) match evaluation methods to teaching methods and content
c) appropriately respond to evaluation to enhance teaching

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FEEDBACK AND ASSESSMENT – BASIC CONCEPTS

Module 3 also presented some basic concepts which are at the heart of any consideration of feedback and assessment.
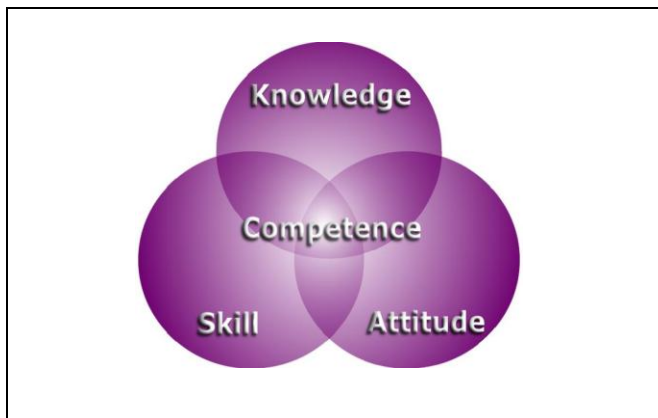
And,

How well the learner demonstrates they have progressed in acquiring the knowledge, skills, attitudes and competencies they are expected to acquire.
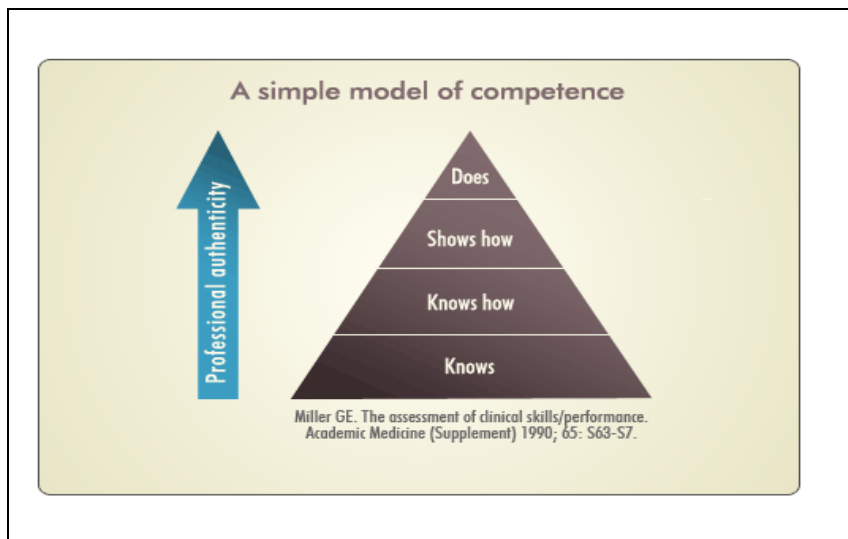
Remember this simplified way of thinking about these concepts:

- *Knowledge* = **WHAT** you are required to do
- *Skill* = **HOW** you go about doing it

- *Attitude*   =   **WHY** you are doing it

Competence is putting these elements together to be able to do whatever it is you are supposed to be doing.

Performance: is actually doing the things you are competent to do as part of your professional practice.

Activity 7.1

A Testing Time

The RACGP curriculum includes such statements as " ...that the GP needs to demonstrate how to:

1. Establish rapport and be empathetic with patients .....
2. Negotiate an effective management plan and agree on respective responsibilities and limits with the patient and the their family......
3. Take a history and perform a physical examination relevant to the presenting problems
4. Develop a working diagnosis from their knowledge and experience and the information gathered
5. The capacity for self awareness, reflection and self-appraisal (and) the skills of lifelong learning. "

Consider each one of these learning objectives in turn:

- What would you do to assess whether a registrar was competent?

- Are some of these learning objectives more difficult to assess than others? If so why?

- Refer to the second diagram above. How could you assess registrar performance on each learning objective at the top level of the pyramid?

- How would you give feedback to a registrar who you felt was not performing competently?

After reflecting on your thoughts about assessing these learning objective see if you can arrange a discussion with your ME colleagues to test your own thoughts and throw further light on these questions.

Why is it important to understand what is meant by competence and performance when talking about feedback and assessment?

The focus of any feedback and assessment is the knowledge, skills and attitudes which the learner is expected to acquire and the competencies and performance the learner is expected to demonstrate (ie. the learning objectives).

RTPs have an obligation to provide registrars with the best possible training opportunities to ensure that they develop competence and are committed to demonstrating their competence through their performance in professional practice. To achieve these outcomes it is desirable that the RTP has:

- A clear, shared view about what the competent registrar should know and be able to do
- Methods for providing regular and on-going guidance to registrars on how they are performing
- Methods for checking how registrars are progressing in acquiring the knowledge and skills they require to be competent
- Systems in place to recognise and reinforce good performance
- Systems in place to recognise deficiencies in performance as early as possible
- The ability to provide training and support to registrars who have deficiencies in their performance

MEs have a central role in facilitating these things through their teaching, guidance, feedback and assessment.

When an ME is providing feedback, he or she is making judgements on the basis of observing the registrar perform with a view to giving advice and guidance which may help the registrar improve their performance.

The RTP will have in place various set learning activities which require registrars to demonstrate their knowledge and skills and which include a strong emphasis on the registrar receiving feedback on how they have performed.

It is also likely that the RTP will have a system for recording that the set learning activities have been completed by registrars and that they have received feedback. This record almost certainly will be an electronic record, eg. on GPRime. At the very least it will record that the activity has been completed; however it could also include a completed rating form or report from an ME or supervisor. Having these reports available enables individual registrar performance on different set activities to be monitored on a regular basis. Having these reports available also means that where the feedback on registrar performance in a particular learning activity is poor, there is an opportunity to check feedback on previous activities undertaken by the registrar. In this way appropriate action to remedy any emerging registrar performance problems can be developed.

FEEDBACK

Feedback is an integral part of the learning cycle and this is particularly the case in medical education. Learners need to know that they are on the right track in their understanding of newly acquired knowledge and in the way they exercise their clinical skills.

To provide feedback the teacher (ME or supervisor) must make judgements about the way registrars demonstrate the knowledge and skills they have acquired.

The prime purpose of feedback is to reinforce desirable learner behaviour, assist the learner to correct mistakes, and develop their skills with confidence. Feedback needs to be constructive and provided in the context of a safe, positive and non-punitive learning environment.

How do I provide effective feedback?

Regular good quality constructive feedback to registrars is vital, consequently being able to provide it is a most important part of the ME's repertoire of skills.

Clearly it is important to set a positive and supportive tone to minimise registrar anxiety. Setting the right tone involves stating clear ground rules and emphasising the collaborative nature of the process. Feedback should always be constructive and reinforce the demonstrated strengths in a registrar's performance. On the other hand, MEs still need to feel able to provide constructive negative feedback. It may be far less useful as a learning experience where feedback is restricted to broad relatively uncritical comment which does not address specific areas for improvement in skills.

In situations where deficiencies in performance have been identified, it is important for the ME to offer or demonstrate an alternative method. This is at the heart of the collaborative dialogue between the ME and the registrar whereby the provider of the feedback is also open to receiving feedback.

Refer to *Tool 7.1: Step by Step Process for Giving Feedback.* It sets out a simple method for giving feedback to a registrar about their consultation skills or about the way they have performed a particular task or procedure. You may note that it complements the process for teaching outlined in module 6.

Some points to note about these steps in providing feedback:

- They are focused on specific skills sets, task or procedures
- They build in opportunities for the learner to express their own thoughts and feelings.
- Subsequent practice is essential to build competence and confidence.
- They can, and should be practised in educational workshops through role play and/or using video-taped consultations.

There is quite a bit of accessible material on the internet that provides guidance on giving feedback effectively.

RTPs have useful resources although many of them require password access. Here are two useful public access links:

http://www.csqtc.qld.edu.au/index.php?action=view&view=36346

http://www.igpe.edu.au/supervisors/supervisor_manual/giving_feedback

The RACGP publication: *Making Sense of GP Learning, a Companion to the Training Program Curriculum* includes a number of relevant tools and resources including:

- A Consultation Feedback Form
- Pendleton's Consultation Model
- Neighbour's Consultation Model
- Giving Feedback.

http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/200506
03racgpcompaniontrainingprogram.pdf

How do I conduct an ECT visit?

The ECTV is a prime example of a situation where good feedback skills need to be applied. Although it is somewhat dated, the most comprehensive reference is:

RACGP ECT Manual.doc

Activity 7.2

The ECTV and Feedback.

Scenario:
You have been asked to conduct an ECTV on a GP registrar in their first GP term at Smithtown practice. It will be your first ECTV so you want to be well prepared.

As you think about it a whole lot of questions came to mind.

To prepare yourself you decide to check various sources of information and talk with experienced ME/ECT visitors. Use *Tool 7.2 ECTV Initial Questions Form* to record what you have found out.

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Some further tips:

To ensure that you obtain maximum benefit from your first ECTV we strongly suggest that you take heed of the following points.

1. Practice before undertaking your first actual ECTV, eg. by reviewing some mock consultations and giving feedback, or role playing with a colleague
2. After doing your first ECTV discuss the experience with a more experienced ME
3. Reflect on the importance of feedback and the broader roles of feedback you are involved in as an ME. Here are some questions to reflect on:
    - In what other teaching and learning settings can you envision yourself giving feedback and to whom?
    - Should the way of giving feedback differ in different situations and with different people?
    - What are the strengths and weakness of various models for giving feedback?
      .

If you are feeling a bit anxious about doing your first ECTV it's understandable. You are not alone. You may derive some comfort from the following article which highlights what it feels like to do be doing your first ECTV as a registrar.

"Performance anxiety"   **Australian Doctor** 15-Mar-2005

There's nothing like a teaching visit to bring on an attack of nerves. But they're not as bad as they seem and may even improve your future consultations. Heather Ferguson reports.

THERE wasn't much sleep for registrar Dr Ammar Shah the night before his first external clinical teaching visit (ECTV). It wasn't that he was anxious about having a stranger observe his consultations. Rather, Dr Shah spent the night tossing and turning about what textbooks he should read to brush up on his clinical knowledge.

Four ECTVs later, the advanced registrar from Wangaratta, Victoria, says he now realises there was no need to prepare so diligently for the visits, which he rates highly as a learning experience. "Just do your job," Dr Shah advises other registrars. "If [the medical educator] picks up something it will be for your own good." For Dr Shah, that "something" was advice on improving his time management skills — he tended to become sidetracked onto issues that could have been dealt with in a follow-up consultation — and expanding his choice of medications.

"I did not feel, after the first two or three consultations, it was a test of my ability," he says. "It was more a comforting experience of having someone sit there and guide you."

ECTVs are designed to provide feedback on consultation style and are not part of a registrar's assessment. Educators can also identify gaps in learning and registrars can seek support in certain areas.
Under the RACGP's education standards, registrars are required to have at least five ECTVs during their training. Typically, two are undertaken in the basic term, two during the advanced term and one in the following six months. The timing and nature of these visits vary across the training regions depending on local needs.

Verbal and written feedback are provided and passed on to the registrar's medical educator. Consultations are sometimes videotaped, giving the external clinical teacher the opportunity to stop the tape at different points and explain to the registrar what they are doing well or to suggest a different approach.

So, what happens when the medical educator carrying out your ECTV walks through the door?

Well, they should be seated unobtrusively so they can observe several consultations without drawing attention to themselves.

Dr Hilton Koppe, a medical educator with North Coast NSW GP Training, says he usually sits in on four consultations, taking particular note of the language, expressions and mannerisms that are used and whether they impede communication between the registrar and their patients. Two of the most common issues that arise include the registrar's use of "we" instead of "I" — usually the result of a stint in a hospital — and interrupting the patient. At the end of each consultation, the medical educators usually discuss the registrar's approach and later follow up with a report on their style.

Dr Koppe stresses that it is up to the registrar to change their practice style based on his comments. He says he often poses feedback as a question rather than suggesting how registrars could have conducted the consultation differently. "It's about assisting [registrars] about making informed decisions about what they are doing when practising medicine, Dr Koppe says.

That said, medical educators point to several common areas registrars can improve during their consultations.

Dr James Brown, a medical educator with Gippsland Education and Training for General Practice, advises registrars not to apologise to patients for the teaching visit. Instead, he encourages them to tell the patient a colleague is observing the consultation because this is how GPs improve their consulting style.

While the educator is obviously older than the registrars, some patients think the educator is a medical student watching a GP at work, a misconception both the educator and the registrar should not correct. "Registrars should see it as a peer-to-peer process rather than as an older doctor criticising them," Dr Brown says.

A common problem is that registrars often don't allow patients enough time to explain their ailment and discuss what they hope to gain from the consultation. In addition, Dr Brown says that at the end of a consultation, patients don't always have a clear understanding of what needs to happen next.

"Patients come to us for a professional opinion and [at the end] many patients leave a consultation with a young doctor with no idea of what the doctor intends," he says. "The conclusion needs to be clear and unambiguous.

"In the end, it's the patient's choice but sometimes registrars mistake that to mean the patient decides what happens next."

Melbourne-based registrar Dr Natalie Wheaton, a veteran of six ECTVs, says feedback from her medical educators has helped her to prioritise during a consultation and be realistic about what can be achieved in 15 minutes. She also has a better idea about what constitutes appropriate computer use, such as recognising when it is better to stop typing notes and focus on her patient. "Initially, I was a little bit hesitant and anxious, I got a bit worried these people were there to judge me. But I found the three people who sat in with me quite supportive. They were very unobtrusive and quite helpful in their comments."

Her advice to registrars? "Keep your nerves in check because [the medical educator] is really not there to judge you, they are there to make sure you are doing all right. They don't expect you to be perfect, it's a learning experience. And think about any questions you want to ask them, perhaps about how they run their practice."

It was previously emphasised that the process of learning and giving feedback ought to be collaborative. An ME having given feedback to a registrar should be prepared to demonstrate correct methods of performing tasks and to receive feedback from the registrar. *Tool 7.3: Registrar Feedback Form for ECTV* is an example of how this might be done.

Activity 7.3

The ECTV, Assessment and Feedback.

Read the article from Australian Doctor.

What are the main reported worries for registrars when undergoing an ECTV?
What are the main reported benefits for registrars from having done ECTVs?
What are the lessons for an ME doing ECTVs?

It is stated in the article that ECTVs " ... are not part of a registrar's assessment.", and one of the registrars was quoted as saying that there was no need to be too anxious because the ME " ... is not really there to judge you".

What is your interpretation of these comments? In thinking about this consider the following:
- How can feedback be given without making a judgement on performance?
- ECTVs are a mandatory requirement in training, therefore at the very least a record must be kept that they have occurred. In educational assessment parlance this is called a hurdle requirement.

What would you do if you developed serious concerns about the competence of the registrar on the basis of what you observed during the ECTV?

ASSESSMENT

Assessment of learned performance is an essential element for both driving learning and for making a judgement as to whether learners have achieved the objectives of the program.

Where judgements are made primarily for the purpose of assisting the registrars by giving constructive feedback the process is called *formative assessment.* A very important part of the teaching and learning process in GP training is to ensure that registrars obtain regular on-going formative assessment during their training.
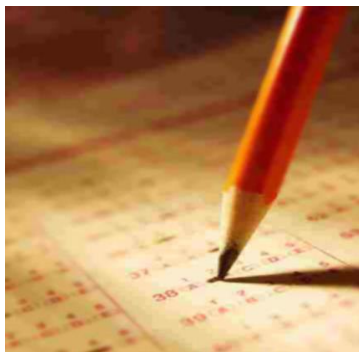
Where judgements are made primarily for the purpose of determining and certifying that registrars have completed training successfully and passed all requirements set by Colleges for attainment of fellowship the process is called *summative assessment.*

"When the cook tastes the soup, that's formative assessment; when the customer tastes the soup, that's summative assessment."

Black, P. (1998). *Testing: Friend or foe? Theory and practice of assessment and testing*. London: Falmer Press adapted from original quote by Robert Stake.

Assessment during training therefore consists of these two types: formative and summative. However they are not mutually exclusive.

Many RTPs set a range of activities which registrars must complete satisfactorily, eg.
> Doctors Interpersonal Skills Audit
> ECT visits
> Quality Audit

The formative assessment purpose is served because such activities as these provide an opportunity for the registrar to obtain feedback on their performance in relevant areas of general practice.

The summative assessment purpose is served because where the registrar has undertaken an activity, and an ME (or supervisor) has signed it off as having been satisfactorily completed, the

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registrar would normally enter it in their learning portfolio as evidence that they completed one of the training requirements.   In this way the RTP is maintaining a record so that the registrar performance in completing required activities is checked and monitored.

However it is important that registrars are fully informed about the purpose of particular feedback and assessment activities, how it will be conducted and how the results will be used.

During training there are many examples of formative assessment activities, the results of which are used for summative purposes.

What are the different types of assessment typically found in RTP training programs?

For any given RTP, the list of activities which at the very least are assessment hurdle requirements could include:

> Case Study
> Certified competence in a recognised CPR course
> Doctors Interpersonal Skills Questionnaire
> ECT Visits
> GP supervisors report
> Learning plan
> Maintenance of a Learning Portfolio
> Maintenance of Essential Procedural Skills Log
> Medical Records Audit
> Minimum attendance requirement at Educational Workshops
> Peer Teaching Session
> Public health project

The ACRRM requires registrars to undertake various types of attachments and a variety of different assessment activities during training which provide on-going feedback about their progress towards meeting the requirements for fellowship. The main assessment activities are identified as:

Formative – for monitoring and feedback on learning and include
> Learning portfolio
> Multi – source feedback
> Mini-clinical evaluation exercises
> The American Board of Family Medicine In-Training Examination

Summative – results count towards the final assessment for Fellowship
> Clinical skills log book
> Multi-source feedback
> Mini-clinical evaluation exercises
> Multiple choice examinations
> Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination

To obtain more detail on ACRRM assessment requirements follow this link:

http://www.acrrm.org.au/main.asp?NodeID=29396

The RACGP requires various types of attachments and activities to be undertaken and signed off by the RTP before a registrar can be certified as having completed training requirements. Additionally, the RTP may require registrars to complete specified learning and assessment activities before it will sign off that a registrar has successfully completed training requirements.

Extract from RACGP Standards for Programs and Providers: Standard P.10

An integral and critical part of the education and training in the program must be high quality, regular formative assessment with constructive feedback to registrars on their performance. This assessment must be supported by:
- **documented remediation processes to assist registrars whose progress is assessed as unsatisfactory**
- **a documented process for dealing with registrars whose progress remains unsatisfactory after remediation.**

Training providers, as part of the education program, must have quality formative assessment with constructive feedback. Formative assessment must be supported by remediation, with a documented process for dealing with registrars whose progress remains unsatisfactory after remediation. Characteristics of high quality assessment include validity, reliability, educational impact, acceptability, feasibility, and efficiency.
Assessment of standard:
- documented formative assessment processes
- documented evidence of formative assessment that is valid, reliable, acceptable to registrars and meeting learning needs
- documented remediation process including steps for registrars whose progress remains unsatisfactory after remediation.

You could check the RACGP vocational training standards documents to get more detail on the specific requirements.

http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/vocationaltraining/RACGPGeneralPracticeVocationalTrainingStandards/Companion_for_Programs_and_Providers_2005.pdf

http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/vocationaltraining/RACGPGeneralPracticeVocationalTrainingStandards/Companion_for_Trainers_and_training_Posts_2005.pdf

In addition the RACGP requires that registrars pass the RACGP Examination for Fellowship. Award of the FRACGP and completion of training enables registrars to obtain vocational recognition as a GP so that they can use the GP items on the Medicare schedule.

Activity 7.4

Forming a Summary.

Review your RTP's list of set learning feedback and assessment activities (they may not be called assessment activities). For the purpose of this exercise do not include learning plans or learning portfolios. Any activity which has one or more of the following elements should be included on the list.

   a) Registrars are required to do it as a set specific activity during their training
   b) It includes provision for an ME, supervisor, or other registrars to give feedback
   c) Performance on the activity is scored, marked or judged as satisfactory/unsatisfactory by an ME or supervisor
   d) A record of the result or at least completion of the task is maintained on the RTP's registrar file

Use *Tool 7.4 Formative& Summative Purposes of RTP Assessment Activities* to complete this activity.

How do MEs get involved in assessment?

There is consensus in the medical education literature that assessment drives learning. If you reflect back to the discussion in Module 5 on teaching and learning principles the reason for this consensus may be better understood.   We think the statement should read: "**good** assessment drives **good** learning", to recognise that poor and inappropriate assessment practices can have a negative impact on learning.

MEs have an important role to play in assisting registrars by providing high quality feedback, monitoring their progress through training and helping them in their preparation for undertaking the summative assessment requirements of the Colleges.

With a bit of experience under their belt, newly appointed MEs may have the opportunity to contribute to planning the RTPs assessment activities. If so, there are some points to bear in mind:

   • Assessment means gathering evidence about performance. This can be with reference to standards or benchmarks in which case it is called *criterion referenced* assessment, or with reference to the performance of others in which it case it is called *norm referenced* assessment. In the real world assessment is done as a bit of a mixture of both.

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- A common misconception is that using numerical rating or scoring systems ensures greater objectivity. This is not necessarily the case. For example, if a numerical score is given for assessed performance in an oral examination it is simply putting a number on the subjective assessment of the examiners.

- Many people equate assessment with measurement of performance in terms of grades or marks. Assessment and measurement go hand in hand; however, it is important to understand the difference between the two.

- The simplest method of measurement is satisfactory/unsatisfactory or completed activity/not completed activity or learning goals achieved/goals not achieved.

- Grading, rating or scoring is used in academic programs for ranking students, determining pass/fail results, nominations for academic awards, and certification of academic success. Needless to say this can breed a very competitive environment where motivation to achieve marks can become paramount.

- In an adult learning environment like vocational training where the key focus is assessment of GP registrar performance in practice, the most appropriate measurement scale is often the simplest method. Using the main measure of satisfactory/unsatisfactory completion or goals achieved/not achieved, places the emphasis on adults in professional practice taking responsibility for their own learning to meet education and training requirements.

- The selection of assessment methods should be based on how well they meet 5 criteria:

  Validity
  > Any particular assessment method you use should clearly and accurately sample an area of competence in the curriculum and taken as a whole the assessment methods should reflect the domains of competence in the curriculum

  Reliability
  > You need to be reasonably assured that the assessment methods will produce consistent results over time and regardless of whether different assessors were observing the performance

  Educational Impact
  > You should try to ensure that the assessment methods will actually have a positive impact on registrar learning

  Acceptability
  > The assessment methods you develop need to seen by teachers and learners as being valuable and useful

  Feasibility
  > Any assessment methods you are proposing should be realistic and practicable

In practice, when you plan an assessment task most of the above points can be dealt with satisfactorily if you follow a format similar to the one illustrated for a Peer Teaching Assessment Activity.

GROUP TEACHING ACTIVITY

What is the purpose of this assessment activity/tool?
> To provide GP registrars with experiencing in researching a topic, preparing material for, and conducting a teaching session.

Why do it?
> The word doctor is derived from the Latin word for teacher. Teaching remains one of the important roles of general practitioners. All doctors as they progress through their careers will have opportunities to teach. This assessment node is planned to encourage and refine this role. This activity encourages the GP registrar to focus on a particular area of interest, organise their knowledge, and develop confidence to pass on their knowledge and expertise. It reinforces the ethic of passing on professional knowledge and skills to peers and juniors in the profession.

When does it occur?
> Peer teaching sessions are scheduled regularly through the education release program. Registrars are timetabled in advance each semester to present a session.

How to do it:
> Each GP registrar will prepare and give a 30 - 45 minute teaching session to their peers on a release day. The GP registrars in the group receiving the teaching will rate the teaching session at its completion using the proforma below. The areas used to rate the activity include aspects of both content and presentation. The attached proforma will be used for the rating.

Where does it occur?
> Normally the sessions are held as part of the education release program; however registrars can request that equivalent alternative be accepted, eg. teaching a group medical students

Who is involved?
> The registrar makes a presentation to her or his peers who provide feedback to the presenter using a rating form. The ME will also participate and facilitate discussion of the feedback on the session.

What will happen to the results?
> The ratings will be collated and de-identified and returned to the presenting registrar as soon as practicable (normally in the same day session). This will form the basis for a feedback discussion session.
>
> The ME will provide a brief report when the registrar has completed the activity satisfactorily and the registrar should up-date her or his portfolio.

Assessment Form for Group Teaching Activity

Registrar:

Date:

Topic:

Please use a circle to rate each area from 1 to 4, where 1=lacking, 4=excellent

1.	**Relevance to general practice**	**1**	**2**	**3**	**4**

- Was there appropriate evidence from general practice?
- Were the implications for general practice clear?
- Was it congruent with and useful for clinical practice?

2.	**Clarity of information.**	**1**	**2**	**3**	**4**

- Was it presented in a clear and sensible order
- Were the important points sufficiently emphasised?
-

3.	**Visual aids**	**1**	**2**	**3**	**4**

- Were the visual or other aids used effectively?
- Were the visual aids clear and interesting?

4.	**Dynamic interaction with audience**.	**1**	**2**	**3**	**4**

- Did the presenter engage well with the group?
- Was it interesting?

5.	**Clarity of "take home" messages**	**1**	**2**	**3**	**4**
6.	**Overall**	**1**	**2**	**3**	**4**

Comments (with particular reference to how it could be improved)

Activity 7.5

Assessment Method Essentials.

Carefully review the above description of the Peer Teaching Assessment Task adapted from one RTP's list of assessment activities.

Reflect on, and discuss with your ME colleagues, the following questions:

What are the formative and summative components of this assessment?
How well does it meet the criteria of validity, reliability, educational impact, acceptability and feasibility?
What are the important features of the way it is described?

For more detail on assessment principles and methods check the following.

Consideration of formative and summative assessment is by no means confined to medical education. This is a slide presentation on assessment in a non-medical education environment.

http://www.slideshare.net/anneleftwich/week-11-assessment-presentation

The following are Assessment during training guidelines commissioned by GPET and distributed to RTPs in hard-copy only.
ADT temp-guidelines - final draft 17-10-04.doc
ADT guidelines - RTP user notes - 17-10-04.doc

REMEDIATION

Sooner or later in your role as an ME, you will have the (uncomfortable) experience of having to manage a registrar whose performance has been questioned. These questions are most likely to come from their supervisor or practice; however, they could be first identified through a registrar contact/training advisor meeting or from ECTVs or other assessment activities. If a registrar is experiencing a problem the RTP must try to identify and help remedy the problem as soon as possible.

Refer back to the RACGP Standard P10, and you will note that it requires RTPs to have a documented remediation process to assist registrars whose progress is unsatisfactory.

The ACRRM standard states it this way:

Extract from ACRRM Standards for Regional Training Providers: Standard 7. Registrar Well-being: Criterion 7.1: Performance Indicator 10.

There are mechanisms for pastoral support, counselling and monitoring of registrar well-being that must include:
- a documented 'registrar in difficulty' process,
- identified procedures for remediation, and
- a process for identifying problems that might lead to difficulties in special training situations,
- such as remote placements or practising alone for a period of time.

How do we assist a registrar who may have a performance problem?

Your RTP almost certainly have readily accessible documented procedures for dealing with these situations. The principle underlying this should be to have defensible transparent procedures to ensure that registrars are treated fairly. Typical steps include:

- Supervisor identifies problem and discusses with registrar
- If unresolved, supervisor reports to RTP
- Director of Training/ME reviews – meeting with registrar
- A plan to remediate is developed (called a Focussed Learning Intervention)
- If problem remains unresolved the procedures outlined in the AGPT policy on "Performance, Assessment, Monitoring and Intervention (PAMI)". (Section 4.2 pp 51-60) need to be followed.

You should refer to this to obtain a clear understanding of what needs to be done when a registrar with a potential performance problem is identified.

http://www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

The PAMI policy:
- Underscores the importance of having regular monitoring and assessment of registrar performance.
- Identifies six options RTPs can use in assessment of learning needs and possible intervention.
- Sets out what RTPs are required to follow when an early intervention has not been successful and/or further resources are requested by an RTP to provide remediation.
- Requires RTPs to fully document its procedures
- Identifies 3 categories for determining a registrar's need for specific intervention:
    1) Clinical knowledge or performance
    2) Personal behaviour

3) Personal health
- Identifies possible consequences of interventions

Activity 7.6

The ECTV: Further Developments.

Remember the scenario in Activity 7.2 where you did your first ECTV on a GP registrar in their first GP term at Smithtown practice?

Scenario:
Some months later, you are attending a registrar review meeting, where the Director of Training reports that there have been some clinical and professional attribute problems reported by the supervisor and practice nurse.

What should happen now?

EVALUATION

The other aspect of performance that MEs should be considering, and making informed judgements about, is their own teaching and more generally the quality of teaching offered as part of the RTP's program. To do this, MEs need to participate in evaluation and quality improvement.

The performance of all significant aspects of an RTPs activities should be evaluated.   This includes governance and management, administrative support, relationships with stakeholders,

etc. The GPET Quality Accreditation process for RTPs consists of a comprehensive external evaluation every 3 years of all major aspects of an RTP's activities. You should also note that GPET has conducted an annual registrar satisfaction survey as part of its evaluation activities.

More details are available at:

http://www.agpt.com.au/PoliciesPublications/QualityDevelopment/

For MEs, the RTP's education and training activities are the prime concern. Many RTPs will have established methods and tools for obtaining and analysing feedback from registrars on teaching in educational workshops and supervision and the experience they have in their training attachments. *Tool 7.5: Registrar Feedback on Training Attachment* is an example of how one RTP gets feedback.

However, as a newly appointed ME, you should be clear that simply preparing and distributing a feedback form does not in itself constitute good evaluation. The questions you ask in the first place, what other information you may need, and what you do with the results are also essential components of the evaluation process.

An important reason for undertaking evaluation in a planned and regular way is to provide a sound, defensible basis for changing programs and educational activities. To not do so, invites a situation where gut reaction and personal preference too strongly influence decisions about the program.

As is the case for assessment, there are two major purposes of educational evaluation. These are to gather evidence to:

1. Assist with the improvement of the quality of teaching and learning processes. (This is similar to formative assessment).
2. To determine whether the outcomes of teaching and learning have been achieved. (This is similar to summative assessment).

Regardless of which of these two basic purposes you are interested in the approach is broadly similar. Additionally it really does not matter whether you are looking at a single session or a whole program the approach is similar even though the breadth and depth of information obviously would be very different.

Our six honest serving men provide a suitable framework for any evaluation. *Examples related to the Essential Procedural Skills Log are given under each question.*

   What
   - Area/activity do you want to examine? (**The subject of evaluation**) eg.
           Use of the Procedural Skills Log
   - Do you want to know about it? (**The evaluation questions**), eg
           Are the items still valid in contemporary general practice?
           Is the log being filled in accurately?

Why

- Do you want to know? (**Purpose of evaluation**), eg.
  Should the ESPL be continued as a key assessment component
  It needs to be relevant and reliably filled in

When

- Does it occur?, (**Duration of activity)** eg.
  Supposed to be filled out progressively but in practice?

- Should you seek information about it? (**Timing of data collection**), eg.
  Towards end of training

How

- Will you identify the information you need? (**Evaluation tools**), eg.
  Review and adapt existing EPSL

- Will you gather and acquire the information? (**Data collection methods**), eg.
  Survey of registrars and supervisors

- Will you analyse and interpret the information? (**Data collation and analysis**), eg,
  Collate and use relevant descriptive statistics

Where

- Does the activity occur? **(Context of evaluation)**, eg.
  In teaching attachments

- Will the data gathering occur? (**Place of data collection**), eg.
  In education workshop meetings

Who

- Is involved in the activity? (**participants, subjects, respondents**), eg.
  Registrars complete form, supervisors verify
  Both supervisors and registrars to be included in survey

- Will receive the results? (**Evaluation report audience**), eg
  RTP ME staff group
  Registrars and supervisors

Activity 7.7

Evaluating Educational Activity.

Review your RTP's key education and training programs and activities. Select any two of them:

1. A relatively large program eg. the educational workshop program as a whole;
2. A relatively small activity, eg. a particular session in the educational workshop program.

For each of these develop an evaluation plan based on the six honest serving men framework. Once you have given thought to this, ask your ME colleagues how the activities are currently evaluated and discuss any differences that are apparent.

For more detail on evaluation check the following links:

..\Sources and Resources\BMJ - ABC - Evaluation.pdf

http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/evaluate.htm

HOW WELL HAS THIS MODULE HELPED YOU

A Matter of Judgement – What's Been Done???!!!

Use the following list to check off whether these things have worked for you:

You should:

- Be aware of what you need to do to be competent in providing feedback and undertaking assessment
- Understand how competence, performance, feedback and assessment are interrelated
- Be able to clearly distinguish between formative and summative assessment
- Be able to try out a step by step process for giving feedback to a registrar
- Be well prepared to carry out an ECTV
- Understand the different types of assessment activities during training
- Understand College standards and GPET policies regarding assessment and monitoring of performance
- Be aware of what you need to do if contributing to the development of assessment methods
- Be able to contribute to the process of remediation of a registrar who may have a performance problem
- Understand the basic principles and features of evaluation of teaching
- Be able to develop a simple plan to evaluate aspects of teaching in an RTP

If you agree that you have achieved these outcomes give yourself a tick or a hug.

If you disagree maybe you have some thoughts on how this module could be improved.

Whether you agreed or disagreed any feedback you have would be welcome.

You could post this feedback through AMEN's GPRime website.

TOOLS OF TRADE

Tool 7.1

Step by Step Process for Giving Feedback

Use this as a checklist when you are providing feedback to a registrar on their performance:

STEP	CHECK

1. SET the scene
   a) Establish ground rules re
     • agenda
     • collaborative process
     • tone
     • nature of feedback
     • what happens afterwards
   b) Observe registrar consultation or performance on task	

2. DIALOGUE
   a) Clarify the goals of review, things you both want to talk about
   b) Registrar is asked to identify what went well
   c) ME reinforces registrar and identifies other things that went well
   d) Registrar is asked to identify what could be done differently and how
   e) ME reinforces registrar, identifies other things that could be done differently
   f) ME shows how things could be done differently	

3. CLOSURE
   a) ME and registrar agree on plan for improvement
   b) Outline of next steps –
     • ME report
     • registrar to update learning portfolio
     • other follow-up action	

You could also use it to review and reflect on how your feedback session went.

Tool 7.2
ECTV – Initial Questions Form

QUESTION	WHAT YOU FOUND OUT
What is the reason for conducting an ECTV?	
What information do you need before you visit?	
How are they organised and what administrative arrangements must be made?	
What microskills do you require to actually do the ECTV?	
What is the reporting process, how are they used and where are they stored?	
What rating form or assessment tool is used?	
How do they contribute to the formative assessment process?	
Are there different feedback skills required for the normal, difficult and outstanding consultation?	

Should you in intervene in circumstances where there are significant clinical concerns? If so when and how?	
How should the ECTV be written?	
Are there other important activities which may occur while visiting a registrar at a practice for an ECTV?	
What follow-up action could be triggered by an ECTV?	

Tool 7.3

Registrar Feedback Form for ECTV

Name of visiting Medical Educator/GP Supervisor: ……………………………..

Term (please circle)   Basic / Advanced / Subsequent / Other

Please provide feedback on your experience of your recent medical educator visit and the written letter that you received by marking a box for each item

Information and contact prior to the visit:	poor					excellent

I felt comfortable with the Medical Educator/GP Supervisor:	Strongly Disagree					Strongly Agree

The feedback I received was relevant:	Strongly Disagree					Strongly Agree

The feedback I received was challenging:	Strongly Disagree					Strongly Agree

Direct observation was valuable:	Strongly Disagree					Strongly Agree

The feedback letter was valuable:	Strongly Disagree					Strongly Agree

The visit was useful:	Strongly Disagree					Strongly Agree

Evaluation of the overall process:	Poor					Excellent

Please add some comments:

Tool 7.4

Formative and Summative Purposes of RTP Assessment Activities

ACTIVITY	FORMATIVE		SUMMATIVE	
	Purpose	**Method**	**Purpose**	**Method**
ECTVs *(Included as an example)*	To provide direct feedback to assist registrars with their patient consultations	Observation of sample and feedback and report to registrar	To provide a signpost at regular points through training that registrars are progressing satisfactorily	Report kept on registrar file and in learning portfolio to meet completion of training requirements

Tool 7.5

Registrar Feedback on Training Practice Form

Purpose

This questionnaire is designed to obtain your views on the training and supervision you have experienced in your current or recently completed training attachment.

The questionnaire should be completed toward the end of **each attachment** and handed in to your training advisor/educational mentor in a sealed envelope. Registrars are assured that their answers will remain **confidential** and that information that specifically identifies them will only be used with their express written permission.

1. Stage of training ....   2. Name of supervisor ....

3. Name and location of teaching post/practice ....

4. Please tick the appropriate box to indicate the extent to which you agree or disagree with the following statements:

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	N/A
a.) I received sufficient orientation to the post/teaching practice					
b.) The practice facilities are very good					
c.) The range of patients I have seen has been satisfactory					
d.) My overall workload has been appropriate					
e.) Rostered on-call and overtime has been fair and equitable					
f.) My supervisor has been available, approachable & accessible					
g.) My supervisor has been very helpful in planning my learning					
h.) The frequency and quality of feedback I have received has been excellent					
i.) My supervisor has guided and facilitated my learning and assessment tasks satisfactorily					
j.) I have a clear understanding of how I am being assessed					
k.) I have gained valuable knowledge and skills relevant to the curriculum domains in this attachment					
l.) The time dedicated to teaching and learning activities by my supervisor has fully met the					

getGP requirements					
m.) The quality and content of teaching by my supervisor has been very good					
n.) The cluster group sessions have been a valuable addition to my learning					
o.) The day release workshop sessions have been a valuable addition to my learning					
p.) This attachment has increased my confidence in my future competence as a GP					
q.) My accommodation met Registrar Minimum Terms and Conditions					
r.) My employment met Registrar Minimum Terms and Conditions					
s.) My meeting(s) with my Designated Training Advisor have been useful in guiding my learning					
t.) Any problems/disputes arising have been handled appropriately					
u.) I have felt comfortable and accepted socially in the medical practice					
v.) I have felt comfortable and accepted socially in the wider community					
w.) Overall this teaching post/practice has been a valuable learning experience for me					
x.) I am feeling positive about my future in general practice					

Any Comments on the strengths/weaknesses of this teaching post/practice, on any other matter regarding your training would be most welcome:

Thank you for your assistance in completing the questionnaire
Collated and de-identifed results will be reported at regular intervals