Quick Guide to Foundation Programme Supervised Learning Events and Assessment

Train the trainers 2013
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Supervised Learning Events and Assessment

Train the trainers
2013

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## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Direct Observation of Procedural Skills (DOPS)</td>
<td>9</td>
</tr>
<tr>
<td>Mini-Clinical Evaluation Exercise (Mini-CEX)</td>
<td>14</td>
</tr>
<tr>
<td>Case-based Discussion (CbD)</td>
<td>19</td>
</tr>
<tr>
<td>Developing the Clinical Teacher</td>
<td>24</td>
</tr>
<tr>
<td>Multisource Feedback (MSF – TAB)</td>
<td>28</td>
</tr>
<tr>
<td>E-portfolio</td>
<td>31</td>
</tr>
<tr>
<td>Appendix 1: Core Procedural Skills</td>
<td>32</td>
</tr>
</tbody>
</table>
Introduction

What is a supervised learning event (SLE)?
A SLE is an interaction between a foundation doctor and a trainer which leads to immediate feedback and reflective learning. They are designed to help foundation doctors develop and improve their clinical and professional practice and to set targets for future achievements.

What is the purpose of a SLE?
SLEs aim to:

- support the development of proficiency in the chosen skill, procedure or event
- provide an opportunity to demonstrate improvement/progression
- highlight achievements and areas of excellence
- provide immediate feedback and suggest areas for further development
- demonstrate engagement in the educational process.

Participation in this process, coupled with reflective practice, is an important way for foundation doctors to evaluate how they are progressing towards the outcomes expected of the Foundation Programme Curriculum 2012 (the Curriculum).

Are SLEs assessments?
No! SLEs are not assessments. However, the clinical supervisor’s end of placement report, which forms part of the assessment will draw upon evidence of engagement in the SLE process but NOT the SLE outcomes.

Can a SLE be failed?
No! SLEs are not assessments; foundation doctor cannot pass or fail.

Which tools do the SLEs use?

*Supervised learning events with direct observation of doctor/patient encounter use the following tools:*

- Mini-clinical evaluation exercise (mini-CEX)
- Direct observation of procedural skills (DOPS).

*Supervised learning events which take place remote from the patient use:*

- Case-based discussion (CBD)
- Developing the clinical teacher.
**Supervised learning events with direct observation of doctor/patient encounter**

Foundation doctors are expected to undertake three or more directly observed encounters in each placement. They are required to undertake a **minimum** of nine directly observed encounters per annum in both F1 and in F2. At least six of these encounters each year should use mini-CEX.

**Mini-clinical evaluation exercise (mini-CEX)**

This SLE is an observed clinical encounter. Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed.

Foundation doctors should complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year with at least two mini-CEX completed in each four month period.

There is no maximum number of mini-CEX and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.

**Direct observation of procedural skills (DOPS)**

The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor’s interaction with the patient when performing a practical procedure.

Foundation doctors may submit up to three DOPS in one year as part of the minimum requirements for evidence of observed doctor-patient encounters.

Different assessors should be used for each encounter wherever possible.

Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements).

Although DOPS was developed to assess procedural skills, its purpose in the Foundation Programme is to support feedback on the doctor/patient interaction.

DOPS cannot be used to provide evidence of satisfactory completion of the GMC core procedures required in F1.

There is no maximum number of DOPS and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.
Supervised learning events which take place remote from the patient

**Case-based discussion (CBD)**

This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period.

Different teachers/trainers should be used for each CBD wherever possible.

There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

**Developing the clinical teacher**

This is a tool to aid the development of a foundation doctor’s skills in teaching and/or making a presentation and should be performed at least once a year. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

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**How frequently should SLEs be done?**

SLEs do not necessarily need to be planned or scheduled in advance and should occur whenever a teaching opportunity presents itself. Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs. Therefore, foundation doctors should ensure that SLEs are evenly spread throughout each placement.

**How many SLEs should be done?**

The recommended minimum number of supervised learning events per each Foundation Year can be seen in the table below:

<table>
<thead>
<tr>
<th>All supervised learning events (SLEs)</th>
<th>Recommended minimum number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-CEX</td>
<td>6 per year</td>
</tr>
<tr>
<td>DOPS</td>
<td>3 per year</td>
</tr>
<tr>
<td>Case-based discussion (CBD)</td>
<td>6 per year</td>
</tr>
<tr>
<td>Developing the clinical teacher</td>
<td>1 per year</td>
</tr>
</tbody>
</table>

It is important to note that although these are the recommended minimum, foundation doctors are encouraged to undertake many more. This is a means of demonstrating engagement with the learning process and should support self-reflection. The
Placement Supervision Group will consider how engaged the foundation doctor has been with the process and NOT the detailed feedback.

**What kind of topics should the SLE cover?**

As the aim of SLEs is for the foundation doctor to learn and develop, ideal topics should be those which the doctor finds challenging, difficult or they wish to improve upon. There is little benefit from undertaking a SLE on a very straightforward problem which the doctor already knows how to manage. It is the foundation doctor’s responsibility to arrange an appropriate range as well as the required number of SLEs. Discussion should include the management of long-term aspects of patients’ conditions.

The list below suggests suitable topics but increasingly complex issues can also be covered within any of these subjects.

- Airway problems
- Breathing problems
- Circulation problems
- Gastrointestinal problems
- Haematological problems
- Infection/inflammatory/immunity problems
- Musculoskeletal/locomotor problems
- Neurological and visual problems
- Obstetric and gynaecological problems including fertility
- Oncological problems
- Psychiatric/psychological problems
- Renal/Urological problems
- Trauma/injury
- Pain
- Long-term conditions
- Communication
- Breaking bad news
- Apologising.

**Whose responsibility is it to complete SLEs?**

The foundation doctor should demonstrate engagement with this process. With support from the clinical and educational supervisor(s), it is the foundation doctor’s responsibility to arrange the frequency, an appropriate range of SLEs and to ensure that completed SLEs are recorded within the e-portfolio.

**Who should be expected to contribute to a SLE?**

Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. They should usually be Consultant Clinical Supervisors, Resident Specialists, GP specialists, HSTs, BSTs and other doctors who are more senior than an F2 doctor, experienced nurses (band 5 or above) or allied health professional colleagues. Foundation doctors must have at least one SLE undertaken by a consultant or GP principal level per placement. In addition, the named educational or clinical supervisor should also perform an SLE.
Foundation doctors should try to use a different teacher/trainer for each SLE wherever possible. Clearly, if a lot of SLEs are completed, the foundation doctor may need to use the same trainer(s) more than once.

**What sort of feedback should be expected?**

Feedback should be recorded immediately and should include comments on achievements and areas of excellence. Areas which were found to be difficult should also be recorded. Recommendations for further development should be given; this might include suggestions for further SLEs on more complex problems.

Remember that all doctors have scope for development and are expected to actively engage in life-long learning and refine their skills throughout their careers. It is important that foundation doctors understand that they can improve their performance.
Direct Observation of Procedural Skills (DOPS)

What is a direct observation of procedural skills (DOPS)?
Direct observation of procedural skills (DOPS) is a supervised learning event (SLE) tool. The primary purpose of DOPS in the Foundation Programme is to provide a structured checklist for giving feedback on the foundation doctor’s interaction with the patient when performing a practical procedure. Different to the 15 GMC ‘core procedures’ (as mandatory during F1), all foundation doctors should use DOPS to inform the doctor/patient interaction while undertaking procedures not listed within ‘core procedures’.

Who can contribute to DOPS?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- Consultants
- Resident Specialists
- GP specialists
- HSTs
- BSTs
- suitable nurses or allied health professionals with expertise in the procedure

How does it work?
Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as DOPS.

DOPS is used for trainers to offer feedback on the foundation doctor’s interaction with the patient when performing a practical procedure. This should be managed by the foundation doctor and observed by a trained trainer for teaching purposes. Procedures should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit.

The observed process typically takes around 20 minutes and immediate feedback around five minutes. It may be necessary to allocate more time. Each DOPS could represent a different procedure and may be specific to the specialty (NB: DOPS may not be relevant in all placements). It is important to remember that completion of DOPS is additional to the GMC core procedures as required in F1.

What areas should DOPS focus on?
- demonstrates understanding of indications/anatomy/technique
- obtains informed consent
- demonstrates appropriate preparation pre-procedure
- appropriate analgesia or safe sedation
- technical ability
- aseptic technique
- seeks help where appropriate
- post procedure management
- communication skills
- consideration of patient/professionalism

Positive indicators for three of these areas are given below:

<table>
<thead>
<tr>
<th>Focus of encounter</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-procedure management</td>
<td>Safely disposes of equipment; documents the procedure, including labelling samples and giving instructions for monitoring; arranges appropriate aftercare/monitoring.</td>
</tr>
<tr>
<td>Communication skills</td>
<td>Explores patient’s perspective; jargon free; open and honest; empathic; agrees management plan with patient.</td>
</tr>
<tr>
<td>Consideration of patient / professionalism</td>
<td>Shows respect, compassion, empathy, establishes trust; attends to patient’s needs of comfort; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; aware of own limitations.</td>
</tr>
</tbody>
</table>

**What is the reference standard?**

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2. The Curriculum provides a detailed description of the relevant competences expected of a doctor completing F1 and F2.

**Feedback**

In order to maximise the educational impact of using DOPS, the supervisor and the foundation doctor need to identify strengths and areas for development. This should be done sensitively and in a suitable environment.

**How many DOPS should be completed?**

Foundation doctors are expected to undertake directly observed encounters per placement.

They are required to undertake a minimum 3 DOPS each year. There is no maximum number of DOPS and foundation doctors will often complete very high numbers of SLEs recognising the benefit they derive from them.
How is the form accessed?
The DOPS SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor’s e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor’s login, an automatic email will be sent to the trainer and the DOPS will be flagged as self-entered.

How should trainers complete the form?

- **Training**: the trainer must state if they have been trained in providing feedback.
- **Trainer’s details**: this should include registration number and position. If there is no relevant option select ‘other’ and specify.
- **Clinical setting**: select the most appropriate setting; if none apply select ‘other’ and specify.
- **Procedure**: use the free text to describe the procedure.
- **Focus of the encounter**: select the most appropriate focus or areas of focus.
- **Syllabus sections covered**: the SLE can be directly linked to the foundation doctor’s curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action**: describe anything that was especially good, suggestion for development and an agreed action.
Below is an example from e-portfolio:

![Direct Observation Of Procedural Skills (DOPS)](image)

**Foundation Doctor’s Name:**
- House
- Gregory

**GMC Number:**
- [19/04/2013]

**Trainer’s Name:**
- Dr George Clooney

**Trainer’s Position:**
- [GP], [Consultant], [ST3 or above / SPR], [ST/CT 1/2], [Other]

**GMC / Other Registration Number:**
- [2414]

**Trainer’s Email:**
- george.clooney@gov.mt

**Have you been trained in providing feedback?**
- [Yes], [No]

**Clinical Setting:**
- [ED], [OPD], [Ward], [Admissions], [GP Surgery], [Home Visits], [Other]

**Procedure:**
- Aspiration of sepsis (thigh)

- [✓] Demonstrates understanding of indications / anatomy / technique
- [✓] Aseptic technique
- [✓] Obtains informed consent
- [ ] Seeks
Procedure:  

- Demonstrates understanding of indications / anatomy / technique
- Obtains informed consent
- Preparation pre-procedure

Focus of encounter:

- Appropriate analgesia
- Safe sedation
- Technical ability
- Sedo help where appropriate
- Post procedure management
- Communication skills
- Consideration of patient/professionalism
- Other

Syllabus sections covered:

1. Professionalism
   - Behaviour in the workplace
   - Time management
   - Continuity of Care
   - Team-working
   - Leadership

2. Relationship and communication with patients
   - Interface with different specialties and with other professionals
   - Recognition and management of the acutely ill patient
   - Continuity of Care
   - Management of patients with impaired consciousness, including seizures

7. Good clinical care
   - Infection control and hygiene
   - Medical record-keeping and correspondence

Feedback based on the behaviours observed:

- Procedure performed well and competently.

The rater should focus on those areas performed well and also identify areas for development.

Agreed action:

- To make sure that the good infection control practice observed during this procedure is maintained throughout the trainee’s future clinical practice.

Reference code: 10018223
Mini-Clinical Evaluation Exercise (Mini-CEX)

What is a mini-clinical evaluation exercise (mini-CEX)?
A mini-CEX is a supervised learning event (SLE) which involves direct observation of a doctor/patient clinical encounter by a trainer for teaching purposes.

Who can contribute to a mini-CEX?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- Consultants
- Resident Specialists
- GP Specialists
- experienced Higher Specialist Trainees

How does it work?
Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as the mini-CEX.

The process is typically led by the foundation doctor. Topics should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit.

Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed. An appropriate record of all mini-CEX events must be kept within the foundation doctor’s e-portfolio.

The observed process typically takes around 20 minutes and immediate feedback around 5 minutes. It may be necessary to allocate more time.

What areas should mini-CEX focus on?
Mini-CEX is most useful when considering the following areas:

- history
- diagnosis
- examination
- management plan
- communication
- discharge
- other
<table>
<thead>
<tr>
<th>Focus of encounter</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.</td>
</tr>
<tr>
<td>Examination</td>
<td>Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient’s comfort and modesty.</td>
</tr>
<tr>
<td>Management plan</td>
<td>Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.</td>
</tr>
<tr>
<td>Communication</td>
<td>Explores patient’s perspective; jargon free; open and honest; empathic; agrees management plan/therapy with patient.</td>
</tr>
<tr>
<td>Discharge</td>
<td>Starts planning from moment of admission; considers long-term conditions; recognises impact of long-term conditions on patients, family and friends; liaises with patient, family, carers and primary care teams; considers role of other agencies; considers need for environmental adaptations; ensures necessary care plans are in place; arranges follow-up</td>
</tr>
</tbody>
</table>

Remember: Not all areas need be reviewed on each occasion.

**What is the reference standard?**

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

**Feedback**

In order to maximise the educational impact of using mini-CEX it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

**How many mini-CEX should be completed?**

Foundation doctors are expected to undertake a minimum of six mini-CEX each year. Foundation doctors should therefore complete a minimum of six mini-CEX in F1 and another six in F2. These should be spaced out during the year. There is no maximum number of mini-CEX and foundation doctors will
often complete very high numbers of SLEs recognising the benefit they derive from them.

**How is the form accessed?**

The mini-CEX SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor’s e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor’s login, an automatic email will be sent to the trainer and the mini-CEX will be flagged as self-entered.

**How should trainers complete the form?**

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer’s details:** this should include registration number and position. If there is no relevant option select ‘other’ and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select ‘other’ and specify.
- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select ‘other’ and specify. More than one category can be selected.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor’s curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an

**Overleaf is an example from e-portfolio:**
**Clinical Evaluation Exercise (Mini CEF)**

This form records a “patient/foundation doctor encounter” observed by a trainer for teaching purposes. Topics should be chosen jointly by the foundation doctor and trainer to address learning needs. Feedback and actions aimed at further training are recorded solely for the foundation doctor’s benefit.

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation Doctor’s Name</td>
<td>House</td>
</tr>
<tr>
<td>GMC Number</td>
<td>Gregory</td>
</tr>
<tr>
<td>Date (dd/mm/yyyy)</td>
<td>20/1/2013</td>
</tr>
<tr>
<td>Trainer's Name</td>
<td>Dr George Clooney</td>
</tr>
<tr>
<td>Trainer's Position</td>
<td>GP</td>
</tr>
<tr>
<td>GMC / Other Registration Number</td>
<td>3236</td>
</tr>
<tr>
<td>Trainer’s Email</td>
<td><a href="mailto:george.clooney@gov.mt">george.clooney@gov.mt</a></td>
</tr>
<tr>
<td>Have you been trained in providing feedback?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Clinical Setting:**
- ED
- OPD
- Ward
- Admissions
- Home Visit
- Other

**Clinical Problem Category:**
- New patient
- Follow up
- Airway
- Breathing
- Circulation
- Neuro and Vascular
- Psych
- Pain
- Long term illness
- Communication
- Other

**Focus of Encounter:**
- History
- Diagnosis
- Examination
- Management plan

**Syllabus Sections Covered:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Professionsal</td>
</tr>
<tr>
<td>1.1</td>
<td>Professional behaviour in the workplace</td>
</tr>
<tr>
<td>1.2</td>
<td>Time management</td>
</tr>
<tr>
<td>1.3</td>
<td>Continuity of care</td>
</tr>
<tr>
<td>1.4</td>
<td>Team-working</td>
</tr>
<tr>
<td>1.5</td>
<td>Leadership</td>
</tr>
<tr>
<td>2</td>
<td>Relationship and communication with patients</td>
</tr>
<tr>
<td>2.1</td>
<td>Treat the patient as the centre of care within a consultation</td>
</tr>
<tr>
<td>3</td>
<td>Safety and clinical governance</td>
</tr>
<tr>
<td>3.1</td>
<td>Safety and clinical governance</td>
</tr>
<tr>
<td>3.2</td>
<td>Complaints</td>
</tr>
<tr>
<td>3.3</td>
<td>Consent</td>
</tr>
<tr>
<td>4</td>
<td>Resuscitation and end of life care</td>
</tr>
<tr>
<td>4.1</td>
<td>Resuscitation</td>
</tr>
<tr>
<td>5</td>
<td>Recognition and management of the acutely ill patient</td>
</tr>
<tr>
<td>5.1</td>
<td>Resuscitation and end of life care</td>
</tr>
<tr>
<td>6</td>
<td>Management of acute mental disorder and self-harm</td>
</tr>
<tr>
<td>7</td>
<td>Patient with long-term conditions</td>
</tr>
<tr>
<td>7.1</td>
<td>Patient with long-term conditions</td>
</tr>
<tr>
<td>8</td>
<td>Recognizing and management of the acutely ill patient</td>
</tr>
<tr>
<td>8.1</td>
<td>Resuscitation and end of life care</td>
</tr>
<tr>
<td>9</td>
<td>Recognizing and management of the acutely ill patient</td>
</tr>
<tr>
<td>9.1</td>
<td>Resuscitation</td>
</tr>
<tr>
<td>10</td>
<td>Recognizing and management of the acutely ill patient</td>
</tr>
<tr>
<td>10.1</td>
<td>Resuscitation</td>
</tr>
</tbody>
</table>

continued overleaf
Feedback based on the behaviours observed:

In case of sepsis the focus of infection must be investigated so as to treat adequately and promptly.

Agreed action:

To get involved in more cases of sepsis and consult with seniors to reinforce management decisions. Also to read sepsis management guidelines.
Case-based Discussion (CbD)

What is case-based discussion (CBD)?
A case-based discussion is a supervised learning event (SLE) tool. This is a structured discussion of a clinical case managed by the foundation doctor. Its strength is investigation of, and feedback on, clinical reasoning.

Who can contribute to the developing the clinical teacher?
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- Consultants
- Resident Specialists
- GP Specialists
- experienced Higher Specialist Trainees

How does it work?
The process is typically led by the foundation doctor. Cases should be chosen jointly by the foundation doctor and trainer to address a spread of topics which reflect individual learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit. Ideally, the foundation doctor should select two case records from patients they have seen recently, and in whose notes they have made an entry. The trainer should select one of these for the CBD session. The discussion must start from and be centred on the foundation doctor’s own record in the notes. The SLE typically takes 20 minutes including feedback and completion of the form. It may be necessary to allocate more time.

What areas should CBD focus on?
CBD is most useful when considering the following areas:

<table>
<thead>
<tr>
<th>Focus of encounter</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical record keeping</td>
<td>Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.</td>
</tr>
<tr>
<td>Clinical assessment</td>
<td>Understood the patient’s story; made a clinical assessment based on appropriate questioning and examination.</td>
</tr>
<tr>
<td>Investigation and referral</td>
<td>Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Discusses the rationale for the treatment, including the risks and benefits.</td>
</tr>
<tr>
<td>Focus of encounter</td>
<td>Positive indicators</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Follow-up and future planning</td>
<td>Discusses the rationale for the formulation of the management plan including follow-up.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient’s needs for comfort, respect, confidentiality were addressed; discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks; has insight into own limitations.</td>
</tr>
</tbody>
</table>

**What is the reference standard when giving feedback?**

When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

**Feedback**

In order to maximise the educational impact of using CBD, it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

**How many should be completed?**

A minimum of six CBDs should be completed each year with at least two CBDs undertaken in any four month period. There is no maximum number of CBDs and foundation doctors will often achieve very high numbers of SLEs recognising the benefit they derive from them.

**How is the form accessed?**

The CBD SLE form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor’s e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor’s login, an automatic email will be sent to the trainer and the CBD will be flagged as self-entered.

**How should trainers complete the form?**

- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer’s details:** this should include registration number and position. If there is no relevant option select ‘other’ and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select ‘other’ and specify.
- **Clinical problem category:** these are based on the clinical areas described in the Curriculum. If none apply select ‘other’ and specify. More than one category can be selected.
• **Focus of the encounter:** select the most appropriate focus or areas of focus.

• **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor’s curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.

• **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

Overleaf is an example from e-portfolio:
Case Based Discussion (CBD)

This form records a structured discussion for teaching purposes of a clinical case managed by the foundation doctor. It is usually based on case note entry, and takes place between the foundation doctor and a trained trainer. Cases should be chosen jointly by the foundation doctor and trainer to address a spread of topics which reflect individual learning needs. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit.

Foundation Doctor’s Name: House
Gregory

Date (dd/mm/yyyy): 19/04/2013

Trainer’s Name: Dr George Clooney

Trainer’s Position:
- GP
- Consultant
- ST3 or above / SPR
- ST1/2
- Other

GMC / Other Registration Number: 2426

Trainer’s Email: george.clooney@gov.mt

Have you been trained in providing feedback?
- Yes
- No

Clinical Setting:
- ED
- OPD
- Ward
- Admissions
- GP Surgery
- Home Visit
- Other

Clinical problem category:
- New patient
- Follow up
- Pain
- Airway
- Long term illness
- Breathing
- Communication
- Circulation
- Other
- Neuro and vocal

Focus of Discussion:
- Medical record keeping
- Follow-up and future planning
  - Clinical assessment
  - Professionalism
  - Investigations and referrals
  - Other
  - Treatment

Syllabus sections covered:

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>7.9 Interface with different specialties and with other professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Professionalism</td>
<td>6 Recognition and management of the acutely ill patient</td>
</tr>
<tr>
<td>1.1 Behaviour in the workplace</td>
<td>1.2 Time management</td>
</tr>
<tr>
<td>1.3 Continuity of Care</td>
<td>1.4 Teamworking</td>
</tr>
<tr>
<td>1.5 Leadership</td>
<td>1.6 Relationship and communication with patients</td>
</tr>
<tr>
<td>2 Relationship and communication with patients</td>
<td>7.5</td>
</tr>
</tbody>
</table>
7 Good clinical care

- Good teaching points raised

Feedback based on the behaviours observed:

The trainer should focus on these areas performed well and also identify areas for development.

Agreed action:

Maintaining good medical practice by updating her medical knowledge base and consulting protocols and guidelines
Developing the Clinical Teacher

What is the ‘developing the clinical teacher’ tool?
Developing the clinical teacher is a supervised learning event (SLE) tool used to aid the development of a foundation doctor’s skill in teaching and/or making a presentation.

Who can contribute to the developing the clinical teacher
Foundation doctors will obtain most benefit if they receive feedback from a variety of different people. Feedback should usually be from:

- Consultants
- Resident Specialists
- GP Specialists
- experienced Higher Specialist Trainees

How does it work?
Foundation doctors are expected to demonstrate improvement and progression during each placement and this will be helped by undertaking frequent SLEs such as developing the clinical teacher. The foundation doctor will be encouraged to develop skills in preparation and scene-setting, delivery of material, subject knowledge and ability to answer questions, learner-centredness and overall interaction with the group.

The nature and content of the teaching encounter should be chosen jointly by the foundation doctor and trainer to address the learning needs of both the foundation doctor and those being taught. Feedback and actions advised for further learning are recorded solely for the foundation doctor’s benefit.

What areas should developing the clinical teacher focus on?
Developing the clinical teacher is most useful when considering the following areas:

<table>
<thead>
<tr>
<th>Focus of encounter</th>
<th>Positive indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation and setting</td>
<td>Creates an appropriate environment, checks resources are available/working in advance; uses resources appropriately.</td>
</tr>
<tr>
<td>Teaching</td>
<td>Introduce self; introduces the topic; establishes prior learning; uses an appropriate pace; clear and logical teaching; reviews/summarises key points; manages time.</td>
</tr>
<tr>
<td>Subject knowledge and ability to answer questions</td>
<td>Understands subject matter; answers questions clearly; aware of own limitations.</td>
</tr>
<tr>
<td>Interaction with group</td>
<td>Maintains eye contact; maintains participants’ attention; facilitates group participation.</td>
</tr>
</tbody>
</table>

Remember: Not all question areas need be assessed on each occasion.
What is the reference standard?
When giving feedback to F1 doctors, trainers should consider what they would expect for satisfactory completion of F1. Similarly for F2, trainers should consider what they would expect for satisfactory completion of F2.

Feedback
In order to maximise the educational impact of using this tool it is important to identify strengths, areas for development and agree an action plan. This should be done sensitively and in a suitable environment.

How many should be completed?
It is recommended that this tool is used once per placement. At a minimum, it must be performed at least once a year in both F1 and F2.

Supervised learning event (SLE) Recommended minimum number per placement* Developing the clinical teacher 1 or more *based on a clinical placement of four month duration.

How is the form accessed?
The form is available within the e-portfolio. If the trainer is a supervisor with access to the foundation doctor’s e-portfolio, they can access the form themselves. However, if this is not the case, the foundation doctor could either send an electronic ticket or log in and complete the form with the trainer. If the form is completed using the foundation doctor’s login, an automatic email will be sent to the trainer and form will be flagged as self-entered.

How should trainers complete the form?
- **Training:** the trainer must state if they have been trained in providing feedback.
- **Trainer’s details:** this should include registration number and position. If there is no relevant option select ‘other’ and specify.
- **Clinical setting:** select the most appropriate setting; if none apply select ‘other’ and specify.
- **Participants:** Select the participants. More than one category can be used. This should also be used if there was only one participant. If none apply, select ‘other’ and specify.
- **Focus of the encounter:** select the most appropriate focus or areas of focus.
- **Syllabus sections covered:** the SLE can be directly linked to the foundation doctor’s curriculum record by selecting the relevant syllabus heading (as listed in the Curriculum) from a drop-down menu.
- **Free-text feedback and agreed action:** describe anything that was especially good, suggestion for development and an agreed action.

Overleaf is an example from e-portfolio:
Developing the Clinical Teacher

This form aids the development of a foundation doctor’s skills in teaching and making a presentation. The nature and content of the teaching encounter should be chosen jointly by the foundation doctor and trainer to address the learning needs of both the foundation doctor and those being taught. Feedback and actions agreed for further learning are recorded solely for the foundation doctor’s benefit.

Foundation Doctor’s Name: Kate Perry

GMC Number: [Field]

Date (dd/mm/yyyy): 29/4/2013

Trainer’s Name: Dr George Clooney

Trainer’s Position: [GP, Consultant, ST3 or above/SR, ST/IT 1/2, Other]

Other (please specify): Urology Unit M&M meeting

GMC / Other Registration Number: 3021

Trainer’s Email: george.clooney@gov.mt

Have you been trained in providing feedback? [Yes, No]

Clinical setting: [Ward based, Journal Club, Lecture, Tutorial, Other]

continued overleaf
**Clinical problem category:**
- Preparation and setting (creating an appropriate environment for teaching, utilisation of resources)
- Teaching (clarity, logical sequence)
- Subject knowledge
- Ability to answer questions
- Interaction with group (gained their attention, facilitated group participation)
- Other

**Focus of Encounter:**
- Professionalism
- Behaviour in the workplace
- Time management
- Continuity of Care
- Team-working
- Leadership

**Syllabus sections covered:**

<table>
<thead>
<tr>
<th>1. Professionalism</th>
<th>7.1.2.6 Infusion including prescription of fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Behaviour in the workplace</td>
<td>7.1. Infusion of blood and blood products</td>
</tr>
<tr>
<td>1.2. Time management</td>
<td>7.2. Injection of local anaesthetic to skin</td>
</tr>
<tr>
<td>1.3. Continuity of Care</td>
<td>7.3. Subcutaneous injection, e.g., insulin or UW heparin</td>
</tr>
<tr>
<td>1.4. Team-working</td>
<td>7.4. Intramuscular injection</td>
</tr>
<tr>
<td>1.5. Leadership</td>
<td>7.5. Under takes regular patient review</td>
</tr>
<tr>
<td>1.6. Professional ethics</td>
<td>7.6. Safe prescribing</td>
</tr>
<tr>
<td>1.7. Behaviour in the workplace</td>
<td>7.7. Safe use of medical devices</td>
</tr>
<tr>
<td>1.8. Communication</td>
<td>7.8. Infection control and hygiene</td>
</tr>
<tr>
<td>1.9. Professionalism</td>
<td>7.9. Medical record-keeping and correspondence</td>
</tr>
<tr>
<td>1.10. Professionalism</td>
<td>7.1.2.6.1 Intravenous therapy including monitoring</td>
</tr>
</tbody>
</table>

**Good clinical care**

| 7.1.2.6 Infusion including prescription of fluids |
| 7.1. Infusion of blood and blood products |
| 7.2. Injection of local anaesthetic to skin |
| 7.3. Subcutaneous injection, e.g., insulin or UW heparin |
| 7.4. Intramuscular injection |
| 7.5. Under takes regular patient review |
| 7.6. Safe prescribing |
| 7.7. Safe use of medical devices |
| 7.8. Infection control and hygiene |
| 7.9. Medical record-keeping and correspondence |

**Feedback based on the behaviours observed:**

Dr Perry participated actively in the Urology M&M meeting which is held regularly within our unit. She prepared the clinical material and presented the cases well.

**Agreed action:**

More practice would be useful, but overall her presentation skills are good.

reference code: 9460130
Multisource Feedback - Team assessment of behaviour (MSF – TAB)

What is TAB?

This is a collated view from a range of co-workers previously referred to as 360 degree assessment. This tool provides information about the trainee’s behaviour and attitudes which are an important component of performance.

Should I have been asked to be an assessor?

Any member of staff who has worked with the trainee may be asked to assess that trainee. This may include consultants, resident specialists, higher and basic specialist trainees, other doctors, nursing staff, physiotherapists, occupational therapists, and other paramedical staff. You need to know and have observed the trainee at work.

How should it work?

The Foundation trainee should send off 15 assessment requests. Out of the minimum of 10 required responses, the raters must be:

- 2-8 doctors: must be at least one Consultant Clinical Supervisor / GP specialist; Preferably should include resident specialist, HST and BST from firm; no other foundation doctor
- 2-6 Nursing Officers (NO) / Deputy NOs
- 2-4 Allied Health-Care Professionals
- 2-4 other team (eg secretaries, PGC staff, ward clerks...)

It is recommended that one MSF-TAB is done toward the end of the first placement (usually September) and another MSF-TAB is done in the third placement (usually March). The MSF-TAB should be done within the same placement time interval. (E-portfolio will only group MSF-TAB responses for every 3 month placement)

The trainee will not have access to the individual scores of any of the 10 co-workers but once the forms have been collated, the trainee will receive feedback from the educational supervisor. Written comments may be quoted verbatim and a summary form showing the marks and comments is made available to the trainee. At no point will the trainee know who of the 10 co-workers made the individual comments and nor will the trainee know how you have scored him/her.

How to complete a TAB

The TAB is filled in online on the eportfolio. This should taken no longer than 5 minutes. Only fill in sections on the form that you feel able to make a judgement on. Leave those areas where you feel unable to comment or pass
judgement. The point of this assessment tool is not about whether you like the trainee or not but how the trainee performs.

You will be asked to rate whether you have “no concern”, “some concern” or “major concerns” about the trainee in various areas including maintaining trust/professional relationship with patient, verbal communication skills, teamworking/working with colleagues, and accessibility. For the majority of trainees there should be no concern. If you have a concern, or some incidents or behaviour may have worried you, tick the “some concern” box and identify in the free text box what behaviour may have caused your to be concerned. This helps the trainees identify any problem areas and improve. Tick “major concerns” if you feel the trainee has serious failings and please identify these failings by giving examples in the free text box.

The behaviour of the trainee is assessed in the following 4 areas:

1. **Maintaining trust / Professional relationship with patients:**
   - Listens.
   - Is polite and caring.
   - Shows respect for patients' opinions, privacy, dignity, and is unprejudiced.

2. **Verbal communication skills:**
   - Gives understandable information.
   - Speaks good English, at the appropriate level for the patient.

3. **Team-working / Working with colleagues:**
   - Respects others' roles, and works constructively in the team.
   - Hands over effectively, and communicates well.
   - Is unprejudiced, supportive and fair.

4. **Accessibility:**
   - Accessible.
   - Takes proper responsibility.
   - Only delegates appropriately.
   - Does not shirk duty.
   - Responds when called.
   - Arranges cover for absence

These assessments are not meant to report a trainee or have disciplinary action taken. For this, there are other processes and reporting procedures.

**Overleaf is an example from e-portfolio:**
The Malta Foundation School

Assessor Quick Guide 1.2 May 2013

360° Team assessment of behaviour (TAB)

Name of doctor in training:
Dr House Gregory
0001

Trainee Medical Council of Malta Reg No:
ENT

Current post:
11/10/2010

Date started current post:

Please use the comments boxes to commend good behaviour and to describe any behaviour which is causing you concern. Give specific examples. This form will be sent to the foundation doctor’s educational supervisor, who may ask you privately to enlarge on any concern behaviour you report. At least nine other forms will also be considered. The foundation doctor will receive private feedback, but you will not be identified in person without advance discussion with you.

Altitude and/or behaviour

Maintaining trust/professional relationship with patients

- Listens.
- Is polite and caring.
- Shows respect for patients’ opinions, privacy, dignity, and is unprejudiced.

[ ] No concern [ ] You have some concern [ ] You have a major concern

COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. **You must specifically comment on any concern behaviour** and this should reflect the trainee’s behaviour over time – not usually just a single incident.

Quite considerate for patients’ needs.

Verbal communication skills

- Gives understandable information.
- Speaks good English, at the appropriate level for the patient.

[ ] No concern [ ] You have some concern [ ] You have a major concern

COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. **You must specifically comment on any concern behaviour** and this should reflect the trainee’s behaviour over time – not usually just a single incident.

Gives a good overview during the pre-op assessment. of the procedures that the patients are about to undergo, and of the risks involved.

Team-working / working with colleagues

- Respects others’ roles, and works constructively in the team.
- Hands over effectively, and communicates well.
- Is unprejudiced, supportive and fair.

[ ] No concern [ ] You have some concern [ ] You have a major concern

COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. **You must specifically comment on any concern behaviour** and this should reflect the trainee’s behaviour over time – not usually just a single incident.

Excellent teamwork.

Accessibility

- Accessible.
- Takes proper responsibility. Only delegates appropriately.
- Does not shirk duty.
- Responds when called. Arranges cover for absence.

[ ] No concern [ ] You have some concern [ ] You have a major concern

COMMENTS: Anything especially good? If you cannot give an opinion due to lack of knowledge of the foundation doctor say so here. **You must specifically comment on any concern behaviour** and this should reflect the trainee’s behaviour over time – not usually just a single incident.

Date: 29/01/2011

Assessor’s Name: Dr I Wo Chiu
9999
3569999
i.wo.chiu@gov.mt

reference code: 4768360
E-portfolio

The e-portfolio is being provided and hosted by NES Scotland. It is the same e-portfolio used by the UK Foundation Programme.

All the above SLE and Assessment tools will be available and entered on the e-portfolio of each trainee.
Appendix 1:

Core Procedural Skills

Guidance for assessors

Foundation doctors are required to demonstrate that they can competently perform 15 core procedures to be eligible for full registration with the General Medical Council. An electronic logbook has been developed to simplify the assessment of these procedures.

What are the required procedures for F1?
By the end of F1, foundation doctors should be able to competently perform and teach undergraduates the following 15 procedures:

1. Venepuncture
2. IV Cannulation
3. Prepare and administer IV medication and injections and fluids
4. Arterial puncture in an adult
5. Blood culture (peripheral)
6. IV infusion including the prescription of fluids
7. IV infusion of blood and blood products
8. Injection of local anaesthetic to skin
9. Subcutaneous injection
10. Intramuscular injection
11. Perform and interpret an ECG
12. Perform and interpret peak flow
13. Urethral catheterisation (male)
14. Urethral catheterisation (female)
15. Airway care including simple adjuncts.

These procedures are listed in the logbook section. There may be additional opportunities to extend the range of procedures the trainee can perform. Direct Observation of Procedural Skills (DOPS) should be used to assess the procedures not listed here.

What are the required procedures in F2?
During Foundation Year 2 (F2) trainees are expected to maintain and improve their skills in the procedures listed above. By the end of the year they should
be able to help others with difficult procedures and guide F1 doctors in teaching others.

Each specialty will specify an appropriate range of procedures for their placement.

What must a trainee demonstrate for satisfactory completion?
Guidance is provided about the specific requirement for each procedure. For all the listed procedures there are common requirements, which are listed below.

For all procedures, trainees should:

- introduce themselves
- check the patient’s identity
- confirm that the procedure is required
- explain the procedure to the patient (including possible complications and risks) and gain informed consent for the procedure (under direct supervision where appropriate)
- take all necessary steps to reduce the risk of infection, including washing hands, wearing gloves and maintaining a sterile field if appropriate
- dispose of all equipment in the appropriate receptacles
- document the procedure in the notes; and
- arrange appropriate aftercare/monitoring

REMEMBER: Trainees should always recognise the limits of their competence and seek advice and help where appropriate.

Who can assess these procedural skills?
Assessors must be trained both in the procedure, assessment and feedback methodology. Only Consultants, Resident Specialists, GP specialists, HSTs, BSTs, fully qualified nurses and allied healthcare professionals can sign the log book. Different assessors should be used for each encounter wherever possible. It is the trainee’s responsibility to choose the timing, procedure and assessor.

Who will review the logbook?
The Educational Supervisor and Foundation Training Programme Director will review the logbook.