

LondonDeanery

Foundation Schools

GUIDE FOR ASSESSORS OF FOUNDATION DOCTORS

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GUIDANCE FOR ASSESSORS OF FOUNDATION DOCTORS

The purpose of this document is to provide you with a short practical guide on key issues that you should be aware of before you agree to assess any Foundation Doctor, and while assessing them.

WHAT SHOULD I KNOW ABOUT THE FOUNDATION PROGRAMME BEFORE I CONDUCT ANY ASSESSMENT?

You should have knowledge of the level of performance expected of the Foundation Doctor.

F1 Doctors should be assessed against the standard of a doctor who is ready to complete the F1 year as described in the Foundation Programme Curriculum.

F2 Doctors should be assessed against the standard of a doctor who is ready to complete the F2 year as described in the Foundation Programme Curriculum.

Foundation Programme Curriculum is available online at:

<http://www.foundationprogramme.nhs.uk/pages/home/key-documents#curriculum>

WHAT TYPE OF ASSESSMENTS WILL FOUNDATION DOCTORS BE ASKED TO UNDERTAKE?

By end of November	By end of March	By end of May
CEX x2	CEX x2	CEX x2
DOPS x1 In conjunction with a log book for FY1	DOPS x1	DOPS x1
CBD x2	CBD x2	CBD x2
TAB x1		

Teaching/presentation assessment x1 during each Foundation year

SHOULD I HAVE BEEN ASKED TO BE AN ASSESSOR?

Please see the section 'Assessment Tools' for detailed information on who is allowed to conduct which assessments.

You should not assess Foundation Doctors if you are a patient, medical /nursing student, or other not yet qualified.

DO I HAVE TO BE TRAINED TO ASSESS FOUNDATION DOCTORS?

Yes. You should be trained and recorded in the Postgraduate Centre as an 'approved Assessor' before assessing Foundation Doctors, other than for TAB

As an 'approved Assessor' you should have undertaken relevant training courses and be able to demonstrate knowledge of :

a) Principles of workplace-based assessments

You understand the purpose and principles of work-place based assessments; separate appraisal from assessment

b) Assessment tools and methodology

You know the methodology and the content of the assessment tools; understand the assessment process and forms that you are required to complete; distinguish between formative and summative assessment

c) Giving effective feedback

You know how to give feedback and use feedback to support learning (note: not relevant for TAB)

d) The Foundation Programme Curriculum

You have knowledge of the level of performance expected of the Foundation Doctor

e) Equality and Diversity

You understand and apply fairness and equality of opportunity

If you are a Supervisor who has been selected and appropriately trained in accordance with the 'Professional Development Framework for Supervisors in the London Deanery' you are considered to have satisfied these requirements.

WHICH MODELS OF TRAINING ARE RECOGNISED?

- Deanery-led or Royal College led assessment training courses
- Trust-led courses
- E-learning packages

For example, the following assessor training package can be completed online on the London Deanery Foundation page <http://www.faculty.londondeanery.ac.uk/support-for-schools/foundation-programme-1>

The eLfh e-learning modules on assessment are available at <http://www.e-lfh.org.uk/>

Reading through, in addition, the Foundation Programme Curriculum and attending any Trust or Deanery led course on the assessment tools and methodology will ensure that you are ready to assess Foundation Doctors.

Note: Unless you undertake any of the above courses/elearning packages, your assessment skills will need to be observed and validated. For more information, please contact the Postgraduate Centre or the Foundation Programme Training Director within your Trust.

WHAT SHOULD I KNOW ABOUT THE PRACTICAL PROCEDURE (DOP)?

The Foundation Doctor will arrange the assessment, choose the Assessor and the procedure/case for all types of assessment. The needs of disabled Foundation Doctors or Foundation Doctors with any other specific needs should be taken into account in assessment arrangements.

All assessments will be recorded online in e-Portfolio and it is **your responsibility** to complete the form.

You can access the form once the Foundation Doctor has either sent an electronic 'ticket' to your email address with a request to conduct the assessment or printed the 'ticket' out and handed it to you personally. Further instructions can be found on the 'ticket'.

All the assessments should take no longer than 15 minutes to complete, which must be followed by an approximately 5 minute feedback session (excluding TAB).

Confidentiality, Equality and Fairness for the assessment process is paramount.

Note that the assessment tools are the same for both years of the Foundation Programme: what differs is the level of competence and expertise that Foundation Doctors are required to demonstrate through these tools.

You should only answer the questions that relate to your personal experience and that you are competent to comment on.

You should only fill in the sections on the form where you have had a chance to observe the Foundation Doctor enough to make a judgement; no form should be completed without direct observation.

The scoring and comments should reflect the competences required from the Foundation Doctor at the level of training.

A judgement should be made based on the Foundation Doctor's performance only.

Please use the full range of the rating scale. Comparison should be made with a Foundation Doctor who is ready to complete the Foundation Programme. It is expected that ratings below 'meets expectations for F1 or F2 completion' will be in keeping with the Foundation Doctor's level of experience early in each year. An individualised WPBA teaching and learning plan may be required to strengthen the Foundation Doctor's skills and knowledge. Rating descriptions can be found in the curriculum.

FEEDBACK SESSIONS?

You must provide the Foundation Doctor with approximately 5 minutes feedback immediately after the assessment (excluding TAB). Feedback on TAB will be provided to the Foundation Doctor by the Educational Supervisor who will collate all comments and provide the Foundation Doctor with the TAB summary.

Feedback should be provided in a sensitive way and in a suitable environment.

The aim of feedback should be to have a conversation that is genuine, mutual, clear, and trusting. The conversation must also set out to understand personal and situational factors.

During the feedback session, you and the Foundation Doctor should identify agreed strengths, areas for development and an action plan.

While giving feedback, you should refer to the syllabus and competences.

You must be truthful and accurate while feeding back and prepared to provide negative but constructive feedback.

No Foundation Doctor should be criticised without recommending a solution.

Focus for feedback should be on behaviours that can be changed, not personal judgments. No personal attributes should be commented on.

You should keep the results of the assessment and feedback session confidential and discuss these only with colleagues who are involved in the training of the particular Foundation Doctor.

TEAM ASSESSMENT OF BEHAVIOUR

TAB is designed to gather feedback from a range of co-workers.

Can I assess Foundation Doctors?

Yes, if you regularly work with the doctor in the clinical area.

Who can't assess?

Medical/nursing students or other foundation doctors.

What else should I note?

Each Foundation Doctor nominates 15 co-workers with a minimum of 10 returns to assess them. This group of people should include at least:

- 2-8 doctors more senior than F2 including at least one consultant or GP Principal.
- 2-6 senior nurses or midwives (band 5 or above).
- 2-4 Allied health professionals
- 2-4 other team members including ward clerks, secretaries and health care support workers

TAB is confidential and individual comments and ratings are anonymised to the Foundation Doctor.

Developing the Clinical Teacher

This once yearly assessment for each year is designed to assess teaching and/or presentation skills.

Can I assess?

Cons, GPs, doctors in higher training (ST3 or above/SPR) speciality doctors/staff grades, associate specialists or senior nurses.

MINI-CEX: CLINICAL EVALUATION EXERCISE

Mini-CEX is used to assess how well Foundation Doctors interact with patients, making sure they are obtaining the relevant clinical information without missing important issues or spending lots of time on unnecessary details.

Each of the encounters that the Foundation Doctor undertakes during the year should be representative of their workload.

Not all elements need be assessed on each occasion.

It should be ensured that the patient is aware that the Mini-CEX is being carried out.

Can I assess Foundation Doctors?

Yes, if you are a doctor in core or higher training (ST3 or above/SpR), Consultant (x1 per placement), Associate Specialist, Staff Grade or GP, senior nurse or Allied Health Professional.

Competences Assessed and Descriptors

Some descriptors against which you should consider your rating of the Foundation Doctor. A satisfactory Foundation Doctor:

History taking: Facilitates patient's telling of story, effectively uses appropriate questions to obtain accurate, adequate information and responds appropriately to verbal and non-verbal cues.

Physical examination: Follows efficient, logical sequence, examination appropriate to clinical problem, explains to patient, sensitive to patient's comfort and modesty.

Communication skills: Explores patient's perspective, jargon free, open and honest, empathetic, agrees management plan/therapy with patient.

Clinical judgement: Makes appropriate diagnosis and formulates a suitable management plan. Selectively orders/performs appropriate diagnostic studies, considers risks, benefits.

Professionalism: Shows respect, compassion, empathy, establishes trust. Attends to patient's needs of comfort, respect, confidentiality. Behaves in an ethical manner, awareness of relevant legal frameworks. Aware of limitations.

Organisation/efficiency: Prioritises; is timely; succinct; summarises.

Overall clinical care: Demonstrates satisfactory clinical judgement, synthesis, caring, effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.

DOPS: DIRECT OBSERVATION OF PROCEDURAL SKILLS AND LOG BOOK

The primary purpose of DOPs in Foundation is to assess the doctor/patient interaction during a practical procedure.

It should be ensured the patient is aware that DOPs is being carried out.

Each DOPS should represent a different procedure and maybe specific to the speciality.

A log book of competence in a series of procedures is required for GMC full registration.

Procedures

Foundation Doctors should be observed undertaking a procedure that constitutes their normal day-to-day practice. Listed below are examples of procedures in the Foundation Curriculum: Venepuncture, I/V Cannulation, IV medication, injections and fluids, arterial puncture, Blood Culture, I/V infusion including the prescription of Fluids, I/V infusion of blood/ blood products, injection of local anaesthetic, subcutaneous or intramuscular injection, recording and interpreting on ECG, performing and interpreting Peak Flow, Urethral Catheterisation (in adult males and females), Airway care including simple adjuncts.

Can I assess Foundation Doctors?

Yes, if you're a Consultant, GP, Associate Specialist, Staff Grade, Core or Specialist Trainee, Nurse or Allied Health Professional. FY2's can assess FY1's for log book procedures.

CBD: CASE-BASED DISCUSSION

CbD is used to document conversations about the presentation of cases by Foundation Doctors. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback.

CbD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care of which the Foundation Doctor has been directly responsible.

It also allows discussion of the ethical and legal framework of practice, and in all instances, it allows Foundation Doctors to discuss why they acted as they did.

Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the Assessor can also evaluate the record keeping in that instance.

What else should I note?

The Foundation Doctor will select 2 case records from patients they have seen recently, and in whose notes they have made an entry. The Assessor selects one of these for this CbD session.

The discussion must start from and be centred on the Foundation Doctor's own record in the notes.

An example might be a discussion around an admission 'clerking' and choosing to discuss the reasoning behind the Foundation Doctor's choice of investigations. It should not be taken as an opportunity to discuss the whole case in a viva style approach.

Can I assess Foundation Doctors?

Yes, if you are a Consultant, GP, Associate Specialist, Staff Grade or doctor in higher training (ST3 or above/SPR).

Competences Assessed and Descriptions

Medical record keeping: The record is legible, signed, dated and appropriate to the problem, and understandable in relation to and in sequence with other entries. It helps the clinician who uses the record to give effective and appropriate care.

Clinical assessment: Can discuss how they understood the patient's story and how, through the use of further questions and an examination as appropriate to the clinical problem, a clinical assessment was made from which further action was derived.

Investigation and referrals: Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why diagnostic studies were ordered/performed, including the risks and benefits and relationship to the differential diagnosis.

Treatment: Can discuss the rationale for the treatment including the risks and benefits.

Follow-up and future planning: Can discuss the rationale for the formulation of the management plan including follow-up

Professionalism: Can discuss the care of this patient as recorded, demonstrated respect, compassion, empathy, and established trust. Can discuss how the patient's needs for comfort, respect, and confidentiality were attended to. Can show how the record demonstrates an ethical approach and awareness of relevant legal frameworks. Has insight into own limitations.

Overall clinical care: Can discuss own judgement, synthesis, caring, and effectiveness for this patient at the time that this record was made.