**Performing an educational supervisor report pack**

By Dr Kim Emerson WPBA core group, deputy DALS and ARCP member Oxford, PD Reading and Newbury VTS and Educational supervisor. November 2014

***Go to log:***

* Count the total number of entries.
* Compare to numbers which would be expected for the current stage of training (2-5 per week).Taking 46 Weeks in a working year, the range in each 6 months should be 46-130 log entries.
* Check how many have been entered since the last review.
* Check each type seeing whether there are entries in the various types(e.g. professional conversation, audit etc.), along with corresponding numbers. At least a third should be based in clinical practice.
* Is there a good spread across types?
* Have a look in some to see how reflective the log entries are, keeping details of good examples.
* Is the trainee filling all the boxes - making the entries bottom heavy?

***Go to evidence:***

* You will not be able to release MSF or PSQs until a review date is set.Neither will you be able to see the competency cumulative tables without doing this. Add a review date if this has not already been done.
* Check the trainee has fulfilled all that is needed to be donee.g. numbers of assessments such as COTs, CBDsetc. There should be no red numbers(see Appendix 1).
* Look at COTs/ Mini-CEX and plot grades in chart (Appendices 2 & 3)
* Look at CBDs and plot grades in graph(Appendix 4)
* Look at MSF- comment on scores and associated feedback information, and release to trainee.
  + Makea note of comments that support each competency area e.g. “great communications skills”- communication, “excellent team member” – teams
  + Check scores against peers.
  + Check lowest grade achieved.
* Look at PSQ- comment on, and release to trainee
* Look at CSR- print or keep open in another window. Think which parts relate to which competencies e.g. “takes history and examines systematically” – links with data gathering(Appendix 5).

***Go to review preparation:***

***Start review:***

* Set date as expected date of completing review.
* Check the post is correct.
* Check the right review is recorded in terms of ST year (ST1/2/3)and the number of the review in that ST year (1, 2 etc.).
* Save
* Continue

***Curriculumcoverage comments;***

*How has the curriculum coverage developed since the last review?*

* New format shows entries since last review, in last year and overall, so it is easy to see what has been done since last review. Is there evidence in each curriculum area?
* Top box has all entries since August 2013 as the new curriculum started then. Look at numbers.Have they all been achieved? Which ones have not? If doing ST3 it is important to cover all several times, even if covered in previous hospital posts (demonstrating that has been covered in the general practice setting and context).
* Click on “Expand curriculum statement headings 2010”to see all entered against old curriculum if the training started before August 2013.
* Look at ones not achieved or low in numbers in old curriculum and see if they have been achieved in new.
* Does the sum come to more than 5 for each area?
* If not, is the quality of those entered good enough to stand alone.
* Ideally the trainee should revisit all areas in the ST3 year within each review period, but definitely within the year.

*Comment on curriculum coverage in relation to the stage of training and current post.*

* Are the numbers good enough for the stage of training?
* Has the trainee covered the expected areas for the job that has just been done?

*On which areas of the curriculum does the trainee need to focus his or her attention before the next review?*

* Which areas overallneed to be focussed on?
* Which areas are likely to be possible to cover in the next post?

***Skills Log Comments: To be replaced in Jan 2015 By Integrated DOPS (below).***

*Given the trainee’s current level of experience, comment on the coverage of the mandatory skills.*

* How many have been covered?
* Which since last review?
* Which areas are outstanding?

*On which skills does the trainee need to focus before the next review?*

* Which are outstanding with no entries, or else not yet satisfactory?
* Which can be reasonably achieved in the next job?

***Integrated DOPS: New from Nov 2014***

*1. Are there any concerns about the trainee’s clinical examination or procedural skills?*

If the answer is, “yes” please expand on the concerns and give an outline of a plan to rectify the issues.

* You need to assess if sufficient evidence has been provided that allows confidence in the trainee’s ability to exam appropriately. Look at word pictures to help.

*2. What evidence of progress is there in the conduct of genital and other intimate examinations (at this stage of training)?*

Please refer to specific evidence since the last review including Learning Log entries, COTs and CBDs etc.

* The trainee needs to have demonstrated competence at activities that include rectal, prostate, genital, pelvic, breast exams.
* Is this level appropriate for the trainee’s likely career path?
* Can the trainee deal with any emergency situation that arises which would involve such procedures?

*3. What does the trainee now need to do to improve his or her clinical examination and procedural skills?*

* What would you like to see before the next review to improve confidence in the trainee’s competence in Clinical Examination and Procedural Skills?

For trainees whowill finishthe ST3 year on or before 5th August 2015, the mandatory DOPs alone are the minimum evidence needed for CCT. Anyone finishing after this will need to provide sufficient evidence as for the other competencies using a variety of evidence.

***Review of PDP:***

*Comment on the quality of the PDP*

* Is it SMART; Specific, measureable, achievable, realistic, time measured.
* Haveany entries been made since the last review?
* Are the entries linked to or from log entries?
* How many entries have they made?
* Are they appropriate for the job which the trainee has been doing?

*Comment on the progress made towards objectives*

* How many have been achieved?
* If not achieved, have they addressed or partially achieved?
* Should the PDP objectives have been achieved within the time scale set and within the job the trainee has been doing?

*What objectives remain outstanding?*

* List or say all.

***Trainee self assessment against competencies:***

* Read and see what rating the trainee is awardingto his or herself, and what evidence is given to support this.
* Check evidence provided is valid and supports associated comments and ratings. With the new system it is easier as it is only possible to link evidence which has been validated, but are they good bits of evidence? And do they support the rating?
* Read trainee’s actions
* It is often easier to keep the self-assessment window open as a separate tab, to refer back to, whilst continuing below.

***Competence areas- ES rating and recommendations.***

* For each competency area, make a decision on the grade, using the trainee’s evidence and assessment, and other relevant information from CBDs, COTs, MSF, PSQ, CSRs etc.
* Do you agree with the trainee’s grade and evidence provided?
  + Yes evidence is good-nothing further isessential but it is good practice is to write a summary showing that you have read and agree, and perhaps offer some further interpretation.
  + Yes - but other evidence would provide even better support (can link up to 3 additional pieces).
  + No-- link evidence and describe what grade this supports(either lower or higher).

*Actions*

* Write plan for what needs to be done before the next review.
* What needs to be done to move up to the next grade.
* What evidence needs to be providedetc.
* Specific suggestions for progression which the trainee should aim to achieve in the next job.
* Specific suggestions on how to achieve this e.g. sit in smoking cessation clinic to gain experience in health promotion and disease prevention.
* Decide if you want this action to be sent to the PDP. You can send up to 5. Discuss with trainee and agree actions before next review and which should be in PDP.
* If final review put actions for development before post CCT appraisal.

***Quality of evidence presented:***

*Comment on range and quality of evidence presented by the trainee.*

Comment on:

* The spread of log entries - professional conversation, SEA etc.Ideally should have between a third and a half based in clinical practice.
* Quality of the log in general.
* Numbers of log entries.
* Quality of evidence used in self rating.

Citing how each could be improved.

*Comment on degree of meaningful reflection shown in learning log and PDP entries.*

* Comment on reflection from entries reviewed, citing some good examples if present.
* Comment on the PDP reflection, how the trainee is progressing in this area, and what has been achieved and linked to learning logs.

*How can the trainee improve quality of evidence before next review?*

* Give feedback and advice on reflection. See table re quality of reflection.
* Detail all that you would like to see improved before next review - type of entry, length etc.

***Revalidation:***

* Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incident/Significant Event Investigation or named in any complaint? Y/N
  + Has the trainee had any complaints made? If yes state Yes. If No state No.
* If yes, are you aware if it has/these have been resolved satisfactorily with no unresolved concerns about this trainee's fitness to practice or conduct? Y/N
  + Have these been fully resolved with no concerns. If yes state Yes.If ongoing concerns, state No
* If there are any unresolved causes of concern, please provide a brief summary:
  + If No then give details of causes of concern in the box.
* You are providing information, not making a judgment.

***Recommendation of Educational supervisor:***

For Final ST3:

* Satisfactory progress
* Unsatisfactory progress
* Panel opinion requested.
* Competent for licensing
* Excellent
* For final ST3 with ANY NFD then advise PD and refer to panel

For ST1/2, and interim ST3:

* Needs further development-above expectation
* Needs further development-meets expectation
* Needs further development- below expectation
* If 1-2 NFD below expectation for ST1 and ST2, ES to discuss with the PD. If there is an obvious and simple reason then PD & ES can give full explanation in educators’ notes and not refer.
* For ST 1 or 2 with 1-2 NFD below expectation then discuss with the PD. If there is no obvious and simple reason then refer to panel.
* For ST 1 or 2 with >2 NFD then advise PD and refer to panel.
* An interim ST3 review with 2 or more NFD below expectations should be referred. If 1 NFD below expectation, discuss with PD and consider panel referral if any doubt.

***Comments/ concerns:***

* Enter a summary or reason for the panel opinion being requested.
* Ensure any mitigating circumstances are clearly recorded in educators’ notes.
* Let Heather Smith/BarbaraGow know in the Deanery Office.

***Agreed learning plan:***

* Review the entries transferred to the PDP.
* Edit these and agree with the trainee.
* Delete if duplicated.
* Together decide what additional PDP entries can be focussed on in the next job, or, at the finalST3 review, in the last few months of training, or post CCT.

***CPR and Out of Hours:***

*Holds valid CPR and AED certificate-*

* Final review only
* Is thereevidence to supportthis? Is the certificate attached?

*Has met Out of Hours requirement?*

* Only formally asked for in final review, but need to review for all in General Practice posts.
* Are there log entries for all OOHs? Does the trainee reflect on OOHs care and how it differs from in hours care?
* All now need hours– 36 hours in ST1/2 if in General Practice, and 72 hours in ST3 (essentially 6 hours for each month worked as a full time equivalent)
* Have you seen proof that they have attended, along with signed sheets from supervisor? Have the latter been scanned in?
* Has the trainee done the required number of hours, as per new requirements?
* If not, then need to refer to panel (even if in ST1 or 2). It is likely the trainee will be awarded an outcome 5 for insufficient evidence. If sessions have been booked for completion within the review period but not done, add an educators’ note to this effect. The trainee is currently only allowed 2 sessions (8 hours) to be outstanding. Or alternatively the trainee can write a log entry but edit it later after completion.
* Need to check after that these have been completed and log entries recorded/ edited. This is the ES responsibility.

*I confirm accurate description period from:*

* Start of job or last review date, to date of present review.

**Set up next review**

**Appendix 1: WPBA requirement for each stage of training summary table**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COT or Mini-cex** | **CbD** | **MSF** | **PSQ** | **DOPS/CEPS** | **CSR** | **OOHs** |
| **ST1** | 3+3 | 3+3 | 1+1  5 Clinical | 1 if in GP post | CEPS | 2-3 | 36 hours |
| **ST2** | 3+3 | 3+3 | Nil  But ideally do | 1 if in GP post | CEPS | 2-3 | 36 hours |
| **ST3** | 6+6 | 6+6 | 1+1  5 clinical  5 non clinical | 1 (or must catch up to 2 if not done in ST1/2) | DOPS if finishing pre 5th Aug 15  CEPS if post | Optional | 72 hours |
| **Academic**  **ST3** | 3+3 | 3+3 | 1 | 1 either ST3 or ST4 | CEPS | Optional | 36 hours |
| **Academic**  **ST4** | 3+3 | 3+3 | 1 | 1 if not done ST3 | DOPS if finishing pre 5th Aug 15  CEPS if post | Optional | 36 hours |

**Appendix 2: COT mapping**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPETENCY/ DATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Encourages the patient’s contribution |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Responds to cues |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Places complaint in appropriate psychosocial contexts |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Explores patient’s health understanding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Includes or excludes likely relevant significant condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate physical or mental state examination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Makes an appropriate working diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Explains the problem in appropriate language |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Seeks to confirm patient’s understanding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Appropriate management plan |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Patient is given the opportunity to be involved in significant management decisions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Makes effective use of resources |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Conditions and interval for follow up are specified |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Case descriptor: M/F, age, MH, HV/Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OVERALL SCORE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Appendix 3: MIN-CEX mapping**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE:** |  |  |  |  |  |  |
| **Assessment area** | Grades: | Grades: | Grades: | Grades: | Grades: | Grades: |
| **History Taking** |  |  |  |  |  |  |
| **Physical Examination** |  |  |  |  |  |  |
| **Communication Skills** |  |  |  |  |  |  |
| **Clinical judgment** |  |  |  |  |  |  |
| **Professionalism** |  |  |  |  |  |  |
| **Organisation/Efficiency** |  |  |  |  |  |  |
| **Overall clinical care** |  |  |  |  |  |  |

**Appendix 4: CBD Mapping**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  |  |  |  |  |  |  |  |  |  |
| **2. Practising holistically** |  |  |  |  |  |  |  |  |  |  |
| **3. Data gathering** |  |  |  |  |  |  |  |  |  |  |
| **4. Diagnosis/ decision** |  |  |  |  |  |  |  |  |  |  |
| **5. Clinical management** |  |  |  |  |  |  |  |  |  |  |
| **6. Medical complexity** |  |  |  |  |  |  |  |  |  |  |
| **7. Primary care IMT** |  |  |  |  |  |  |  |  |  |  |
| **8. Teams/ colleagues** |  |  |  |  |  |  |  |  |  |  |
| **9. Community orientation** |  |  |  |  |  |  |  |  |  |  |
| **11. Ethical approach** |  |  |  |  |  |  |  |  |  |  |
| **12. Fitness to practice** |  |  |  |  |  |  |  |  |  |  |
| **Overall Assessment** |  |  |  |  |  |  |  |  |  |  |
| **Type case: age, sex** |  |  |  |  |  |  |  |  |  |  |
| **Setting: home visit, surgery** |  |  |  |  |  |  |  |  |  |  |

**Appendix 5: Competency information from CSR**

|  |  |
| --- | --- |
|  | **COMPETENCY** |
| **Relationship** |  |
| **Explores patient’s agenda (their Ideas, Concerns and Expectations** | 1. Communication |
| **Works in partnership to negotiate a plan** | 1. Communication   5. Clinical management |
| **Recognises the impact of the problem on the patient’s life** | 2. Holistic care |
| **Works co-operatively with team members, using their skills appropriately** | 8. Teams and colleagues |
| **Diagnostics** |  |
| **Takes a history, examines and investigates systematically & appropriately** | 3. Data gathering |
| **Elicits important clinical signs & interprets information appropriately** | 3. Data gathering |
| **Suggests an appropriate differential diagnosis** | 4. Diagnosis/ decisions |
| **Recommends appropriate management plans and follow-up arrangements** | 5. Clinical management |
| **Refers appropriately and co-ordinates care with other professionals** | 5. Clinical management  8. Teams |
| **Management** |  |
| |  |  | | --- | --- | | **Keeps good medical records** |  | | 7. Primary care IMT |
| **Uses resources cost effectively** | 9. Community orientation |
| **Keeps up-to-date and shows commitment to addressing learning needs** | 10. Maintaining performance |
| **Professionalism** |  |
| **Identifies and discusses ethical conflicts** | 11. Ethical approach |
| **Shows respect for others** | 8. Teams  11.Ethical approach |
| **Is organised, efficient and takes appropriate responsibility** | 10. Maintaining performance |
| **Deals appropriately with stress** | 12. Fitness to practice |