Workplace-Based Assessment in Remote and Global Medicine

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INTRODUCTION AND GUIDANCE

- Remote and Global Medicine -

We have developed forms to facilitate workplace-based assessments (WBPAs) for trainee doctors working in remote and global medicine. This document explains the rationale for developing these tools, gives an overview of their intended use, and outlines the basis for the content and format of the forms and their accompanying guidance.

Why do we need reflection and learning in remote and global medicine?

Doctors from the UK are increasingly participating in expedition, remote and global health medicine at some point during their career. This work often takes place during natural breaks in training, for example between Foundation and Core Training, when the doctor may not have a formal link with a Deanery or access to an electronic portfolio.

Working in remote and global contexts can afford trainees opportunities to develop valuable clinical and non-technical skills which can be brought back to their NHS practice. Trainees are required to provide formal evidence of these skills and competencies for appraisals and interviews in a format recognised by UK appraisers.

The General Medical Council's Good Medical Practice [(1)] requires doctors to continue their professional development through reflection and learning when working in any field of medicine. Tools to facilitate continued professional development in remote and global medicine are therefore necessary to ensure work in these settings meets the expectations of UK governing bodies.

Why are workplace-based assessments an appropriate tool?

Workplace-based assessment can be a powerful learning tool. The format is intended to encourage personalised and targeted feedback and reflection, bringing assessment closer to real practice with short-loop feedback cycles.

WPBAs assess the holistic competencies demanded of the medical professional. Trainees are encouraged to reflect on their own performance, facilitated by assessors, to develop a personal plan for improvement.

WPBAs are learning and assessment tools used throughout UK medical training. This format is familiar to UK trainees, appraisers and assessors across all platforms of medical education.

However, many existing WPBA forms are speciality-specific and do not necessarily translate well to a context beyond NHS training. These forms are designed to be more relevant and applicable to work in remote and global medicine settings.

How to use these forms

There are three assessment forms: *Clinical Evaluation Exercise (CEX)*, *Directly Observed Procedural Skills (DOPS)* and *Case-Based Discussion (CBD)*. These parallel the WPBAs routinely used by doctors in training. Each form is accompanied with specific practical guidance on how to complete the assessment.

The assessments are intended to be formative, not summative. They are tools to assist trainees in personal reflection and to gain descriptive feedback, as well as to provide evidence of professional development. The onus will be on trainees to initiate these assessments.

Assessors must be competent in the procedure or skill that they are assessing. Ideally, they should be senior clinicians trained to provide feedback. In the remote or global

medicine setting however, this may not always be possible. In this instance, other healthcare professionals may directly observe and assess any aspects of the encounter in which they have expertise. CBDs might also be completed retrospectively with an assessor in the UK.

How were these forms developed?

These forms have been designed to generate descriptive, qualitative feedback through the use of open questions and blank spaces. In UK practice, there is a move to encourage more narrative-rich feedback to guide learning in a more meaningful way than numerical rating scales or tick-boxes.

Clinical setting has been given prominence in the forms. This is particularly relevant to contextualise trainee performance and competency in remote and global medical work, which can take place in an almost limitless variety of circumstances.

Areas for supervisor feedback are mapped to key competency frameworks relevant to remote and global medicine: the GMC's *Generic Professional Capabilities Framework* [2], the Faculty of Pre-hospital Care (RCSEd) *Guidance for Medical Provision for Wilderness Medicine* [3], and the Academy of Medical Royal Colleges (AoMRC) *Global Health Capabilities for UK Health Professionals*. [4]

Action plan guidance reflects advice from Colleges on personal development planning. Guidance for trainees on structuring personal reflection is based on the *Academy Reflective Template for Revalidation* from the AoMRC. [5]

Finally, trainees are encouraged to reflect on the relevance of their experience to UK practice. This connects their global and remote medical work with their development as a clinician within the UK health system. It also allows them to evidence this for UK appraisers. Areas for reflection on relevance to UK practice are mapped to domains identified in the *Global citizenship in the Scottish Health Service* report by the Royal College of Physicians and Surgeons of Glasgow. [6]

References

(1) General Medical Council. Good Medical Practice. Manchester: GMC; 2013. p. 5-6.

(2) General Medical Council. Generic Professional Capabilities Framework. Manchester: GMC; 2017.

(3) Mellor A, Dodds N, Joshi R, Hall J, Dhillon S, Hollis S, Davis P, Hillebrandt D, Howard E, Wilkes M, Langdana B, Lee D, Hinson N, Williams TH, Rowles J, Pynn H. Faculty of Prehospital Care, Royal College of Surgeons Edinburgh guidance for medical provision for wilderness medicine. Extrem Physiol Med. 2015 Dec 1;4:22.

(4) Academy of Medical Royal Colleges International Forum Global Health Curriculum Group. Global Health Capabilities for UK Health Professionals. London: AoMRC; 2016.

(5) Academy of Medical Royal Colleges. Academy Reflective Template for Revalidation. London: AoMRC; 2012.

(6) Fergusson SJ, McKirdy MJ. Recognising Benefits In: Mulcahy E, Adams L, eds. Global citizenship in the Scottish Health Service: The value of international volunteering. Glasgow: Royal College of Physicians and Surgeons Glasgow (RCPSG); 2017. 2.2, p. 37-41.

CLINICAL EVALUATION EXERCISE

- Remote and Global Medicine -

TRAINEE _____ ROLE / GRADE _____

ASSESSOR _____ ROLE / GRADE _____

BRIEF DESCRIPTION OF CASE AND CLINICAL SETTTING

WHAT WAS DONE WELL? Examples of good practice *(assessor to complete)*

WHAT COULD HAVE GONE BETTER? Suggested areas for improvement *(assessor to complete)*

AGREED ACTION PLAN *(assessor and trainee to complete together)*

SIGNATURE: ASSESSOR _____ TRAINEE _____ DATE _____

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE (*trainee to complete*)

Eadsforth H, Gertig H, Heath E, Wilkes M. Remote and Global Medicine Clinical Evaluation Exercise (CEX) WPBA Form; 2018; Version 1.0

GUIDANCE NOTES

A CEX is a means of assessing a trainee's interaction with a patient.

It is the trainee's responsibility to initiate this assessment. **It is not pass/fail**, rather the goal is descriptive feedback to encourage professional development and an improvement in practice.

How does it work and who can be an assessor?

- The assessor observes all (or part) of a procedure, offering feedback on the parts they have seen, and in which they have clinical expertise.
- It is paramount to maintain the safety, dignity and well-being of the patient throughout.
- The interaction should take 15 to 20 minutes, debrief and feedback should take 5 to 10 minutes.
- The assessor needs to be competent in the activity being assessed. Ideally this would be a senior doctor or other health professional, but non-clinical staff can assess non-technical skills e.g. communication or safety in an interaction could be assessed by a trek leader or guide.

WHAT WAS DONE WELL/WHAT COULD HAVE GONE BETTER?

Suggested areas for assessor to consider in feedback:

History and Examination: ability to recognise and assess important signs and symptoms.

Communication: listens, overcomes communication barriers/cultural differences, clear instructions.

Decision making: shared decision making with patient, good clinical reasoning.

Organisation: efficient management of time and resources.

Safety: recognise own limitations, seeks support when appropriate, safe prescribing, rational decision to evacuate.

Professionalism: open and honest, maintains trust, treats patient/colleagues with respect and dignity.

AGREED ACTION PLAN

Goals should be **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound. [1]

Possible methods for trainee to learn and develop from feedback given:
e-Learning, simulation, courses, targeted clinical experience, journals.

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE

Suggested questions for trainee to consider to guide their personal reflection:
What happened? What have you learned? How has this influenced your practice? Looking forward, what are your next steps? [1]

How is this learning experience relevant to UK practice? Possible areas to comment on:
Leadership, management, communication, teamwork, clinical skills, policy awareness and experience, academic skills, patient experience and dignity, personal resilience, satisfaction and interest. [2]

(1) Academy of Medical Royal Colleges. Academy Reflective Template for Revalidation. London: AoMRC; 2012.

(2) Fergusson SJ, McKirdy MJ. Recognising Benefits In: Mulcahy E, Adams L, eds. Global citizenship in the Scottish Health Service: The value of international volunteering. Glasgow: Royal College of Physicians and Surgeons Glasgow (RCPSG); 2017. 2.2, p. 37-41.

Eadsforth H, Gertig H, Heath E, Wilkes M. Remote and Global Medicine Clinical Evaluation Exercise (CEX) WPBA Form; 2018; Version 1.0

DIRECT OBSERVATION OF PROCEDURAL SKILLS

- Remote and Global Medicine -

TRAINEE _____ ROLE / GRADE _____

ASSESSOR _____ ROLE / GRADE _____

BRIEF DESCRIPTION OF PROCEDURE AND CLINICAL SETTTING

WHAT WAS DONE WELL? Examples of good practice *(assessor to complete)*

WHAT COULD HAVE GONE BETTER? Suggested areas for improvement *(assessor to complete)*

AGREED ACTION PLAN *(assessor and trainee to complete together)*

SIGNATURE: ASSESSOR _____ TRAINEE _____ DATE _____

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE (*trainee to complete*)

Eadsforth H, Gertig H, Heath E, Wilkes M. Remote and Global Medicine Direct Observation of Procedural Skills (DOPS) WPBA Form; 2018; Version 1.0

GUIDANCE NOTES

A DOPS is a method of assessing a trainee's competency in performing a clinical procedure.

It is the trainee's responsibility to initiate this assessment. **It is not pass/fail**, rather the goal is descriptive feedback to encourage professional development and an improvement in practice.

How does it work and who can be an assessor?

- The assessor observes all (or part) of a procedure, offering feedback on the parts they have seen, and in which they have clinical expertise.
- It is paramount to maintain the safety, dignity and well-being of the patient throughout.
- Debrief and feedback should take 5 to 10 minutes.
- The assessor needs to be competent in the procedure being performed. Ideally, a doctor senior to the trainee or another healthcare professional with sufficient experience of the procedure.

WHAT WAS DONE WELL/WHAT COULD HAVE GONE BETTER?

Suggested areas for assessor to consider in feedback:

Professional approach: communication, informed consent, treats patient with respect and dignity**.**

Knowledge: indication, anatomy, technique, able to adapt to unfamiliar environment.

Preparation: systematic approach, relevant safety checks, appropriate use of resources available.

Technical ability: aseptic technique, sharps safety, uses instruments appropriately.

Safety: situational awareness, recognise own limitations, seeks support when appropriate.

Post procedure management: suitable aftercare, awareness of possible complications.

AGREED ACTION PLAN

Goals should be **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound. [(1)]

Possible methods for trainee to learn and develop from feedback given:

e-Learning, simulation, courses, targeted clinical experience, journals.

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE

Suggested questions for trainee to consider to guide their personal reflection:

What happened? What have you learned? How has this influenced your practice? Looking forward, what are your next steps? [(1)]

How is this learning experience relevant to UK practice? Possible areas to comment on:

Leadership, management, communication, teamwork, clinical skills, policy awareness and experience, academic skills, patient experience and dignity, personal resilience, satisfaction and interest. [(2)]

(1) Academy of Medical Royal Colleges. Academy Reflective Template for Revalidation. London: AoMRC; 2012.

(2) Fergusson SJ, McKirdy MJ. Recognising Benefits In: Mulcahy E, Adams L, eds. Global citizenship in the Scottish Health Service: The value of international volunteering. Glasgow: Royal College of Physicians and Surgeons Glasgow (RCPSG); 2017. 2.2, p. 37-41.

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CASE BASED DISCUSSION

- Remote and Global Medicine -

TRAINEE _____ ROLE / GRADE _____

ASSESSOR _____ ROLE / GRADE _____

BRIEF DESCRIPTION OF CASE AND CLINICAL SETTTING

WHAT WAS DONE WELL? Examples of good practice *(assessor to complete)*

WHAT COULD HAVE GONE BETTER? Suggested areas for improvement *(assessor to complete)*

AGREED ACTION PLAN *(assessor and trainee to complete together)*

SIGNATURE: ASSESSOR _____ TRAINEE _____ DATE _____

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE (*trainee to complete*)

Eadsforth H, Gertig H, Heath E, Wilkes M. Remote and Global Medicine Case Based Discussion (CBD) WPBA Form; 2018; Version 1.0

GUIDANCE NOTES

A CBD is a structured conversation between a trainee and an assessor about a clinical case the trainee has been involved in.

It is the trainee's responsibility to initiate this assessment. **It is not pass/fail**, rather the goal is descriptive feedback to encourage professional development and an improvement in practice.

How does it work and who can be an assessor?

- The aim of a CBD is to focus on the parts of a case that raise learning points for the trainee.
- Areas of focus could include: clinical assessment, management, record keeping, communication, professionalism.
- It is important that patient confidentiality is maintained throughout.
- The conversation and completion of this form should take 20 to 30 minutes.
- An appropriate assessor is someone who has experience and training in the areas of the case to be discussed. They should be a doctor senior to the trainee.

WHAT WAS DONE WELL/WHAT COULD HAVE GONE BETTER?

Suggested areas for assessor to consider in feedback:

Clinical assessment and management: appropriate investigations, clinical judgement, patient centred management plan, dealing with complexity and uncertainty, consideration of resource allocation.

Best practice: current evidence, local and country specific guidelines, adaptation of algorithms for remote environment, awareness of socioeconomic and environmental determinants of health.

Professional values and behaviour: awareness of own limitations and when to hand over care/ evacuate, patient safety concerns, record keeping, diversity, human rights and ethics.

Communication: cultural awareness, using an interpreter, doctor patient partnership, use of communication methods in remote locations.

Leadership and team working: understanding of capabilities of other helpers, appropriate leadership behaviour, awareness of leadership style.

Legal aspects: laws relevant to case, medico-legal aspects of global and remote medicine.

AGREED ACTION PLAN

Goals should be **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound. [(1)]

Possible methods for trainee to learn and develop from feedback given:
e-Learning, simulation, courses, targeted clinical experience, journals.

TRAINEE REFLECTION AND RELEVANCE OF THE EXPERIENCE TO UK PRACTICE

Suggested questions for trainee to consider to guide their personal reflection:
What happened? What have you learned? How has this influenced your practice? Looking forward, what are your next steps? [(1)]

How is this learning experience relevant to UK practice? Possible areas to comment on:
Leadership, management, communication, teamwork, clinical skills, policy awareness and experience, academic skills, patient experience and dignity, personal resilience, satisfaction and interest. [(2)]

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