Health Education
Yorkshire and the Humber

Developing people for health and healthcare

Trainers Seminar (TS)

Trainers Pack

Trainers Seminar (TS) - Trainer Pack Contents

Introductory Letter

Dear Colleagues,

You have been invited to attend a Trainer's Re-approval Seminar. Attendance for the whole seminar is a compulsory part of the re-approval process for GP trainers in Yorkshire.

Enclosed with this letter is a trainer's pack. This contains a variety of documents. Some of the documents are designed to help you with preparation. Some are useful to refer to during the seminar. It also contains the Trainer's Review Form which needs to be completed during the seminar and forms part of your Standards and Evidence documentation required for re-approval.

Refreshments and lunch are provided on both days.

We hope that you will find the seminar a stimulating and useful 2 days of group learning, centred on elements of your work as a GP trainer.

The main components of the seminar are:

Day 1: The Consultation Observation Tool and Teaching Consultation Skills.

Day 2: Case Based Discussions, General Training Issues and Learner-led discussions.

In order for the course to run successfully you will need to prepare some material prior to attendance. You will not be able to attend the seminar without this material.

Preparatory Work:

1) Please familiarise yourself with the contents of the trainer's pack as it contains material you will find helpful.
2) Please read the IT document prior to recording your material. The material you bring needs to be in a format which is playable during the seminar. The document discusses the different formats and makes suggestions on preparation.
3) The Consultation Observation Tool and Teaching Consultation Skills recordings:
    a. Please bring a recording of your registrar consulting with a patient. The recorded consultation should last no longer than fifteen minutes. This should be a recording of the same consultation which they present to you for the recorded COT assessment. Please ensure that you have the patient's and registrar's consent to use this material for teaching purposes at the seminar. It should be emphasised to the registrar that their own consultation skills are not being assessed.
    b. Please bring a recording of you performing a COT assessment with that registrar on their recorded consultation along with any consultation skills teaching that you perform either during or following the assessment.

c. Please bring a copy of your marking sheet showing the grades you awarded during that COT assessment.

4) Case Based Discussion

a. Please bring a recording of you conducting a CBD with your registrar. The trainer's pack contains a CBD assessor self-rating scale to help you with preparation of this recording.

b. In addition, please bring a copy of the registrar's and your own notes relating to the case. This should contain details of the case (printed and anonymised), the registrar's choice of competency areas to be assessed, the questions you devised relating to each competency area, and a copy of your assessment with the grades you awarded.

5) General Training Issues and Learner-Led Discussions

a. There will be mandatory discussion in your groups about your 'Practice as a Learning Organisation' and Educational Supervision. In addition, there will be opportunity to discuss other aspects of training. We would be grateful if you would think about suitable topics prior to attendance.

Summary Of Facts To Be Aware Of:

The seminar is designed to be predominantly formative. It will cover a variety of topics including feedback skills, assessment skills related to COTs and CbDs and teaching consultation skills. You will be required to write down your own reflections and identified learning needs during the seminar in the Trainer's Review Form. This document is required as part of your Standards and Evidence Documentation necessary for re-approval. There will also be assessment and feedback from your facilitators on your contribution during the seminar.

If you have any queries please prior to the course, please do not hesitate to contact me.

Dr Chris Webb.

GP Tutor (Chris.Webb@yh.hee.nhs.uk)

October 2014

Programme

Day 1

09:00 **Arrival & Refreshments**

09:30 Introduction & Welcome

- Information on how the 2 days will run
- Importance of completing Review Forms throughout the 2 days

10:00 Introduction to Small Group Work – **COTs**

10:30 COTs

11:30 **Coffee Break**

12:00 COTs continued…

13:00 **Lunch**

14:00 COTs Continued…

15:00 **Tea Break**

15:30 COTs Continued…

16:30 Plenary & Evaluation

17:00 **Finish & Depart**

Day 2

09:00 **Arrival & Refreshments**

09:30 Introduction to Small Group Work – **CBDs**

(please return to small groups that you were working in on day 1)

10:00 CBDs

11:00 **Coffee Break**

11:30 CBDs Continued…

12:30 **Lunch**

13:30 Learner Led Discussion

15:30 **Tea Break – 1 Hour *(refreshments available throughout 1-1s)***

- During this time trainers are asked to finish completing their review forms if they haven't already done so
- In addition you are required to complete an evaluation form relating to Day 2 of the TS, thank you

15:30 1 to 1s with Small Group Facilitator (15 Minutes per Trainer)

16:30 Facilitators' Debrief

17:00 **Finish & Depart**

Getting Your Videos Ready

Dear Trainer,

We look forward to meeting you at the Trainers' seminar shortly. For that seminar, you are required to bring a video of your teaching on a COT, CBD and the consultation. (P.S. If you don't bring these videos, you will be required to do the seminar again!) You can bring your recording either on a DVD or on a USB stick – whichever is easiest for you.

If you plan to bring a DVD…

Please make sure that after copying, the DVD is 'finalised' so that it can be played on any DVD player and not just the device that your recorded it from.

If you plan to bring video file stored on a USB stick…

The following formats (often referred to as video containers or extensions) are acceptable

- .avi
- .mov
- .mp4 (THE PREFERRED) – also known as MPEG-4
- MPEG1 MPEG2 (old but acceptable)
- .VOB
- .wmv

The following formats are **NOT** acceptable: .FLV files (flash video), .3gp, .asf (advance streaming format), .rm (real media), .swf. If you want to know what format your video file is, simply *right click* on its name and select *properties* and look under *Type of File* under the *General* tab. We will be using a computer program called *VLC media player* to play your videos. Before you come to the course you can download this free software from the net and see if your video works. www.videolan.org/vlc/index.en_GB.html

More Information

If you're unfamiliar with these terms and would like to know more, these two links will explain things well

1. A video tutorial (less than 10 minutes long): www.youtube.com/watch?v=WpBjGUlBTHU
2. A web page tutorial: www.dr-lex.be/info-stuff/mediaformats.html

If you would like see some basic tutorials on video editing (and have some fun with your videos),

- If you're on a PC and using Windows Movie Maker: www.youtube.com/watch?v=7iSNpCri15w. Download Windows Movie Maker for free here: http://windows.microsoft.com/en-gb/windows-live/movie-maker
  If you're on a Mac and using iMovie: www.youtube.com/watch?v=uBMmGJwrv9c

A final note on confidentiality & security

Whichever media you use to host your video file, please pay attention to its security (as it will be holding sensitive patient/trainee information). Make sure you retrieve your disk/stick at the end of each seminar day. You can buy an encrypted USB stick for extra protection (should you lose it, for example). Also remember to destroy video files once they are no longer required. **Note: selecting a file and hitting the *Delete* button or selecting the *Delete* option DOES NOT delete the file**; it simply removes the *name* of the file – in the wrong hands, the file can be easily recovered. To securely erase the video file download the free program *Eraser*, but click on this link to read more: http://tinyurl.com/securewipe

And finally, please don't wait until the last minute to do your videos and I hope you have some fun recording and editing them!

Dr. Ramesh Mehay, Programme Director (Bradford), www.bradfordvts.co.uk, Oct 2014

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TS Trainer Review Form

COT Assessment

Use this form as a space to record your developmental ideas and thoughts you have during the 2 training days. It will also help with the 1-1 meeting you will have with your facilitator on day 2 (the aim of which is to develop some sort of useful and tailored educational PDP). We suggest you make notes throughout the two seminar days (as 'hot issues' arise); try not to leave it all until the last day.

Name:		Practice:		Date:	

1. Use the space below to record new things you have learnt from this session.

2. Can you list 2-3 things are you going to try as a result of this session?

CbD Assessment

3. Use the space below to record new things you have learnt from this session.

4. Can you list 2-3 things are you going to try as a result of this session?

Educational Supervision

1. What useful points are you taking away from the *Educational Supervision* session?

Practice as A Learning Organisation

1. What useful points are you taking away from the *Practice as a Learning Organisation* session?

General Comments

Please feel free to use the space below for anything else you wish to make a note of

Sample RCGP COT Form

Doctor's surname: *	
Doctor's forename: *	
Doctor's GMC number: *	
Assessor's name: *	
Assessor's registration number (GMC, NMC etc):	
Assessor's position:	---Select---
Clinical setting:	---Select---
Title of procedure: *	
Please fill in name of organisation: *	

Please tick referring to the descriptors in the detailed guide to the performance criteria for the COT

Group	Area	Performance Criteria	Scorings			
A. Discover the reasons for the patient's attendance	1. Encourages the patient's contribution	Display	Insufficient evidence	Needs further development	Competent	Excellent
A. Discover the reasons for the patient's attendance	2. Responds to cues	Display	Insufficient evidence	Needs further development	Competent	Excellent
A. Discover the reasons for the patient's attendance	3. Places complaint in appropriate psychosocial contexts	Display	Insufficient evidence	Needs further development	Competent	Excellent
A. Discover the reasons for the patient's attendance	4. Explores patient's health understanding	Display	Insufficient evidence	Needs further development	Competent	Excellent
B. Defines the clinical problem	5. Includes or excludes likely relevant significant condition	Display	Insufficient evidence	Needs further development	Competent	Excellent
B. Defines the clinical problem	6. Appropriate physical or mental state examination	Display	Insufficient evidence	Needs further development	Competent	Excellent
B. Defines the clinical problem	7. Makes an appropriate working diagnosis	Display	Insufficient evidence	Needs further development	Competent	Excellent
C. Explains the problem to the patient	8. Explains the problem in appropriate language	Display	Insufficient evidence	Needs further development	Competent	Excellent
D. Address the patient's problem	9. Seeks to confirm patient's understanding	Display	Insufficient evidence	Needs further development	Competent	Excellent
D. Address the patient's problem	10. Appropriate management plan	Display	Insufficient evidence	Needs further development	Competent	Excellent
D. Address the patient's problem	11. Patient is given the opportunity to be involved in significant management decisions	Display	Insufficient evidence	Needs further development	Competent	Excellent
E. Makes effective use of the consultation	13. Conditions and interval for follow up are specified	Display	Insufficient evidence	Needs further development	Competent	Excellent
	Overall Assessment		Insufficient evidence	Needs further development	Competent	Excellent

Feedback and recommendations for further development: *	
Agreed action: *	
Time taken for observation (in minutes):	
Time taken for feedback (in minutes):	

Consultation Observation Tool (COT) - Marking Sheet

You can use this form to collate notes as you watch the video consultation in real time. Try to fill it in electronically (if you can) – an ipad, tablet or laptop with a wireless connection are ideal. Then you can simply copy & paste sections into the ePortfolio. This will save you lots of time and removes the problem of the ePortfolio timing out and you having to painfully re-write things up again.

[Tip: After selecting text with your mouse, the keyboard shortcut for copying is CTRL C and for pasting CTRL V]
[Another Tip: A triple left mouse click will select a paragraph – try it out now!]

Put and x underneath the appropriate grade

1. Encourages the patient's contribution	**IE**	**NFD**	**C**	**E**
Comments				
2. Responds to cues	**IE**	**NFD**	**C**	**E**
Comments				
3. Places complaint in appropriate psychosocial contexts	**IE**	**NFD**	**C**	**E**
Comments				
4. Explores patient's health understanding	**IE**	**NFD**	**C**	**E**
Comments				
5. Includes or excludes likely relevant significant condition	**IE**	**NFD**	**C**	**E**
Comments				
6. Appropriate physical or mental state examination	**IE**	**NFD**	**C**	**E**
Comments				
7. Makes an appropriate working diagnosis	**IE**	**NFD**	**C**	**E**
Comments				
8. Explains the problem in appropriate language	**IE**	**NFD**	**C**	**E**
Comments				
9. Seeks to confirm patient's understanding	**IE**	**NFD**	**C**	**E**
Comments				
10. Appropriate management plan	**IE**	**NFD**	**C**	**E**
Comments				
11. Patient given opportunity to be involved in significant managemt decisions	**IE**	**NFD**	**C**	**E**
Comments				
12. Makes effective use of resources	**IE**	**NFD**	**C**	**E**
Comments				
13. Conditions and interval for follow up are specified	**IE**	**NFD**	**C**	**E**
Comments				
OVERALL ASSESSMENT	**IE**	**NFD**	**C**	**E**

Principles of Agenda-Led Outcome Based Analysis

Organising The Feedback Process

Start With The Learner's Agenda

- Ask what problems the learner experienced and what help he would like from the rest of the group

Look At The Outcomes Learner And Patient Are Trying To Achieve

- Thinking about where you are aiming and how you might get there encourages problem solving - effectiveness in communication is always dependent on what you and the patient are trying to achieve

Encourage Self-Assessment And Self-Problem Solving First

- Allow the learner space to make suggestions before the group shares its ideas

Involve The Whole Group In Problem Solving

- Encourage the group to work together to generate solutions not only to help the learner but also to help themselves in similar situations

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Giving Useful Feedback To Each Other

Use descriptive feedback to encourage a non-judgmental approach

- Descriptive feedback ensures that non-judgmental and specific comments are made and prevents vague generalisation

Provide Balanced Feedback

- Encourage all group members to provide a balance in feedback of what worked well and what didn't work so well, thus supporting each other and maximising learning - we learn as much by analysing why something works as why it doesn't

Make Offers And Suggestions; Generate Alternatives

- Make suggestions rather than prescriptive comments and reflect them back to the learner for consideration; think in terms of alternative approaches

Be Well Intentioned, Valuing And Supportive

- It is the group's responsibility to be respectful and sensitive to each other

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Ensuring that analysis and feedback actually lead to deeper understanding and development of specific skills

Rehearse Suggestions

- Try out alternative phrasing and practice suggestions by role-play - when learning any skill, observation, feedback and rehearsal are required to effect change

Value The Interview As A Gift Of Raw Material For The Group

- The interview provides the raw material around which the whole group can explore communication problems and issues: group members can learn as much as the learner being observed who should not be the constant centre of attention. All group members have a responsibility to make and rehearse suggestions

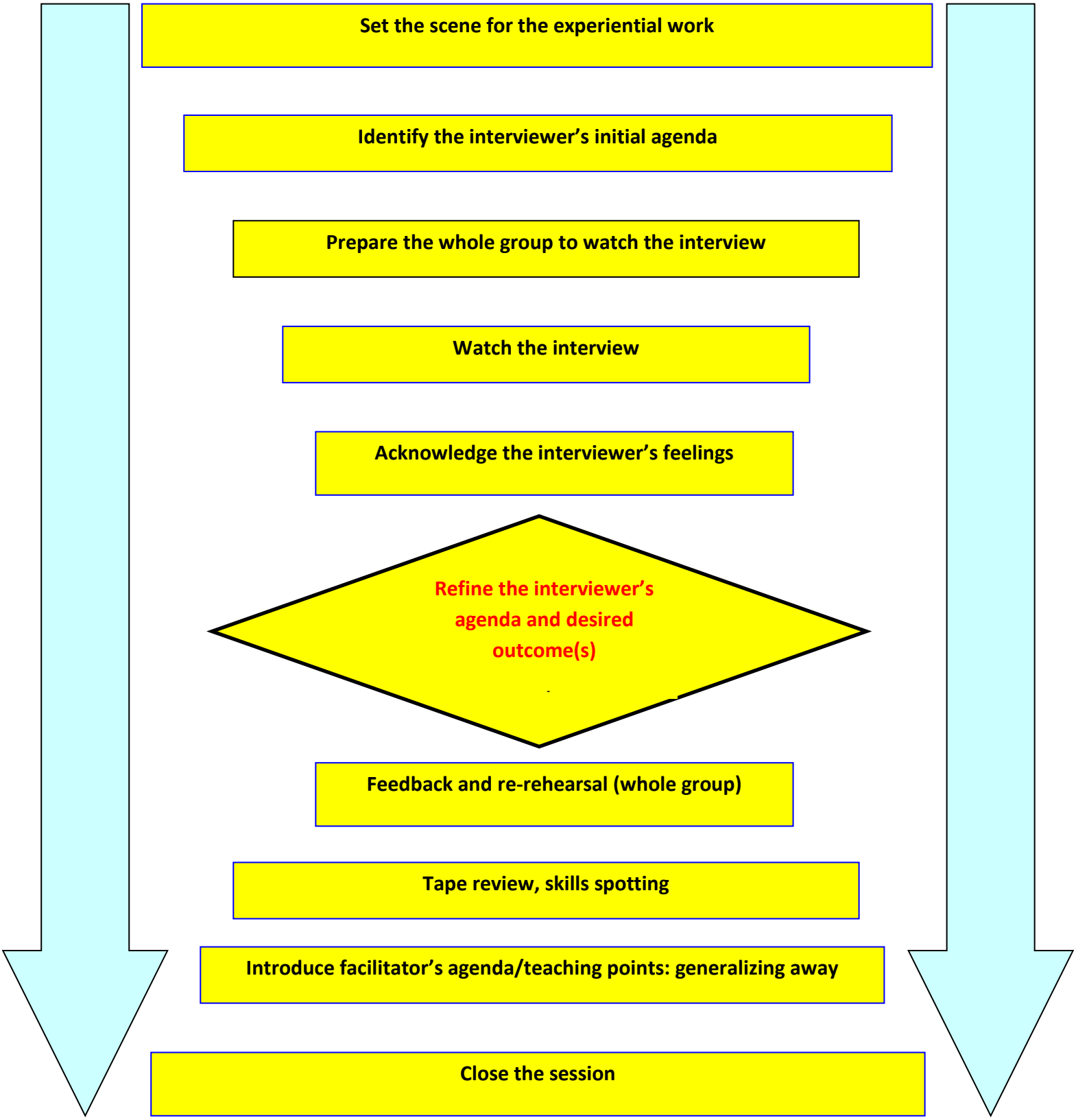
Opportunistically Introduce Theory, Research Evidence And Wider Discussion

- Offer to introduce concepts, principles, research evidence and wider discussion at opportune moments to illuminate learning for the group as a whole

Structure And Summarise Learning So That A Constructive End Point Is Reached

- Structure and summarise learning throughout the session using the Calgary-Cambridge Guides to ensure that learners piece together the individual skills that arise into an overall conceptual framework

ALOBA Flowchart - A Summary of the ALOBA Process (Group Based)



Planning and Conducting the CBD Interview

- One of two cases should be selected for the Discussions in years ST1 and ST2.
  Two out of four cases should be selected for Discussions in year ST3.

- There are descriptors of what constitutes *insufficient evidence, needs further development*, *competent* and *excellent* for each competency area in the Trainee ePortfolio and it is important that the assessor takes time to develop a clear understanding of what specific evidence will indicate each level of performance.

- The structured question guidance (see below – p.2) should be used to develop appropriate questions which will seek this evidence. It is helpful to record planned questions for easy reference throughout the interview.

- It is important to ensure that the Trainee has enough time to review the records and refresh their memory before the Discussion. The starting point for the interview should be the written records and an assessment of the quality of these records should be made and recorded.

- Using pre-prepared questions, explore the professional judgement demonstrated by the Trainee paying particular attention to situations in which uncertainty has arisen, or where a conflict of decision-making has arisen. 20 minutes should be allowed per case.

- It is important for the progress of the Trainee, that the interview is used to guide further development by offering structured feedback. The Discussions in years ST1 and ST2 should take no longer than 30 minutes, which allows about 10 minutes for feedback together with any recommendations for change.

- Throughout the Discussion, it is helpful to record evidence elicited on the notes sheet (see below – p.3). This information can then be used to inform the judgement on the level of performance of the Trainee against each competency area. At the end of **each case**, a judgement of the level of performance demonstrated by the registrar should be recorded on the marking grid along with recommendations for further development.

The RCGP gratefully acknowledges the help of the Oral Core Group of the MRCGP examination in developing this CBD tool

CBD Structured Question Guidance

Defines the problem

- What are the issues raised in this case? What conflicts are you trying to resolve? Why did you find it difficult/challenging?

Integrates information

- What relevant information had you available? Why was this relevant?
- How did the data/information/evidence you had available help you to make your decision?
- How did you use the data/information/evidence available to you in this case? What other information could have been useful?

Prioritises options

- What were your options? Which did you choose? Why did you choose this one?
- What are the advantages/disadvantages of your decision? How do you balance them?

Considers implications

- What are the implications of your decision?
- For whom? (e.g. patient/relatives/doctor/practice/society) How might they feel about your choice?
- How does this influence your decision?

Justifies decision

- How do you justify your decision?
- What evidence/information have you to support your choice? Can you give me an example?
- Are you aware of any model or framework that helps you to justify your decision?
- How does it help you? Can you apply it to this case?
- Some people might argue, how would you convince them of your point of view? Why did you do this?

Practises ethically

- What ethical framework did you refer to in this case? How did you apply it? How did it help you decide what to do?
- How did you establish the patient's point of view?
- What are their rights? How did this influence your handling of the case?

Works in a team

- Which colleagues did you involve in this case? Why?
- How did you ensure you had effective communication with them?
- Who could you have involved? What might they have been able to offer? What is your role in this sort of situation?

Upholds duties of a doctor

- What are your responsibilities/duties? How do they apply to this case? How did you make sure you observed them? Why are they important?

Case-based Discussion Notes Sheet

	Proposed Questions	**Evidence Obtained**
Practising holistically		
Data gathering and interpretation		
Making diagnoses/decisions		
Clinical management		
Managing medical complexity		
Primary care Administration and IMT		
Working with colleagues and in teams		
Community orientation		
Maintaining an ethical approach to practice		
Fitness to practise		

CbD Assessor Self-Rating Scale

Name:

Date:

This tool is to help trainers evaluate their performance in doing CBDs. On each line please choose the description you think is closest to what you see on the videotape of yourself, then put the corresponding score in the column on the right. You may find this form helpful as part of your Trainer peer appraisal (evaluating each other's video'd CBD).

The Setting of the CBD

	3	2	1	0	Score
A1	Comfortable, quiet, good light, good seating, ambience ideal.	Almost ideal but some deficiency.	Significant deficiency.	Uncomfortable, noisy, poor light, poor seating, ambience poor.	
A2	Not subject to interruption.	Minimal interruption.	Several interruptions.	Interruptions ruin the session.	

The Process of the CBD

	3	2	1	0	Score
B1	It is clear that the trainer has read and understood the case before the start of the session.	The trainer has read and understood most of the case before the session; there were only a couple of points that the trainee needed to correct them on.	The trainer has not read nor understood the case properly. There were a number of inaccuracies that the trainee had to rectify.	It is apparent that the trainer has not read the case at all. The GP trainee has not prepared either.	
B2	The trainer explicitly **summarises** which domains are going to be assessed at the beginning.	Trainer signposts some domains which are going to be assessed but not all.	The domains are mentioned but not in a CLEAR enough way.	No mention of any competencies which are going to be assessed at the beginning.	
	e.g. 'Today, were going to look at 4 competency domains. These are....'				
B3	Trainer **signposts each** competency domain before firing the questions related to that domain	Trainer signposts most competency domains before firing the questions .	Most questions are fired off without being told what competency domain they relate to.	There is no signposting to any competency domain before asking the questions.	
	e.g. 'Okay, let's move on. The next set of questions relate to the competency domain.....'				
B4	The trainer has clearly prepared the MAIN competency specific questions in advance	The trainer has clearly prepared the MAIN competency specific questions in advance.	Most of the questions were made up on the spot. Some had been prepared beforehand.	The trainer has not prepared any questions in advance. Most are thought off and fired on the spot.	
B5	Trainer asks questions which are clear and specific.	Questions are only occasionally unclear in meaning.	Questions are mostly unclear in meaning.	Questions are vague and muddled.	
B6	Questions are appropriate for the competency domain being tested.	Most questions asked are appropriate for the competency domain being tested. One or two are debateable.	For a lot of the questions it is debateable whether they are valid for the competency being assessed.	All or nearly all questions are not valid for the competency being assessed.	
B7	Trainer assesses each competency to some depth. The trainer asks challenging questions which really push the trainee.	Trainer assesses most competencies to some depth. There is some constructive challenge.	Mixed performance of depth vs breadth. Trainer challenges very little.	Exploration is superficial. There is no challenge.	
	Note that a trainer should have a main set of questions for each competency being assessed. The good CBD assessor will formulate and ask new questions in response to what the trainee says – to explore the competency area in a more deeply contextual way.				

Dr. Ramesh Mehay, Programme Director (Bradford VTS), 2010

B8	Trainer frequently asks the trainee to justify what they did (actions, behaviour, decisions).	There is some good evidence of seeking justification.	There is little evidence of seeking justification.	There is no seeking of justification for actions, behaviour or decisions.	
	A trainee might justify their behaviour based on a) written guidance/protocols b) the evidence c) on ethical grounds or d) after weighing up the pros and cons				
B9	Trainer does not ask any hypothetical 'What if' questions or scenarios.	Trainer asks the odd hypothetical question.	Trainer asks a number of hypothetical questions.	Nearly all questions are hypothetical. This was more of a random case analysis (RCA) that a CBD!	
B10	Trainer reads trainee's verbal and non verbal cues – and explores further.	Trainer reads and explores some cues but misses others.	Most cues are missed.	Does not pick up on any cues.	
	'You seem a bit hesitant about that....' or 'You say that you thoroughly explored xxxx but in the clinical notes, you've not made any reference to it. Why is there the discrepancy?'				
B11	The trainer encourages and gives time to allow the trainee to express him or herself.	The trainee, on the whole, is encouraged and given time to express him or herself.	The trainee is often not given enough time to express him or herself.	The trainer interrupts too quickly and is not particularly encouraging. The questions and environment are threatening as evidenced by the behaviour of the trainee.	
B12	Good rapport, mutual respect and sensitivity evident	Rapport mostly good, trainer sensitive	Little evidence of rapport, trainer insensitive at times	Relationship appears cold or hostile, lack of mutual respect, trainer insensitive	

The Feedback at the End

	3	**2**	**1**	**0**	Score
C1	GP trainee is encouraged to self evaluate their performance in specific terms – what was good, what needs work.	GP trainee is reasonably encouraged to self evaluate.	GP trainee is briefly and superficially encouraged to self evaluate.	Trainer does not ask the GP trainee to self evaluate.	
C2	The trainer gives **specific and constructive** feedback on what went well.	There was some explicit statement of what was done well.	There was some statement of what was done well but this was rather vague and unclear.	There was not feedback given on what was done well.	
C3	The trainer gives **specific and constructive** feedback what needs working on.	There was some feedback on what needs working on. A few smaller areas missed.	There was some feedback on what needs working on but this was unclear and vague.	There was no feedback on what needs working on.	
C4	Trainer is sensitive in giving feedback.	Trainer is mostly sensitive.	Mixed performance of sensitivity and insensitivity.	Feedback given in a destructive manner.	
C5	The trainer discusses learning plans to tackle those future learning needs.	There was some discussion of learning plans.	There was some discussion of learning plans but this was vague or superficial.	There was no discussion on future learning plans.	
C6	Trainer checks with GP trainee to see if they understand and are agreeable with the recommendations made.	Recommendations mostly checked and okayed with GP trainee.	Understanding/agreement of GP trainee is superficial.	No explicit step is made to check that the GP trainee's understanding or whether they are agreeable with the recommendations.	
	Sometimes a trainee might not agree with what you say (even though you may be right). The good trainer will always seek to clarify the reasons behind the disagreement in order to get both parties amicably on the same track.				
C7	Useful summarising done by either trainer or GP trainee.	Summarising attempted, mostly useful.	Some attempt at summarising, but was not useful.	No evidence of summarising.	

Do you want to improve and become even better?

1. Then read the document called *'Hot tips for Doing CBDs – for trainers'* on www.bradfordvts.co.uk (click MRCGP, then CBD and you'll find it in the downloads section there)

CbD – What the Competencies Mean

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Does not establish rapport with the patient Makes inappropriate assumptions about the patients agenda Misses / ignores significant cues Does not give space and time to the patient when this is needed
The approach is inappropriately doctor- centred
Uses stock phrases / inappropriate medical jargon rather than tailoring the language to the patients' needs and context
Has a blinkered approach and is unable to adapt the consultation despite cues or new information

1. Communication and Consulting Skills

This competency is about communication with patients, and the use of recognised consultation techniques

Needs Further Development	Competent	Excellent
Develops a working relationship with the patient, but one in which the problem rather than the person is the focus	Explores the patient's agenda, health beliefs and preferences. Elicits psychological and social information to place the patient's problem in context	Incorporates the patient's perspective and context when negotiating the management plan
Produces management plans that are appropriate to the patient's problem	Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement	Whenever possible, adopts plans that respect the patient's autonomy
Provides explanations that are relevant and understandable to the patient, using appropriate language	Explores the patient's understanding of what has taken place	Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient
Achieves the tasks of the consultation but uses a rigid approach	Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient	Appropriately uses advanced consultation skills such as confrontation or catharsis to achieve better patient outcomes

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Treats the disease, not the patient

2. Practising Holistically

This competency is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts

Needs Further Development	Competent	Excellent
Enquires into both physical and psychological aspects of the patient's problem	Demonstrates understanding of the patient in relation to their socio-economic and cultural background	Uses this understanding to inform discussion and to generate practical suggestions for patient management
Recognises the impact of the problem on the patient	Additionally, recognises the impact of the problem on the patient's family/carers	Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient
Uses him/herself as the sole means of supporting the patient	Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient	Organises appropriate support for the patient's family and carers

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Has an approach which is disorganised, chaotic, inflexible or inefficient Does not use significant data as a prompt to gather further information Does not look for red flags appropriately Fails to identify normality
Examination technique is poor Fails to identify significant physical or psychological signs

3. Data Gathering and Interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation

Needs Further Development	Competent	Excellent
Obtains information from the patient that is relevant to their problem	Systematically gathers information, using questions appropriately targeted to the problem Makes appropriate use of existing information about the problem and the patient's context	Proficiently identifies the nature and scope of enquiry needed to investigate the problem
Employs examinations and investigations that are broadly in line with the patient's problem.	Chooses examinations and targets investigations appropriately	
Identifies abnormal findings and results	Identifies the implications of findings and results	Uses an incremental approach, basing further enquiries, examinations and tests on what is already known and what is later discovered

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Is indecisive, illogical or incorrect in decision- making Fails to consider the serious possibilities. Is dogmatic/closed to other ideas Too frequently has late or missed diagnoses

4. Making a diagnosis/making decisions

This competency is about a conscious, structured approach to decision-making

Needs Further Development	Competent	Excellent
Taking relevant data into account, clarifies the problem and the nature of the decision required	Addresses problems that present early and in an undifferentiated way by integrating information to aid pattern recognition Uses time as a diagnostic tool Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making	Uses methods such as models and scripts to identify patterns quickly and reliably. Uses an analytical approach to novel situations where probability cannot be readily applied
Generates and tests an appropriate hypothesis Makes decisions by applying rules or plans	Revises hypotheses in the light of additional information Thinks flexibly around problems, generating functional solutions	No longer relies on rules alone but is able to use and justify discretionary judgement in situations of uncertainty

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Asks for help inappropriately: either too much or too little
Does not think ahead, safety net appropriately or follow-through adequately

5. Clinical Management

This competency is about the recognition and management of common medical conditions in primary care

Needs Further Development	Competent	Excellent
Recognises the presentation of common physical, psychological and social problems	Utilises the natural history of common problems in developing management plans	Monitors patient's progress to identify quickly unexpected deviations from anticipated path
Responds to the problem by routinely suggesting intervention	Considers simple therapy/expectant measures where appropriate	Uses drug & non-drug methods in the treatment of the patient, appropriately using traditional & complementary medical approaches
Uses appropriate but limited management options with little flexibility for the preferences of others	Varies management options responsively according to the circumstances, priorities and preferences of those involved	Generates and offers justifiable approaches where specific guidelines are not available
Makes appropriate prescribing decisions, routinely using important sources of information	Routinely checks on drug interactions and side effects and shows awareness of national and local prescribing guidance	Prescribes cost-effectively but is able to justify transgressions of this principle
Performs up to, but does not exceed, the limits of their own competence	Refers appropriately & co-ordinates care with other professionals in primary care and other specialists	Identifies and encourages the development of new resources where these are needed
Ensures that continuity of care can be provided for the patient's problem e.g. through adequate record keeping	Provides continuity of care for the patient rather than just the problem, reviewing care at suitable intervals	Contributes to an organisational infrastructure & professional culture that allows continuity of care to be facilitated and valued
Responds rapidly and skilfully to emergencies	Appropriately follows-up patients who have experienced a medical emergency, and their family	Ensures that emergency care is co- ordinated within the practice team and integrated with the emergency services

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Inappropriately burdens the patient with uncertainty Finds it difficult to suggest a way forward in unfamiliar circumstances
Often gives up in complex or uncertain situations. Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement

6. Managing Medical Complexity

This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty and risk, and the approach to health rather than just illness

Needs Further Development	Competent	Excellent
Manages health problems separately, without necessarily considering the implications of co-morbidity.	Simultaneously manages the patient's health problems, both acute and chronic	Accepts responsibility for coordinating the management of the patient's acute and chronic problems over time
Draws conclusions when appropriate Appropriately prioritises management approaches, based on an assessment of patient risk	Is able to tolerate uncertainty, including that experienced by the patient, where this is unavoidable Communicates risk effectively to patients & involves them in its management to the appropriate degree	Anticipates and uses strategies for managing uncertainty Uses strategies such as monitoring, outcomes assessment and feedback to minimise the adverse effects of risk
Maintains a positive attitude to the patient's health	Consistently encourages improvement and rehabilitation and, where appropriate, recovery. Encourages the patient to participate in appropriate health promotion and disease prevention strategies.	Coordinates a team based approach to health promotion, prevention, cure, care and palliation and rehabilitation

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Consults with the computer rather than the patient
Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts

7. Primary care administration and information management and technology

This competency is about the appropriate use of primary care administration systems, effective record keeping and information technology for the benefit of patient care

Needs Further Development	Competent	Excellent
Demonstrates a rudimentary understanding of the organisation of primary care and the use of primary care computer systems	Uses the primary care organisational and IMT systems routinely and appropriately in patient care	Uses and modifies organisational and IMT systems to facilitate: •Clinical care to individuals & communities •Clinical governance •Practice administration
Uses the computer record and online information during the consultation.	Uses the computer during the consultation whilst maintaining rapport with the patient.	Incorporates the computer records and online information in the consultation to improve communication with the patient
Routinely records and codes each clinical contact in a timely manner and follows the record-keeping conventions of the practice	Produces records that are coherent and comprehensible, appropriately and securely sharing these with others who have legitimate access to them	Seeks to improve the quality and usefulness of the medical record e.g. through audit

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Has an inflexible approach to working with colleagues
Works in isolation Gives little support to team members Doesn't appreciate the value of the team Inappropriately leaves their work for others to pick up Feedback (formal or informal) from colleagues raises concerns

8. Working with Colleagues and in Teams

This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues

Needs Further Development	Competent	Excellent
Meets contractual obligations to be available for patient care	Provides appropriate availability to colleagues	Anticipates situations that might interfere with availability & ensures that patient care is not compromised
Appropriately utilises the roles and abilities of other team members When requested to do so, appropriately provides information to others involved in the care of the patient	Works co-operatively with the other members of the team, seeking their views, acknowledging their contribution and using their skills appropriately Communicates proactively with team members so that patient care is not compromised In relation to the circumstances, chooses an appropriate mode of communication to share information with colleagues and uses it effectively	Encourages the contribution of colleagues and contributes to the development of the team

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Fails to take responsibility for using resources in line with local and national guidance

9. Community Orientation

This competency is about the management of the health and social care of the practice population and local community

Needs Further Development	Competent	Excellent
Identifies important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features	Applies an understanding of these features to improve the management of the practice's patient population	Uses an understanding of these features to contribute to the development of local healthcare delivery e.g. service design
Identifies important elements of local health care provision in hospital and in the community and how these can be appropriately accessed by doctors and patients	Uses this understanding to inform referral practices and to encourage patients to access available resources	Uses an understanding of the resources and the financial and regulatory frameworks within which primary care operates, to improve local healthcare
Identifies how the limitations of local healthcare resources might impact upon patient care	Optimises the use of limited resources, e.g. through cost-effective prescribing	Balances the needs of individual patients with the health needs of the local community, within the available resources

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Fails to engage adequately with the portfolio e.g. the entries are scant, reflection is poor, plans are made but not acted on or the PDP is not used effectively Reacts with resistance to feedback that is perceived as critical Fails to make adequate educational progress

10. Maintaining Performance, Learning and Teaching

This competency is about maintaining performance & effective continuing professional development of oneself and others

Needs Further Development	Competent	Excellent
Accesses the available evidence, including the medical literature, clinical performance standards and guidelines for patient care	Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making	Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use. Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.
Routinely engages in study to keep abreast of evolving clinical practice and contemporary medical issues	Shows a commitment to professional development through reflection on performance and the identification of and attention to learning needs Evaluates the process of learning so as to make future learning cycles more effective	Systematically evaluates performance against external standards, using this information to inform peer discussion. Demonstrates how elements of personal development are related to the needs of the organisation. Uses the mechanism of professional development to aid career planning.
Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of audit and significant event analysis Recognises situations, e.g. via risk assessment, where patient safety could be compromised	Participates in audit where appropriate and uses audit activity to evaluate and suggest improvements in personal and practice performance Engages in significant event reviews and learns from them as a team-based exercise	By involving the team and the locality, encourages and facilitates wider participation and application of clinical governance activities
Contributes to the education of students and colleagues	Identifies learning objectives and uses teaching methods appropriate to these Assists in making assessments of learners	Evaluates outcomes of teaching, seeking feedback on performance. Uses formative assessment and constructs educational plans. Ensures students and junior colleagues are appropriately supervised.

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Does not consider ethical principles, such as good vs harm, and use this to make balanced decisions
Fails to show willingness to reflect on own attitudes

11. Maintaining an Ethical Approach to Practise

This competency is about practising ethically with integrity and a respect for diversity

Needs Further Development	Competent	Excellent
Observes the professional codes of practice, showing awareness of their own values, attitudes and ethics and how these might influence professional behaviour	Identifies and discusses ethical conflicts in clinical practice	Anticipates and avoids situations where personal and professional interests might be brought into conflict
Treats patients, colleagues and others equitably and with respect for their beliefs, preferences, dignity and rights	Recognises and takes action to address prejudice, oppression and unfair discrimination within the self, other individuals and within systems	Actively promotes equality of opportunity for patients to access health care and for individuals to achieve their potential
Recognises that people are different and does not discriminate against them because of those differences	Values diversity by harnessing differences between people for the benefit of practice and patients alike	

Indicators of Potential Underperformance ***Not*** *a level below NFD* *See Guidance*
Fails to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual oblig. Has repeated unexplained or unplanned absences from professional commitments
Prioritises own interests above those of patient Fails to cope adequately with pressure e.g. dealing with stress or managing time
Is the subject of multiple complaints

12. Fitness to Practise

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients

Needs Further Development	Competent	Excellent
Understands and maintains awareness of the GMC duties of a doctor	Observes the accepted codes of practice in order to minimise the risk of disciplinary action or litigation	Encourages scrutiny and justifies professional behaviour to colleagues
Attends to professional demands whilst showing awareness of the importance of addressing personal needs	Achieves a balance between professional and personal demands that protects professional obligations & preserves health	Anticipates situations that might damage the work/life balance and seeks to minimise the adverse effects
Attends to physical or mental illness or habit that might interfere seriously with the competent delivery of patient care	Proactive in taking steps to maintain personal health	Promotes an organisational culture in which the health of its members is valued and supported
Notifies when his/her own or a colleague's performance, conduct or health might be putting patients at risk	Promptly, discreetly and impartially ascertains the facts of the case, takes advice from colleagues and, if appropriate, engages in a referral procedure	Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern
Responds to complaints appropriately	Where personal performance is an issue, seeks advice & engages in remedial action	Uses mechanisms to learn from performance issues and to prevent them from occurring in the organisation

CbD Question Maker for Trainers (Ram's)

You don't have to ask every question in each category. But keep exploring until you feel you have enough info to make a decision.

Practising Holistically - *physical, psychological, socio-economic and cultural dimensions; patient's feelings and thoughts*

- What was the patient's agenda (I.C.E.)? How did you elicit this? Why present now? What feelings did you explore?
- Did you identify any ongoing problems which might have affected this particular complaint?
- How did you establish the patient's point of view? What consultation skills did you use to do this?
- What effect did the symptoms have on the patient's work, family and other parts of their life? (illness vs. Disease)
- How did the symptoms affect him/her psychosocially? What phrases did you use to elicit these?
- Were there any cultural dimensions to this consultation? How did you pick these up?
- Did you explore the impact it had on other family members? What did you find? How did you support them?

GRADE

Needs further development	*Competent*	*Excellent*
• *Enquires into both physical and psychological aspects of the patient's problem.* • *Recognises the impact of the problem on the patient.* • *Uses him/herself as the sole means of supporting the patient.*	• *Demonstrates understanding of the patient in relation to their socio-economic and cultural background* • *Additionally, recognises the impact of the problem on the patient's family/carers.* • *Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient.*	• *Uses this understanding to inform discussion and to generate practical suggestions for patient management.* • *Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient.* • *Organises appropriate support for the patient's family and carers.*

Data gathering and interpretation - *gathering and using data for clinical judgement, the choice of examination and investigations and their interpretation.*

- Specifics about the case: duration, symptoms, specific features like biological features for depression etc. What phrase did you use?
- Excluding the serious stuff. For example: What alarm features did you enquire about?; How did you carry out a suicidal risk assessment?; How did you exclude a brain tumour? etc.
- What consultation skills did you use to obtain the history in this case? Examples of phrases used.
- What pre-existing information did you use to help formulate your diagnosis/decision? (consultations, summary, letters, investigations)
- Had you gathered any further information about this case from others?
- What bits of information (from Hx/Ex/Ix) did you find helpful in this case? Why? How did you elicit those?
- What examination/investigations did you make? Why did you do those (justify)? Were there any abnormalities?
- I see from the notes that there is no reference to examining her "chest" (say). Why is it not there?
- What prior knowledge of the patient did you have which affected the outcome of your consultation(s)?

GRADE

Needs further development	*Competent*	*Excellent*
• *Obtains information from the patient that is relevant to their problem.* • *Employs examinations and investigations that are broadly in line with the patient's problem.* • *Identifies abnormal findings and results*	•*Systematically gathers information, using questions appropriately targeted to the problem.* • *Makes appropriate use of existing information about the problem and the patient's context.* • *Chooses examinations and targets investigations appropriately.* • *Identifies the implications of findings and results.*	• *Proficiently identifies the nature and scope of enquiry needed to investigate the problem.* • *Uses an incremental approach, basing further enquiries, examinations and tests on what is already known and what is later discovered.*

Making diagnoses & decisions - *conscious, structured approach to decision-making*

DIAGNOSIS

- What were you particularly worried about in this case?
- What differential diagnoses did you consider? What features made each one more or less likely?
- How did you come to your final working diagnosis? Remind me which bits of the history and examination were instrumental in this?
- Did you use any tools, guidelines or frameworks to help you with the diagnosis?

TREATMENT DECISIONS

- What were your options? Which did you choose? Why this one? Convince me that you made the right choice.
- Did you consider any evidence in your final choice? Tell me about it?
- How did the patient feel about your choice of treatment? Did this influence your final decision?
- Did you consider the implications of your decision for the relatives/doctor/practice/society? In what way?
- Did you use any tools, guidelines or frameworks to help you with treatment decisions?

GRADE

Needs further development	*Competent*	*Excellent*
• *Taking relevant data into account, clarifies the problem and the nature of the decision required.* • *Generates and tests an appropriate hypothesis.* • *Makes decisions by applying rules or plans.*	• *Addresses problems that present early and in an undifferentiated way by integrating information to aid pattern recognition.* • *Uses time as a diagnostic tool.* • *Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.* • *Revises hypotheses in the light of additional information.* • *Thinks flexibly around problems, generating functional solutions.*	• *Uses methods such as models and scripts to identify patterns quickly and reliably.* • *Uses an analytical approach to novel situations where probability cannot be readily applied.* • *No longer relies on rules alone but is able to use and justify discretionary judgement in situations of uncertainty.*

Developed by Dr. Ramesh Mehay, Programme Director Bradford VTS (Dec 2006, updated April 2010). Look at www.bradfordvts.co.uk for more resources.

Clinical Management - *recognition and management of common medical conditions*

- What were your main priorities here (physical, psychological, social)? How did that affect your final management plan?
- What management options did you consider at the time? What were they? Tell me about some of the pros and cons of these options. Did the patient's preferences or situation affect the management plan? How?
- What made you prescribe xxx? How did you come to choosing that? What does the evidence say about it? Do you know how much that costs? Why not xxx which is cheaper and effective? What else is the patient on: did you check for interactions?
- Why did you do those investigations? What were you looking for?
- Did you make a referral to or involve anyone else? Did you speak to anyone first? What did you actually put in the referral letter?
- Did you use any guidelines to help you?
- Describe how you monitored the patient's progress. How did you ensure continuity of care? Did you put into place any follow up/review? Why do you want to see her again?

GRADE

Needs further development	*Competent*	*Excellent*
● *Recognises the presentation of common physical, psychological and social problems.* ● *Responds to the problem by routinely suggesting intervention* ● *Uses appropriate but limited management options with little flexibility for the preferences of others* ● *Makes appropriate prescribing decisions, routinely using important sources of information* ● *Performs up to, but does not exceed, the limits of their own competence* ● *Ensures that continuity of care can be provided for the patient's problem e.g. through adequate record keeping* ● *Responds rapidly and skilfully to emergencies*	● *Utilises the natural history of common problems in developing management plans.* ● *Considers simple therapy/expectant measures where appropriate* ● *Varies management options responsively according to the circumstances, priorities and preferences of those involved* ● *Routinely checks on drug interactions and side effects and shows awareness of national and local prescribing guidance* ● *Refers appropriately and co-ordinates care with other professionals in primary care and with other specialists* ● *Provides continuity of care for the patient rather than just the problem, reviewing care at suitable intervals* *vAppropriately follows-up patients who have experienced a medical emergency, and their family*	● *Monitors the patient's progress to identify quickly unexpected deviations from the anticipated path* ● *Uses drug and non-drug methods in the treatment of the patient, appropriately using traditional and complementary medical approaches* ● *Generates and offers justifiable approaches where specific guidelines are not available* ● *Prescribes cost-effectively but is able to justify transgressions of this principle* ● *Identifies and encourages the development of new resources where these are needed* ● *Contributes to an organisational infrastructure and professional culture that allows continuity of care to be facilitated and valued* ● *Ensures that emergency care is co-ordinated within the practice team and integrated with the emergency services*

Managing medical complexity - *beyond managing straight-forward problems, eg managing co-morbidity, uncertainty & risk, approach to health rather than just illness*

- How did you generally FEEL about this case? (concentrate on feelings). What made this case particularly difficult? How did you resolve that?
- Were there any areas of uncertainty? What strategies did you use to manage that uncertainty? (e.g. using time)
- There was a lot to co-ordinate in this consultation – from the acute to the chronic co-morbidities. Did you find it difficult? What strategies did you use to co-ordinate it all?
- Do you think the patient kind of pushed you into investigation/referral/treatment (e.g. with abx)? How do you feel about this? What did you learn from this case?
- What did you do to alter his help seeking behaviour?
- Was there a difference of agendas? How did you tackle this? (e.g. demanding patient, difficult angry patient, overbearing heart sinks etc). Tell me exactly how you managed to merge agendas.
- Were there any ongoing problems that added to the complexity of this case?
- How did you explain 'risk' to the patient? Did you involve them in the risk management? To what extent and how? How did that risk affect your management plan?
- How did you make use of time? (either using time as a tool for diagnosis or time management)
- Did you use any health promotion strategies? How did you encourage the patient to stop smoking/lose weight/go back to work/other rehabilitation and recovery?

GRADE

Needs further development	*Competent*	*Excellent*
● *Manages health problems separately, without necessarily considering the implications of co-morbidity.* ● *Draws conclusions when it is appropriate to do so* ● *Appropriately prioritises management approaches, based on an assessment of patient risk* ● *Maintains a positive attitude to the patient's health*	●*Simultaneously manages the patient's health problems, both acute and chronic* ● *Is able to tolerate uncertainty, including that experienced by the patient, where this is unavoidable* ● *Communicates risk effectively to patients and involves them in its management to the appropriate degree.* ●*Consistently encourages improvement and rehabilitation and, where appropriate, recovery.* ● *Encourages the patient to participate in appropriate health promotion and disease prevention strategies*	● *Accepts responsibility for coordinating the management of the patient's acute and chronic problems over time* ● *Anticipates and uses strategies for managing uncertainty.* ● *Uses strategies such as monitoring, outcomes assessment and feedback to minimise the adverse effects of risk* ● *Coordinates a team based approach to health promotion, prevention, cure, care and palliation and rehabilitation*

Primary care admin and IMT - *primary care admin systems, effective recordkeeping and online info to aid patient care*

- Look at the trainee's computer record entry: satisfactory? Ask trainee: *"Do you think what you have documented is coherent and comprehensible?"* Have any important negatives been left out? Have they captured the patient's narrative? Is it concise yet thorough?
- Did they use Read codes: the right ones? Why those Read codes? Why are Read codes important? Did they add anything to the patient's summary section? (e.g. new diagnosis of COPD/Angina etc)
- Have they written up a future management plan for colleagues (in case they're not there at review)? Why not?
- Consultation entry added in a timely manner? (esp. Important for home visits)
- How did you use the computer in the consultation? (previous consults, results, opening letter, online resources etc.)
- Were there any inaccuracies in the records that you corrected?
- What consultation skills did you use to stop it from interrupting the flow of the consultation or obstructing rapport?
- How did the use of the computer improve or help you with the care of the patient?
- Did you use any part of the computer system to communicate with others? (e.g. email, electronic referrals and so on)
- Did you use any online information or resources to help you? What? Why? How?

GRADE

Needs further development	*Competent*	*Excellent*
● *Demonstrates a rudimentary understanding of the organisation of primary care and the use of primary care computer systems* ● *Uses the computer record and online information during the consultation* ● *Routinely records and codes each clinical contact in a timely manner and follows the record-keeping conventions of the practice*	● *Uses the primary care organisational and IMT systems routinely and appropriately in patient care* ● *Uses the computer during the consultation whilst maintaining rapport with the patient* ● *Produces records that are coherent and comprehensible, appropriately and securely sharing these with others who have legitimate access to them*	● *Uses and modifies organisational and IMT systems to facilitate:* *- Clinical care to individuals and communities* *- Clinical governance* *- Practice administration* ● *Incorporates the computer records and online information in the consultation to improve communication with the patient* ● *Seeks to improve the quality and usefulness of the medical record e.g. through audit*

Working with colleagues and in teams - *working effectively; sharing information with colleagues*

- Did you involve anyone else in this case? Who? Why? How did they help?
- Did you involve any other organisations/agencies in this case? For what purpose?
- Did anyone else provide you with information you found useful with your case?
- What information did you provide with your referral? How was this passed on?
- How did you ensure you had effective communication with others involved in this particular case?
- If many people/organisations are involved in the case, ask: *"What do you see as your role considering so many others are already involved in this case? Do so many people need to be involved? Did you do anything to coordinate the overall care to promote more effective team working?"*
- What steps did you take to ensure continuity of care (in case you're not there for the next)?

GRADE

Needs further development	*Competent*	*Excellent*
● *Meets contractual obligations to be available for patient care* ● *Appropriately utilises the roles and abilities of other team members.* ● *When requested to do so, appropriately provides information to others involved in the care of the patient*	● *Provides appropriate availability to colleagues* ● *Works co-operatively with the other members of the team, seeking their views, acknowledging their contribution and using their skills appropriately.* ● *Communicates proactively with team members so that patient care is not compromised.* ● *In relation to the circumstances, chooses an appropriate mode of communication to share information with colleagues and uses it effectively*	● *Anticipates situations that might interfere with availability and ensures that patient care is not compromised* ● *Encourages the contribution of colleagues and contributes to the development of the team*

Community orientation - *management of health and social care of local community*

- Had you any thoughts at the time about the cost of investigation/treatment/referral? Tell me what you considered.
- Did you think about the implications of your treatment/investigations/referral on the individual patient and on society? Tell me more about the conflicts. How did you balance the needs of this patient against the needs of the whole practice population?
- What characteristics of the local community impact on this patient's care (epidemiological/social/economic/ethnic)?
- What local health resources are available that you encouraged the patient to access? (e.g. weight loss/exercise classes)
- Are there any limitations of local healthcare resources that impact on this patient's care?
- Did this case make you think of any greater social/health care changes/provision we need to consider for our practice population? Did you do anything to make this happen?

GRADE

Needs further development	*Competent*	*Excellent*
● *Identifies important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features* ● *Identifies important elements of local health care provision in hospital and in the community and how these can be appropriately accessed by doctors and patients* ● *Identifies how the limitations of local healthcare resources might impact upon patient care*	● *Applies an understanding of these features to improve the management of the practice's patient population* ● *Uses this understanding to inform referral practices and to encourage patients to access available resources* ● *Optimises the use of limited resources, e.g. through cost-effective prescribing*	● *Uses an understanding of these features to contribute to the development of local healthcare delivery e.g. service design.* ● *Uses an understanding of the resources and the financial and regulatory frameworks within which primary care operates, to improve local healthcare* ● *Balances the needs of individual patients with the health needs of the local community, within the available resources*

Maintaining an ethical approach to practice - *ethical practise, integrity, respect for diversity*

- Had you any ethical considerations when dealing with this case? What were they? So how did you resolve this? (e.g. sick notes – individual vs. society; rights based versus utilitarian approach)
- Did any of your own values affect/nearly affect this case? What particular professional codes of practise did you have to make sure you adhered to in this case? (e.g. with gay patients, ethnic minorities, asylum seekers, those on benefits and so on)
- Do you think you might have directly/indirectly discriminated and therefore judged this patient because of their xxxx? If not – how did you anticipate it – making sure the patient didn't feel discriminated against?? (e.g. with gay patients, ethnic minorities, asylum seekers and so on)
- What ethical principles did you use to inform your choice of treatment? How did you ensure the patient had an informed choice in terms of management?
- Was there a need to reassure the patient about confidentiality? (esp. in cases where the patient is a teenager)

GRADE

Needs further development	*Competent*	*Excellent*
● *Observes the professional codes of practice, showing awareness of their own values, attitudes and ethics and how these might influence professional behaviour* ● *Treats patients, colleagues and others equitably and with respect for their beliefs, preferences, dignity and rights* ● *Recognises that people are different and does not discriminate against them because of those differences*	● *Identifies and discusses ethical conflicts in clinical practice* ● *Recognises and takes action to address prejudice, oppression and unfair discrimination within the self, other individuals and within systems*	● *Anticipates and avoids situations where personal and professional interests might be brought into conflict* ● *Actively promotes equality of opportunity for patients to access health care and for individuals to achieve their potential* ● *Values diversity by harnessing differences between people for the benefit of practice and patients alike*

Fitness to practise - *awareness own performance, conduct or health, or of others; action taken to protect patients*

- Was there any point in the consultation where you felt out of your depth? How did you define your limits? What did you then do?
- It sounds like this was quite an emotionally charged case. No doubt it must have caused some internal feelings. How did you manage or neutralise those to ensure they did not impact on the next patient consultation?
- How were things at home at the time of the consultation? Any difficulties? (If yes): what strategies did you use to ensure that they did not impact on the consultation?
- Safety Netting: did you advise on when to come back? What did you actually say? (protecting patients)
- Chaperones: did you use a chaperone? So what was the purpose of getting the chaperone? Was it for your benefit or theirs? (protecting patients, protecting doctors)
- After the consultation, did you have any thoughts on your performance (including knowledge)? Did you have any thoughts on how your performance could have been bettered? What were these? Have you made any plans to tackle them? (PUNs and DENs)
- Were there any significant events raised by this consultation? (including complaints) What were they? How did you proceed?
- Did you have any concerns over what one of the previous health care professionals had done? What did you do about it?
- Had you considered ringing the MPPS/MDU for advice? (If relevant to the case) Why did you call them? What did you ask? What did they say?

GRADE

Needs further development	*Competent*	*Excellent*
● *Understands and maintains awareness of the GMC duties of a doctor* ● *Attends to professional demands whilst showing awareness of the importance of addressing personal needs* ● *Attends to physical or mental illness or habit that might interfere seriously with the competent delivery of patient care* ● *Notifies when his/her own or a colleague's performance, conduct or health might be putting patients at risk* ● *Where personal performance is an issue, seeks advice and engages in remedial action*	● *Observes the accepted codes of practice in order to minimise the risk of disciplinary action or litigation* ● *Achieves a balance between professional and personal demands that protects professional obligations and preserves health* ● *Proactive in taking steps to maintain personal health* ●*Promptly, discreetly and impartially ascertains the facts of the case, takes advice from colleagues and, if appropriate, engages in a referral procedure.* ● *Uses mechanisms to learn from performance issues and to prevent them from occurring in the organisation*	● *Encourages scrutiny and justifies professional behaviour to colleagues.* ● *Anticipates situations that might damage the work/life balance and seeks to minimise the adverse effects* ● *Promotes an organisational culture in which the health of its members is valued and supported* ● *Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern*

OTHER NOTES FOR TRAINERS:

- *When asking the GP trainee to present the case, start by asking them: 1. What issues they felt the case raised, 2. What issues they felt needed resolving and 3. What bits they found challenging/difficult? This will help you focus your questions.*
- *It is very important that questions are based on the "here and now" e.g. 'What were her concerns then?'; 'What did she think was going on?'; 'How did you elicit that?'.*
- *Stay away from "What if....." questions. It is permissible to ask: "What is your next step?" but not to take them down a line of hypothetical exploration.*
- *The grade 'needs further development' (NFD) IS NOT A FAIL. It simply means the trainee has more to learn. Don't be scared of awarding an NFD grade: in fact, if it applies, you have a responsibility to give it. An NFD grade is expected for many ST1s and ST2s. Think – can ST1s and ST2s really be competent or excellent in everything, before finishing their training? (I don't think so!)*
- *GMC duties of a doctor: 1. Make the care of your patient your first concern, 2. Protect and promote the health of patients and the public, 3. Provide a good standard of practice and care, 4. Treat patients as individuals and respect their dignity, 5. Work in partnership with patients, 6. Be honest and open and act with integrity.*

CbD Question Maker for Trainers (Pennine's)

Practising Holistically

- Describe the medical dimensions of this consultation.
- Describe the psychological dimensions of this consultation.
- Describe the socio-economic dimensions of this consultation.
- Describe the cultural dimensions of this consultation.
- What feelings did you need to explore?
- What consultation skills did you use?
- How would you define your limits?
- How did you provide "holistic" support to family/carers?
- How did the problem(s) impact on family and others?
- What other agencies have you used to provide support?

Data Gathering and Interpretation

- What information did you gather from history/examination/investigations?
- What was your working diagnosis?
- What abnormalities did you identify on examination/investigation?
- What pre-existing information did you refer to (consultations/summary/letters/investigations)?
- Justify the examination that you chose to perform.
- Justify your choice of investigations.
- Describe where and how your history/examination/investigations are recorded in a systematic manner.
- How did initial investigations and examination lead to further investigations?
- What questions/investigations did you use to confirm or refute your original working diagnosis?

Making Diagnosis/Decisions

- What differential diagnosis did you consider?
- What features would make each diagnosis more/less likely?
- How did you make use of time?
- What information did you gather and how did this affect the likely diagnosis?
- Are there other diagnoses that remain unexplored?

Clinical Management

- Describe how you monitored the patient's progress.
- What management have you provided?
- How do you decide on these management options?
- Describe any guidelines that you used.
- Justify your prescribing.
- Justify your referral.
- What information did you provide with your referral?
- How did you ensure continuity of care?
- What follow up have you arranged?
- Describe any un-met patient's needs.

Managing Medical Complexity

- Describe the aspects of this patient's management that you co-ordinated?
- What were the areas of uncertainty? What strategies did you use to manage uncertainty?
- How did you explain "risk" to patients? How did you involve the patient in risk management?
- How did you encourage rehabilitation/recovery?
- Describe any health promotion strategies that you used.

Primary Care Administration, Information Management and Technology

- Describe how the information from this consultation was recorded on the computer.
- What read codes have been used, why are they important?
- What has been added to the patient's summary?
- What is already in this patient's problem summary?
- How are investigations/communications recorded?
- How did use of the computer system improve/facilitate patient care?
- How did you manage the use of the computer in this consultation?
- How did you ensure your record was useful to others?
- What steps did you take to keep the records secure?
- Is this patient's record relevant to QOF for this practice?
- Did you use other online resources

Working with Colleagues and in Teams

- What other team members were involved?
- What information did you provide to other team members? How was this information passed on?
- What information did you receive from other team members?
- From whom did you seek advice?
- What skills do you not have that were provided by others?
- What steps did you take to ensure continuity of care?
- How did you plan for the times when you were not available?
- What did you do to promote effective team working?

Community Orientation

- Are there any factors in the local community which might impact on this patient's care (epidemiological/social/economic/cultural)?
- What elements of health/social care provision did you need to access?
- What limitation in provision did you identify?
- How did you deal with these constraints and limitations?
- What changes and provision would help our practice population?
- How did you balance the needs of this patient against the needs of the whole practice population?
- Describe any conflicts in the above.
- Describe how you considered the use of limited resources (time/prescribing costs/secondary care)?

Maintaining an Ethical Approach to Practise

- What ethical dilemmas does this case raise? How do you respond to the ethical problems raised?
- What professional code of practise did you need to apply?
- Where can such codes be found for reference?
- How did you avoid discrimination?
- What conflicts of personal and professional interest might have arisen?
- How would you deal with this?

Fitness to Practise

- What headings of the GMC 'Duties of a Doctor' are relevant here?
- What personal needs do you need to balance against professional demands?
- What issues relating to a colleagues performance did you take into account?
- How can you show that you are maintaining personal health?
- What advice do you seek?
- What referrals did you make?
- What elements of your own performance have you reflected on?
- What scrutiny have you made of your professional behaviour and how is this supported by organisational culture?
- What hazards to work/life balance did you identify?