



APPRAISAL

ANAESTHETISTS as EDUCATORS



**The Royal College
of Anaesthetists**



APPRAISAL

Aims

In this chapter we will explore the use of appraisal as an educational tool, the different definitions of appraisal, how the effectiveness of the process can be maximised for the appraiser and appraisee and the role of appraisal in revalidation.

Intended learning outcomes

By the end of this chapter you should have a better understanding of how to:

1. Outline the structure of an effective appraisal review (TM_HK_15).
2. Conduct developmental conversations as appropriate e.g. appraisal, supervision, mentoring (TM_HS_18).
3. Maintain honesty and objectivity during appraisal and assessment (TM_HS_19).

Activity

You have been asked to act as the Educational Supervisor for an F2 doctor who has been based on HDU/ITU for the last 4 months. The multi-source feedback, in this case using the mini-Peer Assessment Tool (mini-PAT) (MMC 2012), comes back with comments written in the 'cause of concern' section under the heading:

'Describe any behaviours that have raised concerns or should be a particular focus for development'.

Both yourself and Dr X have access to the anonymised comments via their online portfolio. However you only see these comments the day before your final meeting with them:

'Dr X is very enthusiastic and keen to learn but sometimes doesn't take time to consider other doctors opinions. I am not sure that they can communicate effectively with their patients. I do not feel they are ready to work independently at this level.'

'Dr X is always keen to teach, especially practical procedures. They are technically very good and they make satisfactory clinical decisions but they do not always consider the broader view. Their verbal communication with colleagues is sometimes abrupt, especially at times when Dr X is working in a stressful environment. Dr X would benefit from thinking through carefully what they wish to say and the manner in which it is delivered.'

'Dr X was keen to see patients and seems knowledgeable. However they can get very stressed when things get busy and they do not seem able to prioritise tasks effectively, leaving a lot to be done after hours by on-call staff.'

'This doctor has difficulty dealing with stressful situations. When under pressure they often become defensive and are unable to engage in reasonable discussions with patients and colleagues.'

'Dr X answers their bleep promptly and is good at practical procedures. They are sometimes however, a bit over confident and they do not always listen to other peoples' opinions.'

Basic - Put yourself in the shoes of Dr X. How would you initially react to the comments above? Group together the most useful points. Think about how you might reflect on or react to the constructive criticism of your performance.

Intermediate - Plan the structure for your appraisal meeting with this trainee. Write down the key points you would like to cover. How are you going to manage the feedback section of the conversation? What principles of feedback might you use?

Higher - How would you phrase your opening question/ statement for the feedback section? What options are available to the trainee to support their development? What outcomes could you anticipate from your conversation? How would you manage these?

Structure

Appraisal is not a new activity for any level or grade of doctor, however, it may not have been explicitly highlighted to you during your undergraduate or postgraduate training. Indeed it may have **occurred** to you without your awareness or understanding. One of the difficulties has been to try and define exactly what the appraisal process should look like for each level of doctor.

In the UK, the General Medical Council (GMC) has the responsibility of co-ordinating all stages of medical education. It has published a number of documents relating to the promotion of high standards in medical education and has made recommendations, which include: the need for regular meetings to discuss and plan training (GMC 2012) or Continuing Professional Development (CPD) (GMC 2012), and opportunities to discuss problems and provide feedback (GMC 2012).

In 1996, SCOPME (1996) produced a consultation document looking at appraisal for trainees. It made a number of recommendations including:

'Appraisal should be primarily educational, confidential and designed to assist an individual's progress.'

Task

Think about the terms *Appraisal* and *Assessment*.

- How are these concepts different?
- In your experience, how are they interlinked?
- Using these terms, how would you describe the form and function of your ARCP?

The Guide to Specialist Registrar Training (DoH 1998) mentions both assessment and appraisal. It suggests that the outcome of assessment will inform the process of appraisal, which should lead to the development of a **Personal Development Plan** (PDP) with aims, objectives and outcomes. Further assessment can then be used to confirm whether an individual has achieved their PDP. However, *self*-assessment is a valuable part of the appraisal process and should be encouraged.

Continuing Professional Development (CPD) is the process by which those doctors, outside formal undergraduate or postgraduate training structures, keep themselves up to date and maintain the highest standard of professional practice (GMC 2012).

The Chief Medical Officer's report, 'Medical revalidation – principles and next steps' (DoH 2008) sets out the contribution that CPD should make to appraisal and revalidation. The report states that:

'Appraisal should focus on meeting agreed educational objectives.'

And that:

'The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation.'

The RCoA have published a guideline for CPD (RCoA 2012). It states that:

- *Consultants must collect evidence to record their CPD activity.*
- *A structured portfolio will be reviewed as part of the process of appraisal and revalidation.*
- *Annual appraisal will inform a PDP, which will include future CPD activity.*
- *The CPD undertaken should reflect and be relevant to a doctor's current and future profile of professional practice and performance.*

Reflection

Think about a recent developmental conversation that may have included elements of appraisal. What qualities did the appraiser exhibit? How might the conversation have been even more productive?

Developmental conversation

The ability to **establish rapport**, **actively listen** and **empathise** with the appraisee is at the heart of good appraisal. The appraiser must really relate to their appraisee, hear, understand and also recognise what is not said. They must also avoid the temptation to interrupt, talk at the appraisee or jump to conclusions too quickly.

Feedback is another essential element of the appraisal process and the ability to deliver constructive critique and offer advice is an important skill for any appraiser (Mets 2003). However, appraisal must be owned and driven by the appraisee, related to the environment in which they work and address their individual needs.

Appraisers often agonize over discussing aspects of performance that have been identified as *'cause for concern'*. Although this can be a difficult part of an appraisal conversation, a small amount of preparation and thought by the appraiser can help to identify the learning points and make the discussion constructive. A personal development plan can then be agreed upon to help develop the appraisee during the subsequent year.

Revalidation

The GMC states:

'Revalidation will be our new way of regulating licensed doctors that aims to give extra confidence to patients that their doctors are up to date and fit to practice.'

(GMC 2012)

The RCoA believes that revalidation should be a **formative** experience and one that encourages Continuing Professional Development (RCoA 2012).

For trainees, revalidation will be incorporated into the Annual Review of Competence Progression (ARCP) process. Additional information will be collected regarding sickness absence, involvement in Serious Incidents and conduct issues.

For consultants, revalidation is due to start in the UK from December 2012. The outcomes of each annual appraisal will feed into the revalidation cycle. Every five years, a *'responsible officer'* will make a recommendation to the GMC on a doctor's fitness to practice.

Key thoughts

Although the structure of the appraisal process is changing, and may well change again in your career, the principles underpinning a developmental conversation and the qualities needed by an appraiser to give constructive feedback remain resolute. Although uncomfortable, difficult conversations, if approached with care and attention, will offer the most value to appraisee, and appraiser alike.

Evidence of progression

Basic level

- Think about your own experiences of appraisal conversations. What key elements do you think might form part of the appraisal process?

Intermediate level

- Compare and contrast your experiences with the four domains given in the Good Medical Practice Framework published by the GMC (2012).

Advanced level

- Using the GMC's framework, critically review the supporting evidence you would take with you to an annual appraisal scheduled for next week. What advice would you give yourself for the forthcoming year?

Further reading

Mets, B. (2003). Giving feedback and monitoring progress. Clinical Teaching - A guide to teaching practical anaesthesia. D. D. Greaves, Dodds, C., Kumar, C. M., Mets, B., Swets & Zeitlinger.

References

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MMC. (2012). "Mini-PAT." From: <http://www.mmc.nhs.uk/pdf/mini-pat-rater-written-training.pdf>.

RCoA. (2012). "Appraisal and Revalidation." From: <http://www.rcoa.ac.uk/node/397>.

RCoA. (2012) "Guidelines for Continuing Professional Development." From: <http://www.rcoa.ac.uk/document-store/guidelines-continuing-professional-development>

S.C.O.P.M.E. (1996). Appraising doctors and dentists in training: A working paper for consultation. DoH. London.

RCoA 2010 Syllabus Key

- TM_BK_06** Knows the roles and responsibilities of their clinical and educational supervisors and understands whom to approach locally regarding training issues and concerns.
- TM_HK_07** Explains the roles and responsibilities of Clinical and Educational Supervisors and Consultant/SAS trainers.
- TM_HK_08** Understands the importance of assessing and evaluating learning and is able to distinguish between formative and summative assessment.
- TM_HK_15** Outlines the structure of the effective appraisal review.
- TM_HK_16** Knows how to raise concerns about a poorly performing trainee.
- TM_HK_17** Describes the appropriate local course of action to assist a trainee experiencing difficulty in making progress within their training programme.
- TM_HS_18** Conducts developmental conversations as appropriate e.g.: appraisal, supervision, mentoring.
- TM_HS_19** Maintains honesty and objectivity during appraisal and assessment.
- TM_HS_20** Provides appropriate career support, or refers trainee to an alternative effective source of career information.
- TM_HS_21** Recognises the trainee in difficulty and takes appropriate action including, where relevant, referral to other services.