

Using Feedback to Improve Quality of Educational Supervisor Reports



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Intended Learning Outcomes

By the end of the session participants should:

- Have knowledge of some of the background and recent research in this area.
- Provide a structure of more effective Educational Supervisor Reports (ESR) using targeted feedback.
- Use a framework to assess the quality of ESRs.
- Use a framework to assess quality of Workplace Based Assessments/Supervised Learning Events.

Background

- Educational Supervisor Report (ESR) – pivotal to ARCPs
 - Evidence of trainee engagement with the curriculum and learning through the workplace-based appraisal process.
 - Triangulates information from all WPBA/SLEs and other sources of evidence.
 - Links progress with PDP and sets out goals for the coming year. *(Gold Guide, 2018)*
- ESR – vary in quality depending on educational supervisors and their relationship with the trainees.

My Research Work

- Value of newer WPBA in predicting Doctors in Difficulty (DID)
 - E-portfolio based case-control study of 1086 Foundation trainees.
 - Qualitative interview-based study of senior educators.
- Major findings
 - ESR and TAB/MSF were strongly predictive of DiD.
 - ESR pivotal in evaluating progression and DiD.
 - Quality of ESR/SLEs and feedback could be improved.

ESR Quality work

Main aims:

- Evaluate whether a structured form to assess quality of the ESR with provision of feedback improves successive reports
- Assess the trainer's perception of the feedback received.
- Assess trainee's perception of the quality of the ESR.

Methods

- One-page published framework adopted by the GP School in the HEE NW adapted for Medical Specialties.
- Used to assess the quality of each ESR by the Renal ARCP panel in 2014.
- Formative assessment sent by TPD to each ES and their comments and views were invited and individually discussed.
- Successive ESRs assessed by ARCP panel in 2015 to 2017 to see if there had been any improvement in quality.
- Trainers/trainees' feedback assessed qualitatively using a thematic analysis.

Methods

ARCP Panel assessment of quality of Educational Supervisor report					
Specialty					
Date of Panel					
Panel Chair					
Educational Supervisor					
Room for Improvement	tick	Acceptable	tick	Excellent (in addition to Acceptable)	tick
The basis for judgements is not clear, ie they are not referenced to the evidence		Judgements are generally referenced to the available evidence		Judgements show sophistication, synthesising evidence from a number of sources	
No comment is made on the current state and the progression of competence		The current state and the progression of competence are satisfactory		The current state and the progression of competence are very clear, detailed and linked to the evidence	
There are no, or few, suggestions for trainee development		Suggestions for trainee development are routinely made and appear to be appropriate		Suggestions for trainee development clarify the learning outcomes to be achieved. The supervisor comments on the quality and range of the evidence-set in order to improve trainee insight and future data	
Overall Assessment (please tick one)		Summary comment (please include evidence supporting your overall assessment) and suggestions for improvement:			
Improvement required					
Acceptable					
Excellent					

Results

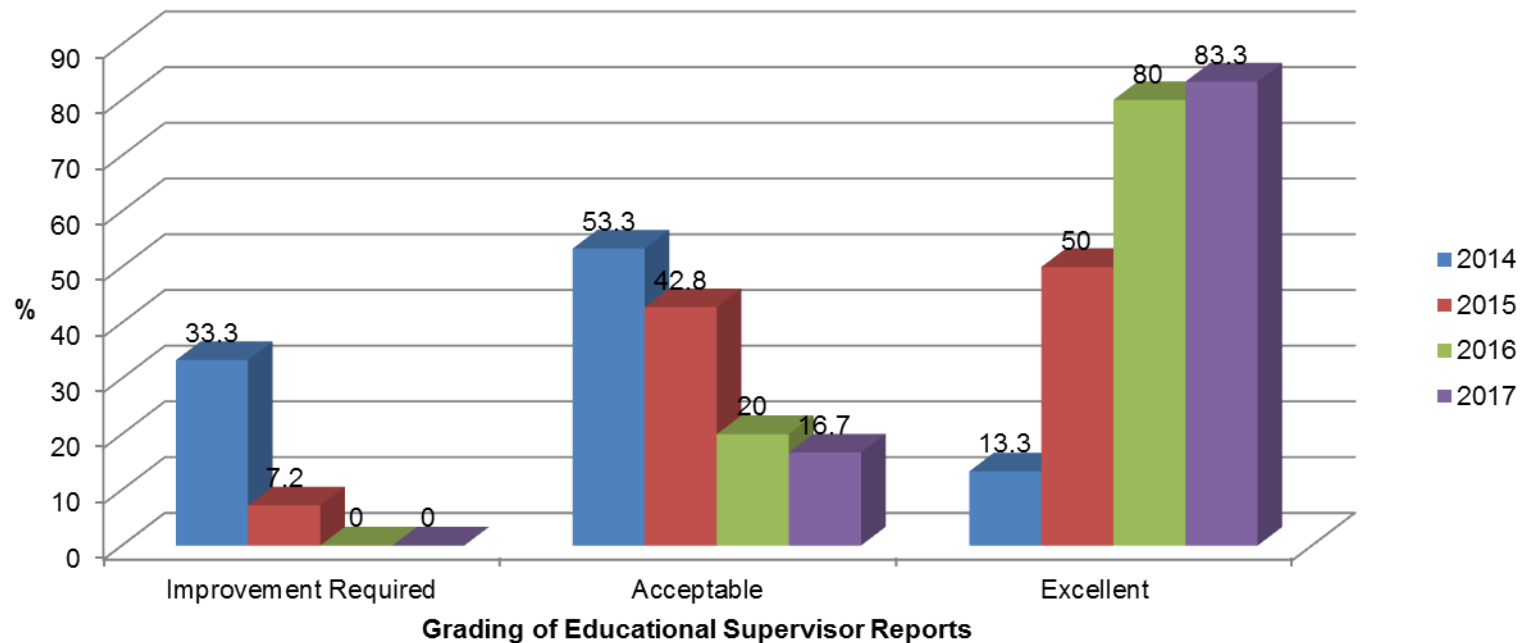
- Qualitative assessment of individual ESR showed that in 2014 many ESRs had:
 - Minimal free text to support the judgements made by the ES.
 - These not referenced well to the available evidence.
 - Few comments on the state of progression of competence, but not very detailed
 - Very few suggestions on trainee development.

Results

- Following individual feedback to the ES, successive reports in 2015-2017 were significantly better with:
 - Generally more detailed reports.
 - Greater free text to detail the judgements made with synthesising evidence from a number of sources.
 - More constructive feedback given to the trainees.
 - Good clear suggestions of learning outcomes to be achieved and incorporated in the trainee's personal development plan.
 - Good evidence of learning from incidents.

Results

Assessment of Quality of Successive Educational Supervisor Reports



Examples of Good Quality ESR

ARCP Panel assessment of quality of Educational Supervisor report

Specialty	Renal
Date of Panel	17.06.15
Panel Chair	Dr Mumtaz Patel
Educational Supervisor	B14

Room for Improvement	tick	Acceptable	tick	Excellent (in addition to Acceptable)	tick
The basis for judgements are not clear, ie they are not referenced to the evidence		Judgements are generally referenced to the available evidence		Judgements show sophistication, synthesising evidence from a number of sources	√
No comment is made on the current state and the progression of competence		The current state and the progression of competence are made clear	√		
There are no, or few, suggestions for trainee development		Suggestions for trainee development are routinely made and appear to be appropriate		Suggestions for trainee development clarify the learning outcomes to be achieved	√
				The supervisor comments on the quality and range of the evidence-set in order to improve trainee insight and future data	

Overall Assessment (please tick one)	Summary comment (please include evidence supporting your overall assessment) and suggestions for improvement:	
Improvement required	√	Very good report. All domains have free text to support judgements made. Very good evidence provided from multiple sources and linked appropriately to comments made. Constructive feedback to trainee provided. This was a trainee who had some difficulties who was identified early and measures were put in place to support her; follow up MSF and MCRs were subsequently positive and showed good progress made by trainee; this was commented upon and reflected in the ESR.
Acceptable		
Excellent		

Sample ESRs – SLE feedback

Comment on number and timing of SLEs, appropriate links to competencies, common themes emerging from the feedback.

ES1 Appropriate.

ES2 Satisfactory number of assessments gained over the last 3 months. No issues raised.

ES3 More than required numbers of SLEs completed; all of good quality; good range and breadth of clinical presentations; feedback comments on excellent clinical skills, decision making, management and communication skills.

ESRs - MSF feedback

Comment on any concerns or areas of excellence identified and mix/ number of assessors (mandatory)

ES1 Nil.

ES2 Good mix of assessors. No concerns.

ES3 13 respondents; good mix of medical (consultant/juniors) and non-medical staff. Good feedback from members of the MDT-compassionate, caring attitude with good assessment and management of complex medical issues. Beginning to lead the ward rounds and make independent discharge plans.

ESR – Overall performance

With comments on what went well & areas needing development

- ES1 Meets expectations – Good all rounder! Continue..*
- ES2 Meets expectations – Good communication skills, working within a multidisciplinary team. Would benefit from further experience in managing complex renal cases, working at independent level to make long term plans and strategies.*
- ES3 Well above expectations-Excellent clinical skills (passed SCE, excellent feedback on SLEs, MSF,s MCRs), communication and professionalism skills also evidenced on his MCRs and MSFs. Empathic, calm nature and excellent team player. He is an asset to the department.*

PDP and Areas for Development

Has trainee agreed objectives in their PDP & met these satisfactorily?

ES1 Met

ES2 Awaiting completion of Management course

ES3 Met PDP objectives but few areas of development

- 1. He is reserved by nature and this can be mistaken for lack of knowledge or confidence.*
- 2. He has necessary knowledge and confidence but should find ways of expressing it (not always easy)- something to think about.*
- 3. He works hard and should remember to consider his own training opportunities rather than selflessly putting the needs of the service first. This is an important feedback he has had in one of the MCRs. He should work on delegating work.*

Clinical Incidents or Complaints

ES2 Following meetings regarding conduct issue (inappropriate behaviour)- has had Occupational assessment (no ongoing issues), mentoring (via Deanery) with positive benefit. No further concerns regarding conduct or behaviour.

Involved in a clinical incident enquiry regarding suboptimal monitoring and timely management of abnormal electrolytes. Witness statement and reflection provided. Learning and action points discussed at Trust level and she has made positive improvements to working practice

ES3 See previous entries in portfolio regarding a line insertion incident. Reflected appropriately. Now satisfactorily resolved.

Excellent vs Poor Quality ESR

Excellent

- Judgements based on available evidence and synthesized from multiple sources.
- Current state of progression is made clear and linked to evidence.
- Suggestions for trainee development clarify the learning outcomes to be achieved.
- Incorporated into a PDP with SMART objectives and clear evidence required to demonstrate development.

Poor

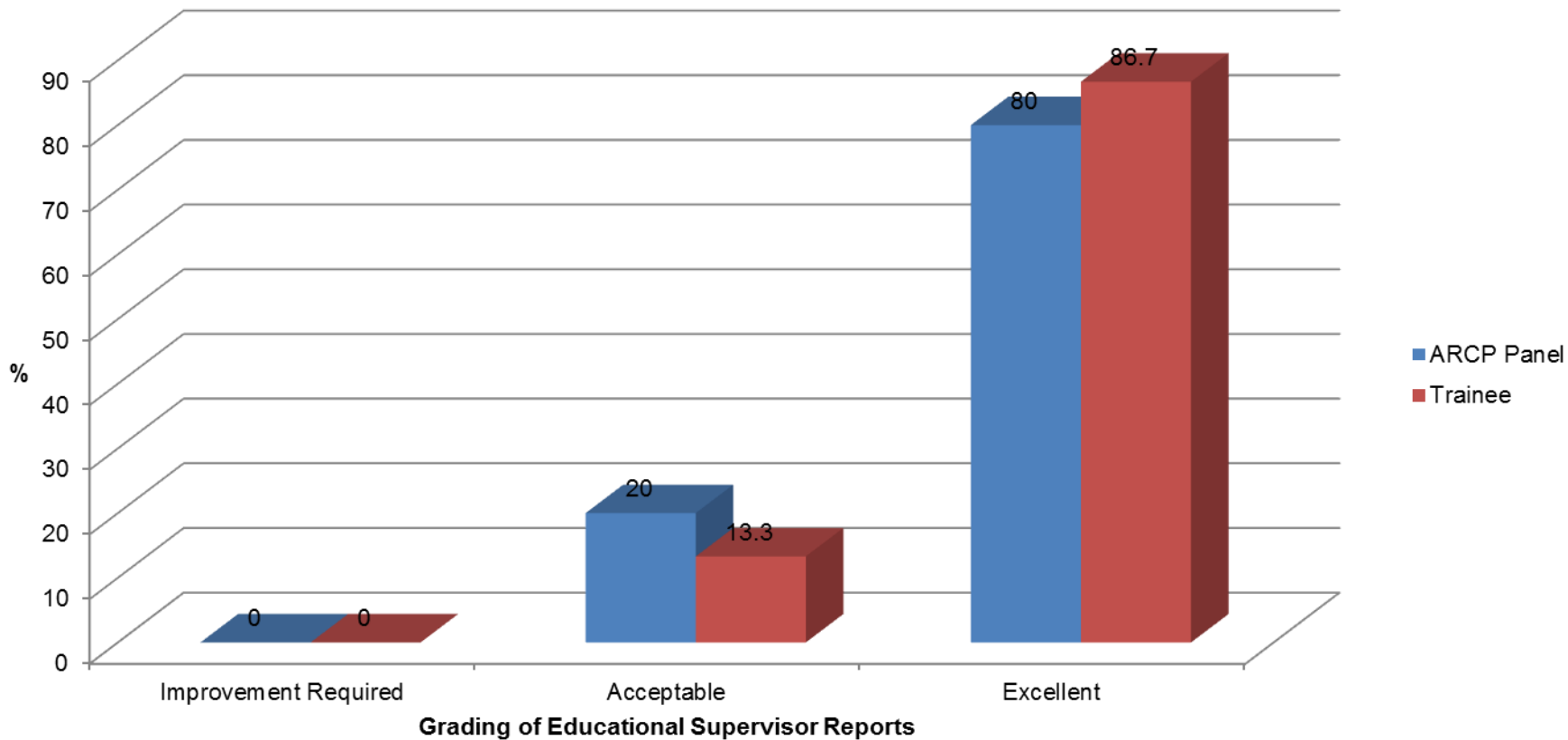
- The basis for judgements are not clear and are not referenced to the evidence.
- No comment is made on the current state of progression of competence.
- No or few suggestions for trainee development.
- No or little mention of PDP and no or few learning objectives set nor discussed. These are non-specific and unclear of how to achieve.

Qualitative Feedback - Trainers

- Qualitative assessment of the feedback from ES was overwhelmingly positive.
- Structured form and individual formative feedback very helpful.
- Many commented just knowing what domains need to be addressed and completed was really useful.
- No negative comments of the structured form or feedback received
- Other than one who mentioned that the time constraints affected the quality of their ESR

Feedback – Trainee Perceptions

Quality of Educational Supervisor Reports - Trainer-Trainee Perspective



Conclusions

- Simple structured form to assess quality of ESRs during ARCPs can provide:
 - Useful formative feedback to educational supervisors.
 - Significantly improves quality of successive ESRs.
- Recommendations included:
 - Rolling this process across all medical specialties.
 - Larger programmes such as CMT and Foundation.

Potential barriers to implementation

- Time constraints.
- Extra resource for ARCP
 - Extra panel member to complete forms.
 - Admin support to type up/input data/circulate to ES.
- Trainer/trainee engagement.
- However – potential benefits of improvement in the quality of successive reports should negate this.

Steps to take this forwards..

- This work has now been rolled out to CMT and Medical Specialties through School of Medicine at HEE NW.
- Rolled out Nationally through JRCPTB and part of External Advisor training
- Planning to add forms to E-portfolio
- Aiming to add to Horus to improve quality in FY trainees
- Workshops set up and delivered to trainers and trainees at induction to improve engagement and quality of completion of ESR/WPBA/SLE
- Similar piece of work done to assess quality of SLEs

Qualitative feedback of SLEs

Potential Under-Reporting of Concerns

- No or some concern reported in drop down box and then potentially serious concerns alluded to in free text boxes eg serious clinical incident
- Some or major concern mentioned in drop down box and then little or no details in free text box
- If a concern mentioned even if serious normally only picked up or commented by one out of 12-15 assessors on the Team Assessment of Behaviour.

Lack of Negative Feedback

- Potential absence of comments in free text boxes even when concern box ticked as some or major concern
- Concern may be mentioned on drop down box but then many positive comments and no mention of difficulty or concern
- Feedback very variable and minimal or lack of negative feedback comments seen
- Some concerns only picked up by reading between the lines.

Poor Quality Completion of SLEs/WPBA

- Many free text boxes for feedback and action points empty with little or no feedback at all
- Design of the SLEs was to encourage feedback
- Many ticked professionalism, behaviours and communication being assessed but then no free text comments around this.
- Lack of detail to differentiate good versus the poorly performing doctors

Assessment of Quality of SLEs

- Similar framework developed for assessing quality of the WPBA/Supervised Learning Events
- Random sample of 3-4 SLEs completed by each ES for different trainees was assessed for quality at the ARCPs
- Overall quality of SLEs completed by one ES was assessed collectively
- Individual feedback sent to each of the Educational Supervisors

SLE Quality form

ARCP Panel assessment of quality of Supervised Learning Events

Specialty	Renal
Date of Panel	15.06.16
Panel Chair	Dr Mumtaz Patel
Educational Supervisor	

Case based Discussions	
Mini-Clinical Evaluation Exercise	
Acute Care Assessment Tool	
Direct Observation of Procedural Skills	

Room for Improvement	tick	Acceptable	tick	Excellent (in addition to Acceptable)	tick
None or minimal free-text feedback to support judgements made		Some free-text feedback to support judgements made; mainly on clinical skills with few free-text comments on generic skills such as communication and professionalism		Clear specific detailed constructive free-text feedback given on clinical as well as generic skills such as communication and professionalism	✓
No comment made on the current state and progression of competence		The current state and the progression of competence are satisfactory with some areas of excellence and further development highlighted		The current state and the progression of competence are very clear, detailed and areas of excellence or further development are clearly identified and linked to the evidence	✓
There are no, few, suggestions for trainee development		Some suggestions for trainee development are routinely made in the action plan and appear to be appropriate	✓	Suggestions for trainee development clarify the learning outcomes to be achieved. The supervisor comments on the quality and range of the evidence- set in order to improve trainee insight and future data	

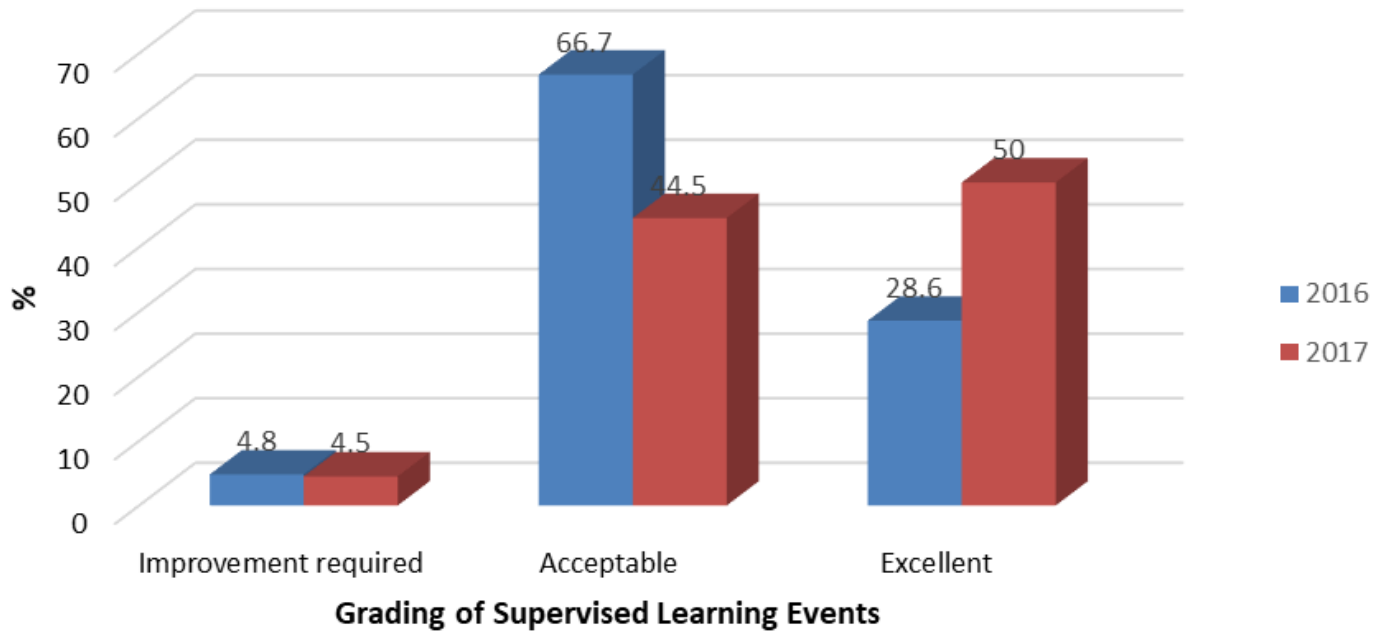
Overall Assessment (please tick one)	Summary comment (please include evidence supporting your overall assessment) and suggestions for improvement:	
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Acceptable		
Excellent		

Results - SLEs

- Overall quality was variable
- 2/3 being acceptable in 2016
- Free-text comments were minimal in many cases
- Some comments made on competence progression and clinical skills but very few/no comments on more generic skills such as professionalism and communication.
- Some comments on trainee development but often not specific with targeted goals

Quality of SLEs

Figure 2: Assessment of the Quality of Supervised Learning Events



Qualitative Feedback - SLEs

- Qualitative assessment of the feedback from trainers and trainees was positive
- Welcomed feedback and found it useful
- Useful to know what domains being assessed and how to improve quality
- Many trainees felt SLEs not much different than traditional WBPA
 - Still seen as tick-box exercise
 - Not done in timely fashion
 - Poor quality feedback and not very formative

Example of a Good Quality SLE

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Educational Supervisor	

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Mini-Clinical Evaluation Exercise	✓
Acute Care Assessment Tool	✓
Direct Observation of Procedural Skills	

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There are no, few, suggestions for trainee development		Some suggestions for trainee development are routinely made in the action plan and appear to be appropriate		Suggestions for trainee development clarify the learning outcomes to be achieved. The supervisor comments on the quality and range of the evidence-set in order to improve trainee insight and future data	✓

Overall Assessment (please tick one)		Summary comment (please include evidence supporting your overall assessment) and suggestions for improvement:
Improvement required		Detailed free-text to support judgements made; feedback given on clinical performance as well as more generic skills including professionalism; state of progression and level of competence made clear with free-text comments to support; areas of excellence highlighted and commended. Areas of development recognised and good clear suggestions made in action plan for improvement.
Acceptable		
Excellent	✓	

Next steps:

- Evaluated foundation trainees' perception of feedback from SLEs with actual feedback from SLE from the Horus E-Portfolio (MSc dissertation)
- Explored specialty trainee's perception of newer WPBA in assessing competence progression and predicting training difficulties (MEF/MSc project).
- Current MSc trainee developing a new assessment strategy for ICM – based on EPAs
- Ongoing QA of ESRs/SLEs regionally and nationally.
- Aim to roll out to Foundation and other specialities

Intended Learning Outcomes

By the end of the session participants should:

- Have knowledge of some of the background and recent research in this area.
- Provide a structure of more effective Educational Supervisor Reports (ESR) using targeted feedback.
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Thank you for listening...

Any Questions

