

Junior Medical Officer

Assessment Guideline SAMPLE ONLY

Version 1.0 February 2011

The Junior Medical Officer Assessment Guideline has been developed by SA IMET to provide facilities with a policy guideline.

Facilities may wish to adapt this or use it as framework for developing their own Junior Medical Officer Assessment policy.

Scope

Orientation, Assessment and Evaluation are integral to the education and training of junior doctors.

Context

All junior doctors benefit from regular feedback on their developing knowledge, clinical skills and professional behaviours. This is the principal role of assessment in a training setting, although assessment also plays a role in monitoring and enhancing quality and safety. The Australian Curriculum Framework for Junior Doctors (ACF) sets out the expected standards of performance for junior doctors.

Guideline Detail

Australian Curriculum Framework for Junior Doctors

The ACF has been developed by the Confederation of Postgraduate Medical Education Councils (CPMEC). It provides a detailed description of the knowledge and skills that junior doctors need to learn in order to become safe and effective in the Australian health system.

By breaking down the requirements into specific performance elements, the framework makes it easier to plan and assess training in the workplace.

Meetings

For assessment purposes, Term Supervisors or delegate should arrange three meetings with each junior doctor in each term:

- > Term Orientation
- > Mid-Term Assessment (formative)
- > End of Term Assessment (summative)

It is the Term Supervisor's responsibility to complete the mid-term and end of term assessment, but it is essential to consult other members of the clinical team to form a comprehensive picture of the junior doctor's performance during the term.

Term Orientation

At the beginning of the term, the Term Supervisor should meet with the junior doctor to discuss and agree on the objectives and training goals for the term. The ACF can be used as a guide to set learning objectives.

At orientation there should, amongst other items, be a discussion around the term's assessment processes, outlining the nature and expectations of the assessments the personnel responsible for arranging and conducting assessments and providing feedback.

Service information about work practices, protocols and guidelines may also be provided by the Supervisor at this time. Alternatively this information may be provided by another senior clinician.

Mid-Term Assessment (formative)

There is to be a formative Mid-Term Assessment by the Term Supervisor (or delegate) for all terms exceeding 5 weeks. This formative assessment focuses on the learning and development needs of the junior doctor. It describes current performance (strengths and weaknesses) and looks at ways in which the trainee can expand and develop current skills and knowledge.

Mid-Term feedback may be provided by supervisors other than the term supervisor, and other trainees may provide a mid-term assessment provided that the Term Supervisor maintains overall responsibility for the assessment, the Assessor is of appropriate seniority to the junior doctor (usually at least 2 years advanced), and that each assessor has received detailed training in providing and documenting appraisal and feedback.

The junior doctor completes the Self-Assessment form before meeting with the Term Supervisor. The junior doctor is asked to outline personal strengths and identify weaknesses or needs for further development. Self-assessment provides a basis for discussing progress and planning of the future direction of the training during the term.

The Supervisor then offers feedback in the same manner.

Key features of helpful, effective appraisal include accurate evidence, constructive discussion and cooperation to develop a plan to specifically address any problem areas.

Should a junior doctor receive a grade of "Borderline" or "Clearly below Expected Level", the Director of Clinical Training (DCT) should be informed and an Improving Performance Action Plan (IPAP, see below) established. For some trainees, an action plan may give attention to language or communication skills or other aspect of personal development.

End of Term Assessment (summative)

Objective summative assessment by the Term Supervisor occurs at the end of each term. This includes assessing the junior doctor against the knowledge, clinical skills and professional behaviours discussed at the Mid-Term Appraisal. The assessment should indicate the junior doctor's standard of performance at the end of the term.

The junior doctor completes the Self-Assessment prior to the meeting with the Term Supervisor as this provides a basis for discussing the outcomes of the term.

The Term Supervisor meets with the junior doctor to provide feedback on their performance against specific criteria throughout the term. The junior doctor must view the assessment form at the interview, be invited to write comments on it and be given a copy prior to filing with the Education and Training Program Director and in the junior doctors' personnel record.

If the junior doctor is assessed as not demonstrating overall competency in the term, the DCT should be informed.

The facility should have a process for handover between term supervisors of adjacent terms, with the junior doctor's consent. This handover should include particular strengths and weakness of the junior doctor and performance issues and be constructive, diplomatic and confidential. It should also include:

- > learning progress
- > clinical development
- > review of ACF progress; and
- > career aspirations.

Supervision handover should only occur between terms within the same facility (or

secondment facilities) and should not occur between facilities (where the usual process for referee reports would be more appropriate, see SA IMET Accreditation Standards for exceptions). These reports must NEVER be used for referee reports even with the consent of the junior doctor.

Rating Scale

Clearly Below Expected Level

This rating suggests the junior doctor is substantially below the standard expected for someone at this stage of training and needs planned assistance to meet the standard. If any rating is “Clearly Below Expected Level”, the Term Supervisor should consult the Director of Clinical Training.

Borderline

This is for when the junior doctor requires further development relative to the average trainee performing this term at this stage of training and needs planned assistance to meet the standard. If any ratings are “Borderline” the Term Supervisor should consider consulting the Director of Clinical Training.

At Expected Level

This rating is for when the junior doctor is performing at the level of someone at this stage of training.

Clearly Above Expected Level

This is for the junior doctor who is performing at a level that should be recognised as highly commended.

Managing Substandard Performance

If at any stage there are concerns identified with the performance of a junior doctor, the MEO, DCT and junior doctor must be notified as soon as possible.

Early notification is important because addressing issues in a timely manner may prevent escalation of the problem and because the welfare of trainees and patients is paramount.

Directors of Clinical Training are also able to access the *Trainee in Difficulty: a Handbook for Directors of Clinical Training* that provides an approach to the early detection and practical management of junior doctors presenting in difficulty (available on the SA IMET website).

Improving Performance Action Plan

When an Improving Performance Action Plan (IPAP) is required the process should involve the junior doctor, MEO, DCT and DMS as necessary. The IPAP should include:

- > specific detail of the concern
- > a remediation plan
- > allocation of responsibilities for implementation of the review of the remediation plan; and
- > a timeframe for review.

The IPAP is to be completed by the Clinical Supervisor in consultation with the MEO and the junior doctor. The DCT has responsibility for ongoing implementation of the Actions Plans.

The IPAP and guidelines for completing the IPAP are detailed in *Appendix 4: Improving Performance Action Plan (IPAP) to Address Identified issues*.

Interns with Borderline or Unsatisfactory Performance

Borderline or unsatisfactory should be addressed during the intern year through appropriate remediation agreed at the mid-term appraisal and end of term assessment meetings. The nature of remediation and reassessment will vary accordingly to specific circumstances and the availability of resources (i.e. IPAP). The intern must be warned that his/her term may be rated as unsatisfactory and full registration may be delayed in the situation where there is:

- > Recurrent lack of progress
- > Denial of the problem
- > Lack of insight
- > Unwillingness to agree to the IPAP
- > Failure to respond to remedial measures.

In these difficult cases, further assistance from the facility may be required. This may be through the DMS or the Human Resources (HR) department, other professional assistance or bodies (i.e. Employee Assistance Program).

Term Evaluation

Junior doctors should be provided with appropriate tools to enable them to record their evaluation of the term. Feedback from junior doctors will ensure improvements in unit education and training.

Term evaluation should cover:

- > supervision
- > orientation
- > assessment
- > feedback
- > term rosters
- > clinical experiences gained
- > achievement of learning objectives
- > opportunities for learning
- > positive and negative aspects of the term; and
- > suggested changes to the term.

Evaluation results are to be reported annually to the Education and Training Program (ETP) Committee and results are used to improve the program in subsequent years.

All trainee evaluations of rotations/terms are to be treated as confidential to protect the trainee and to encourage frank and honest feedback.

Key Concepts, Terms and Definitions

Australian Curriculum Framework for Junior Doctors (ACF) – The structure on which the prevocational education program is based. The Framework was developed on 2006 and can be viewed on SA IMET and CPMEC websites. The ACF is, as it continues to develop, becoming a national curriculum reference for Internship and early postgraduate training.

CPMEC – The Confederation of Postgraduate Medical Education Councils, a national body which represents and guides the Institute of Medical Education and Training, Postgraduate Medical Councils or their equivalent in each state or jurisdiction.

DCT – a medical practitioner appointed by a facility to be responsible for the coordination of the General Clinical Training Program.

Education and Training Program (ETP) - For Interns and other Prevocational Trainees, the ETP should comprise of formal alignment or rotation of Terms, together with a program of training across a range of specialities which counts towards Intern registration and is also offered to the other early postgraduate years. It should include formal education programs developed specifically for Intern and, separately, for Prevocational Trainees, usually conducted on a weekly or bi-weekly basis.

End of Term Assessment – Summative assessment that assesses the junior doctor against the knowledge, clinical skills and professional behaviours discussed at the Mid-Term Appraisal.

Facility – The institution or clinical setting in which postgraduate trainees work and train. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met Accreditation requirements for Postgraduate Trainee education.

Medical Education Officer (MEO) – An experienced educationalist employed to assist the DCT in developing educational processes and procedures supportive of the Educational Training Program

Mid-Term Assessment – a formative assessment that describes current performance (strengths and weaknesses) and looks at ways in which to expand and develop current skills and knowledge

Term Supervisor – a medical practitioner designated to be responsible for the coordinator of clinical training of junior doctors attached to their unit.

Related Documents

- > Appendix 1 – National Guidelines for Assessment (CPMEC, Guidelines for Supervisors Using the National Assessment Tools) – <http://www.cpmec.org.au/files/Guidelines%20for%20Supervisorsv5.pdf>
- > Appendix 4 – Improving Performance Action Plan (IPAP) to Address Identified Issues (SA IMET) - http://www.saimet.org.au/docs/appendix_4.pdf
- > SA IMET Accreditation Standards – http://www.saimet.org.au/docs/saimet_accreditation_standards.pdf