Feedback from educational supervisors and trainees on the implementation of curricula and the assessment system for core medical training

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Clin Med 2008;8:484–9

ABSTRACT – A pilot of core medical training (CMT) was conducted in 2006–7 with 160 trainees and 130 supervisors in the 10 hospitals within the Mersey Deanery. Questionnaires and focus groups were used to gain feedback from trainees and supervisors in relation to the components of CMT (the curricula, workplace-based assessments, appraisal, and the e-portfolio). There was generally a positive attitude to the CMT package. In particular the opportunities to give and receive feedback were appreciated; the e-portfolio was identified as helpful for recording assessment outcomes and supporting educational development for the trainees. The workplace-based assessments were well received. Many of the benefits of the components of CMT depended on the skill of the supervisor. The time required for effective training supervision and workplace-based assessments was identified as an important issue. This pilot was invaluable in informing the widespread implementation of CMT in 2007.

KEY WORDS: curricula, postgraduate assessment, postgraduate training

Introduction

This study aims to demonstrate the components of the core medical training (CMT) programme, and describe the pilot that was conducted to inform its widespread launch. The Federation of Royal Colleges of Physicians has produced two medical curricula for early postgraduate training. The general internal medicine (acute) (GIM(A)) and generic curricula have been approved by the Postgraduate Medical Education and Training Board (PMETB). The GIM(A) curriculum defines the knowledge, skills and attitudes that trainees successfully completing a CMT programme must acquire before proceeding into further training in any of the physicianly specialties. The generic curriculum defines the competencies that must be acquired by the end of specialist training to facilitate clinical practice on a sound moral, legal, ethical and professional framework.

The Mersey Deanery School of Medicine (MDSM) and the Federation of the Royal Colleges of Physicians collaborated to conduct a pilot of CMT from August 2006 to August 2007. The new curricula and an electronic (e) portfolio were used by 160 trainees and 130 supervisors in this deanery. This paper describes the methods of using feedback from trainees and supervisors to evaluate the effectiveness of the CMT package (curricula, appraisal, assessment and the e-portfolio), and reports the results and conclusions that have informed the nationwide launch of the CMT programme.

Methods

All trainees attended a session introducing the CMT package soon after assuming their posts in the MDSM CMT rotation in August 2006. All supervisors were invited to attend one of several training days introducing the CMT package. Feedback from trainees and supervisors was gathered using separate focus groups, and on-line questionnaires. The data gathering was scheduled to coincide with the end of the trainees' four-month attachments (end of November, March and July), and is summarised in Fig 1. E-portfolio usage statistics were also analysed as part of the evaluation.

Feedback was requested from the questionnaires and focus groups on the four components of the CMT programme:

- curricula
  - frequency of use
  - ways in which curricula are used for learning/teaching
  - how achievable the competencies are
- appraisal
  - whether they are taking place
  - how useful they are
- assessment
  - workplace-based assessments (WPBA) – feasibility and usefulness
- e-portfolio
  - usefulness of the sections of the portfolio (personal development plan, self-assessment, Record of Competence (RoC), reflective practice)
  - ease of use and problems.

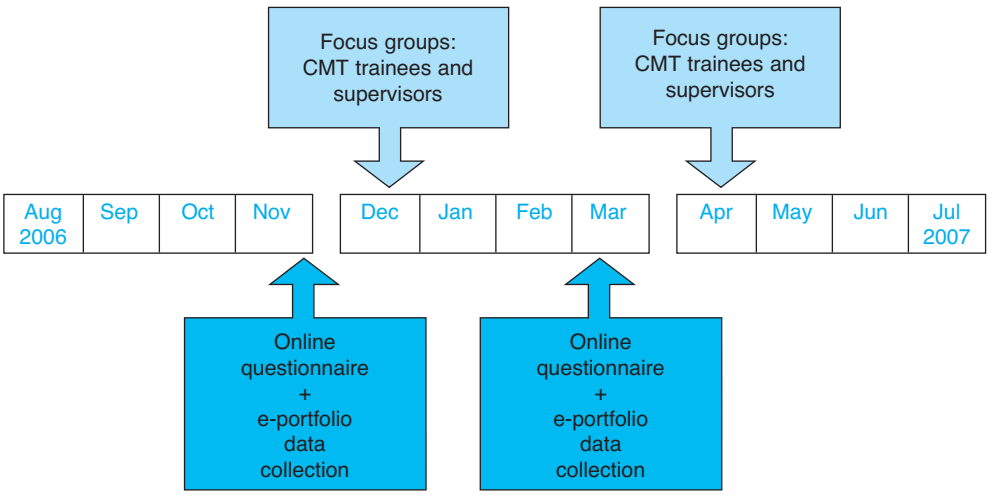

Fig 1. Summary of data collection from trainees and supervisors in core medical training (CMT) evaluation.

Consent was sought in response to the invitation to feedback views, and the anonymity of the focus group transcripts was emphasised.

Results

Table 1 summarises the quantitative questionnaire data from the April and December questionnaires for trainees and supervisors. There were 48 responders to the trainee questionnaire in December (30% of trainees) and 46 in April (29%). The response rates for both the December and April supervisor questionnaires were low (21% and 16% respectively). The questionnaires and focus groups were a rich source of qualitative data. Each component of the CMT package will be considered in turn using the quantitative and qualitative feedback.

Curricula

In December, almost half of trainee responders used both curricula on an almost weekly basis, or more frequently. By April, the curricula were being used slightly less often, usually on a weekly basis. The use of the curricula also seemed to change with time:

> *Trainee: '…at first I looked at the curricula a lot, especially the top 20 presentations, and it was useful to see what standards are expected to focus studying.'*

The curricula were considered useful, or very useful (score of 3 or 4 in questionnaire), by 40% of the trainee responders in December, and 31% in April as a guide to learning, and as a guide to standard setting. Feedback indicated that the curricula were useful to establish the standards that a CMT doctor is expected to meet, in particular the top 20 presentations:

> *Trainee: '…Curricula are useful in that curricula give standards of things that I hardly see, like medical problems in pregnancy, now I know what is expected.'*
> *Trainee: '…top 20 cases are useful, I target my training towards them.'*

The curricula were reported as being useful or very useful by 55% of supervisor responders for GIM(A) curriculum, and 41% for generic curriculum. The curricula were predominantly used by supervisors prior to appraisal (64% for GIM(A) and 55% for generic), and for the trainee's RoC (82% and 82% respectively).

The majority of responders felt that the competencies were achievable in the two-year CMT programme (78% of trainees and 91% of supervisors stating the competencies were achievable or easily achievable for both curricula, in both questionnaires).

Assessment

Feedback from the first trainee focus group revealed that there was generally a positive attitude to the WPBA, as a means of evidencing achievement and also as a learning tool:

> *Trainee: '…discussions [following the assessment] confirmed my knowledge is up to date and management plans appropriate.'*

The majority of trainees felt that in particular the feedback following WPBA assessments had been useful (85% December, 60% April), although the quality of the assessor had a marked impact on how useful the assessments were.

> *Trainee: '…when done properly brings out good points and builds confidence.'*
> *Trainee: '…Feedback is very variable and dependent on how good assessor was.'*

The qualitative feedback from supervisors suggested that the assessments were useful to ascertain the level of trainee performance, and as opportunities to offer feedback.

Many responders had experienced problems triggering WPBA (trainees: 51% in December, 57% in April; supervisors: 50% December, 64% April). The feedback revealed the main reasons for this, and also gave an insight into some other problems with WPBA:

- time available during clinical duties: *Trainee: '…senior staff don't have time to be doing assessments so I feel I am getting*

Table 1. Summary of quantitative questionnaire data (figure in brackets is percentage).

		Trainee		Supervisor	
		December 2006	April 2007	December 2006	April 2007
Responders		48	46	15	11
CMT year	1 2	27 20	21 22	NA	NA
How often have you used the **GIM(A) (in bold)** and generic curriculum to plan learning?	Most days Most weeks Most months Once or twice Never	**7(15)** 5(11) **15(32)** 17(37) **11(23)** 10(22) **13(28)** 14(30) **1(2)** 0(0)	**0(0)** 0(0) **18(40)** 12(27) **15(33)** 17(38) **10(22)** 13(29) **2(4)** 3(7)	**0(0)** 0(0) **3(21)** 3(20) **1(7)** 3(20) **6(43)** 6(40) **4(29)** 3(20)	NA
How useful are the **GIM(A)** and generic curricula as a guide to learning/teaching?	1 – Unhelpful 2 3 4 – Very useful	**4(9)** 5(11) **24(51)** 23(49) **16(34)** 17(36) **3(6)** 2(4)	**2(4)** 3(7) **21(47)** 28(62) **16(36)** 10(22) **6(13)** 4(9)	**1(9)** 1(8) **4(36)** 6(50) **5(46)** 4(33) **1(9)** 1(8)	NA
How useful are **GIM(A)** and generic curricula in establishing standard expected of competent CMT doctors to deliver optimal care?	1 – Unhelpful 2 3 4 – Very useful	**4(9)** 4(9) **19(40)** 22(47) **24(51)** 20(43) **0(0)** 1(2)	**3(7)** 4(9) **18(41)** 23(51) **18(41)** 14(31) **5(11)** 4(9)	**0(0)** 0(0) **3(27)** 5(42) **6(55)** 7(42) **2(18)** 2(17)	NA
How achievable do you think the level 1 competencies are during CMT for the **GIM(A)** and generic curricula?	1 – Unrealistic 2 3 4 – Easily achievable	**3(6)** 1(2) **7(15)** 8(17) **25(53)** 26(55) **12(26)** 12(26)	**3(7)** 2(4) **7(16)** 6(13) **27(60)** 27(60) **8(18)** 10(22)	**0(0)** 0(0) **1(10)** 1(9) **8(80)** 7(64) **1(10)** 3(27)	**0(0)** 0(0) **1(9)** 1(9) **7(64)** 6(55) **3(27)** 4(36)
Are there any aspects of the trainees' work not covered by curricula?	Yes No	2(4) 45(96)	8(20) 36(80)	2(18) 9(82)	3(30) 7(70)
Do you think you are on track to progress at next RITA?	Yes No Don't know	32(67) 4(8) 12(25)	36(82) 4(9) 4(9)	NA	NA
How useful were the **GIM(A)** and generic curricula in planning for RITA?	1 – Unhelpful 2 3 4 – Very useful	NA	**1(2)** 1(2) **11(24)** 13(29) **27(60)** 26(58) **6(13)** 5(11)	NA	**1(9)** 1(9) **2(18)** 1(9) **6(55)** 7(64) **2(18)** 2(18)
Did you have trouble triggering/ performing assessments?	Yes No	24(51) 23(49)	25(57) 19(43)	6(50) 6(50)	7(64) 4(36)
Are there parts of curricula that have been difficult to have assessed by the workplace-based assessments?	Yes No	NA	22(51) 21(49)	6(55) 5(45)	2(22) 7(78)
Has the feedback following assessments been useful to you?	Yes No Don't know	39(85) 4(9) 3(7)	27(60) 8(17) 10(22)	NA	NA
Did the appraisal meetings take place?	Yes No	46(96) 2(4)	45(100) 0(0)	14(100) 0(0)	10(91) 1(9)
How useful were these meetings in helping you to guide learning?	1 – Unhelpful 2 3 4 – Very useful	2(4) 13(27) 23(49) 9(19)	1(2) 22(49) 18(40) 4(9)	0(0) 4(29) 6(43) 4(29)	0(0) 2(18) 7(64) 2(18)
Is the RoC being agreed by consultants?	Yes No	40(91) 4(9)	36(81) 8(18)	14(100) 0(0)	10(91) 1(9)
Have career discussions taken place?	Yes No	41(85) 7(15)	41(91) 4(9)	14(100) 0(0)	NA NA
How useful were these career discussions?	1 – Unhelpful 2 3 4 – Very useful	4(9) 17(38) 16(36) 8(18)	6(14) 17(40) 17(40) 3(7)	NA	NA

CMT = core medical training; GIM(A) = general internal medicine (acute); NA = not applicable; RITA = Review of In-training Assessments; RoC = Record of Competence.

in the way a bit'; Supervisor: '…it is difficult to stop a busy on take session to discuss a case or observe a DOPS.'

- lack of familiarity with curricula content: *Trainee: '…WPBA are limited by time factor and assessors not being familiar with curricula.'*
- unwilling trainees/assessors: *Trainee: '…seniors lack of time or reluctance'; Supervisor: '…trainees not proactive, I'm having to drive process most of the time'.* However, this seemed to change as the Review of In-training Assessments (RITA) approached: *Trainee: '…supervisors tend to initiate assessments but changed before appraisal and RITA'.* The feedback indicated that the trainees usually triggered the WPBA.
- form filling: *Trainee: '…most time spent filling in the form.'*
- service structure: *Trainee: '…we are no longer in teams in our day jobs so have consultants who I see once and that's it'; Supervisor: '…juniors frequently on nights/leave, given my own commitments there is not that much time to carry out assessments.'*

Appraisal

The appraisal meetings were largely seen as useful by trainees (68% scoring the process as useful or very useful in December, and 49% in April), and supervisors (72% scoring useful or very useful in December, and 82% in April). Many supervisors appreciated the opportunities to give feedback. The benefit of the appraisal seemed to depend on the skills of the supervisor:

Trainee: '…it was good to go through portfolio and have goals to achieve.'
Trainee: '…mine was very enthusiastic – exams, audits, this does really help to set goals etc, but all this took 1 hour.'
Trainee: '…all she said was 'your doing fine.'

There was a feeling that career discussions were difficult due to the uncertainty over Modernising Medical Careers and Medical Training Application Service (MTAS):

Trainee: '…consultants aren't sure on the advice they're giving because no one knows what is going on.'

E-portfolio

A key feature of the e-portfolio in relation to assessment is the RoC. As a competency is attained it is signed off by a supervisor on the trainee's RoC. In both months' questionnaires 62% of trainees reported the RoC as being useful or very useful. The responding supervisors also revealed that it was of benefit (63% scoring useful or very useful in December, 82% in April). The benefits described were that the RoC showed objectively what the trainees had achieved, and where they still needed to improve:

Supervisor: '…RoC is good in establishing how the trainee is doing when they start a new attachment from a previous on. I can look down and see exactly what need targeting.'

Some problems with the RoC emerged:

- it was difficult to show evidence for some of the generic competencies: *'…can't be signed off as evidence in RITA eg breaking bad news – always done on your own so can't get signed off, reflective stuff here might be better.'*
- supervisors unsure of evidence required to sign trainee off as competent: *Trainee: '…consultants are not sure what level you need to be competent'; Supervisor: '…if they perform well on a breathless patient with [chronic obstructive pulmonary disease], and then heart failure, am I happy to sign them off as competent in dyspnoea despite not knowing how they do with [pulmonary embolism] or pneumothorax. This is made easier if you know the doctor is good.'*

There was a range of views from trainees on how useful the personal development plan (PDP) was felt to be. The qualitative data revealed the PDP to be very helpful:

Trainee: '…It is useful for me to share with the trainer what I expect to target during the attachment.'

The PDP was well received by supervisors, with 61% declaring it useful or very useful in December, and 82% in April:

Supervisor: '…PDP is very relevant, I look at it at each appraisal… couldn't do without it.'

However, some supervisors volunteered that the PDPs were often bland:

Supervisor: '…easy to draw up a bland PDP, it's not very personal.'

There were frustrations expressed that the PDP could take up a lot of time, although this was usually due to a trainee not completing PDP before the meeting. It was reported that the appraisals were quicker when trainees came prepared with a draft PDP and appraisal forms for approval by the supervisor (as intended).

There were mixed responses in relation to the usefulness of the reflective practice facility in the e-portfolio. Just under half of responders found that entering reflective practice episodes was useful (from quantitative questionnaire data 43% scored it as useful or very useful in both questionnaires). Some feedback suggested that trainees were aware of the purpose of reflective practice:

Trainee: '…reflective practice bit was useful, I enter stuff every week such as learning events I have been to.'
Trainee: '…I am not really sure what the point of the reflective practice is.'

Discussion

This pilot was conducted to evaluate the components of CMT. In order to ascertain how the new package was working and being integrated in the workplace, it was crucial to gain the opinions of trainees and supervisors.

Curricula

The curricula were, in the main, well received and trainees in particular seem to appreciate the need for the standards

expected of them to be defined. Most trainees and supervisors involved in the evaluation felt that the competencies were achievable during the two years of CMT. Definition of the top 20 presentations was very helpful for trainees so that a particular focus was achieved to ensure competence.

The use of the curricula changed with time. The trainees became more familiar with the curricula as the year progressed and they were no longer looking up the details of which competencies were expected for each curricula area. The responding supervisors mostly used the curricula for planning of appraisal meetings, and completing the RoC, although frequency of use of the curricula varied considerably between supervisors.

Supervisor feedback revealed that there was a tendency for trainees to focus on the GIM(A) curriculum, rather than the generic curriculum, for their learning. However, as generic competencies are required for all the WPBA, and aspects of the PACES Part 2 (clinical) examination, satisfactory progression does indicate that the trainee is attaining these generic competencies. It would be useful for the supervisors to emphasise the importance of these generic competencies during appraisal.

Appraisal

The feedback from trainees and supervisors about the appraisal process was positive. Appraisals were correctly perceived as a discussion on the progress of a trainee, and included career discussions and agreeing a PDP. The appraisal process is integral to bringing the components of CMT together: assessment outcomes, curricula, planning training and giving feedback. The PDP seemed to be central to the appraisals and was found to be useful by trainees and trainers. However, it seems that some trainees were only putting easily achievable objectives in their PDP to avoid failing to meet all their objectives. The trainees should be assured that the PDP is intended to plan learning and educational activity, and not influence assessment.

Assessment

WPBA were generally felt to be useful by trainees although this was influenced by the skill of the assessors. Reasons for poor assessor performance were a lack of knowledge of process, or a lack of time. Thus effective assessor training and structuring of job plans to facilitate adequate time are essential to improve the reliability of the WPBA.

Several well-conceived assessments are of greater use and build up a more reliable sense of trainee performance than a greater number of inadequate ones, especially those associated with inadequate feedback. Many assessors were specialist registrars (SpRs) although trainees did not volunteer this as a problem. They were more concerned about the quality of feedback and being given enough time for WPBA rather than the seniority of the assessor. As long as the assessor is properly trained in WPBA, then SpR assessors play an important complementary role in the process.

E-portfolio

The RoC is intended to act as a summary of evidence of achievement of the trainee, and requires a supervisor to 'sign off' the different components of the curriculum. This means that individual WPBA or other activities do not have to be re-visited. The RoC was popular with supervisors. It facilitates the hand-over of a trainee between posts, and forms an important part in defining learning objectives during an appraisal. It was also seen as an important way of linking the two curricula, as competencies in both curricula are on the same site. The RoC also played an important role in the RITA process, as the review panel could easily judge the achievements of each trainee and compare that to an agreed standard for progression.

Some problems did emerge with the RoC. The generic competencies were often difficult to get signed off by supervisors, and also some supervisors were unsure how much evidence was needed before being able to sign a trainee as competent in a specific aspect of the curriculum. This emphasises the importance of ensuring the supervisors are trained appropriately on the curricula to ensure that they know how to assimilate the trainees' evidence and judge them to be competent. Emphasising to supervisors the frequency with which the generic competencies are integrated into clinical practice will facilitate the process of the generic competencies being recognised.

The reflective practice feature of the curriculum was variably received by trainees. Some trainees find the facility very useful, others less so. Emphasis should be placed on this process as it is an important contributor to learning development. Reflective practice should be a personal matter, so that negative as well as positive experiences can be recorded. Hence, trainees have the option within the e-portfolio of sharing reflective practice entries with their supervisor or not. There was consensus from the educational supervisors that the range of time required to provide effective feedback is 15–60 minutes per trainee per week.

Timing of the pilot

This evaluation was conducted in the academic year 2006–7, which was a time of great change in the recruitment process of junior doctors with MTAS. Even in August 2006, trainees voiced concern over the process of securing positions for August 2007. There was a strong sense of frustration and uncertainty whenever the trainees were contacted for focus groups and questionnaires. There were concerns that introducing a change in training would be received negatively when trainees have other priorities.

Conclusions

This study has demonstrated that the curricula and portfolio were well received by trainees and supervisors in the Mersey Deanery. The feedback from this pilot was invaluable in informing the widespread implementation of CMT in August 2007.

- The top 20 presentations are useful for the trainees as they reflect the day-to-day clinical experience of the trainee

- The appraisal process was helpful, but more emphasis should be placed on its importance for learning development and the PDP is central to this process.
- WPBA assessments were well received as a means of evidencing achievement and for learning development, but varied with the skill of assessor.
- Supervisors need to be familiar with curricula and assessments – training of assessors is essential.
- E-portfolio is key for learning development and recording evidence of achievements.

Acknowledgements

The Mersey Deanery School of Medicine (MDSM) and Federation of Royal Colleges of Physicians would like to thank all the MDSM trainees and supervisors for their contributions throughout the year which were gratefully received.