Performance

Professionalism

Respect:
- To others (relationship)
- To due process in gathering and analysing information (diagnostics)
- To ongoing responsibilities (Management)
- Behaving with integrity and probity

Key Attributes
- Respect for others
- Respect for position
- Respect for protocol

Domains
- Maintaining an Ethical Approach
- Fitness to Practise

The Trainee in Difficulty → **Tools for Assessment**

Relationship

This involves all aspects of how we relate with others in a professional context (patients/colleagues or staff)

Key Attributes
- Communication Skills
- Empathy
- Negotiating Skills
- Advocacy Skills
- Leadership Skills

Domains
- Communication Skills
- Holism
- Working with Colleagues

Tools for Assessment ← **The Trainee in Difficulty**

Management

This involves skills related to the wider handling one's professional responsibilities (to patients and colleagues)

The challenge is to keep track of relevant issues over varied lengths of time

Key Attributes
- Managing particular events
- Managing ongoing events
- Managing relationships
- Managing oneself

Domains
- Primary Care Admin & IMT
- Community Orientation
- Maintaining Performance Learning & Teaching

The Trainee in Difficulty → **Tools for Assessment**

Diagnostics

This involves all aspects of gathering and interpreting information in search of optimal decision-making (whether with patients, colleagues/staff or oneself) It combines knowledge and expertise

Key Attributes
- Information gathering skills
- Decision-making skills
- Analytical skills
- Examination and technical skills

Domains
- Data Gathering
- Making a Diagnosis/Decision
- Clinical Management
- Managing Medical Complexity

Tools for Assessment ← **The Trainee in Difficulty**

Looking at the Issues in Greater Detail

The Bookmarked Sections in Full

Relationship – Key Attributes

This involves all aspects of how we relate with others in a professional context (whether patients or colleagues/ staff) and includes:

- **Communication skills** – adapting language and style to suit the circumstance, whether with individuals or groups. For example, being able to use appropriate eliciting techniques, or positively re frame information/ suggestions to encourage patients (and others) into constructive action (verbal and non-verbal when in dialogue; verbal and numerical when writing letters/reports)

- **Empathy** – the desire and ability to take in someone else's perspective, and use that understanding to facilitate discussion

- **Negotiating skills** – drawing patients (or others) into an open, honest and equal exchange in search of agreement about any issue relevant to both the individual and other(s); reconciling potentially opposing views, while acknowledging the needs of both (closely linked to concordance)

- **Leadership skills** – being able to encourage or persuade patients (and others) to respond willingly/positively to one's decisions or suggestions, especially when related to changes in policy or behaviour (e.g. health promotion)

- **Advocacy skills** – combining the skills of negotiation and leadership to support patients (and others) in search of a positive outcome to issues.

Key Domains

- **Communication Skills**

- **Holism**

- **Working with Colleague**

Looking at the Specific domains in the Relationship Cluster:

Communication and consultation skills

Positive Performance Indicators (PPIs)

- Explores the patient's agenda, health beliefs and preferences.
- Elicits psychological and social information to place the patient's problem in context
- Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.
- Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient

Possible Indicators of Underperformance (IUP's)

- **Lacks warmth in voice/manner**
- **Fails to guide the consultation to achieve an appropriate balance between the needs of doctor and the needs of the patient.**
- **Fails to identify and respond to significant cues**
- **Uses language that is inappropriate for the needs of the patient.**

Practising Holistically

Positive Performance Indicators (PPIs)

- 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

Possible Indicators of Underperformance (IUP's)

- **Treats the disease not the patient**

Working with colleagues and in teams

Positive Performance Indicators (PPIs)

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

Possible Indicators of Underperformance (IUP's)

- **Works in isolation**
- **Gives little support to team members**
- **'Dumps' on colleagues**

What does a struggling Trainee look like?

This cluster involves all aspects of how we relate with others in a professional context (whether patients or colleagues/ staff. A trainee with difficulties in this area may demonstrate:

- **A lack of Empathy** – toward patients and staff

- **Problems in Communication** – adapting language and style to suit the circumstance, whether with individuals or groups. Failure to pick up or respond to cues. Poor written communication (referral letters/reports)

- **Poorly developed Negotiating skills** – unable to engage fully with patients and staff in search of agreement about any issue relevant to both the individual and other(s); difficulty reconciling potentially opposing views

- **Poor Leadership & Motivational Skills** – difficulty in encouraging or persuading patients (and others) to respond willingly/positively to their decisions or suggestions, especially when related to changes in policy or behaviour (e.g. health promotion)

- **Advocacy skills** – Unwilling or unable to act as advocate (for either patient or team member). Has difficulty combining the skills of negotiation and leadership to support patients (and others) in search of a positive outcome to issues

Tools to use for Assessment:
- Direct observation (video/joint surgery/observation in meetings etc)
- Feedback from staff, patients and colleagues (MSF/PSQ)
- Significant events
- Focused case based discussion
- Feedback from clinical supervisor

Diagnostics– Key Attributes

This involves all aspects of gathering and interpreting information in search of optimal decision making (whether with patients, colleagues/staff or oneself). A combination of knowledge and expertise, this will include:

Information-gathering skills – the ability to judge:

- the appropriate range of questions or examinations required to elicit
- enough potentially relevant information from others to allow for
- viable/meaningful analysis of the information (also requires an adequate range and depth of appropriate knowledge to help inform and validate the process)

Decision-making skills – the ability to draw together prioritised information and options in such a way that a clear, rational and defensible decision can be reached (with regard both to the diagnosis and management options relevant to a particular patient's problem– e.g. whether to treat, to refer, to wait and see etc)

Analytical skills – the ability:

- to prioritise elicited information in terms of relevance and significance
- to identify viable explanations or suggestions
- to prioritise alternative explanations or suggestions (also requires an adequate range and depth of appropriate knowledge to help inform and validate the process)

Examination and technical skills – the ability to conduct physical examinations and use instruments and procedures appropriately and effectively

Key domains:

- **Data gathering and interpretation**
- **Making a diagnosis/making decisions**
- **Clinical management**
- **Managing Medical Complexity**

Performance Issues

Data gathering and interpretation

Positive Performance Indicators:

- 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

Possible Indicators of Underperformance (IUP's)

- **Does not routinely look for red flags**

Making a diagnosis/making decisions

Positive Performance Indicators:

- 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

Possible Indicators of Underperformance (IUP's)

- **Repeatedly has late or missed diagnoses**
- **Indecisive or illogical in decision-making.**
- **Dogmatic/closed to new ideas**

Clinical management

Positive Performance Indicators:

- Utilises the natural history of common problems in developing management plans

- Consider 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 coordinates care with other professionals in primary care and other specialists

- Provide continuity of care for the patient rather than just the problem, reviewing care at suitable intervals

- Appropriate follows a patients who have experienced a medical emergency, and their family

Possible Indicators of Underperformance (IUP's)

- **Fails to recognise the seriousness of the situation, or overreacts**

- **Clinical management is persistently out of line with good clinical practice**

- **Does not safety net or follow-through adequately**

Managing Medical Complexity

Positive Performance Indicators:

- 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

- Communicate 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

Possible Indicators of Underperformance (IUP's)

- **Inappropriately burdens the patient with uncertainty**

- **Has repeated difficulty with prioritising issues and problems**

What does a struggling Trainee look like?

This area involves all aspects of gathering and interpreting information in search of optimal decision making (whether with patients, colleagues/staff or oneself). It reflects a combination of knowledge and expertise. A trainee with difficulties in this area may demonstrate:

- **Poor Information-gathering skills – unable to demonstrate a "focused" approach to data gathering, either through questioning or examination, to facilitate decision making**

- **Poor Analytical skills – unable to prioritise information in terms of relevance and significance and then to identify viable explanations or suggestions**

- **Difficulty making a Decision – has difficulty drawing together prioritised information and options in such a way that a clear, rational and defensible decision can be reached (diagnosis and management options- e.g. whether to treat, to refer, to wait and see etc)**

- **Issues with Examination and technical skills – i.e. the ability to conduct physical examinations and use instruments and procedures appropriately and effectively**

Best Tools to use

- Direct observation (video/joint surgery/observation in meetings etc)
- Significant events
- Focused case based discussion
- Feedback from clinical supervisor
- Random case analysis (using computer)
- Referral analysis (Routine vs 2week)
- Feedback from colleagues/staff
- SEA

Management– Key Attributes

This involves skills related to the wider handling of one's professional responsibilities (to patients and colleagues). The challenge is to keep track of relevant issues over varied lengths of time, and will include:

- **Managing particular events** – e.g. pacing/structuring a consultation, surgery, visit or meeting; writing a batch of referral letters

- **Managing comprehensive/ongoing events** – e.g. handling one's full practice timetable over a period of months or years, maintaining adequate records, fulfilling one's ongoing role(s) within a team, meeting wider responsibilities to community health and resources

- **Managing relationships** – providing continuity of care for patients (e.g. using existing knowledge of patient's personality/preferences, history and current circumstances to help build trust/understanding and fluency of dialogue), monitoring the quality of one's interaction with colleagues (especially if in a leadership role), and, where necessary, taking steps to improve specific relationships

- **Managing oneself** – monitoring:

  (a) one's performance/ learning/development in all relevant areas,

  (b) one's mental and physical health/wellbeing (and thus capacity to operate at a sufficiently effective/safe level)

Key Domains:

- **Primary care administration and information management and technology**
- **Community orientation**
- **Maintaining performance, learning and teaching**

Primary care administration and information management and technology

Positive Performance Indicators:

- 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

Possible Indicators of Underperformance (IUP's)

- **Records show poor entries (e.g. too short, long, unfocused)**
- **Failure to code properly or respond to prompts**
- **Consults with the computer rather than the patient**

Community orientation

Positive Performance Indicators:

- Identifies important characteristics of the local community that might impact upon patient care, particularly epidemiological, social, economic and ethnic features.
- 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

Possible Indicators of Underperformance (IUP's)

- **Fails to find out about, or appropriately use the local community services**

Maintaining performance, learning and teaching

Positive Performance Indicators:

- Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making

- 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

- 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

- Identifies learning objectives and uses teaching methods appropriate to these.

- Assists in making assessments of learners

Possible Indicators of Underperformance (IUP's)

- **Shows poor insight into strengths & weaknesses**

- **Repeatedly struggles with the same problem**

- **Fails to change behavior in response to audit, SEA or feedback.**

- **The portfolio is not seen to drive learning e.g. the entries are scant and reflection is poor**

- **Fails to think ahead and plan**

What does a struggling Trainee look like?

This cluster looks at the wider aspects of a doctor's professional responsibilities (to patients and colleagues). The challenge is to keep track of relevant issues over varied lengths of time. A struggling trainee may have difficulty in the following areas:

- **Managing specific events** – e.g. pacing/structuring a consultation, surgery, visit or meeting; writing a batch of referral letters

- **Managing ongoing events** – e.g. handling their full practice timetable over a period of months or years, maintaining adequate records, fulfilling their ongoing role(s) within a team

- **Managing relationships** – providing continuity of care for patients, working well with other team members (especially if in a leadership role) and where necessary, taking steps to improve specific relationships

- **Managing self** – monitoring their own performance/ learning/development and ensuring that they can operate effectively and safely (by maintaining their mental and physical health and wellbeing – and a good "work-life balance")

Best Tools to use

- Direct observation (video/joint surgery/observation in meetings etc)
- Significant events
- Focused case based discussion
- Feedback from clinical supervisor
- Random case analysis (using computer)
- Referral analysis (Routine vs 2week)
- Feedback from colleagues/staff/patients (MSF/PSQ)
- Significant Event Analysis / Near Miss
- Running Meetings / Leadership skills
- Presentations

Professionalism– Key Attributes

The simplest way to picture professionalism is in terms of commitment or respect: to others (relationship), to due process in gathering and analysing information (diagnostics), and to ongoing responsibilities (management). Inherent here is a fundamental respect for the importance of behaving with integrity and probity, a commitment that will determine where each individual 'draws the line' on the appropriateness of their own choices when relating, diagnosing and managing.

More specifically, medical professionalism therefore includes:

- **Respect for others** (patients, colleagues, staff etc) – a non-judgemental approach that treats others, and their contribution, with equal attention and positive intent; commitment to assist others equally, irrespective of differences, in whatever way appropriate

- **Respect for position** – acting in full awareness of one's professional roles and boundaries, potential influence over the behaviour/actions of others, and personal limitations, thus acting to maximise professional possibilities (e.g. backing one's own judgement when appropriate, or taking potentially significant initiatives) and to minimise risk (e.g. taking steps to deal with circumstances where one's own performance or health, or that of others, might compromise effectiveness or safety)

- **Respect for protocol** – acting in accordance with published or formally agreed guidelines (in relation to professional codes of practice, local practice policies/initiatives, educational responsibilities etc)

Key Domains:

- **Maintaining an ethical approach to practice**
- **Fitness to practice**

Maintaining an ethical approach to practice

Positive Performance Indicators:

- 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.

Possible Indicators of Underperformance (IUP's)

- **Does not show adequate respect or fairness e.g. can be patronising or shows favouritism**
- **Does not routinely think widely about good vs. harm in professional care and use this to make balanced decisions**

Fitness to practice

Positive Performance Indicators:

- Observes the accepted codes of practice in order to minimise the risk of disciplinary action or litigation
- Achieve a balance between professional and personal demands that protects professional obligations and preserves health
- Proactive in taking steps to maintain personal health
- 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
- Where personal performance is an issue, seeks advice and engages in remedial action

Possible Indicators of Underperformance (IUP's)

- **Fails to cope with pressure e.g. does not manage stress, shows signs of burnout.**
- **Responds inappropriately to criticism or complaint.**
- **Inappropriately tries to deal alone with the situation**
- **Fails to respect the requirements of the system e.g. Meeting deadlines, producing documentation, contractual obligations.**
- **Fails to take appropriate responsibility for actions**
- **Prioritises his/her own interests above those of the patient**
- **Disorganised, not dependable.**
- **Does not contribute adequately to the shared workload**

What does a struggling Trainee look like?

Inherent here is a fundamental respect for the importance of behaving with integrity and probity. A trainee with difficulties in this area may demonstrate:

- **A Lack of Respect for others (patients, colleagues, staff etc) – often judgmental in their approach. Lack of fairness**
- **A Lack of Respect for position – not appreciating or acting within their professional roles/boundaries. Unable to appreciate the effect of their behaviour/actions on others. Fails to minimise risk (e.g. where one's own health might compromise someone else's safety).**
- **A Lack of Respect for protocol – fails to act in accordance with agreed guidelines (in relation to professional codes of practice, local practice policies/initiatives, educational responsibilities etc)**

Best Tools to use

- Direct observation (video/joint surgery/observation in meetings etc)
- Significant events
- Focused case based discussion
- Feedback from clinical supervisor
- Feedback from colleagues/staff/patients (MSF/PSQ)
- Significant Event Analysis / Near Miss