

Teaching, training & appraisal

Ms Rebecca Davies, Gynaecologist

Training & Appraisal - learning objectives

Structure of training in the UK

Key assessments & requirements of the curriculum

Role of workplace-based assessments

Principle of appraisal and its structure

The difference between appraisal and assessment

Skills of a good appraiser

Purpose of revalidation

Structure of UK training

Health Education England has merged and is now NHS England

Deaneries & Postgraduate Deans - educational responsibility

Local hospitals - rotational placements deliver clinical training & service provision

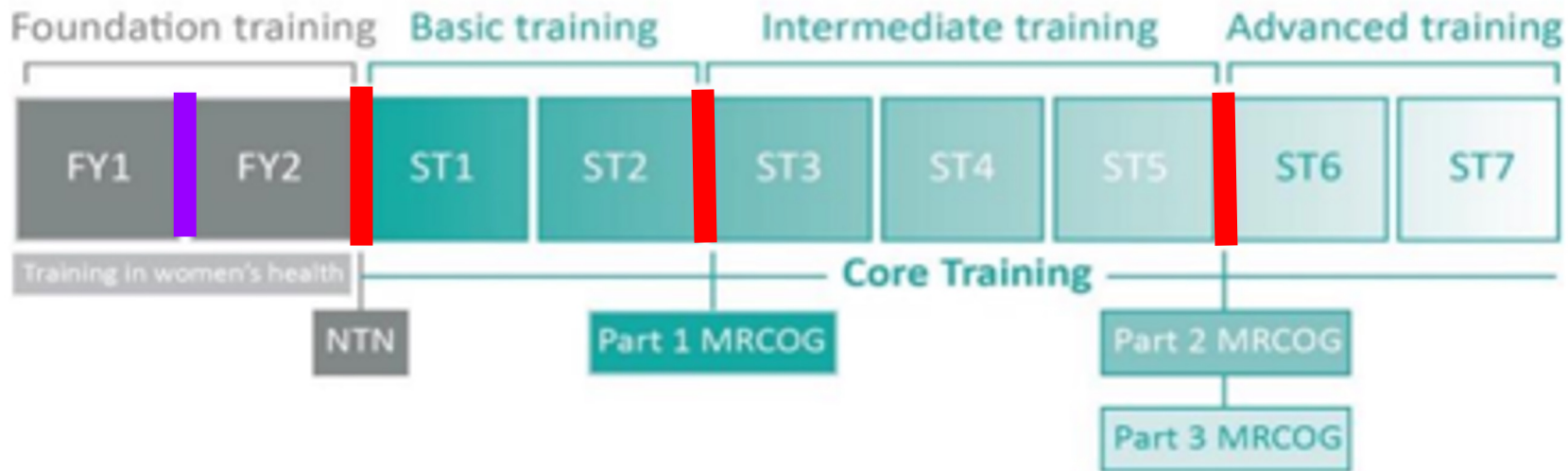
Associate Deans, DMEs

Head of school, TPDs, College tutors

LNC Representative, College trainee representative



Structure of UK training



OOPT/OOPE/OOPR/OOPC and LFTF

ATSMs

Subspecialty

Part 1 MRCOG to be completed in ST1 or ST2. Required for progression to ST3

Part 2 MRCOG to be completed in ST3, ST4 or ST5. Required for progression to ST6

Part 3 MRCOG to be completed in ST3, ST4 or ST5 and after Part 2 MRCOG. Required for progression to ST6

O&G Curriculum



Clinical CiPs

	Basic training			Intermediate training				Advanced training		CCT		
Capabilities in practice	ST1	ST2	CRITICAL PROGRESSION	ST3	ST4	ST5	CRITICAL PROGRESSION	ST6	ST7	CRITICAL PROGRESSION		
CiP 9: The doctor is competent in recognising, assessing and managing emergencies in gynaecology and early pregnancy.	1	2			3			4				5
CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics.	1	2			3			4				5
CiP 11: The doctor is competent in recognising, assessing and managing non-emergency gynaecology and early pregnancy.	1	2						3	4			5
CiP 12: The doctor is competent in recognising, assessing and managing non-emergency obstetrics.	1	2						3	4			5

	ST1	ST2	ST3	ST4	ST5	ST6	ST7
CBD	✓	✓	✓	✓	✓	✓	✓
Reflective practice	✓	✓	✓	✓	✓	✓	✓
NOTSS	✓	✓	✓	✓	✓	✓	✓
TEF	From 2023 ARCPs each training year	From 2023 ARCPs each training year	From 2023 ARCPs each training year	From 2023 ARCPs each training year	From 2023 ARCPs each training year	From 2023 ARCPs each training year	From 2023 ARCPs each training year
TO2	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.	From the next rotation (August 22 onwards) two separate TO1's and TO2's will be required. For the 2022 ARCP one will suffice unless significant concerns are raised.
Recommended courses / required objectives	<p>Basic Practical Skills in Obstetrics and Gynaecology</p> <p>CTG training (usually eLearning package) and other local mandatory training</p> <p>Obstetric simulation course (e.g. PROMPT/ALSO/other)</p>	<p>Basic ultrasound</p> <p>3rd degree tear course</p> <p>Specific courses required as per curriculum to be able to complete basic competencies</p> <p>Resilience course e.g. STEP-UP</p>	<p>Obstetric simulation course – ROBUST or equivalent</p>			<p>ATSM course</p> <p>Leadership and Management course</p>	<p>ATSM course</p> <p>Leadership and Management course</p>
	<p>The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.</p> <p>Trainees who do not demonstrate the required objectives or attendance at the relevant course will be awarded a 10.1.</p>					<p>The above competencies may be achieved by attending recommended courses or by demonstrating to the ARCP panel that content and learning outcomes have been achieved using alternative evidence.</p>	

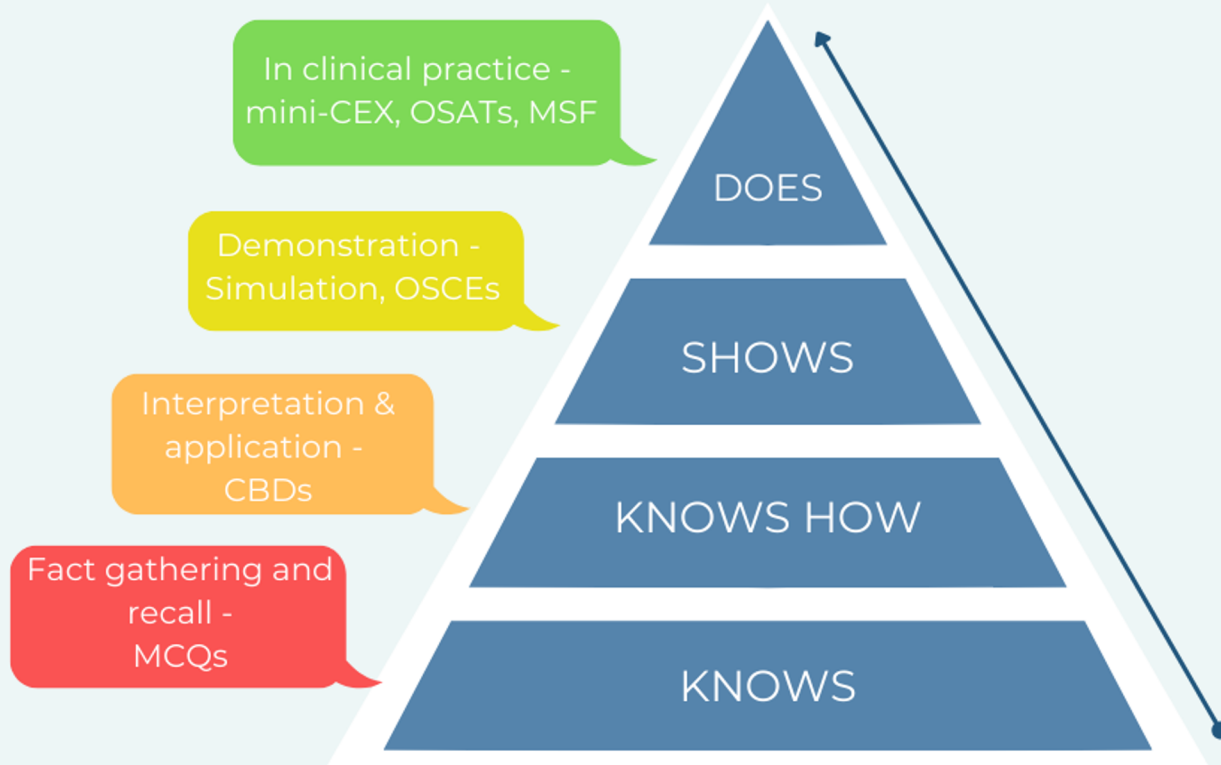
† Surgical management of retained products of conception (Obstetrics)- surgical evacuation of retained products of conception after 16 weeks gestation using suction curettage or a surgical curette; as this procedure has been moved to ST7 in June 2022 it will not be required to be evidenced by ST7 trainees who had completed ST4 when the 2019 core curriculum was introduced in 2019

‡ Surgical techniques used by the trainee to control postpartum haemorrhage, including intra-uterine balloons, brace sutures, uterine packing, placental bed compression sutures and hysterectomy

Educational meetings



MILLER'S PYRAMID



EVIDENCE & WORKPLACE-BASED ASSESSMENTS



FORMATIVE ASSESSMENTS - SLE

Mini-CEX

CBD

NOTSS

OSAT

MSF - TO1 & TO2



SUMMATIVE ASSESSMENTS - AOP

OSAT



INDIVIDUAL LEARNING

Reflective practice

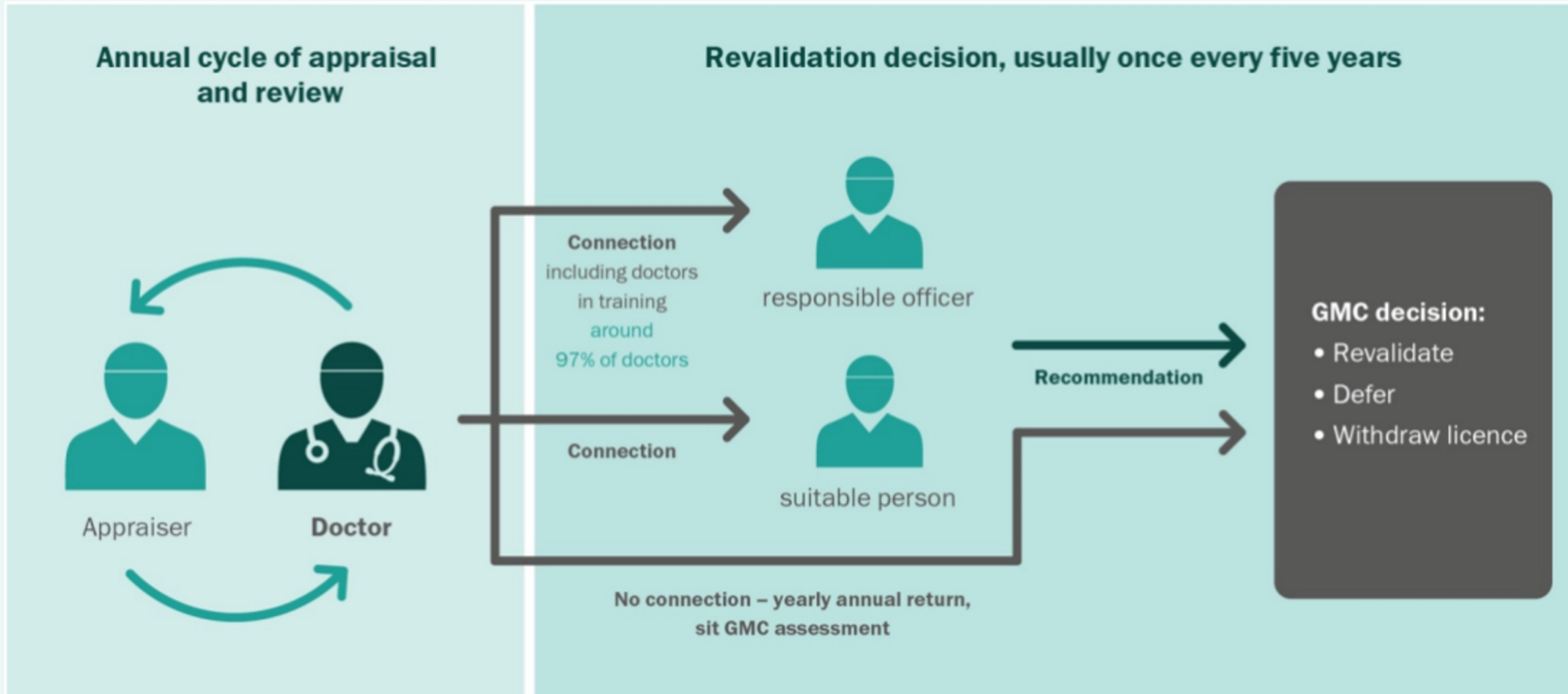
PDP

Course certificates

Feedback



Revalidation & Appraisal



Annual Review of Competence Progression

Formal meeting of at least three panel members including Postgraduate Dean or TPD. There may also be a lay representative.

The panel will have access to your ePortfolio and any other documentation you submitted.

Evidence you have fulfilled the matrix, evidence collated throughout the year and of sufficient quality.

GMC requirements: Wider scope of practice, Form R

ARCP Outcomes

Outcome 1: Successful transition to the next training year

Outcome 2: Unsatisfactory progress. No additional training time needed.

Outcome 3: Unsatisfactory progress. Additional training time needed.

Outcome 4: Release from the training programme.

Outcome 5: Insufficient evidence. Additional training time may be needed.

Outcome 6: Satisfactory completion of training. Recommend awarding
CCT/CESR

Outcome 8: Out of Programme

Teaching learning objectives

Understand the principles of adult learning

Understand skills & practices of a competent teacher

Understand principles of feedback & evaluation

Identify teaching strategies appropriate to adult learning

Identify learning theories, principles, needs and styles relevant to medical education

The Clinical Teacher

Expresses enthusiasm

Actively involves students

Communicates effectively

Demonstrates clinical reasoning skills

Holistic view of the patient

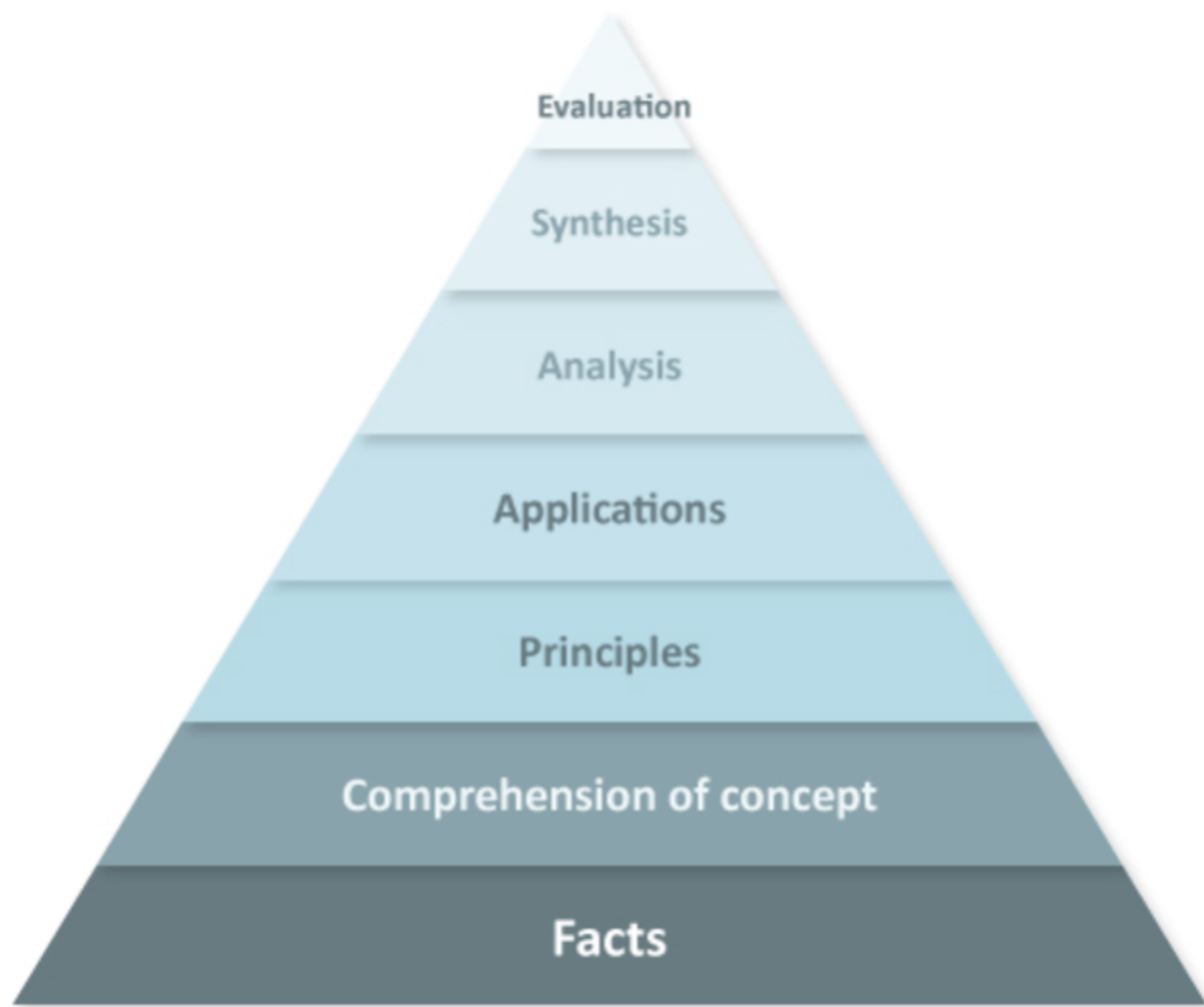


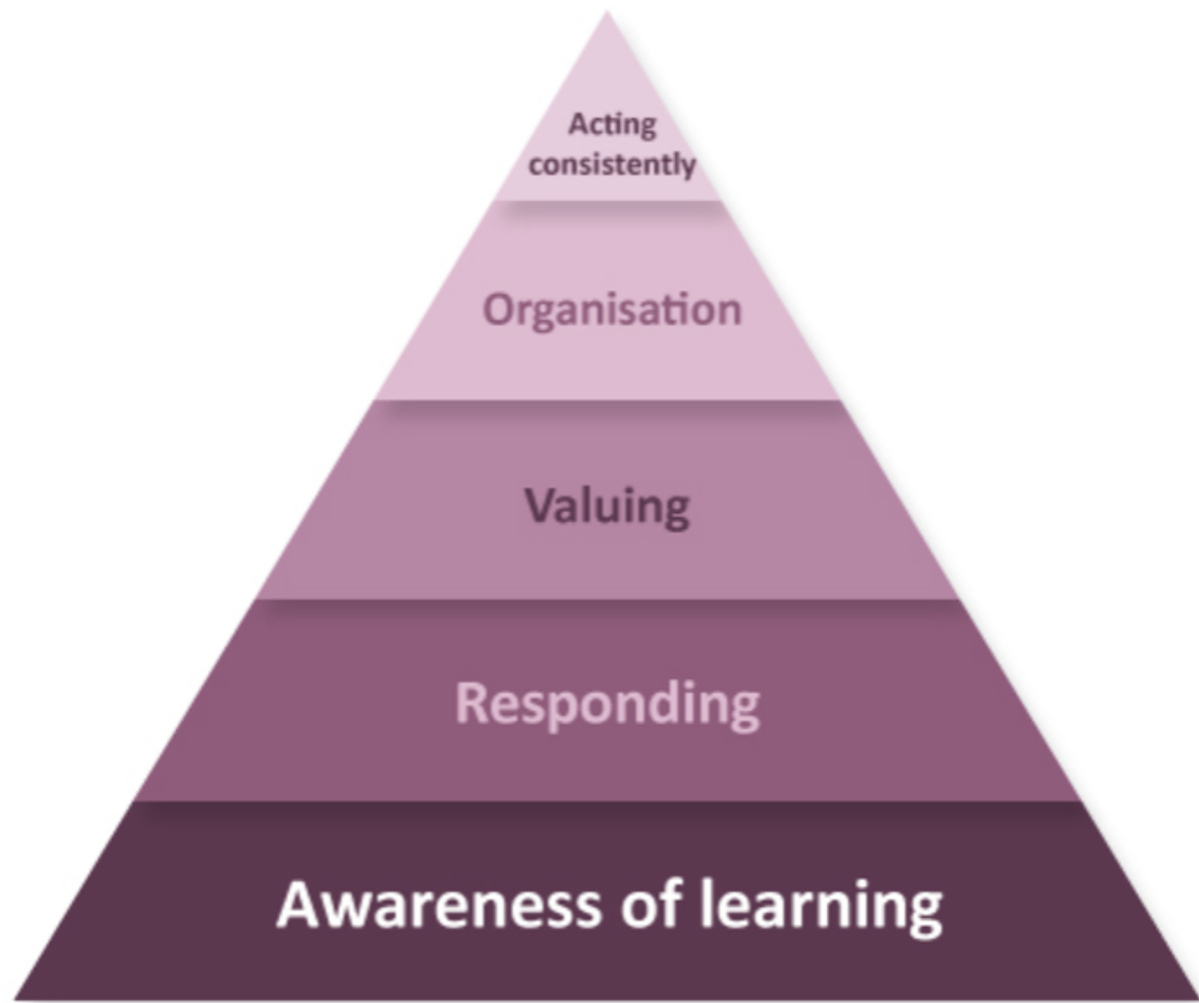
The numerous roles of the teacher. Figure modified from AMEE Guide 20.

Educational principles - Bloom

Bloom's taxonomy of educational objectives divides learning into three separate educational domains:

1. Cognitive domain (Knowledge)
2. Affective domain (Attitudes)
3. Psychomotor domain (Skills)

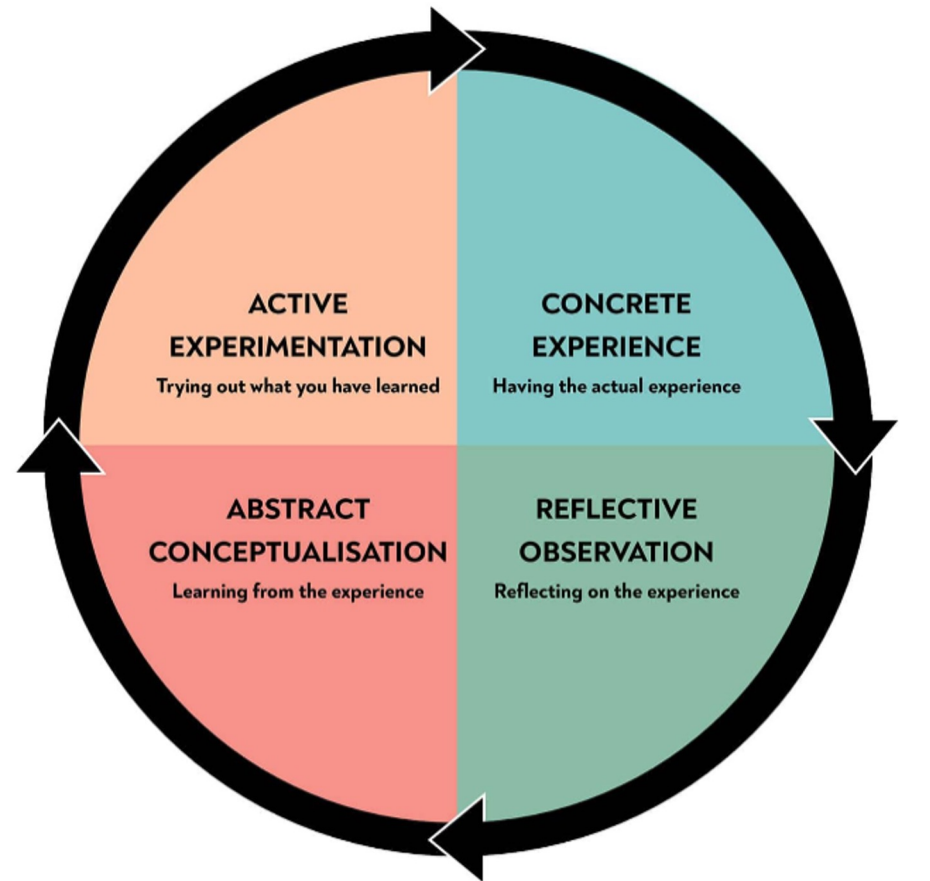






Kolb's Experiential Learning Cycle

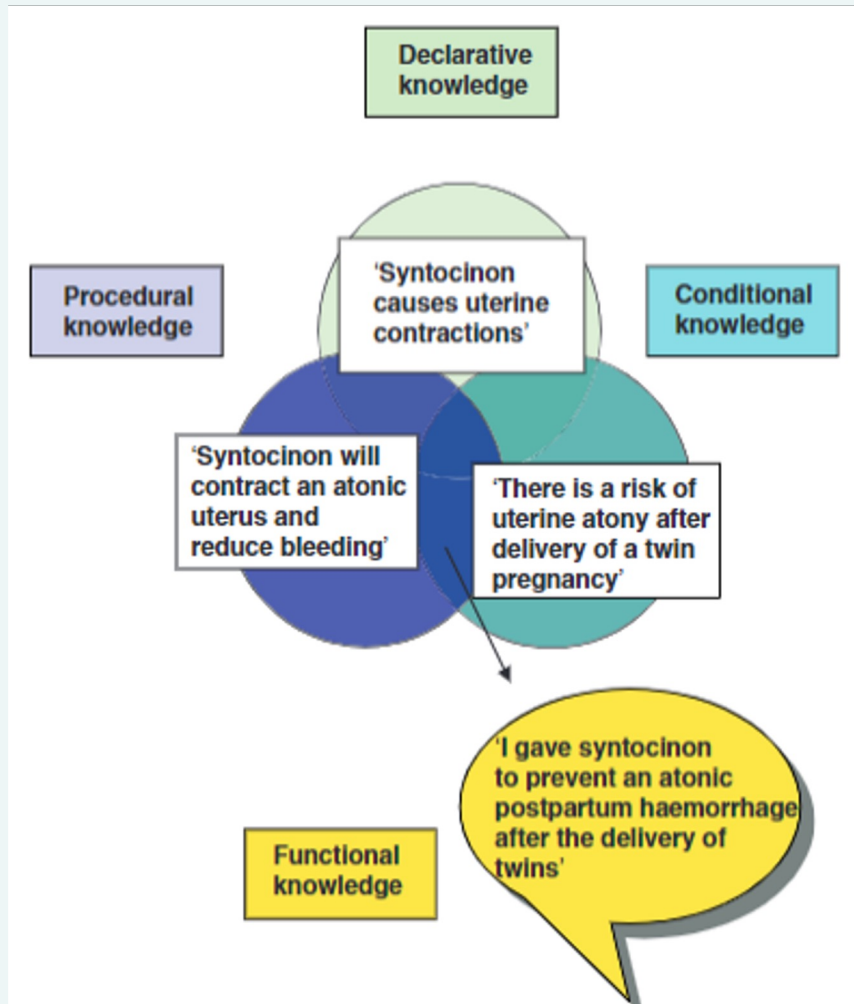
Simulation based training



Functional Knowledge

Case based discussions

Mini-CEX feedback



Designing a teaching session

Build on previous learning

Be contextual & relevant

Actively facilitate deep learning

Tailored to learning styles

Ensure that learning has taken place



Setting objectives

Specific

Measurable

Achievable

Relevant

Time-bound



Strategies

Mind mapping

Snowballing

Case studies

Doughnut rounds

Retrieval practice

Spaced learning/Interleaving



Accessibility

Differential Attainment

International Medical Graduates / English as an Additional Language

Special Educational Needs & Disability



Feedback







Get some!

In real time or later

Questionnaire - paper or online, Mentimeter

Adds to retrieval practice

Allows for your own learning & reflection



Questions?

