



Global Assessment Tools in (medical) Education (GATE)



THE UNIVERSITY
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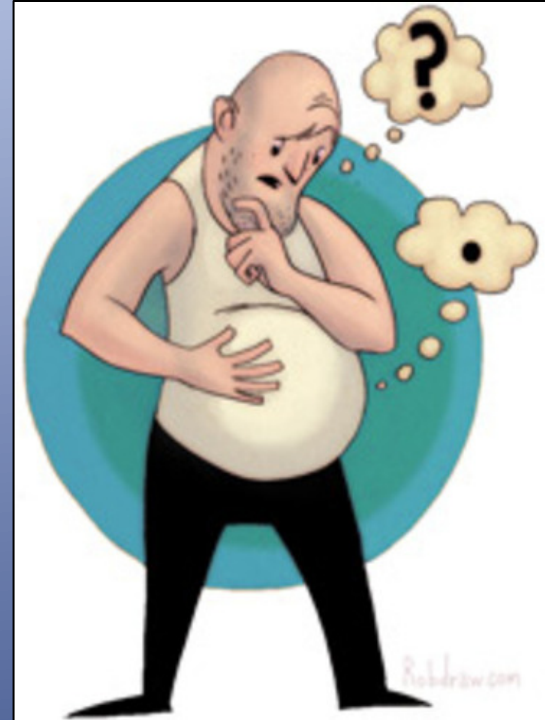


Aim

- What occurs during GA, determine factors inform GA
- Determine and define factors that influence assessors
- Understand behaviour of assessors
- Improve the reliability and validity of a GA.

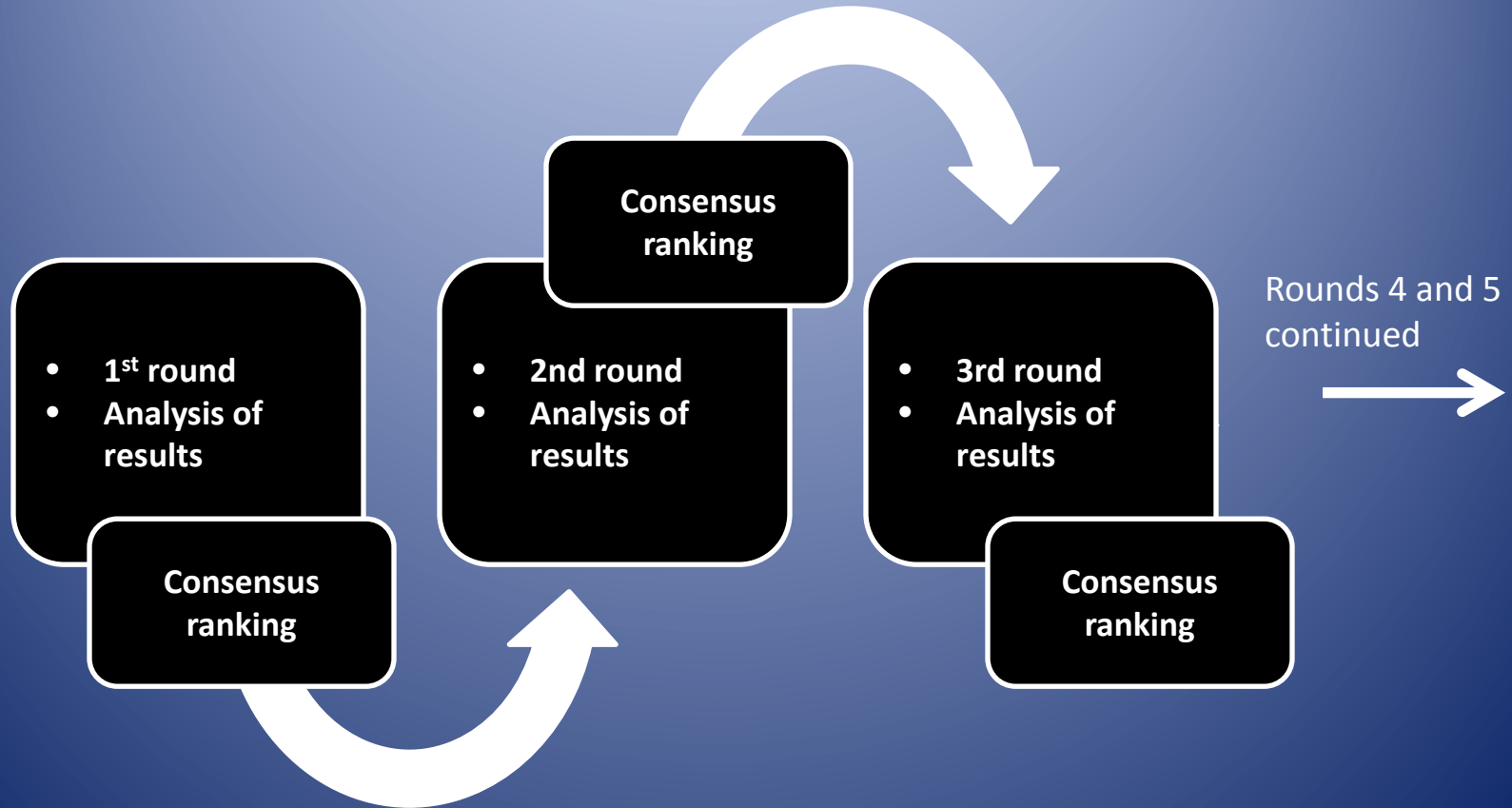
What is Global Assessment?

- GA same validity as a 15 station OSCE¹
- Millers Pyramid (DOES)
- Not a check-list
- GPTQ scale; learner is 'Ahead of' 'At' or 'Behind'
- 'Gut' feeling



1. Academic Medicine : Journal of the Association of American Medical Colleges. 74(10):1129-34, OCT 1999

Methodology



Participant Group

- Medical Educators, GP Supervisors, GP Tutors & Clinical supervisors.
- DoT in RTO, CEO GPSA sent first email invitation.
- No centralised database of national educators.

Delphi Round 1

Q Demographics

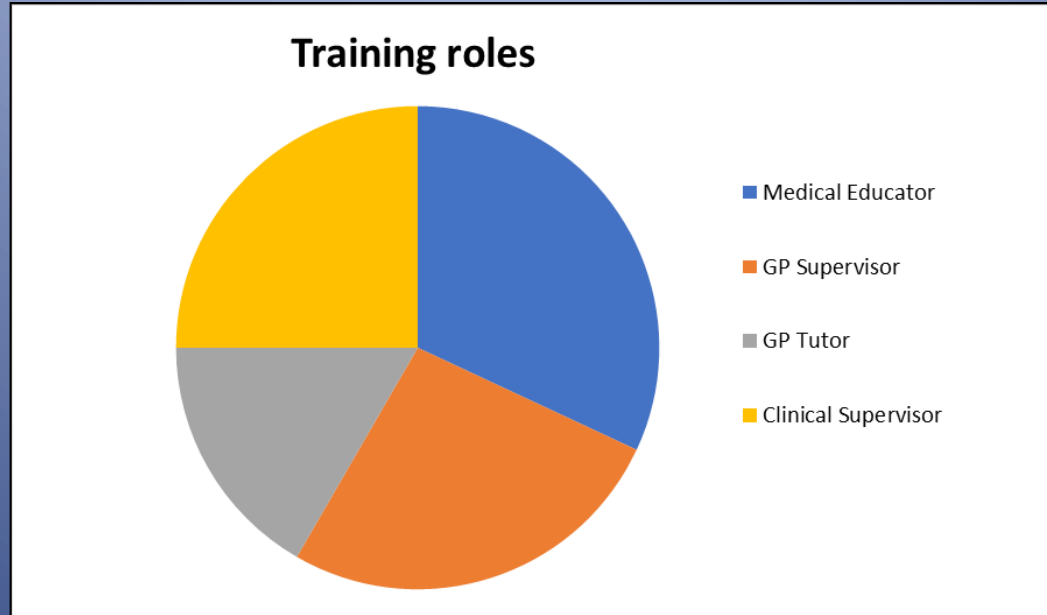
Q Where do you apply GA

Q. Vignette of Registrar - how do you assess competence?

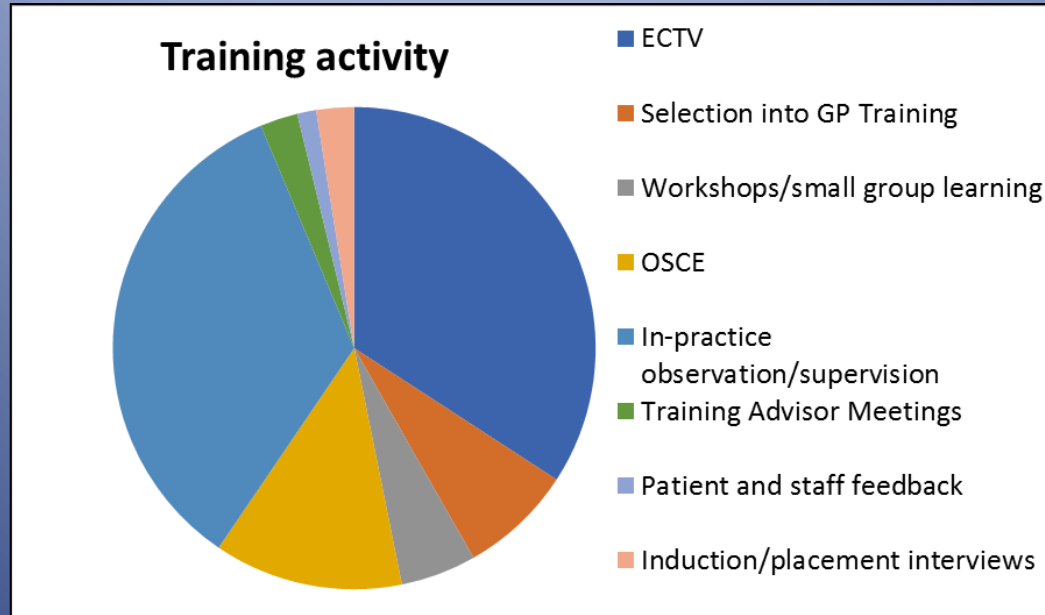
Global Assessment



Demographics

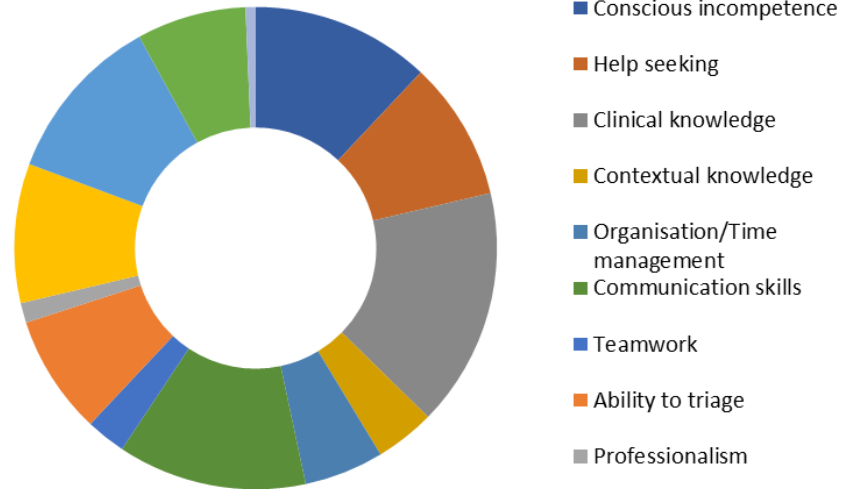


Where do you perform GA?

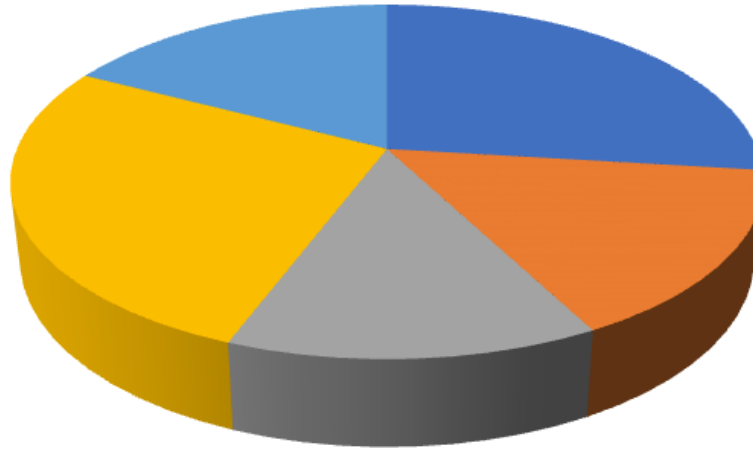


Competency criteria

Frequency of criteria



Competency criteria by Domains of GP



- Communication skills and the Dr-Patient relationship
- Applied knowledge and skills
- Population health and context of GP
- Professional and ethical role
- Organisational and legal dimensions

Delphi Round 2

Q Reflect on criteria list


Q Accuracy of Global Assessment

Q Problems with GA


Delphi Round 2



Results : Criteria 'Checklist'

- 
- A black clipboard with a silver clip at the top, holding a white sheet of paper with a numbered list of 8 criteria. The clipboard is centered on a white background.
1. Ability to identify red flags
 2. Ability to work in a team
 3. Appropriate time management, prioritisation efficiency
 4. Can communicate well with patient
 5. Can communicate well with supervisor
 6. Can deal with complexity and uncertainty
 7. Can deal with emergencies
 8. Can formulate a problem list

Criteria 'Checklist'

- 
- A graphic of a clipboard with a silver clip at the top, containing a white sheet of paper with a checklist. The clipboard has a black border. The checklist items are numbered 9 through 16.
9. Can treat common problems
 10. Demonstrates clinical knowledge
 11. Demonstrates clinical reasoning
 12. Demonstrates clinical skills
 13. Demonstrates confidence
 14. Demonstrates professionalism -
e.g. honesty, punctuality, safety
 15. Displays a systematic consultation
approach
 16. Doesn't miss serious diagnoses

Criteria 'Checklist'

17. Knows what they don't know/recognises limitations

18. Practices safety-netting

19. Receives positive patient and staff feedback

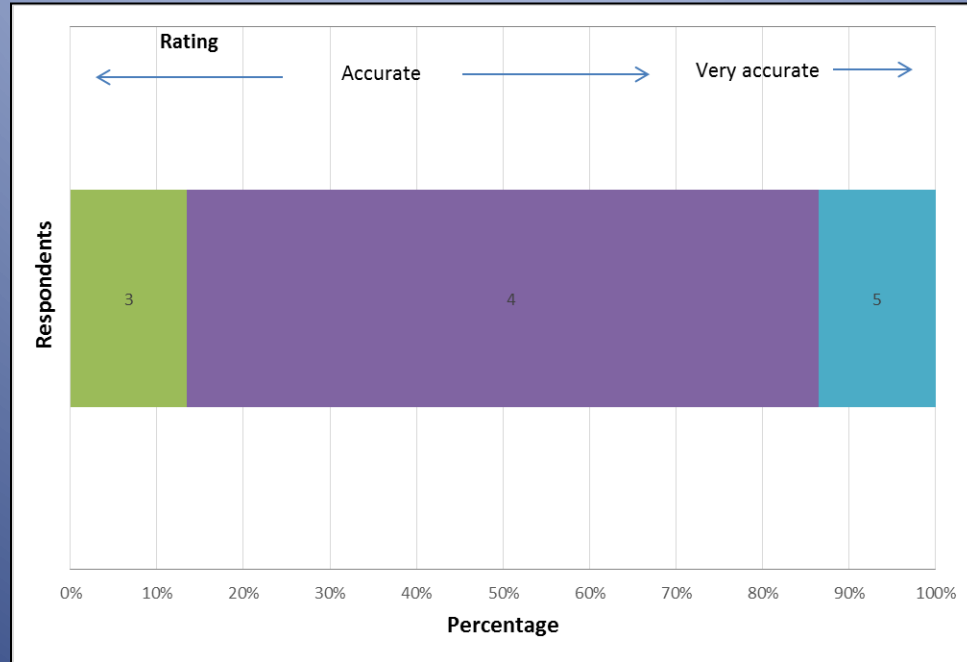
20. Seeks help

21. Shows familiarity with practice context and environment, e.g. equipment, computers

22. Shows knowledge of community services and referral pathways

23. Uses investigations appropriately

Accuracy of GA



GA Discrepancy

- Less accurate when discrepancy occurs between Domains or only one Assessor
- Practice makes perfect
- Frame of reference and context as important as competencies

Delphi Round 3

- Review 'Grouped' criteria
- Rate Competency criteria
 1. Essential (Every registrar should possess this)
 2. Desirable (Factor that you would like to see)
 3. Advanced (Extended or highly developed skill)

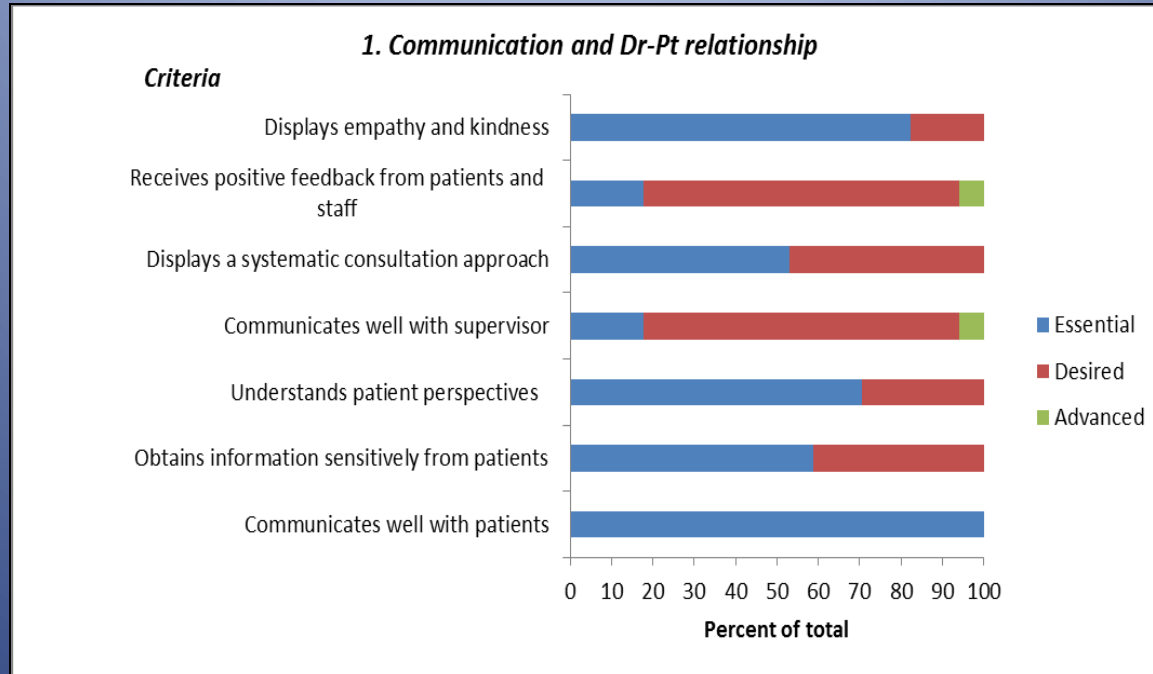
Delphi Round 3



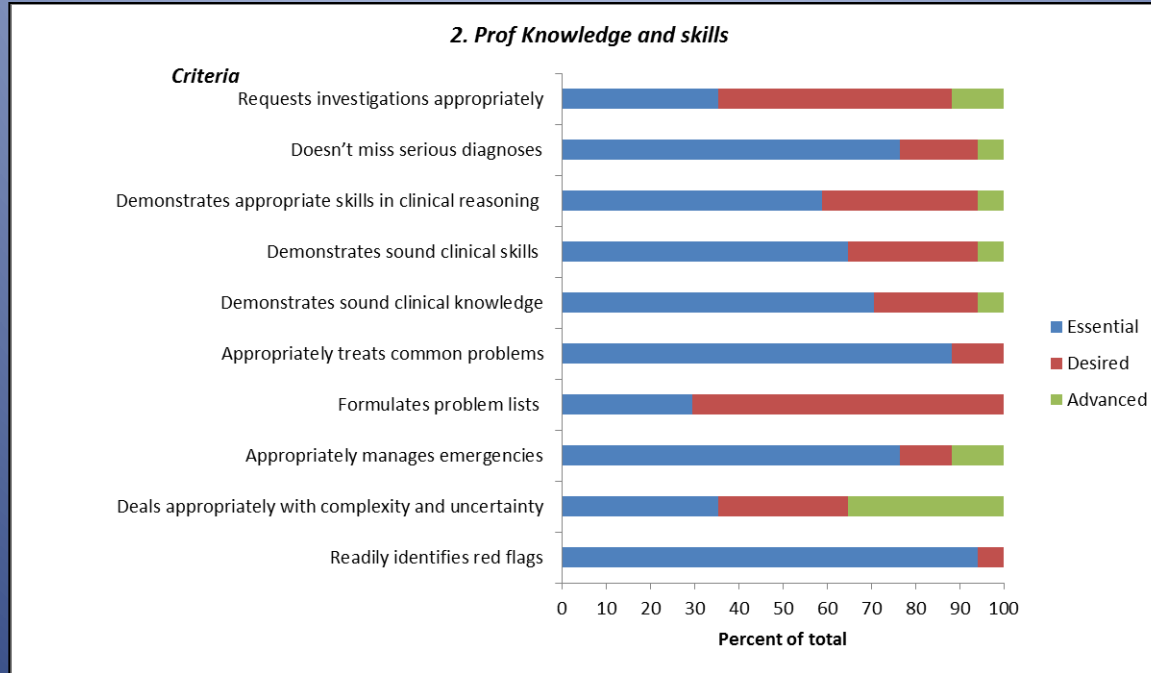
Communication skills	Professional knowledge and skills	Population health	Professionalism	Organisational dimensions
Doctor-patient relationship		Context of General Practice	Ethical role	Legal practice
Communicates well with patients	Readily identifies red flags	Shows familiarity with the practice context and environment, for example use of equipment and computers	Demonstrates confidence with competence	Demonstrates the ability to work in a team
Obtains information sensitively from patients	Deals appropriately with complexity and uncertainty	Shows knowledge of community services and referral pathways	Demonstrates professionalism, for example honesty, punctuality, safety	Demonstrates positive attitudes and behaviour towards GP colleagues and colleagues from other specialties
Understands patient perspectives	Appropriately manages emergencies	Demonstrates a holistic patient approach	Recognises limitations, for example knows what he /she doesn't know.	Demonstrates appropriate time management, prioritisation and efficiency
Communicates well with supervisor	Formulates problem lists	Demonstrates familiarity with analysis of systems safety	Practises safety-netting	
Displays a systematic consultation approach	Appropriately treats common problems	Demonstrates familiarity with digital health systems	Seeks help appropriately	
Receives positive feedback from patients and staff	Demonstrates sound clinical knowledge		Demonstrates curiosity	
Displays empathy and kindness	Demonstrates sound clinical skills		Demonstrates self-reflection by actively seeking feedback	
	Demonstrates appropriate skills in clinical reasoning		Demonstrates respect for diversity and the culturally different practices of patients	
	Doesn't miss serious diagnoses		Demonstrates knowledge and skills in clinician self-care	
	Requests investigations and manages appropriately			

1. Provide medical care in the ambulatory and community setting	1. Provide medical care in the ambulatory and community setting 2. Provide care in the hospital setting 3. Respond to medical emergencies	4. Apply a population health approach 5. Address the health care needs of culturally diverse and disadvantaged groups 7. Practice medicine in the rural and remote context	6. Practise medicine within an ethical, intellectual and professional framework	6. Practise medicine within an ethical, intellectual and professional framework 7. Practice medicine in the rural and remote context
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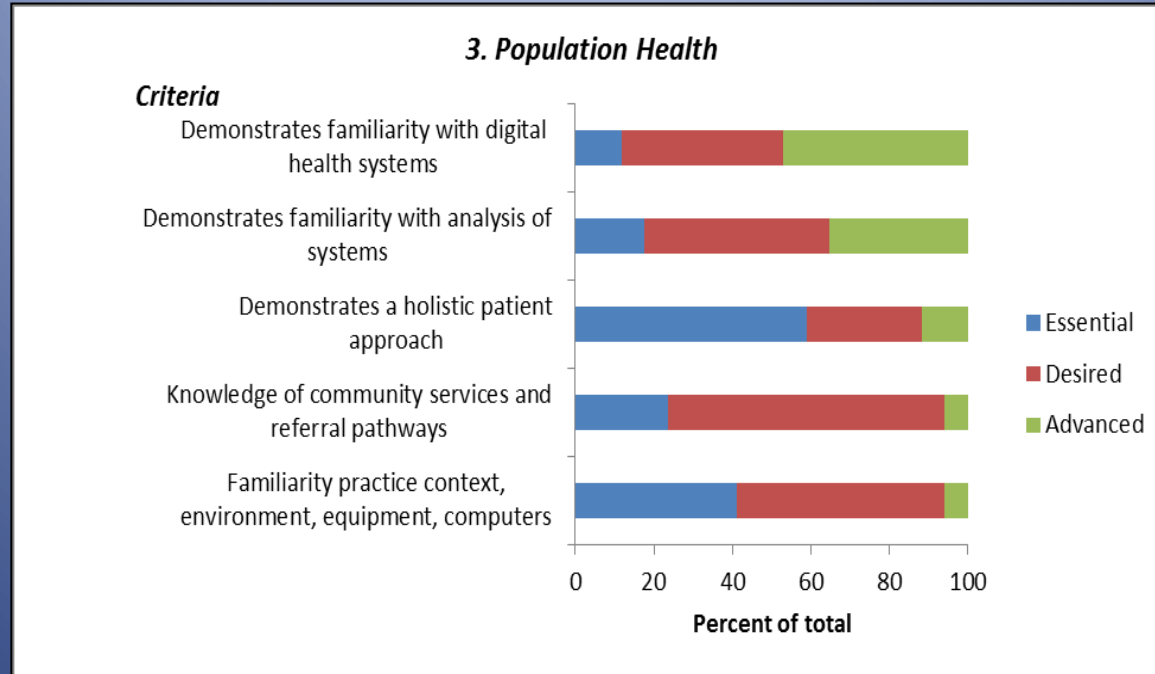
1. Communication and Dr-Pt Relationship



2. Prof Knowledge and skills



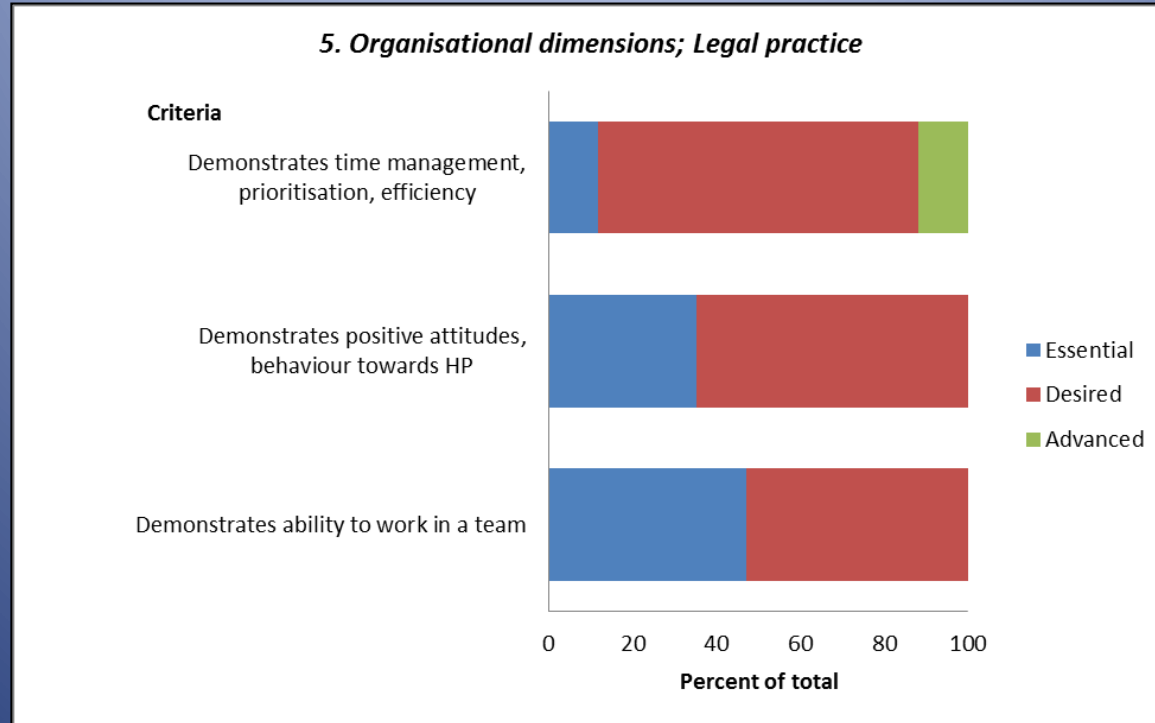
3. Population health



4. Professionalism; Ethical role



5. Organisational dimensions; Legal practice



Comments

- Essential criteria – good communication skills (pt, not supervisor), professionalism and ethics, red flags, being safe
- Caring attributes are difficult to assess
- Overall good consensus about rating
- Some discrepancy what criteria can be taught.

What's next?

- Delphi 4 - Show ranking to survey group
- Change in ranking over training or context?
- Overcoming personal bias

Acknowledgements

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