

E-portfolio

(www.nhseportfolios.org)

– rafrænt matskerfi á kandidatsári
Kynning fyrir heilsugæslu

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e-portfolio – hvað er það ?

- Rafrænt matskerfi sem metur framgang og frammistöðu læknakandidata á kandidatsári
- Breskt kerfi, staðlað
- Notað á kennslusjúkrahúsum landsins síðustu ár
- Verður tekið í notkun í heilsugæslunni frá júní 2019 í stað fyrri matsblaða

e-Portfolio

Kostir

- Enginn pappír
- Allt í sömu rafrænu skránni
- Hg/næsta starfsstöð fær innsýn í fyrri störf og matsblöð kandídats
- Kandídatinn vinnur í einu kerfi allt kandídatsárið
- Stöðluð og viðurkennd matsblöð frá RCP

Gallar

- Nýtt kerfi sem þarf að læra á
- Skrá þarf handleiðara á kandídat fyrir upphaf starfa á Hg (þarf að liggja fyrir með amk 4 vikna fyrirvara)

Framkvæmd

- Handleiðari hefur aðgang að rafrænni skrá viðkomandi kandidats, sér hvernig hefur gengið á öðrum hlutum kandidatsárs
- Matsblöð send via tölvupóst, fyllt út og samþykkt, hlaðast þá upp í rafrænu skránni.
- Texta má skrifa á íslensku
- Leiðbeiningar um útfyllingu matsblaða
[https://www.landspitali.is/library/Sameiginlegar-skrar/Gagnasafn/Visindi-og-menntun/Menntun/Laeknakandidatar/2018/Leidbeiningar %20handleidara_utfyllingu-matsblada-ePortfolio-%20sept2017.pdf](https://www.landspitali.is/library/Sameiginlegar-skrar/Gagnasafn/Visindi-og-menntun/Menntun/Laeknakandidatar/2018/Leidbeiningar_%20handleidara_utfyllingu-matsblada-ePortfolio-%20sept2017.pdf)

Hvaða matsblöð nýtast heilsugæslunni best ?

- Induction meeting with Clinical Supervisor
- Matsblöðin (lágmark á 4 mánuðum)
 - 2 DOPS (directly observed procedural skills)
 - 3 CBD (Case Based discussion)
 - 1 MiniCEX (Mini clinical evaluation exercise)
 - 1 Developing the clinical teacher
- Clinical supervisor end of placement report
- Ef heilsugæslutímabil kandidats skiptist á tvær stöðvar þarf að vera vakandi fyrir því að fylla út matsblöð jafnóðum

DOPS

What areas should DOPS focus on?

- demonstrates understanding of indications/anatomy/technique
- obtains informed consent
- demonstrates appropriate preparation pre-procedure
- appropriate analgesia or safe sedation
- technical ability
- aseptic technique
- seeks help where appropriate
- post procedure management
- communication skills
- consideration of patient/professionalism

Positive indicators for three of these areas are given below:

Focus of encounter	Positive indicators
Post-procedure management	Safely disposes of equipment; documents the procedure, including labelling samples and giving instructions for monitoring; arranges appropriate aftercare/monitoring.
Communication skills	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan with patient.
Consideration of patient / professionalism	Shows respect, compassion, empathy, establishes trust; attends to patient's needs of comfort; respects confidentiality; behaves in an ethical manner; awareness of legal frameworks; aware of own limitations.

Hvaða DOPS gera þau á Hg?

- Sauma sár
- Taka húðblett
- Sprauta í sinafestur
- Liðástunga
- osfrv

<input type="checkbox"/>	12.8 Injection of local anaesthetic to skin ⓘ
<input type="checkbox"/>	12.9 Subcutaneous injection, e.g. insulin or LMW heparin ⓘ
<input type="checkbox"/>	12.10 Intramuscular injection ⓘ
<input type="checkbox"/>	12.11 Perform and interpret an ECG ⓘ
<input type="checkbox"/>	12.12 Perform and interpret peak flow ⓘ
<input type="checkbox"/>	12.13 Urethral catheterisation (male) ⓘ
<input type="checkbox"/>	12.14 Urethral catheterisation (female) ⓘ
<input type="checkbox"/>	12.15 Airway care including simple adjuncts ⓘ

CBD

What areas should CBD focus on?

CBD is most useful when considering the following areas:

Focus of encounter	Positive indicators
Medical record keeping	Legible; signed; dated; appropriate to the problem; understandable in relation to and in sequence with other entries; helps the next clinician give effective and appropriate care.
Clinical assessment	Understood the patient's story; made a clinical assessment based on appropriate questioning and examination.
Investigation and referral	Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.
Treatment	Discusses the rationale for the treatment, including the risks and benefits.
Follow-up and future planning	Discusses the rationale for the formulation of the management plan including follow-up.
Professionalism	Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust; discusses how the patient's needs for comfort, respect, confidentiality were addressed; discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks; has insight into own limitations.

CBD – hvenær passar það ?

- Öll tilfellaumræða

Feedback based on the behaviours observed:

The trainer should focus on those areas performed well and also identify areas for development

Agreed action:

Reflection:

The doctor should reflect on this learning event.

MiniCEX

Focus of encounter	Positive indicators
History	Facilitates patient telling their story; effectively uses appropriate questions to obtain accurate, adequate information; responds appropriately to verbal and non-verbal cues.
Diagnosis	Establishes a problem list; takes account of probabilities in ranking differential diagnoses; reviews and adjusts differential diagnosis in light of developing symptoms and response to therapeutic interventions.
Examination	Follows efficient, logical sequence; examination appropriate to clinical problem; explains to patient; sensitive to patient's comfort and modesty.
Management plan	Constructs a management plan; prioritises actions on the basis of the differential diagnosis and clinical setting.
Communication	Explores patient's perspective; jargon free; open and honest; empathic; agrees management plan/therapy with patient.
Discharge	Starts planning from moment of admission; considers long-term conditions; recognises impact of long-term conditions on patients, family and friends; liaises with patient, family, carers and primary care teams; considers role of other agencies; considers need for environmental adaptations; ensures necessary care plans are in place; arranges follow-up

Remember: Not all areas need be reviewed on each occasion.

Focus of encounter:

- History
- Diagnosis
- Examination
- Management plan
- Communication
- Discharge
- Other

Feedback based on the behaviours observed:

The trainer should focus on those areas performed well and also identify areas for development

Agreed action:

Reflection:

The doctor should reflect on this learning event.

Reflective notes can be recorded in the above text box area or a separate, structured reflective log linked to this SLE can be created. The option to create a linked reflective log will be presented upon completion / ticketing of this form

Developing the clinical teacher

What areas should developing the clinical teacher focus on?

Developing the clinical teacher is most useful when considering the following areas:

Focus of encounter	Positive indicators
Preparation and setting	Creates an appropriate environment, checks resources are available/working in advance; uses resources appropriately.
Teaching	Introduce self; introduces the topic; establishes prior learning; uses an appropriate pace; clear and logical teaching; reviews/summarises key points; manages time.
Subject knowledge and ability to answer questions	Understands subject matter; answers questions clearly; aware of own limitations.
Interaction with group	Maintains eye contact; maintains participants' attention; facilitates group participation.

Remember: Not all question areas need be assessed on each occasion.

Title / Description of clinical event: ⓘ (max 50 chars)

Here you can record a brief, anonymous history to allow the SLE to be contextualised: ⓘ

Clinical Setting:

- Ward based
- Journal Club
- Lecture
- Tutorial
- Other

Clinical problem category:

- Medical students
- Foundation doctors
- Mixed medical
- Multidisciplinary team
- Other

Focus of encounter:

- Preparation and setting (creating an appropriate environment for teaching, utilisation of resources)
- Teaching (clarity, logical sequence)
- Subject knowledge
- Ability to answer questions
- Interaction with group (gained their attention, facilitated group participation)
- Other

Feedback based on the behaviours observed:

The trainer should focus on those areas performed well and also identify areas for development

Agreed action:

Reflection:

The doctor should reflect on this learning event.

Reflective practice

Title:*

Date of experience:

Describe interesting, difficult or uncomfortable experiences. Try to record both positive and not so positive elements. What made the experience memorable?

How did it affect you?

How did it affect the patient?

How did it affect the team?

What did you learn from the experience, and what (if anything) would you do differently next time?

Clinical Supervisor skráning á fundum

- Upphafsfundur
 - Induction Meeting with CS
- Lokafundur
 - Clinical Supervisor's End of Placement Report

Induction Meeting with CS

Give a brief description of the placement

For example general practice in a rural setting; haematology in university teaching hospital.

Identify specific outcomes from the *Foundation Programme Curriculum* which the Foundation doctor is expected to develop during this placement

<p>1 Professionalism</p>	<p><input type="checkbox"/> 7.10 Interface with different specialties and with other professionals i</p>
<p><input type="checkbox"/> 1 Professionalism i</p>	<p>8 Recognition and management of the acutely ill patient</p>
<p><input type="checkbox"/> 1.1 Behaviour in the workplace i</p>	<p><input type="checkbox"/> 8 Recognition and management of the acutely ill patient i</p>
<p><input type="checkbox"/> 1.2 Time management i</p>	<p><input type="checkbox"/> 8.1 Promptly assesses the acutely ill, collapsed or unconscious patient i</p>
<p><input type="checkbox"/> 1.3 Continuity of Care i</p>	<p><input type="checkbox"/> 8.2 Responds to acutely abnormal physiology i</p>
<p><input type="checkbox"/> 1.4 Team-working i</p>	<p><input type="checkbox"/> 8.3 Manages patients with impaired consciousness, including seizures i</p>
<p><input type="checkbox"/> 1.5 Leadership i</p>	<p><input type="checkbox"/> 8.4 Manages pain i</p>
<p>2 Relationship and communication with patients</p>	<p><input type="checkbox"/> 8.5 Manages sepsis i</p>

<input type="checkbox"/> 2.1 Treats the patient as the centre of care within a consultation i	9 Resuscitation and end of life care
<input type="checkbox"/> 2.2 Communication with patients i	<input type="checkbox"/> 9 Resuscitation and end of life care i
<input type="checkbox"/> 2.3 Communication in difficult circumstances i	<input type="checkbox"/> 9.1 Resuscitation i
<input type="checkbox"/> 2.4 Complaints i	<input type="checkbox"/> 9.2 End of life care and appropriate use of Do Not Attempt Resuscitation (DNAR) orders/advance decisions i
<input type="checkbox"/> 2.5 Consent i	10 Patients with long-term conditions
3 Safety and clinical governance	<input type="checkbox"/> 10 Patients with long-term conditions i
<input type="checkbox"/> 3 Safety and clinical governance i	<input type="checkbox"/> 10.1 Manages patients with long-term conditions i
<input type="checkbox"/> 3.1 Risks of fatigue, ill health and stress i	<input type="checkbox"/> 10.2 Supporting patient decision making i
<input type="checkbox"/> 3.2 Quality and safety improvement i	<input type="checkbox"/> 10.3 Nutrition i
4 Ethical and legal issues	<input type="checkbox"/> 10.4 Discharge planning i
<input type="checkbox"/> 4 Ethical and legal issues i	<input type="checkbox"/> 10.5 Health promotion, patient education and public health i
<input type="checkbox"/> 4.1 Medical ethical principles and confidentiality i	11 Investigations
<input type="checkbox"/> 4.2 Legal framework of medical practice i	<input type="checkbox"/> 11 Investigations i
<input type="checkbox"/> 4.3 Comprehension of relevance of outside bodies to professional life i	12 Procedures
5 Teaching and training	<input type="checkbox"/> 12 Procedures i

<input type="checkbox"/> 6 Maintaining good medical practice ⓘ	<input type="checkbox"/> 12.3 Prepare and administer IV medications, injections and fluids ⓘ
<input type="checkbox"/> 6.1 Lifelong learning ⓘ	<input type="checkbox"/> 12.4 Arterial puncture in an adult ⓘ
<input type="checkbox"/> 6.2 Evidence, guidelines, care protocols and research ⓘ	<input type="checkbox"/> 12.5 Blood culture (peripheral) ⓘ
7 Good clinical care	<input type="checkbox"/> 12.6 IV infusion including prescription of fluids ⓘ
<input type="checkbox"/> 7 Good clinical care ⓘ	<input type="checkbox"/> 12.7 IV infusion of blood and blood products ⓘ
<input type="checkbox"/> 7.1 Makes patient safety a priority in clinical practice ⓘ	<input type="checkbox"/> 12.8 Injection of local anaesthetic to skin ⓘ
<input type="checkbox"/> 7.2 Ensures correct patient identification ⓘ	<input type="checkbox"/> 12.9 Subcutaneous injection, e.g. insulin or LMW heparin ⓘ
<input type="checkbox"/> 7.3 History and examination ⓘ	<input type="checkbox"/> 12.10 Intramuscular injection ⓘ
<input type="checkbox"/> 7.4 Diagnosis and clinical decision making ⓘ	<input type="checkbox"/> 12.11 Perform and interpret an ECG ⓘ
<input type="checkbox"/> 7.5 Undertakes regular patient review ⓘ	<input type="checkbox"/> 12.12 Perform and interpret peak flow ⓘ
<input type="checkbox"/> 7.6 Safe prescribing ⓘ	<input type="checkbox"/> 12.13 Urethral catheterisation (male) ⓘ
<input type="checkbox"/> 7.7 Safe use of medical devices ⓘ	<input type="checkbox"/> 12.14 Urethral catheterisation (female) ⓘ
<input type="checkbox"/> 7.8 Infection control and hygiene ⓘ	<input type="checkbox"/> 12.15 Airway care including simple adjuncts ⓘ
<input type="checkbox"/> 7.9 Medical record-keeping and correspondence ⓘ	

1. Have you been advised who your educational supervisor is and given contact details?

Yes No

2. Are you aware of the requirements for satisfactory completion of your foundation year (including the benefits and required number of assessments and supervised learning events (SLEs) etc?

Yes No

3. Have you been given clear advice as to what is expected of you in your position?

Yes No

4. Do you know how to use the e-portfolio?

Yes No

5. Have you been given training and access to the necessary IT systems for you to fulfil your workload?

Yes No

6. Have you been told what your working pattern will be and the banding associated with the post?

Yes No

7. Have you been told how to book leave (including study leave if appropriate)?

Yes No

9. Do you feel competent to use any essential equipment which you will be required to operate?

Yes No

10. Have you been told who to contact for clinical advice in hours?

Yes No

11. Have you been told who to contact for clinical advice out of hours?

Yes No

12. Do you know how to order investigations and access their results in and out of hours, if appropriate to your role?

Yes No

13. Do you know how to access guidelines which may be helpful to you?

Yes No

14. Do you know who to contact if you have personal concerns?

Yes No

Clinical Supervisor's End of Placement Report

Evidence Considered

Direct observation in the work place:

Yes No

Comments:

Attendance record:

Yes No

Comments:

E-portfolio:

Yes No

Comments:

Comments from Placement Supervision Group:

Yes No

Comments:

Mat á færni kandídats í viðmiðum fyrir fyrsta hluta marklýsingarinnar

Section 1 The foundation doctor as a professional and a scholar

Professionalism: ⓘ

- Excellent No Concern Some concern Major concern N/A

Relationship and communication with patients: ⓘ

- Excellent No Concern Some concern Major concern N/A

Safety and clinical governance: ⓘ

- Excellent No Concern Some concern Major concern N/A

Ethical and legal issues: ⓘ

- Excellent No Concern Some concern Major concern N/A

Teaching and training:

- Excellent No Concern Some concern Major concern N/A

Maintaining good medical practice: ⓘ

- Excellent No Concern Some concern Major concern N/A

Please provide a comment to support and justify the assessment rating for section 1 of the FP Curriculum 2012. Particular attention to any areas of excellence or concern should be recorded. Please be as specific as possible.

Mat á færni kandidate í viðmiðum fyrir annan hluta marklýsingarinnar

Section 2 The foundation doctor as a safe and effective practitioner

Good clinical care: ⓘ

Excellent No Concern Some concern Major concern N/A

Recognition and management of the acutely ill patient: ⓘ

Excellent No Concern Some concern Major concern N/A

Resuscitation and end of life care: ⓘ

Excellent No Concern Some concern Major concern N/A

Patients with long-term conditions: ⓘ

Excellent No Concern Some concern Major concern N/A

Investigations:

Excellent No Concern Some concern Major concern N/A

Procedures:

Excellent No Concern Some concern Major concern N/A

Please provide a comment to support and justify the assessment rating for section 2 of the FP Curriculum 2012. Particular attention to any areas of excellence or concern should be recorded. Please be as specific as possible.

Foundation doctor's health

Do you have any concerns about the foundation doctor's health?

Yes No Concern

If you have concerns about this foundation doctor's health, please describe your concerns:

Details of Concerns / Investigations

Are you aware if this trainee has been involved in any conduct, capability or Serious Untoward Incidents/ Significant Event Investigation or named in any complaint?

Yes No

If so are you aware if it has/ these have been resolved satisfactorily with no unresolved concerns about a trainee's fitness to practice or conduct?

Yes No

Comments, if any:

Overall assessment

How has the foundation doctor performed in this placement?

- Excellent No Concern Some concern Major concern N/A

Please comment on this foundation doctor's overall performance in this placement.

Does this foundation doctor satisfy the expected outcomes of this placement, at this stage of training?

- Yes No

Any other comments:

Spurningar ?

- Gangi ykkur vel 😊