

Appraisal – reflecting, learning and becoming EVEN better

Amjad Khan – Associate Dean (West Midlands) and lead author.

Rodger Charlton – Prof. General Practice (Univ. Warwick)

Amar Rughani – APD (Sheffield)

Ramesh Mehay – TPD (Bradford)

Welcome to this brief chapter on appraisal. If you deliberately came to this section of the book, you have made a wise choice. If you stumbled into this section by mistake, don't despair, please stay a while and read through a few paragraphs. You might be pleasantly surprised. You may even find what you were looking for in the first place.



Appraisal may not be the most exciting of topics that we like to read about in our spare time; I am sure you would rather be watching that DVD box set given to you on your last birthday. But in terms of importance to the profession, appraisal is up there in the top 10 of things that have changed our professional careers. And that's why it's here – it's important and it matters.

What's in it for you?

This chapter should help you to

1. Explore the feelings the appraisal process may have stirred inside of you
2. Make sense of the purpose behind appraisal
3. Reflect on your own appraisal, both as an appraiser and appraisee
4. Think about how you could make appraisal better in terms of structure, process and outcome.
5. What additional things to consider for GP *Educator* appraisal
6. How GP *trainee* appraisal differs from that of a qualified GP.

Making sense of appraisal

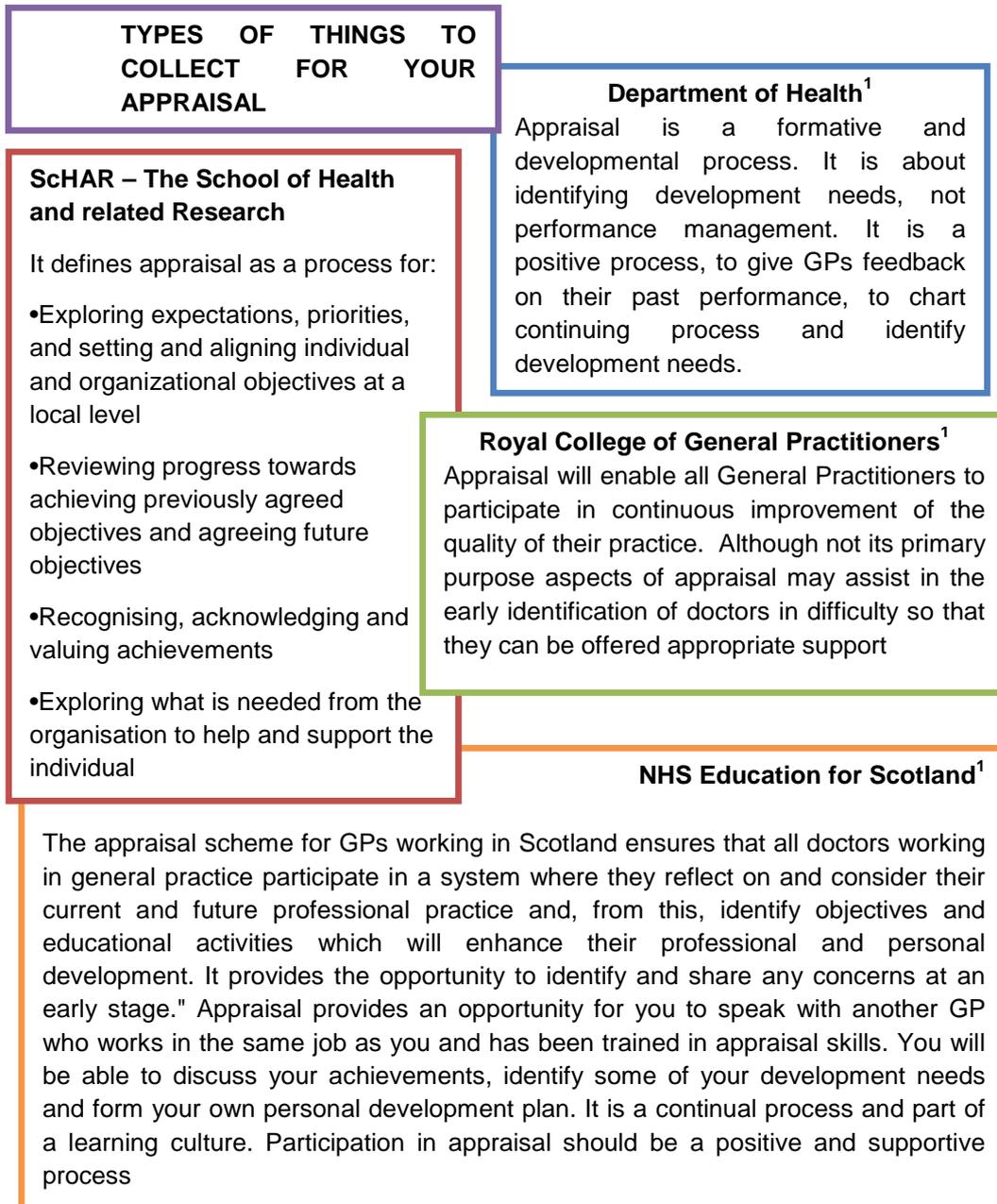
In order to make sense of appraisal, we first need to understand

- What are we trying to do; the purpose. Exploring the various definitions and looking at appraisal in relation to the various learning models will help us with this. The latter will also help inform our approach.
- What makes a good and bad appraiser.
- What makes good appraisal.

If none of that's on your list, don't worry! There are a number of other areas we will cover.

Defining Appraisal: what are we trying to do?

There are quite a number of definitions for appraisal – if only we could all agree! Anyway, look at these 5 definitions for appraisal and try to pick out the themes amongst them.



We could go on but I think you get the gist of what the different organisations are trying to say. The fundamental characteristics of appraisal are:

- Formative
- Supportive
- Developmental
- Reflective
- Continuous improvement

Do you think any of these elements are bad? No, neither do we! All this means that appraisal can never be a pass/fail process. It's always about becoming even better (developmental)... and that's how you should see appraisal – it's all good!

How appraisal fits in with Adult Learning Theory

This is not the time to yawn and fall asleep; in fact this is the really interesting bit. So, WAKE UP! Great – now that I've got your attention let's carry on. If you're an appraisee, adult learning theory (covered in more detail in *Chapter 10 – Five Pearls of Educational Theory*) helps you identify ways in which you learn best. If you're an appraiser, it provides guidance you can give to help your appraisees. Lots of people, from sociologists, psychologists and doctors have published reams of theories about learning, and here we would like to mention a few which we think you will find helpful. This is not to say that other theories are all a bit whacky but simply that we haven't got the space to be comprehensive in our approach. By the way, if you're interested, there's a lot more of this on our website.

Kolb's Learning Cycle¹

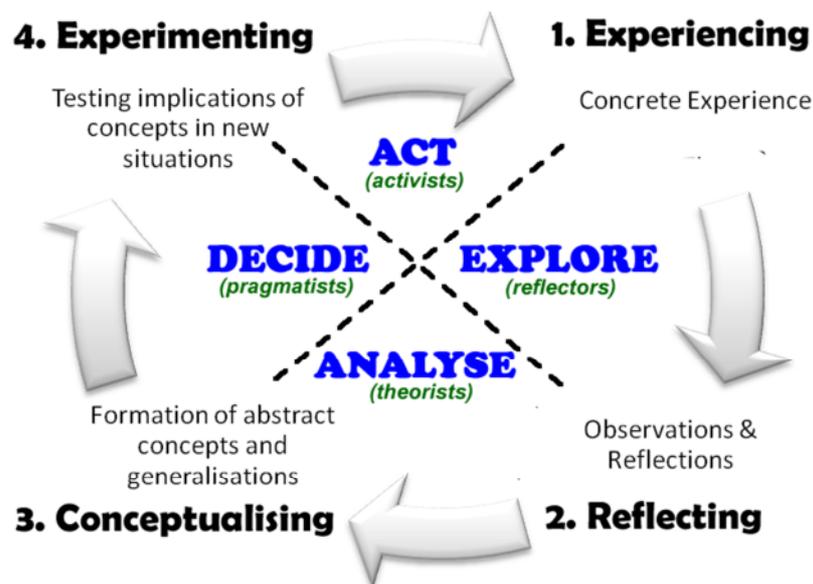


Fig. 1: Kolb's Learning Cycle

The learning cycle has four stages and for the learning to take place all four stages have to be completed. It's the cycle we tend to use in everyday experience.

For example, let's imagine that you're a new first time appraiser; hopefully, you would have read up about the process before doing your first one (please nod!). Now see yourself doing your first actual appraisal: during it, you'll feel some things are going well but other bits not as you hoped (this is the *experiencing* phase). Afterwards you'll think back and mull over those things (the *reflecting* phase) hopefully making you think why that might have been and

how you can tweak the process better the next time (the *conceptualising* phase). And when it comes to your second appraisal, no doubt you'll try out those new tweaks to see if they work (the *experimenting* phase). Some will have made things better but others will need further tweaking and hence, you go around Kolb's cycle again.

We hope you can see how you can apply the same cycle to the clinical situation or communication skills (e.g. the dysfunctional consultation). So, Kolb's cycle is great for helping appraisees to understand how to learn from experience and as appraisers, you can facilitate that.

Knowles's principles of adult learning²

Knowing the cycle is all good and well but before we can start discussing this with our colleagues we need to have some idea about what adult learning is about. Adult learning is about the art and science of helping adults to learn. We know from the literature that adults learn better when learning is

1. **The need to know** - adult learners need to know why they need to learn something before undertaking to learn it. Learners should be involved in the planning of *their* learning.
2. **Learner self-concept** - adults need to be responsible for their own decisions and to be treated as capable of self-direction. Learners have control if they set *their* own objectives (although we have to remember that adults just like everyone else will occasionally want to be told what to do rather than find out for themselves and in some instances this is appropriate).
3. **Role of learners' experience** - adult learners have a variety of experiences of life which represent the richest resource for learning (although there may be some bias and presupposition in these). It's important to find out what the appraisee has experienced, show that this is valued and use past experiences to anchor future plans for improvement i.e. connect planned future experiences with previous ones.
4. **Readiness to learn** - adults are ready to learn those things they need to know in order to cope effectively with life situations. Therefore, your appraisal has to be 'needs based' too.
5. **Orientation to learning** - adults are motivated to learn to the extent that they perceive that it will help them perform tasks they confront in their life situations. This means appraisal has to be problem centred: adults are more motivated by this than learning that is (abstractly) linked to subjects rather than situations.

With the appraisers support the appraisee can diagnose their own learning needs and set the objectives. It is they who have to find the resources in terms of time or money. This leads to empowerment and a greater chance of success for the appraisee.



Schon's theory of reflective practice

One of the perceived areas of difficulty for GPs seems to be the area of reflection. Being reflective is nothing new, we do it all the time in our day to day clinical practice, much of the time without knowing it.

Let's give you an example. On most days in the surgery we chug along in most clinical areas; we have developed expertise in many areas (our zone of mastery). Sometimes there is a hiccup and a clinical case doesn't conform to what we already know. But we might respond to this situation based on our experiences to date (this is known as reflection *in* action). Later we look back on what has happened to try and make sense of the situation. The questions we may ask are:

- why did this happen
- was my response correct
- how will I react in future (this is known as reflection *on* action).

This process known as Schon's theory of Reflective Practice³ is essential for our future development. We can advise our appraisees on how this can be achieved using such tools as feedback (from patients and colleagues) and a log journal of difficult or challenging situations.

Another method of reflective analysis is one used by Arthur Hibble⁴ who used Kipling's poem 'The Elephant Child' to come up with a series of questions:

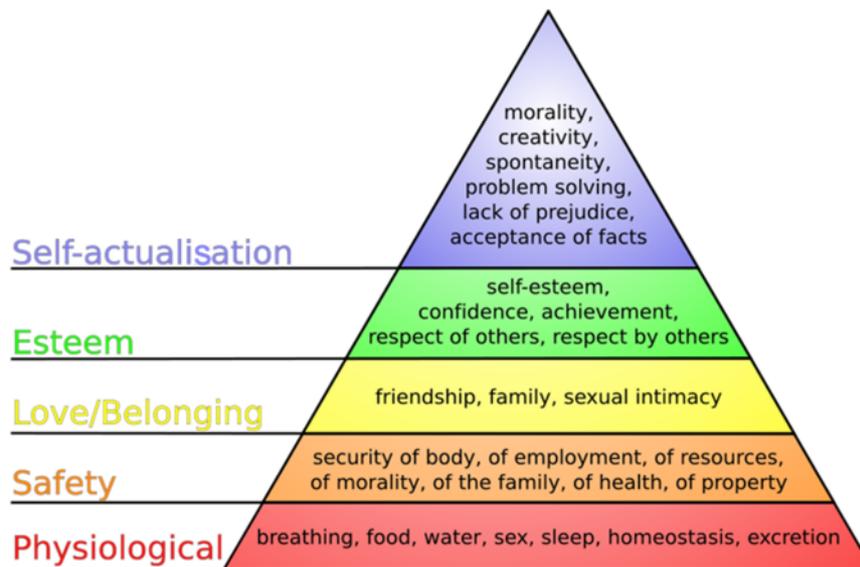
10 Reflective questions from Kipling's 'The Elephant Child'

1. What did I do well?
2. What could I have done better?
3. How do I feel?
4. Why do I feel this way?
5. What is the feeling telling me?
6. What words can I use to describe the feeling?
7. Who should I speak to?
8. What are the boundaries of my competence?
9. How will I put them into practice?
10. How will I know that I am developing?

Maslow's Hierarchy⁷

Maslow's hierarchy basically says that each of us is *motivated* by needs and that each of the needs in the diagram below must be satisfied in order for higher levels to be met. The levels below can be divided into *physiological needs* and *psychological needs*. **If lower levels are all of a sudden made unstable (e.g. through health and disease) then maintaining the higher levels become less important to us.**

At the top of the structure is something called *self actualisation* which is all about fulfilling one's own unique potential through morality, creativity, problem solving and expressing own ideas/points of view. In essence, people become themselves more fully. It is at this level that trainees truly engage in their own learning and place a value on what is taught to them: but it cannot happen are not met.



Humans need to feel a sense of belonging and acceptance (eg from social groups, clubs, families, friends).

Humans need to love and be loved (sexually and non-sexually)

Humans need to have food, water, shelter and feel safe.

*Maslow later described another level above self actualisation: **Transcendence Needs** – helping others to achieve self-actualisation*

So, an appraisee who has deficiencies in any of the levels like being loved or having a sense of belonging (e.g. a relationship breakdown), are unlikely to have a strong motivation to neither yearn for knowledge nor be open to new ideas and being creative: it hinders effective learning. Even for those of us who live in **the “First World”, one must be careful about overlooking physiological and safety needs** and assuming they are automatically satisfied. For instance, consider the appraisee who has not had enough sleep because he's working night shifts (or moonlighting) for extra cash (e.g. debt, a high maintenance family) as well as trying to do their day job. How motivated do you think they will be the next day at your next appraisal with their eyes half open?

So, one thing you should take home from all of this is that if your appraisee is undergoing some 'external chaos' in their lives (e.g. stress, divorce, an unhappy partnership and so on), make that a priority for exploration above anything else. Learning cannot happen if life is made unstable by something else.

Knowing how to give feedback is an essential skill for appraisal

If you're an appraiser, you should read *Chapter 7: The Skillful Art of Giving Feedback*. Constructive feedback is a powerful tool in the right hands and used in an appropriate way. Essentially, feedback should be confidential, delivered in a non-judgemental way and should focus on behaviour, not the person. There are several models for giving feedback and you should familiarise yourself with these. They're all in the chapter devoted to feedback and one of the better known ones that you might want to start off with is Pendleton's Rules⁵:

Features of good and bad appraisers

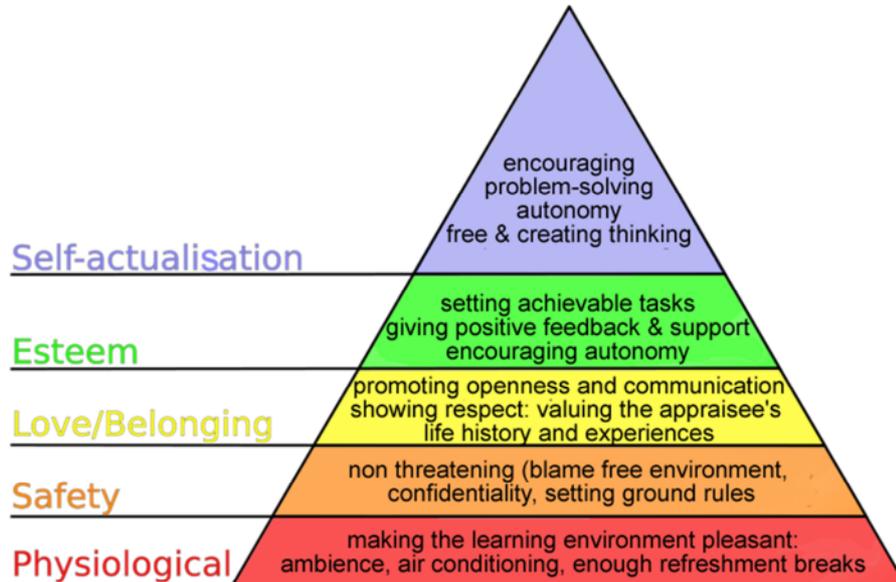
Tavabie, Koczwara and Patterson⁶ have produced medical appraiser behavioural competency domains:

Behavioural Competency Domains	
Professional responsibilities	Focuses on improving patient care. Is aware of health and safety, equal opportunities and diversity considerations. Is willing to take responsibility for own actions and demonstrate a commitment to the process.
Appraisal management	Contributes to appraisal process by protecting time and planning delivery. Appreciates the impact of the national standards and of the underlying principles of appraisal and the agreed processes.
Self – awareness (personal emotional intelligence)	Develops self-awareness by reflecting on personal impact on others and regulating own behaviour. Is aware of own strengths and limitations and motivation to learn and develop own skills.
Empathy (social emotional intelligence)	Has the capacity and motivation to take in colleague's perspective and sense their associated feelings. Generates a safe and understanding atmosphere and rapport which fosters peer support.
Developing others	Has the capacity to act as a leader. Encourages personal and professional development by exploring issues, challenging constructively and providing support for development planning. Understands local and national systems for education training.
Communication	Can adjust his/her behaviour and language (written/spoken) as appropriate to the needs of differing situations. Actively and clearly engages colleague in equal/open dialogue, listening, clarifying, supporting and reporting as appropriate.

Many of these qualities should not be a surprise to any of us who are passionate about education and self development. For each competency domain, positive and negative behavioural indicators were developed and this list is available on our website (www.essentialgptrainingbook.com – click on Free Web Chapters and you'll find it in the section that represents this chapter).

What makes a good appraisal

Maslow's pyramid (mentioned earlier), can also help us define features of a good appraisal. Here is a modified version of it as applied to appraisal.



Maslow's Hierarchy: *applying it to appraisal*

Other features of a good appraisal are:

- An assurance of confidentiality
- Preparation by both appraiser and appraisee
- Timely sharing of information from appraisee to appraiser
- An open and honest mutual discussion
- A understanding and supportive appraiser
- An appraiser with good communication skills(who for instance signposts and summarises often)
- An appraiser with effective feedback skills.



The Appraisal Process for GPs

The process as it stands now will not continue and in fact by the time you read this chapter Revalidation (which is a summative pass/fail type process) will have been introduced into the United Kingdom (introduction planned for 2011). Appraisal will inform this Revalidation process. We believe it is important to have an understanding of the pre 2011 process and compare it to the post 2011 process to see what the differences are and what effect this has on the appraisal process. An immediate effect some would argue is on the formative developmental part of the process. But let's outline the current and proposed processes first.

Pre-revalidation

The GMCs 'Good Medical Practice' is the cornerstone of appraisal. The 8 categories in this document form the basis of the appraisal form completed by all appraisers. Evidence is required in all the categories.

To remind you the categories for appraisal are:

• Good medical Practice	• Teaching and training
• Maintaining good medical practice	• Research
• Good medical practice	• Probity
• Relationships with patients	• Health
• Relationships with colleagues	

An example of the sorts of evidence required is set out in the table below. Remember: this is not a pass/fail process.

	ESSENTIAL EVIDENCE - PERSONAL	ESSENTIAL EVIDENCE ORGANISATIONAL	OPTIONAL EVIDENCE
GOOD MEDICAL PRACTICE	<ul style="list-style-type: none"> Structured reflective template on the last year's personal learning. 	<ul style="list-style-type: none"> Evidence of having met the criteria set out by the relevant College/Faculty for Continuing Professional Development (CPD). 	<ul style="list-style-type: none"> Practice/departmental development plan. Evidence of participation in additional learning events to those of College/Faculty CPD requirements. Evidence of membership of organisations where learning occurs. Personal reflective diary. Evidence of knowledge assessment.

Table1: Working framework for appraisal and revalidation⁷

Post Revalidation

As we've said before, appraisal process will still be an essential part of the Revalidation process. We know what you're thinking – how can a developmental process like appraisal retain its formative character if it's to become part of a pass/fail summative thing like Revalidation?

What is changing is that it will be known as 'strengthened appraisal'. The difference here is that the appraiser will have to make a judgement on the quality of the evidence provided by the appraisee. This means the appraisee can't submit anything wishy washy. Their evidence will have to be robust and of a sufficient standard before the appraisal can be signed off. The GMCs 'Good Medical Practice' is also changing - from the 8 categories mentioned before to 4 domains and each domain having a further 3 attributes for which evidence will have to be obtained. This is summarised below.

Domain/attributes	ATTRIBUTE 1	ATTRIBUTE 2	ATTRIBUTE 3
DOMAIN 1 KNOWLEDGE, SKILLS AND PERFORMANCE	Maintain your professional performance	Apply knowledge and experience to practice	Keep clear, accurate and legible records
DOMAIN 2 SAFETY AND QUALITY	Put into effect systems to protect patients and improve care	Respond to risks to safety	Protect patients from any risk posed by your health
DOMAIN 3 COMMUNICATION, PARTNERSHIP AND TEAMWORK	Communicate effectively	Work constructively with colleagues and delegate effectively	Establish and maintain partnerships with patients
DOMAIN 4 MAINTAINING TRUST	Show respect for patients	Treat patients and colleagues fairly and without discrimination	Act with honesty and integrity

Table 2: Domains and attributes: RCGP Guide to the Revalidation of General Practitioners⁸

There is guidance on the sorts of evidence that you and I may need to collect in order for the appraisal process to be completed. Examples have been produced by various sources and the documents are available at the Appraisal support team⁹ website. One such document is that produced by NAPCE/CGST¹⁰.

Types of things to collect for your GP appraisal

- Significant event reviews
- Review of complaints
- Audit
- Patient feedback surveys and review
- Colleague feedback surveys and review
- New personal development plan (PDP) and review of previous years PDP
- Probity self-declaration and review
- Clinical governance information produced by the organisation
- Clinical governance information produced by the individual

The Appraisal Process for GP educators

As GP Educators, we will need to have an appraisal just like every one else. But for us there is an additional burden. We need to collect information, which will show our competency as educators. Remember appraisal for revalidation is for the whole scope of your practice. For the vast majority, collecting this information should pose little difficulty. In the box below are some examples of evidence that you may wish to consider:

Types of things to collect for GP educator appraisal

- Tutorial feedback
- VTS Feedback
- Postgraduate Qualifications e.g. PGCE
- Organisation of meetings/conferences
- Attendance at Medical Education conferences
- ARCP Training
- Trainers Workshops
- Examination pass rates

The Appraisal Process for GP trainees

The appraisal process for trainees is embedded within the WPBA part of the MRCGP examination and assessed annually at the ARCP panels. The minimum requirements are set for each ST year by the RCGP and the evidence is collected using an electronic portfolio. This portfolio is formally reviewed by their Educational Supervisor at 6 and 12 months and an outcome is given to the trainee based on the quality and quantity of what is in the portfolio. The progress is then reviewed on an annual basis by the ARCP panel. Only a satisfactory outcome allows the trainee to progress to the next stage of training or for them to apply for CCT. I am sure you are all familiar with the types of evidence that trainees need to collect but here are some examples:

Types of things to collect for GP trainee appraisal

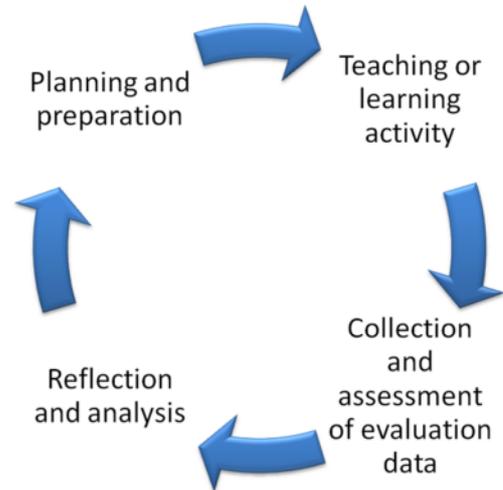
- Reflective learning log entries – clinical encounters, courses, reading
- Formal assessments – CBDs, COTs, DOPs, mini-CEXs
- Patient satisfaction surveys
- Multi-source feedback
- Personal Development Plan
- Examination passes – AKT, CSA

Evaluation of the appraisal process

To evaluate is to get the value of something to help us tweak it and make it even better. Evaluation of appraisal can be of its structure, process or outcome. We don't intend to discuss all the various areas that could be evaluated in the appraisal process as this is not the place to do that.

There are good practice guidelines set down by the UK evaluation society (<http://www.evaluation.org.uk>).

In its simplest form, evaluation can be seen as quite like a learning cycle which we have alluded to earlier in the chapter. For the appraiser, this cycle would consist of looking at an appraisal he/she has carried out, collecting evaluation data using for example a questionnaire, reflecting on this feedback and then prior to the next appraisal using the analysis to change this process if necessary.



Another important method of evaluation uses Kirkpatrick's¹¹ hierarchy of evaluation:

- Evaluation of reaction – satisfaction or happiness
- Evaluation of learning – knowledge or skills acquired
- Evaluation of behaviour – transfer of learning to workplace
- Evaluation of results – transfer or impact on society (patient care in this instance).

But satisfaction with the appraiser or the process is far easier to measure than the benefits to a group of patients.

Closing statement from Amjad

Appraisal for revalidation is here to stay, but that shouldn't alarm us unduly. The bulk of the evidence required is what we do on a day to day basis. It is our bread and butter. The overwhelming majority of us practise medicine to a standard which is above and beyond that required for appraisal. We don't need a stick to ensure that we continue to practice to high standards but the public, employers and politicians want and should have robust evidence that this is taking place. Appraisal can provide this evidence and even under the new regulations remains a formative and developmental tool in the right hands. It is a powerful force for potential change in behaviour. I continue to be amazed at the learning that takes place both for me as an appraiser and a doctor being appraised. It is this learning that keeps me going as an appraiser. For me it creates a 'buzz' and a sense of pride in General Practice.

'Tell me and I will forget.
Show me and I may not remember.
Involve me and I will understand'
(Chinese Proverb)

A sample of some resources on our website

- Structured Review Templates
- PDPs – how to write one
- Revalidation without tears – 2 minute guides
- The evidence for your appraisal

References

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