Index

360° (multisource) feedback, 112, 113

action learning, 24
definitions, 24–6
structure, 26–7
acute care, 127–8
acute care training (ACT), 128
adult learning, principles of, 87–8‘andragogy’, 87
appraisal, 4, 68, 119–20
assessed curriculum, 64, 65–6
assessments, 6–7, 107
360° feedback, 113
case-based discussion (CbD), 113
feasibility, 111
foundation assessment programme,
111–13
instruments used in England and
Wales, 112
mini-CEX and DOPS, 113
performance satisfaction, of trainee,
114–15
PMETB principles, 108
purpose, 108
rating scale, establishing, 113–14
reliability, 110
classical theory, 110
generalisability theory, 111
internal consistency, 110
role, in postgraduate medical
education, 109
validity, 109–10
work-based assessment, 114
audit cycle, 138

blended learning, 73, 126–7
Bradford Teaching Hospitals, 132
British Medical Association (BMA),
42
bullying, 31, 38, 39
career advice, 5–6
career advice meetings, overlap
between, 51
career counselling, 40
career interviews, 50
management, 51–2
career planning and advice, 44
group career support, 53–61
competitiveness, 59
effective applications, 59–61
interviews, 61
specialty options, 55–8
individual career support, 49–53
effective career guidance
interviews, managing, 51–2
outside medicine, 53
specialty tasters, 52
need for, 44–7
principles, 47–9
proposed initiatives, 48–9
case conference, 38
CbD (case-based discussion), 112,
113
challenging trainee, dealing with,
7–9
Charon, Rita, 102
chunks, teaching in, 83–4
classical theory, 110–11
clinical supervision, 2, 10
competence
assessment, 85, 86
curve, 16
discourses in, 86
conduct problems, 31
management, 38
Conference of Postgraduate Medical
Deans (COPMeD), 81
contextual barriers, 127
counselling, in career interviews,
50
curriculum, 63–8
  educational supervisors, role of, 68
  implementation, 70–75
  informal, hidden and assessed curricula, 65–6
  learning environment, 66–8
  spiral curriculum, 66
  trainees, role of, 68–70

deep learning, 92–3
defence organisations, 42
deliberate practice, 80, 81
demonstrations, by teacher, 82
disciplinary procedures, 38
discourses, in competence, 86
‘Distributed Learning Team’, 125
The Doctor as Teacher, 143
doctors in difficulty, 29, 30
  conduct problems, 31
  health problems, 30
management of
  conduct problems, 38
  health problems, 34–6
  performance problems, 36–8
  principles, 32–4
  ‘Ten Commandments’ for, 33
  work–life balance problems, 39–40
  workplace problems, 38–9
performance problem, 30
resources available to help
  British Medical Association (BMA), 42
deanery, 40–41
defence organisations, 42
developer, 41
General Medical Council (GMC), 41
National Clinical Assessment Service (NCAS), 41–2
work–life balance problems, 32
workplace problems, 31–2
DOPS (direct observation of procedural skills), 112, 113
‘DOTS model’ of career management, 47, 54, 55
Dundee Medical School, 71
e-induction, 131–2
e-learning, 73, 123–8
  blended learning, 126–7
  in foundation programmes, 127–8
  pros and cons of, 125–6
  ‘e-moderating’, 125
e-portfolios, xvii, 129–31
  ‘edublogs’, 133
educational supervisor, xiii–xiv, 1
  importance, 10–11
  making, 2–4
  requirements, xiv–xv
  responsibilities
    assessments, 6–7
    career advice, 5–6
    challenging trainee, dealing with, 7–9
    meeting and appraisals, 4
    postgraduate examinations, guidance on, 4–5
    supervision, 2
    purpose, 2
    trainee, relationship with, xiv
    useful aspects, 10
educational supervisors, 142
  in curriculum implementation, 68
  development and support, 141–2
  power of, 24, 147
ego states, 14
examinations, guidance on, 4–5
experience, for professional education, 79
experiential learning, 89–90, 91
face-to-face training, 113
feasibility, of assessment, 111
feedback, 7, 60, 61, 79–80, 115
  evidence, 115–16
  forms, 128–9
  negative feedback, 116–18
  observation with, 83
  provision, 116
  serious difficulty, trainee in, 118–19
‘Flexible Learning and Development Unit’, 125
Flexible Learning for Anaesthetic Trainees (FLAT), 73
flexible training, 6
formal curriculum, 64
formal evaluation, 140
formative assessment, 108, 109
foundation assessment programme, 111–13
foundation programme
  generic skills in, 71–5
  Flexible Learning for Anaesthetic
  Trainees (FLAT), 73
  Yorkshire Modular Training
  Programme, 73–5
history, 155–8
foundation programme curriculum, 65,
  66, 78
Foundation Programme Learning
  Portfolio, 95

General Medical Council (GMC), 31, 41
generalisability (G) theory, 111
‘Gold Guide’, xv, xvi
Good Medical Practice, 72, 119
group career support, 53–61
  competitiveness, 59
effective applications
  applications exercise, 59–60
  short listing group exercise, 60–61
  interviews, 61
  specialty options, 55–8

health problems, 30
  management, 34–6
hidden curriculum, 64, 65
high-fidelity simulators, 132
Homerian concept, of mentor, 23
individual career support, 49–53
careers outside medicine, 53
effective career guidance interviews,
  managing, 51–2
  specialty tasters, 52
informal curriculum, 64, 65
information technology (IT), role of,
  123
e-induction, 131–2
e-learning, 123
  blended learning, 126–7
  foundation programmes, used in,
  127–8
  pros and cons of, 125–6
e-portfolios, 129–31
future, 133
high-fidelity simulators, 132
online questionnaires and feedback
  forms, 128–9
Interim Orders Panel, 41
internal consistency, 110
International Medical Graduates
  (IMG), 6
key people, for career planning, 46
learner-centred style, 85, 87
learning contract, 14
learning cycle and learning styles, 90
learning environment, 66–8, 89
learning in action, 97–8
learning styles
  families
    experiential learning, 89–90, 91
    mind styles, 88
    personality type, 88–9
    strategies, 90, 92–3
Liberating Learning, 81–2
Medical Defence Union, 42
Medical Protection Society, 42
meeting and appraisals, 4
mentoring, 23–4, 147
mind styles, 88
mini-CEX, 112, 113
Modernising Medical Careers (MMC),
  1, 47, 107, 156
modular programme, for curriculum
  implementation, 73–5
Myers–Briggs Type Indicator (MBTI®),
  88–9
narrative reflection, 95, 99–105
  according to Schön, 97–9
  in practice, 103–5
  reflective narrative writing, 101–3
  sources, 96–7
National Association of Clinical Tutors,
  142
National Clinical Assessment Service
  (NCAS), 34, 41–2
National Institute for Careers
  Education and Counselling
  (NICEC), 44
arguments and changes
  recommended, in career advice,
  45–6
negative feedback, 116–118
Index

one-to-one coaching, 40
online questionnaires and feedback forms, 128–9
opportunistic teaching, 82
pastoral role, see personal tutors
pastoral support, 53
patient-centred teaching, 84
performance problem, 30
management, 36–8
personal development plan, 4
personal issues, 18, 22
personal support, 12, 13, 145–7
principles, 13–15, 145–6
role boundaries, 15–16, 146
through change and transition, 16–17, 146
personal tutors, 13
personality type and learning, 88–9
positivist paradigm, 96
postgraduate examinations, guidance on, 4–5
Postgraduate Medical Education and Training Board (PMETB), 19, 107, 135, 136, 138
assessment principles, 108
postgraduate medical training, proposed structure for, 157
preregistration house officers (PRHO) year, 155
professional development programme, 40, 53–4
professional education, 78–81
deliberate practice, 80
experience, 79
feedback, 79–80
reflection, 81
qualitative paradigm, 96–7
quality assurance (QA), 135
definitions, 135–6
framework, 137–8
organisation, 136, 137
in postgraduate medical education
generic standards for training, 136
quality control (QC), 136, 139
educational supervisor
development and support, 141–2
evaluation, 140–41
in practice, 139–40
quality improvement, 141
quality management (QM), 136, 138–9
quality improvement model, 109
quality management (QM), 136, 138–9
rating scale establishment, 113–14
reflection-in-action, 98
reflection-on-action, 98
reflective narrative writing, 101–3
reflective portfolios, xvi–xvii
reflective practice, 81
reliability, of assessment
classical theory, 110–11
generalisability (G) theory, 111
internal consistency, 110
responsibilities, of educational supervisor
assessments, 6–7
career advice, 5–6
challenging trainee, dealing with, 7–9
meeting and appraisals, 4
postgraduate examinations, guidance on, 4–5
role modelling, 84–5
routine barriers, 127
SCORPIO system, of medical teaching, 72
self-assessment, 69–70
self-care, 21–3, 146–7
Sheffield Peer Review Assessment Tool (SPRAT), 113
skill acquisition (Dreyfuss), 87
skills, of educational supervisor, 3
SMART, 120
specialty options, 55–8
medical examples, 57–8
non-medical examples, 57
specialty tasters, 52
SPICES model, 74–5
spiral curriculum, 66, 67
StAR model, 59
structuring meetings, 18, 146
personal support and confidentiality, 19–21
student-orientated problems, 126
substance misuse, 35–6
summative assessment, 108, 109
supervision, 2, 10, 15, 18, 22
Support4Doctors, 53
surface learning, 92–3
teacher-centred style, 85
teaching, 78
competence assessment and
excellence, 85, 86
excellence, teaching, 81–5
chunks, teaching in, 83–4
demonstrations, by teacher, 82
observation with feedback, 83
opportunistic teaching, 82
role modelling, 84–5
‘thinking aloud’, 83
learner-centred style, 85, 87
professional education, 78–81
deliberate practice, 80
experience, 79
feedback, 79–80
reflection, 81
teacher-centred style, 85
test–retest reliability, see internal
consistency
trainee in serious difficulty, 118–19
trainees, role of, 68–70
training days, 71–3
transactional analysis (TA), 14
unprofessional conduct, 31
validity, of assessment measures,
109–10
VARK, 88
web-based discussion boards/forums,
124
web-based learning, 125, 126
web-based teaching, 125
wiki, 133
Windmills™, 53
work-based assessments, 83, 111–12,
114
work-based learning, 85
work–life balance problems, 32
management, 39–40
workplace-based assessment (WBA),
142, 156, 157
workplace problems, 31–2
management, 38–9
written reflection, 101–3
Yorkshire Deanery, 129–30
Yorkshire Modular Training Programme,
73–5