Editorial

Monitoring postgraduate training

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The Post Graduate Institute of Medicine started work on 01/01/1980. Now nearly after quarter century of training and evaluating experience, the trainers are concerned about the quality of performance of its output.

The Board of Study in Medicine is reviewing the processes involved in assessment and is now setting in motion a Work Based Assessment System – RITA (Record of In service Training Appraisal). The RITA programme is to start off as a pilot programme to familiarize trainers and will be put into serious operation after review in a year. The assessment is also designed to be included as Continuous Assessment and will contribute to the MD Exam marks.

The programme itself focuses on assessment of standards of practice in the real situation with patients under the trainees care – in the wards, in the clinics and in the Intensive Care.

It is not easy, to make accurate judgments about a doctor's performance, as in reality, care is delivered within systems and teams. Patients outcomes are the best measure of quality of doctors. Mortality, morbidity, reaching clinical end points, patient satisfaction scores, cost effectivity, intermediate outcomes (eg HbA1c values) etc are acceptable measures.

The limitations stated above need to be borne in mind by the trainers who are entrusted with the task of assessing competency of doctors by work based assessments.

Screening, preventive measures, education of patients, cost effective prescribing, counselling etc are general measures of the process of care. These are more under the doctors control as opposed to outcome measures. Is our practicing doctor trainee doing what is expected of him during his practice in the trainers unit?

The quality of care is also associated with the number of times one has met the problem. This is seen especially with procedures eg insertion of a neck line showing that quality of care is associated with higher volume.

The problems of monitoring an individual doctor in the RITA system using outcome measures therefore include.

a. Attribution – can we solely attribute good or bad outcomes in team care to an individual?
b. Complexity – severity, co-morbidity, compliance, efficiency of team mates influence outcomes.
c. Case mix-experience of different doctors makes it difficult to compare trainee performances to standards of care expected.
d. Sizeable numbers of patients of a particular condition or procedure are needed to estimate a doctors competence.

RITA involves inspection and assessment of clinical practice records maintained by the trainer in addition to careful assessment of medical records maintained on the patient by several others in the team. Formal Data collection/ Portfolio is a little more cumbersome in our setting because of the service work load. The system designed is a practical combination of above issues which is logically feasible.

Thus the PGIMs new efforts at introducing RITA is an attempt to get the young trainee to take his work seriously and use the facilities provided optimally. The trainers too are regularly reminded of their responsibility in educational supervision. A good junior soon becomes a valuable team member if the supervisor puts in time initially into his training. Knowledge, Skills and Attitudes are all equally important to work on.

Clinical audit is important to introduce into each training unit. Peer Evaluation rating forms[2], Patient rating forms[3] provide useful estimates of a doctors performance, professionalism and communication skills.

Research opportunities are limited for most of our trainees but the PGIM expects to give an input on Research methodology and promote research culture

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through recognition of effort put in by the trainee in writing up case reports, retrospective and prospective studies. Internet access, Information Technology are some of the generic skills we expect the trainee to gather during these efforts.

In a more personal note I feel the training/learning, supervising has become complex issues as the world progress. Great teachers like the Buddha, Jesus Christ, Mohammed taught by example (now called Role modelling). They had disciples – real dedicated, closely observing, trustworthy, sincere hardworking students. They followed every word and minute of the master. The last remnants of this type of "Apprenticeship" was seen half a century ago in Ayurvedic practice in Sri Lanka. We allopath trainers are nowadays only rarely blessed with such dedicated and trustworthy and sincere juniors. Roster duty, trade union rights, strikes, competition, disrespect for elders and teachers have all eroded this Apprenticeship model and now we have large number of trainees who seem to disappear to the library when the trainer turns his back for a few minutes. Thus we are having to grapple with RITA and the like to keep track of our Juniors in order to make men out of them whom we could safely and proudly be associated with us and be one of us.

References

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