

# Metode ocjenjivanja rada

Jadranka Morović-Vergles  
Klinika za unutarnje bolesti  
Medicinski fakultet Sveučilišta u Zagrebu

i

Davor Miličić  
Klinika za bolesti srca i krvnih žila  
Medicinski fakultet Sveučilišta u Zagrebu

U Zagrebu, 29. lipnja 2018.

Učenie/poučavanie ↔ procjena

# Specijalizanti tijekom specijalizacije

- Rijetko nadgledaju
- Rijetko procjenjuju
- Rijetko dobiju povratnu informaciju

1. Day SC i sur. J Gen Inter Med 1990; 5:421-6.

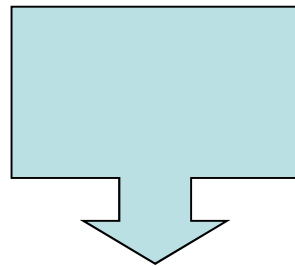
2. Shepard LA. Educ Res 2000;29:4-14.

# Zašto je potrebno evaluirati (kliničku) izvedbu?

- Jer znanje nije dovoljno!
- Izvedba ↔ kompetencije
- Znanje – *testovi*
- Vještine i profesionalizam – *brojne metode*

# Specijalizanti tijekom specijalizacije

- **FORMATIVNA PROCJENA → POVRATNA INFORMACIJA**



## **PROMJENA PONAŠANJA SPECIJALIZANTA**

1. Bargh JA i sur. The automated will. Nonconscious activation and pursuit of behavioural goals. J Personality Social Psychol 2001; 81:1014-27.

2. Burch VC i sur. Formative assessment promotes learning in undergraduate clinical clerkships. S Af Med 2006;96:430-3.

# POVRATNA INFORMACIJA POBOLJŠAVA

učenje specijalizanta na 3 načina:

- informira specijalizanta o njegovu napretku ili zaostajanju
- savjetuje s obzirom na uočene nedostatke i kako ih poboljšati
- motivira da se angažira u učenju (prilagođeno)

1. Gipps C.Rev Educ Res 1999; 24:355-392

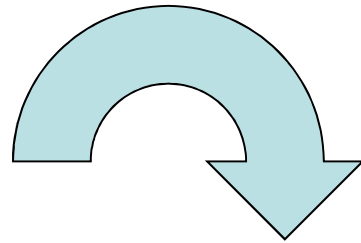
2. Norcini J i sur.<https://doi.org/10.1080/01421590701775453>

# GLAVNI CILJ POVRATNE INFORMACIJE:

- ↓ NESKLAD između TRENUTAČNE i ŽELJENE prakse i/ili razumjevanja!

# POVRATNA INFORMACIJA s obzirom na anamnezu i fizikalni pregled

- Anamneza + fizikalni pregled



**BITNI ZA KLINIČKU PRAKSU**

1. Holombe i sur. Ann Inter Med 2004;140:874-81.
2. Holombe i sur. J Gen Inter Med 2004;19:558-61.



# Komunikacija liječnik - bolesnik

- Ključna!
- Verbalno (suosjećanje, podrška...) i neverbalno ponašanje – pozitivno udruženo s ishodima bolesnika! <sup>1</sup>
- Pristup liječnika - bolesnik u središtu pozornosti – bolesnik zadovoljniji, manje opetovanih dolazaka...!<sup>2</sup>

<sup>1</sup>Beck RS i sur. J Ame Board Fam pract 2002;15:25-38

<sup>2</sup>Little P i sur. Br Med J 2001;323:908-11

# Komunikacija liječnik - bolesnik

- Sposobnost MENTORA da nadgledava, procjeni SPECIJALIZANTA pri ovoj zadaći!
- UČINKOVITA povratna INFORMACIJA!

# Specijalizanti tijekom specijalizacije

- **TREBALI** bi biti **PROCJENJIVANI** više puta godišnje od **RAZLIČITIH** članova tima (faculty) i **U RAZLIČITIM KLINIČKIM SITUACIJAMA !**

# Procjena

- PROCJENA od strane tima i posebno mentora
- SAMOPROCJENA
- PROCJENA mentora i tima od strane specijalizanta

# Procjena od strane tima i mentora

- Znanje - test
- Kompetencije /vještine / izvedba -  
formativnim procjenama

# METODE FORMATIVNE PROCJENE

- Mini-Clinical Evaluation Exercise (mini-CEX)
- Clinical Encounter Cards (CEC)
- Clinical Work Sampling (CWS)
- Blinded Patient Encounters (BPE)
- Direct Observation of Procedural Skills (DOPS)
- Case-based Discussion (CbD)
- MultiSource Feedback (MSF)

# Mini-Clinical Evaluation Exercise (mini-CEX)

- Razvijen u SAD
- Primjena (gotovo) u cijelom svijetu!
- Može se primjeniti na raznim radilištima:
  1. odjelima
  2. hitnoj službi
  3. ambulanti
- Evaluacija NEKOLIKO puta s RAZLIČITIM bolesnicima od RAZLIČITIH članova tima TIJEKOM specijalizacije!

Please refer to www.hcat.nhs.uk for guidance on this form and details of expected competencies for F1

### Mini-Clinical Evaluation Exercise (CEX) - F1 Version

Please complete the questions using a cross:  Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number:  **GMC NUMBER MUST BE COMPLETED**

Clinical setting:   
 A&E  OPD  In-patient  Acute Admission  GP Surgery

Clinical problem category:   
 Airway/Breathing  CVS/Circulation  Gastro  Neuro  Pain  Psych/Behav  Other

New or FU:   
 New  FU Focus of clinical encounter:   
 History  Diagnosis  Management  Explanation

Number of times patient seen before by trainee:   
 0  1-4  5-9  >10 Complexity of case:   
 Low  Average  High

Assessor's position:   
 Consultant  GP  SpR  SASG  SHO  Other

Number of previous mini-CEXs observed by assessor with any trainee:   
 0  1  2  3  4  5-9  >9

Please grade the following areas using the scale below:

	Below expectations for F1 completion	Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion	U/C*
1. History Taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Examination Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clinical Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Organisation/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall clinical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

**Anything especially good?** **Suggestions for development**

Agreed action:

Have you had training in the use of this assessment tool?   
 Face-to-Face  HaveReadGuidelines  Web/CD rom

Assessor's Signature:

Date (mm/yy):  /

Time taken for observation: (in minutes)

Time taken for feedback: (in minutes)

Assessor's Surname:

Assessor's registration number:

**Please note:** Failure of return of all completed forms to your administrator is a probity issue  
 Acknowledgements: Adapted with permission from American Board of Internal Medicine




Figure 1. Mini-clinical evaluation exercise form. Source: www.hcat.nhs.uk.



# Clinical Encounter Cards (CEC)

- McMaster University, Kanada
- Procjena izvedbe zasniva se na direktnoj opservaciji specijalizant-bolesnik
- Uzima u obzir:
  1. anamneze
  2. fizikalni pregled
  3. profesionalno ponašanje
  4. vještine
  5. prikaz slučaja
  6. problem - dif-dg. (dijagnoza)
  7. rješavanje (liječenje)

# Clinical Work Sampling (CWS)

- Kanada
- Procjena kliničke izvedbe zasniva se na direktnoj opservaciji specijalizant-bolesnik
- Uzima u obzir različite domene:
  1. tijekom prijema bolesnika
  2. tijekom hospitalizacije
- Procjenjuje:
  1. komunikacijske vještine
  2. vještine fizikalnog pregleda
  3. sposobnost postavljanja dijagnoze
  4. konzultacijske vještine
  5. ponašanje s kolegama i medicinskim osobljem
  6. vještine upravljanja
  7. zastupanje zdravlja
  8. vještinu kontinuiranog učenja
- Procijenjen: 1. tima 2. sestara 3. bolesnika

# Blinded Patient Encounters (BPE)

- Slično kao prve 3 metode
- Dio dodiplomske procjene

Burch i sur. 2006

# Direct Observation of Procedural Skills (DOPS)

- Evaluacija proceduralnih vještina specijalizanta opservacijom na radnom mjestu
- 15 min za opservaciju + 5 min za povratnu informaciju
- Primjerice, endotrahealna intubacija, postavljanje NG sonde, venepunkcija, vađenje krvi, primjena i.v. lijekova, punkcija zgloba .....

Please refer to [www.hcat.nhs.uk](http://www.hcat.nhs.uk) for guidance on this form and details of expected competencies for F1

## Direct Observation of Procedural Skills (DOPS) - F1 Version

Please complete the questions using a cross:  Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number:  **GMC NUMBER MUST BE COMPLETED**

Clinical setting:  A&F  OPD  In-patient  Acute Admission  GP Surgery

Procedure Number:   Other:

Assessor's position:  Consultant  GP  SpR  SASG  AHP  Nurse  Specialist Nurse  Other (please specify):

Number of previous DOPS observed by assessor with any trainee:  0  1  2  3  4  5-9  >9

Number of times procedure performed by trainee:  0  1-4  5-9  >10

Difficulty of procedure:  Low  Average  High

Please grade the following areas using the scale below:	Below expectations for F1 completion	Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion	U/C*
1. Demonstrates understanding of indications, relevant anatomy, technique of procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Obtains informed consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates appropriate preparation pre-procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate analgesia or safe sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Seeks help where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Post procedure management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Consideration of patient/professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall ability to perform procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

**Please use this space to record areas of strength or any suggestions for development.**

Have you had training in the use of this assessment tool?:  Face-to-Face  Have Read Guidelines  Web/CDrom

Assessor's Signature:

Date (mm/yy):  /  /  /

Assessor's Surname:

Time taken for observation: (in minutes)

Time taken for feedback: (in minutes)

Assessor's registration number:

Please note: Failure of return of all completed forms to your administrator is a probity issue



Figure 2. Directly observed procedural skills form. Source: [www.hcat.nhs.uk](http://www.hcat.nhs.uk)

# Case-based Discussion (CbD)

- American Board of Emergency Medicine
- Dio Foundation Programme za postdiplomski studij/edukaciju u UK National Health Service
- Specijalizant prezentira 2 slučaja /zapis/ ispitivaču. Ispitivač izabire jedan za raspravu i istraži jedan ili više aspekata: kliničku procjenu, dif.dg, liječenje, daljnje praćenje...

Please refer to curriculum at [www.mmc.nhs.uk](http://www.mmc.nhs.uk) for details of expected competencies for F1 and F2

### Case-based Discussion (CbD) - F2 Version

Please complete the questions using a cross:  Please use black ink and CAPITAL LETTERS

Doctor's Surname:

Forename:

GMC Number:  **GMC NUMBER MUST BE COMPLETED**

Clinical setting: A&E  OPD  In-patient  Acute Admission  GP Surgery

Clinical problem category: Pain  Airway/Breathing  CVS/Circulation  Psych/Behav  Neuro  Gastro  Other

Focus of clinical encounter: Medical Record Keeping  Clinical Assessment  Management  Professionalism

Complexity of case: Low  Average  High  Assessor's position: Consultant  SpR  GP

**Please grade the following areas using the scale below:**

	Below expectations for F2 completion		Borderline for F2 completion	Meets expectations for F2 completion	Above expectations for F2 completion		U/C*
	1	2	3	4	5	6	
1 Medical record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Clinical assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Investigation and referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Follow-up and future planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Overall clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

**Anything especially good?      Suggestions for development**

**Agreed action:**

Trainee satisfaction with CbD: Not at all 1  2  3  4  5  6  7  8  9  Highly 10

Assessor satisfaction with CbD: 1  2  3  4  5  6  7  8  9  10

What training have you had in the use of this assessment tool?:  Have Read Guidelines  Face-to-Face  Web/CD rom

Time taken for discussion: (in minutes)

Assessor's Signature:  Date:

Time taken for feedback: (in minutes)

Assessor's Surname:

Assessor's GMC Number:

**Please note:**

Failure of return of all completed forms to your administrator is a probity issue

2466400642

Figure 3. Case-based assessment form. Source: [www.mmc.nhs.uk](http://www.mmc.nhs.uk).

# MultiSource Feedback (MSF)

/360°-procjena/

- Sustavna prikupljanje podataka o izvedbama i povratnim informacijama za pojedinca-specijalizanta
- Procjene na direktnoj opservaciji s različitim metodama
- Mini-peer assessment tool (mini-PAT)



Please refer to curriculum at [www.mmc.nhs.uk](http://www.mmc.nhs.uk) for details of expected competencies for F1 and F2

## mini-PAT (Peer Assessment Tool) - F1 Version

Please complete the questions using a cross: ☒

Please use black ink and CAPITAL LETTERS

Doctor's Surname

Forename

GMC Number:

### How do you rate this Doctor in their:

	Below expectations for F1 completion		Borderline for F1 completion	Meets expectations for F1 completion	Above expectations for F1 completion		U/C*
	1	2	3	4	5	6	
<b>Good Clinical Care</b>							
1 Ability to diagnose patient problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Ability to formulate appropriate management plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Awareness of their own limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Ability to respond to psychosocial aspects of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Appropriate utilisation of resources e.g. ordering investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Maintaining good medical practice</b>							
6 Ability to manage time effectively / prioritise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Technical skills (appropriate to current practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teaching and Training, Appraising and Assessing</b>							
8 Willingness and effectiveness when teaching/training colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relationship with Patients</b>							
9 Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Communication with carers and/or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Respect for patients and their right to confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working with colleagues</b>							
12 Verbal communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Written communication with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Ability to recognise and value the contribution of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Accessibility/Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Overall, how do you rate this doctor compared to a doctor ready to complete F1 training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns about this doctor's probity or health?  Yes  No  
 If yes please state your concerns:

\*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment. 6927534062

Figure 4. Mini-peer assessment questionnaire. Source: [www.mmc.nhs.uk](http://www.mmc.nhs.uk).

Anything especially good?

Please describe any behaviour that has raised concerns or should be a particular focus for development:

Please continue your comments on a separate sheet if required

Your Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Your ethnic group:	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	
Which environment have you primarily observed the doctor in? <b>(Please choose one answer only)</b>	<input type="checkbox"/> Inpatients <input type="checkbox"/> Outpatients <input type="checkbox"/> Both In and Out-patients <input type="checkbox"/> A&E/Admissions <input type="checkbox"/> Community Speciality <input type="checkbox"/> Laboratory/Research	<input type="checkbox"/> Intensive Care <input type="checkbox"/> Theatre <input type="checkbox"/> General Practice <input type="checkbox"/> Other (Please specify) <input type="text"/>	
Your position:	<input type="checkbox"/> Consultant <input type="checkbox"/> Nurse <input type="checkbox"/> GP <input type="checkbox"/> Other (Please specify)	<input type="checkbox"/> SASG <input type="checkbox"/> SHO <input type="checkbox"/> SpR <input type="checkbox"/> Foundation/PRHO <input type="checkbox"/> Allied Health Professional <input type="text"/>	
If you are a Nurse or AHP how long have you been qualified?:	<input type="text"/> years	Length of working relationship: <input type="text"/> months	
What training have you had in the use of this assessment tool?:	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Have Read Guidelines	<input type="checkbox"/> Web/CD rom
How long has it taken you to complete this form (in minutes)?:	<input type="text"/>		
Your Signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your Surname:	<input type="text"/>		
Your GMC Number: (Doctors only)	<input type="text"/>		

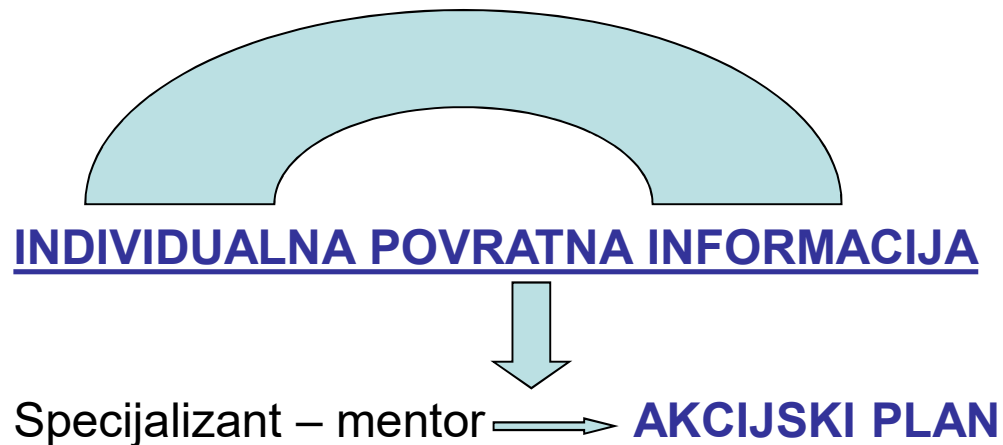
Acknowledgements: mini-PAT is derived from SPRAT (Sheffield Peer Review Assessment Tool)

5563534067

Figure 4. Continued.

# MultiSource Feedback (MSF)

- Specijalizant imenuje 8 ispitivača (starijeg specijalistu, mlađeg, starijeg specijalizanta, med. sestre...)
- Imenovani ispitivači ispune mini-PAT
- Specijalizant se samoevaluira – ispuni mini-PAT



# Značajke učinkovite povratne informacije u kontekstu formativne procjene

- 1. ohrabrivati specijalizanta da se angažira u **SAMOPROCJENI** prije nego što dobije vanjsku povratnu informaciju!
- 2. dopustiti specijalizantu **da odgovori** na povratnu informaciju
- 3. osigurati da se povratna informacija prevede u **akcijski plan** za specijalizanta!

# Specifična stanja koja omogućuju da povratna informacija više pridonosi učenju

- Osigurati prikladno mjesto i vrijeme za povratnu informaciju
- Pružiti povratnu informaciju u odnosu na specifično ponašanje, ne na općenitu izvedbu
- Dati povratnu informaciju s osvrtom na odluke i djelovanje
- Dati povratnu informaciju u malim količinama!
- Na način koji nije ocjenjujući i koji nije osuđujući

# Ovladavanje mentora tehnikama za davanje povratne informacije

- Ozračje poštovanja, otvorenosti i dobrohotnosti
- Biti ne osuđujući
- Usmjeriti se na ponašanja
- Bazirati povratnu informaciju na opserviranim činjenicama
- Dati pravu količini povratne informacije
- Sugerirati ideje za poboljšanje
- Bazirati povratnu informaciju na dobro definiranim, dogovorenim ciljevima

# Sudjelovanje i razvoj tima

- ↑ učestalost opservacije specijalizanta → osiguravajući povratnu informaciju kojoj je CILJ – pospješenje kvalitete postupaka koji su kasnije važni u kliničkoj praksi!

## VAŽNO:

- 1. uključivanje tima u proces formativne procjene
- 2. upoznavanje tima o cilju i procesu opservacije i povratne informacije
- 3. specijalizanti moraju biti informirani o cilju i metodi koja će se primjeniti u procjeni
- 4. Specijalizanti i tim TREBAJU REDOVITO biti podsjećani na BENEFICIJE formativne procjene i važnosti aktivnog održavanja strategije procjene u radnoj sredini

# VAŽNO:

- RAZVOJ TIMA /faculty/ je kritičan za VRSNOĆU i UČINKOVITOST formativne procjene
- STRATEGIJE koje potiču SUDJELOVANJE TIMA su kritične za učinkovitu primjenu formativne procjene



# Entrustable Professional Activity /EPA/

- 2005.g.
- POVJERENE PROFESIONALNE AKTIVNOSTI
- Profesionalna praksa koja se u potpunosti može povjeriti specijalizantu, čim pokaže potrebne kompetencije da to može izvršiti BEZ supervizije!

# Primjer - reumatologija

- ZNANJE – testovi najbolji!
- Nakon 1. godine specijalizacije ili....
  - napisati pitanja
  - selekcija pitanja
  - standardni set pitanja
  - pregled testa /odrediti prolaznost!)
  - pisanje testa
  - analiza rezultata testa
  - distribucija rezultata testa

# Primjer - reumatologija

- Vještine i profesionalizam:
  - DOPS
  - mini- PAT
  - OSKI
  
  - podučiti mentore/procjenjivače/  
standardizirati formativnu procjenu, OSKI

# Kako učinkovito i vjerodostojno provoditi ocjenu rada specijalizanta?

- Središnja radna skupina – opće smjernice – prilagodba po strukama (RS po područjima)
- Radne skupine po područjima (reumatologija, kardiologija, ...)
- Program specijalizacije (imamo)
- Knjžice (imamo)

# Kako učinkovito i vjerodostojno provoditi ocjenu rada specijalizanta?

- Procjena znanja – TEST (1x godišnje? ili )
- Procjena kompetencija/vještina i izvedbe – izrada formativnih alata /upitnika, računalnih aplikacija.../ (dogovor RS)
- Vrijeme provedbe (dogovor)
- Praćenje i validiranje u RH?!

Hvala!

