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Assessing competence in Clinical Examinations and Procedural Skills CEPs

A stock take…

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Recording CEPs in the ePortfolio

1. New professional competence also called Clinical Examination and Procedural Skills
2. New Learning Log category called ‘Clinical Examination and Procedural Skills’
3. Included as part of the COT (criterion 6)
4. Specifically addressed by 3 questions for the ES as a summary of progress in the ESR
5. Changes to MSF
6. Additional question in CSR
7. New evidence form for an assessor to document observations

New Competence: Clinical Examination and Procedural Skills [1]

13 Clinical Examination and Procedural Skills			
Insufficient Evidence	Needs Further Development	Competent	Excellent
From the available evidence, the doctor's performance cannot be assessed. [placed on a higher point of this developmental scale]	Chooses examinations broadly in line with the patient's problem(s)	Chooses examinations appropriately targeted to the patient's problem(s)	Proficiently identifies and performs the scope of examination necessary to investigate the patient's problem(s)
	Identifies abnormal signs but fails to recognise their significance	Has a systematic approach to clinical examination and able to interpret physical signs accurately	Uses an incremental approach to examination, basing further examinations on what is known already and is later discovered
	Suggests appropriate procedures related to the patient's problem(s)	Varies options of procedures according to circumstances and the preferences of the patient	Demonstrates a wide range of procedural skills to a high standard
	Demonstrates limited fine motor skills when carrying out simple preocedures	Refers on appropriately when a procedure is outside their level of skill	Actively promotes safe practice with regard to examination and procedural skills
	Observes the professional codes of practice including the use of chaperones	Identifies and discusses ethical issues with regard to examination and procedural skills	Engages with audit quality improvement initiatives with regard to examination and procedural skills
	Performs procedures and examinations with the patient's consent and with a clinically justifiable reason to do so	Shows awareness of the medico-legal background to informed consent, mental capacity and the best interests of the patient	Helps to develop systems that reduce risk in clinical examination and procedural skills

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New Competence: Clinical Examination and Procedural Skills [2]

Genital and Intimate Examinations

Insufficient evidence	Needs further development	Competent	Excellent
By the end of training the trainee must have demonstrated competence in breast examination and in the full range of male and female genital examinations	The intimate examination is conducted in a way that does not allow a full assessment by inspection or palpation. The doctor proceeds without due attention to the patient perspective and feelings	Ensures that the patient understands the purpose of an intimate examination, describes what will happen and explains the role of the chaperone. Arranges the place of examination to give the patient privacy and to respect their dignity. Inspection and palpation is appropriate and clinically effective.	Recognises the verbal and non-verbal clues that the patient is not comfortable with an intrusion into their personal space especially the prospect or conduct of intimate examinations. Is able to help the patient to accept and feel safe during the examination.

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2. New Learning Log Category

- Clinical Examination or Procedural Skill performed
  (please specify, if a genital or intimate examination)
- Reason for physical examination and physical signs elicited
  (was this the expected finding?)
- Reflect on any communication or cultural difficulties encountered
- Reflect on any ethical difficulties encountered (to include consent)
- Self assessment of performance (to include overall ability and confidence in this type of examination)
- Learning needs identified
- How and when are these learning needs going to be addressed?

CEPS log entries

- The trainee will document Clinical Examinations and Procedural Skills in their learning log.
- As with all log entries these will need to be linked to the relevant curriculum headings and will need to include a range of entries from specific areas, for example cardiovascular / respiratory / children / the elderly and patients with mental health problems.
- Log entries should include reflection on any communication, cultural or ethical difficulties encountered.

CEPS log entries

- Learning logs will need to include:
  - Breast examinations
  - The full range of male and female genital examinations
- As these are required by the GMC
- The ES will be able to link these to the competency area for Clinical Examinations and Procedural Skills

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CEPS form

Rectal and Prostate examination

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Doctor's surname:	
Doctor's forename:	
Doctor's GMC Number:	7071731
Clinical setting:	GP Surgery
Clinical Examination / Procedural Skills observed:	Rectal and Prostate examination
What was performed well? To consider:	Consent clearly received with really good slow explanation into why doing and what hoped to find. Checked patient in agreement. Checked understanding from previous experience re procedure. checked for pain and sensitive, privacy also with curtain re wife etc. explained findings in clear way. Good competent physical examination of prostate and rectum.
Areas for further development:	Good to allow time but probably could have given same content in reduced time. May have been worth checking if happy for wife to stay and if wishes her to be outside or inside curtains from a chaperone point of view.
Assessor's name:	Dr Kim Emerson
Assessor's GMC Number:	
Assessor's contact details:	
Date submitted:	23/09/2015 10:21

CEPS Log Entry

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Date:	12/07/2015
Subject title:	Mastitis
Clinical Examination or Procedural Skill performed, (please be specific, for example prostate examination not just rectal, or cranial nerve examination not just neurological examination):	Breast Examination
Observer name:	
Observer position:	GP Trainer

State reason for physical examination or procedure performed. Describe physical signs elicited (to include whether this was the expected finding):

Lady with recent history of breast Cancer- had lumpectomy, radiotherapy and chemotherapy. Treatment finished.
Presented with 2-3 day history red, warm, swollen, uncomfortable breast (same side as breast Ca)

Breast exam performed- general observation- right breast larger than left, evidence of bra markings due to larger size. Diffusely erytheamtous. Warm and tender to touch. No palpable lumps or bumps throughout breast tissue. No evidence of any abscess formation. Axilla- NAD. Afebrile.

Second opinion sought from Dr Emerson

Reflect on any communication or cultural factors:

Consent gained prior to examination and chaperone offered due to intimate nature of examination. Communicated before hand what examination entailed and talked through it as I went. Gave opportunity to let me know if uncomfortable/wanted me to stop at any point.
Gained further consent when wishing to discuss with colleague and get second opinion.
Communicated examination findings at the end, likely meaning and best course of treatment and follow up.

Reflect on any ethical factors (to include consent):	Consent/chaperone - as above

Self assessment of performance (to include overall ability and confidence in this type of examination or procedure):

Generally feeling quite confident in breast examination- however feel need to gain more experience of examining for lumps and ore confidence picking these up and gaining judgement on likely cause. I have found this particularly difficult recently when having to examine a lady with large breasts and having to palpate through dense breast tissue.

I have enquired into attending a 2ww breast clinic to try and gain more experience/feedback in examination for breast lumps.

Learning needs identified:	as above
How and when these learning needs will be addressed:	-Further exposure to breast examinations/feedback from trainer/referrals within practice. -Attend 2ww clinic to gain further experience and palpate more lumps.
Shared?:	Yes

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Included as part of the COT/MiniCex

New wording in italics

Consultation Observation Tool Criterion 6
This competence will be about the *appropriate choice of examination, and performance when directly observed*. A mental state examination would be appropriate in a number of cases. Intimate examination should not be recorded (on video), but directly observed. The observer may also choose to write an assessment form.

5. Three Questions in the ESR

- Are there any concerns about the trainee's clinical examination or procedural skills?
  - If the answer is "yes", please expand on the concerns and give an outline of a plan to rectify the issues.
- What evidence of progress is there in the conduct of genital and other intimate examinations (at this stage of training)?
  - Please refer to specific evidence since the last review including Learning Log entries, COTs and CBDs etc.
- What does the trainee now need to do to improve their clinical examination and procedural skills?

IPUs – Indicators of Potential Underperformance

- Fails to examine when the history suggests conditions that might be confirmed or excluded by examination
- Patient appears unnecessarily upset by the examination
- Inappropriate over examination
- Fails to obtain informed consent for the procedure
- Patient or trainee shows no understanding as to the purpose of examination

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Intimate Examinations

- How do we assess?
- Experience to date?
- Next steps?

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Final judgement

- Your view?

- OK – let’s do some examples

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FAQ CEPS

- Why should I do CEPS forms rather than DOPS when DOPS may appear similar?
- Do I have to re-do my DOPS with the introduction of CEPS?
- What is enough evidence for a CEPS rating?
- How many CEPS do I need to do? Do I need to do some of each type in each clinical situation?
- Which procedures do I have to include?
- How long will DOPS last for?

FAQ CEPS

- At present, the CEPS are not showing in the skills area of the ePortfolio, or in the review process unlike DOPS. Is this going to change?
- What standard of clinical examination is expected?
- What sort of evidence in log entries might be expected?
- Why have we not heard that CEPS are definitely coming in as was expected in August this year?
- Intimate examinations, what are these? (Is there a definition?)

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FAQ CEPS

- Do I need to cover all types and intimate examination in all my reviews?
- Do I have to demonstrate competence in Cervical Cytology?
- If I am observed performing an examination or procedural skill, who is considered appropriate to do this observation and give feedback?
- How will my supervisors find the time to assess my CEPS?

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FAQ CEPS

- Can CEPS be assessed by video or in a skills lab?
- Would an observed full insurance medical examination be enough evidence?