Global Assessment Tools in (medical) Training – The GATE Project Summary

Authors

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Background

Global Assessments (GAs) are used in Australian General Practice (GP) training including at selection, during in-training reviews, and within summative assessment. Although some selection and assessment tools have been validated, the Global Assessment processes used have yet to be clearly defined.

Aims

To explore and define the factors which influence Global Assessments (GAs) by experienced GPs and Medical Educators during GP training.

Methods

A modified Delphi process was employed in the form of four rounds of questionnaires with scenario-based stem questions to a group of Medical educators and GP Supervisors across the country. Participants self-reported factors contributing to Global Assessment which were subsequently ranked using Likert scales in further Delphi rounds. The questionnaires also comprised demographic and personal attribute variables including age, gender, years of clinical experience, years of supervision provided, personal bias and extent of past interprofessional medical education experience.

Results

Analysis of data from the four rounds of Delphi surveys occurred utilising both deductive and semantic methods. Up to 28 participants engaged in the four rounds from different RTOs across the country. Most respondents were female, aged over 40, and had roles as Medical Educators. GA was most commonly used in direct observation of practice, in both formative and summative contexts.

In the first Delphi round, 23 different criteria were identified by participants as important in determining competency during a Global Assessment. This list was reflected back to participants, refined and clarified in subsequent rounds generating a final list of 34 criteria. The competencies were grouped using the RACGP Domains of General Practice and this grouping reflected back to participants who were asked to rate them as essential, desirable or advanced for each stage of training. The collated ratings were then returned to the participants for further comment. Clinical knowledge, conscious incompetence, communication skills and help-seeking practices were ranked highly in considering GA.

There was good agreement amongst survey participants regarding the significance of the criteria across the training continuum and agreement regarding the robustness of GA. There was some conflicting opinion about what skills and factors can be learnt versus what should be inherent characteristics of a Registrar at the commencement of training, however there was agreeance that communication skills and professionalism are essential from the outset.

The ability to recognise knowledge gaps, seek, and gain help were also identified as essential at commencement. It was agreed that baseline knowledge, particularly in emergencies, was necessary for commencing GP Registrars, with other aspects of applied knowledge being gained over time.

Consideration of populational health and organisational skills was the most controversial, mainly due to the respondents defining them in varied ways. However, there was consensus that these change with practice environment and are usually developed over time. Respondents identified personal biases, both positive and negative, which may impact upon their attribution of a Global Assessment, those being mainly gender, ethnicity and stage of training of the doctor assessing, and being assessed. Respondents also documented their approach to occasions where there was a discrepancy between identified rating criteria and their GA, with most discrepancies being resolved by deferring to a more experienced assessor.

Discussion

Global Assessment may be useful to indicate progression where traditional 'checklists' have not been reliable, lending itself to assessment of non-clinical domains of practice. This project has identified that the factors identified in contributing to a Global Assessment are also used to assess knowledge and skill domains where checklists are routine. Trust in the validity of Global Assessment is strong. The strength of GA is drawn from the robustness and thoroughness of a checklist whilst allowing for overall impressions and gut feeling. Global Assessments are viewed as more than the sum of their parts because they allow for a pragmatic assessment that provides respect and autonomy to the assessor.

Defining the factors influencing GA has utility in improving the validity and reliability of assessment in medical education, but may also have a role in uncovering bias, and/or augmenting the assessments traditionally based on clear criteria. Global assessment is an integral component of selection, in-training and summative assessment in Australian General Practice. Defining Global Assessment features will also contribute to more valid and reliable training processes.

Implications

With an increasing shift towards both programmatic and competency-based assessment in GP training, understanding the factors and biases informing Global Assessment will assist in ensuring assessments involving GA are well-informed and robust. The findings of our study suggest that GA is useful and trusted by assessors for assessing both non-clinical and clinical domains, the latter traditionally being traditionally reviewed in high-stakes assessments. The identification of competencies that are essential at the point of selection for GP training can help inform policy and processes in selection. By defining the rate of development of competencies over the training continuum, educators and supervisors should be able to better assess the progress of their GP Registrars so that assistance and interventions can be introduced as early as possible during training. Definition of the competencies sought when global assessing will also be useful in refining and informing future RACGP curriculum development.

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