**Using the RDMp screening form**

This form is designed so that it can be used at different points in a trainee’s career and different trainers and trainees will find a variety of ways to use it to supplement the information available from the CSR and ESRs that will be part of most GPSTRs regular experiences.

One particular use of the form which has been found to be very helpful has been for the GP educator who knows the trainee best and the trainee to separately complete the RDMp. (Which GP educator should most appropriately fill it in will depend on the post the trainee is in. So if the trainee is currently in a GP practice it will probably be best if the trainer in that practice who knows the trainee best completes the trainer side, but in other situations it may be that the ES is the best placed person.)

This is then followed by combining the 2 scores onto one form (trainer using the symbol ‘x’ whereas the trainee uses ’y’.) Please complete all the word statements and put either x or y next to the positive or negative Deeper Features too.

It is really helpful to consider what evidence you might call on to explain your scores (whether you are the trainee or the trainer). The more the rating is linked back to actual behaviours… to what has been seen and is known to have happened the more fruitful the discussion will be.

Once it has been compiled it is possible to use the form to explore why it may appear that the trainee’s self-rating is different from the trainers… What evidence or memories of performance etc. is each person drawing on when choosing their score? What does this say about the future learning needs of the trainee? (or sometimes, and quite importantly, what does it say about the need for more evidence about performance in particular areas? )

Looking for links.

The next step is to look for links between related areas. The material that has been

brought together in each form can help you with this. To take an example from the

screening form for Diagnostics, if a doctor routinely over-investigated, we might

mark them down on the following competency:

*‘Takes a history, examines and investigates systematically & appropriately’*

We might also expect such a doctor to have difficulty with the competency:

*‘Tolerates uncertainty where appropriate’*

If there was a mismatch in performance between the two, this might prompt further discussion. For example, if the doctor was over-investigating and yet was thought to be tolerating uncertainty, we might ask whether we need to look more closely at the latter.

A further step is to look at the deeper features. How do these correlate with what has

been shown from the competency rating? To take an example from the screening form

for Professionalism, a doctor might be thought to have difficulties with the following

competencies:

‘Is organised, efficient and takes appropriate responsibility’

‘Deals appropriately with stress’

The deeper features that underlie this area of performance might suggest why this might be. For example:

Able to admit mistakes/learn from them

Backs own judgment appropriately

Recognises own limitations and can compromise

Able to seek help when necessary

We can see from this how the screening forms can be used to investigate and diagnose a problem at a competency level and also at a deeper level of performance.

Because RDMp areas do not stand alone but overlap with each other, the next step

might be to look at problems shown up in one cluster and check for problems in

associated areas. For example, Relationship & Diagnostics overlap with each other,

particularly in the area of data gathering & interpretation.

If the doctor had problems with data-gathering we could look at the **Diagnostics** screening form where we might see that the doctor had problems with the following deeper features:

**Didn't do this**: Elicits necessary detail

**Did this**: Fails to explore important cues/overlooks important issues

This might prompt us to look at the screening form for **Relationship**. By completing this form, concerns might arise over the deeper features because the doctor:

**Didn't do this**: Non-judgemental, shows interest and understanding, encourages contribution

**Did this**: Makes assumptions, authoritarian, lacks warmth in voice/manner

This process would help us to see that the data-gathering problem was not really tied in with a lack of diagnostic expertise, but was more likely to be due to a *lack of skill or desire* in encouraging sufficient information from the patient.

The aim of using the form is to help facilitate a discussion which will:

* open out different opinions about progress in the 4 domains of Relationships, Diagnostics, Management and professionalism.
* Provide a plan for areas that need to be addressed and suggest some ways to look at these
* Look at insight into where the problems are.

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