



## **Training Monitoring Program at Bangladesh College of Physicians and Surgeons**

*Though our training is expected to be 'full-time' and 'residential' (certified as such till now) but we term it "Fellowship Training". With the start of 'residency' program, there could be confusion. So, suggestion is to re-name the training program as "Competency-based Residential Training for Fellowship" or "CRTF".*

### **A. Institutional Training Monitoring: The accreditation process should make the Institute responsible to BCPS in following respects-**

1. Ensuring that the Institute shall impart training as per BCPS guideline.
2. Must have adequate number of Supervisor in the respective department for which accreditation is obtained and needs to be enlisted in the Supervisor's pool of BCPS.
3. In case of any vacancy of designated Supervisor post for more than three months, because of transfer or so, the institute authority must ensure earliest fulfillment of the post.
4. The number of trainee in a particular department and under particular Supervisor shall be decided by BCPS.
5. Ensuring training facility and overall training environment lies with the administrator of the institute.
6. The Institute authority should ensure adequate dedicated time for training purpose.
7. Must ensure adoption of the training and academic curriculum of BCPS.
8. The monitoring needs to be incorporated as a 'continuous' process.
9. The Institute authority shall be entrusted to form and appoint ITMC in consultation with BCPS. Adequate authority must be ensured for the ITMC.

### **B. Departmental Training Monitoring:**

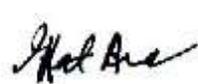
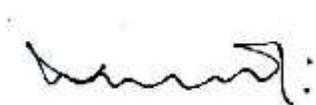
1. The department must be accredited by BCPS.
2. This shall have recognized Supervisor.
3. Primarily, respective Supervisor/s shall be responsible for the training of an individual trainee.
4. The monitoring needs to be a 'continuous' process.

### **C. Institutional Training Monitoring Cell: Formation**

1. Members of the ITMC shall be appointed by local authority in consultation with RTMD.
2. This will have 3-5 member strength.
3. Senior teachers, preferably with Fellowship or equivalent, of the Institute shall be appointed.
4. Training/diploma or post graduation in Medical Education shall be preferred.
5. Duration of ITMC could be for two years.
6. BCPS should be kept updated with all the modification in the constitution and their activity.
7. Shall have one secretarial staff (full-time or part-time) designated/appointed by the Institute authority.

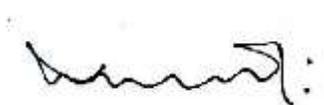
### **D. Institutional Training Monitoring Cell: Functions**

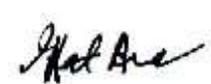
1. The cell will monitor all the trainees amongst all the departments accredited by BCPS in that institute.
2. Listing and updating of Supervisor and trainee and communicating to BCPS.
3. Record keeping- keeping records of trainee's performance, assessment record with feedback and keeping relevant curriculum and blank logbook.
4. Regular monitoring of the training and formative assessment as being conducted.
5. Periodic meeting will be arranged by the ITMC involving all or selected supervisor/supervisors to discuss on training – progress, any difficulties, any conflict, etc and share the strength and weaknesses with Supervisors and administrator.
6. The date of the meeting will be communicated to BCPS in time so that representative from the RTMD can attend the meeting.
7. Keeping on formative assessment and occasional observation of those including record.
8. Six monthly reporting of the training to BCPS after in-depth discussion amongst the committee members and with Supervisors, if felt necessary.
9. This will be done as per structured format.



**E. Functions of a supervisor:**

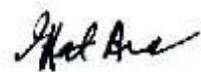
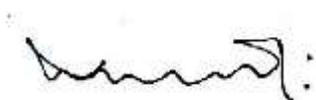
1. Shall have a limited number of trainee under him/her, as determined by BCPS.
2. Authorization of the trainee must be obtained from BCPS.
3. Regular training as per curriculum and logbook must be ensured.
4. Monitoring of progress must be a continuous process.
5. All documentation must be done as per BCPS requirements.
6. All leave/illnesses of the trainee and oneself must be communicated to BCPS.
7. Six monthly progress reports, as per format, must be sent to BCPS.
8. Any conflict or reservation in respect to training in the department or in respect to a particular trainee or with ITMC must be communicated to the College as 'confidential' document.
9. Must cooperate with ITMC.





## **F. Functions at BCPS**

1. Storage and updating of all the training guideline of different discipline with help from respective faculty.
2. Developing and modifying the format of the accreditation process that addresses the necessity of a commitment to fulfill the above-mentioned job of the department and institute in respect to training and its monitoring. This will need some modification of accreditation process.
3. Keeping up to date records of all the accredited departments and their Institutes.
4. Keeping records of all the formed ITMC and their function.
5. Keeping up to date records of Supervisors pool including their detailed academic, training, appointment, participation in College activities and track record in respect to training.
6. Keeping records of all the trainee in different subjects including their present place of working, rotations, performance, progression, leave status, formative assessment record and report from Supervisor and ITMC.
7. Developing periodic (6 monthly) monitoring tool.
8. Developing format of formative assessment tool in respect to CBD (Case/Chart based discussion), Mini-CEX etc.
9. Keeping records of all the meeting dates of the different ITMC, deputed Fellow for that meeting and outcome of the meeting.
10. Scrutiny and feed-back of training to respective ITMC.
11. Facilitate in developing the structured training module by respective Faculty.
12. Arranging training of the members of the ITMC, Supervisors.
13. Arranging compulsory trainings (such as research methodology, computer literacy, BLS and others as decided by the College) of the trainees.
14. Developing and executing periodic online assessment system to further help training and knowledge development.
15. Making periodic reports to BCPS authority.



**G. Criteria for becoming a Supervisor:**

A. Any Fellow or equivalent degree holders having any of the following appointment:

a) Professor or Associate Professor of an institute

or

b) Assistant Professor or Consultant holding a clinical unit as in-charge of an accredited institute

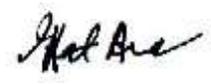
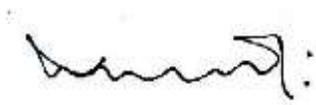
or

Consultant working in the district hospital.

B. Head of the department of an institute/hospital accredited by BCPS.

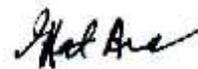
**H. Enlistment process as Supervisor:**

1. Any teacher fulfilling the Supervisor's criteria shall inform the RTMD through its web site.
2. All the information shall be placed in the monthly meeting of the RTMD for ratification.
3. Once ratified by the RTMD, the individual's will be informed and requested to fill the online portal for the Supervisor or through hard-copy with necessary information as per need of BCPS.
4. They will also be provided with a job description of a Supervisor that needs to be 'agreed to' by the teacher.
5. Once that information is provided they will be given a 'password' to get access to the online e-logbook and act as a Supervisor. Their name will also be entered into the supervisor's pool of BCPS.



**I. Development of following documents:**

1. Help the BCPS authority to modify the Accreditation process to ensure Institutional binding in respect to training monitoring and training quality.
2. Developing periodic (6 monthly) monitoring tool.
3. Developing format of formative assessment tool in respect to CBD (Case/Chart based discussion) and Mini-CEX.
4. Developing and executing periodic online assessment to further help training and knowledge development.
5. Format of periodic reports to the BCPS authority.

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**Six Monthly Training Report Form**  
*(Competency based Residential Training for Fellowship)*

Name: \_\_\_\_\_ PRN number: \_\_\_\_\_  
 Year of passing Part-I: \_\_\_\_\_  
 Place of training: \_\_\_\_\_ Name of trainer: \_\_\_\_\_  
 Report for the duration of \_\_\_\_\_ to \_\_\_\_\_

1. Number of Patient seen:

Inpatient:

Outpatient:

(itemized them as 'cold cases' and 'emergency cases')

2. Details of one cold and emergency cases managed by the trainer with deviation from standard practice, cause for the deviation and possible impact on the outcome

Cold case: (increase space as needed)

Emergency case: (increase space as needed)

3. Procedure done:

Name of the procedure

Number

4. Academic activities:

Category	Number	Presented/attended	Title/cases/topic
Journal club			
Clinical meeting			
Seminar			
Death review			
Grand round			
Clico-pathological conference			
Lecture			
Tutorials			
Ward clinic			
Self-directed learning			

5. Formative assessment:

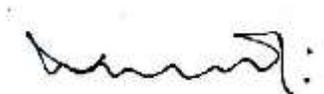
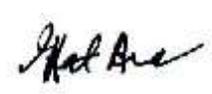
- Results of 2 mini-CEX
- Results of 1CbD
- General comment on direct observation – during bed-side case discussion, patient management, dealing with patients, dealing with Nurses and doctor colleague, attitude, presentation, language capability, etc

Status of dissertation work:

Number of Supervisor's encounter with trainer:

Signature of the Trainee:

Signature of the Trainer:

**Formative assessment tool in respect to Mini-CEX:**

TM Form-2

Form A- Supervisor’s guide tool:

Note: This form helps the supervisors in conducting the mini-CEX

College will supply a copy of it to every Supervisor or may be available on-line for printing from our website

This form shows different competencies to be assessed through mini-CEX. All these competencies may not be assessed in a single encounter. However, there must be effort to assess all these competencies through multiple planned mini-CEX during the training slot

Supervisors should try to select gradually difficult cases as the trainee enters different year of training

The Supervisor will plan to assess say history taking, physical examination and diagnosis in a particular mini-CEX. As the candidate performs, the Supervisor will mark different section in a 1-5 scale. The ‘descriptor’ marked with \* needs to be successfully completed for overall success

Competencies and descriptors of the mini-CES that may guide the Supervisors:

Competence	Descriptor	Perform
History taking	Facilitate patient to tell the history	
	Effectively uses appropriate questions to obtain accurate information*	
	Responds appropriately to verbal and non-verbal cues	
	Sequential covering of all segment	
	Proper identification and elaboration of presenting problem*	
	Systemic enquiry*	
	Appropriate elaboration of management of present illnesses*	
	Elaboration of past illnesses including birth, development, immunization, illnesses	
	Appropriate elaboration of family, social and others	
Physical examination	Follows efficient and logical sequence*	
	Appropriate examination technique	
	Appropriate physical examination as per problem	
	Appropriate relevant examination	
	Explains to patient beforehand	
	Sensitive to patients comfort and modesty	

Clinical judgment	Make appropriate diagnosis and possible differentials	
	Selectively choose appropriate diagnostic studies	
	Consider risk/benefit	
	Consider socio economic condition	
Professionalism	Shows respect, compassion, empathy, establish trust	
	Attend to needs of comfort, respect, confidentiality	
	Behaves in an ethical manner	
	Aware of limitations	
Communication skill	Develop rapport	
	Use mostly open-ended questions	
	Listen attentively with eye to eye contact	
Organization/efficiency	Prioritizes	
	Timely	
	Summarizes	
Overall clinical care	Demonstrate satisfactory clinical judgment	
	Synthesizes from clues	
	Caring and effective	
	Efficient and appropriate use of resources	
	Balances risk and benefits	
	Aware of own limitations	

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**Form-B Mini-Clinical Evaluation Exercise (mini-CEX)**

TM Form-3

Date of assessment: \_\_\_\_\_ Accredited institute: \_\_\_\_\_  
 Name of the Supervisor: \_\_\_\_\_ Academic status: \_\_\_\_\_  
 Student's name: \_\_\_\_\_ Year of training: \_\_\_\_\_  
 Diagnosis of the case: \_\_\_\_\_ Difficulty level: simple/moderate/difficult  
 Competences to be covered: \_\_\_\_\_  
 Time of start: \_\_\_\_\_ Time of ending: \_\_\_\_\_

Well below expectation for the stage of training	Below expectation for the stage of training	Borderline for stage of training	Meets expectation for stage of training	Above expectation for stage of training	Well above expectation for stage of training	Not observed in this encounter
<b>History taking</b>						
<b>Physical examination</b>						
<b>Clinical judgment</b>						
<b>Professionalism</b>						
<b>Communication skill</b>						
<b>Organization/efficiency</b>						
<b>Overall clinical care</b>						

Based on above observations, please rate the level of overall competence of the student:

Rating	Description	Score
Below expectation for the stage of training	Basic consultation skills resulting in incomplete history and/or examination findings. Limited clinical judgement following encounter	<input type="checkbox"/>
Meets expectation for stage of training	Sound consultation skills resulting in adequate history and/or examination findings. Basic clinical judgement following encounter	<input type="checkbox"/>

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Above expectation for stage of training	Good consultation skills resulting in a sound history, and/or examination findings. Solid clinical judgement following encounter higher than expected for stage of training	<input type="checkbox"/>
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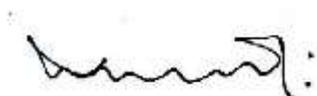
Which aspects of the encounter were done well?

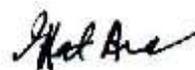
Suggested areas for improvement/development:

Student's reflection on patient and areas of learning

Trainee's signature:

Supervisor's signature:





**Formative assessment tool in respect to Case Based Discussion:**

Form A- Supervisor's guide tool for conducting Case Based Discussion and feedback

Date of assessment:

Accredited institute:

Name of the Supervisor:

Academic status:

Student's name:

Year of training:

Diagnosis of the case:

Difficulty level: simple/moderate/difficult

Competences to be covered:

Time of start:

Time of ending:

Diagnosis of the case:

Areas to consider for discussion and feedback:

History writing:

Discussion covered	Feedback to be given

History taking

Discussion covered	Feedback to be given

Physical examination

Discussion covered	Feedback to be given

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Diagnosis and possible differentials with reasoning/justification:

Discussion covered	Feedback to be given

Planning investigation with justification:

Discussion covered	Feedback to be given

Planning management and its justification:

Discussion covered	Feedback to be given

Follow up, Prognosis and referral knowledge:

Discussion covered	Feedback to be given

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Recent update on the topic:

Discussion covered	Feedback to be given

Communication skill/ Dealing with patient and attendants/ Ethical approach:

Discussion covered	Feedback to be given

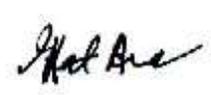
Overall clinical care:

Discussion covered	Feedback to be given

	Below expectation for the stage of training <12	Borderline for stage of training 12-13	Meets expectation for stage of training 14-15	Above expectation for stage of training 16-17	Well above expectation for stage of training 18
Overall performance					

Trainee's signature:

Supervisor's signature:

**Form – B: Assessment form for conducting Case Based Discussion**

TM Form-5

Date of assessment:

Accredited institute:

Name of the Supervisor:

Academic status:

Student’s name:

Year of training:

Diagnosis of the case:

Difficulty level: simple/moderate/difficult

Competences to be covered:

Time of start:

Time of ending:

Diagnosis of the case:

Areas to consider for discussion and feedback:

	Below expectation for the stage of training	Borderline for stage of training	Meets expectation for stage of training	Above expectation for stage of training	Well above expectation for stage of training
History writing					
History taking					
Physical examination					
Diagnosis and possible differentials with reasoning/justification					
Planning investigation with justification					
Planning management and its justification					
Follow up, Prognosis and referral knowledge					
Recent update on the topic					
Communication skill/ Dealing with patient and attendants/ Ethical approach					
Overall clinical care					

Trainee’s signature:

Supervisor’s signature: