



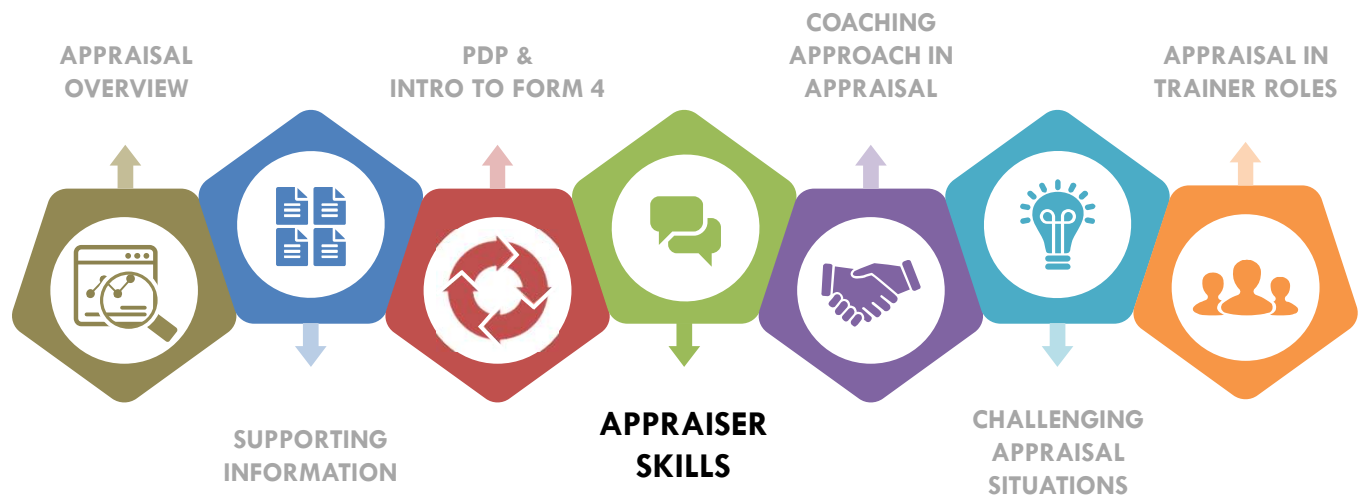
[Audio transcription of module 4]

Appraiser skills

Module 04

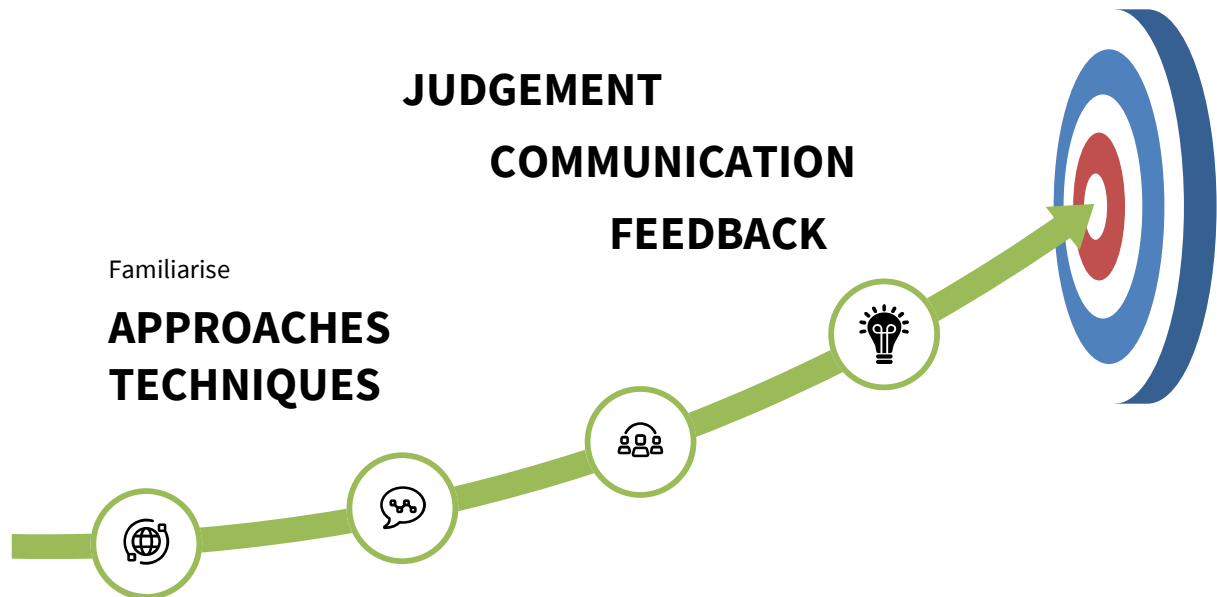
Welcome to Module 4 of the Medical Appraisal Scotland, New Appraiser Training.
This module looks at the skills expected of an appraiser.





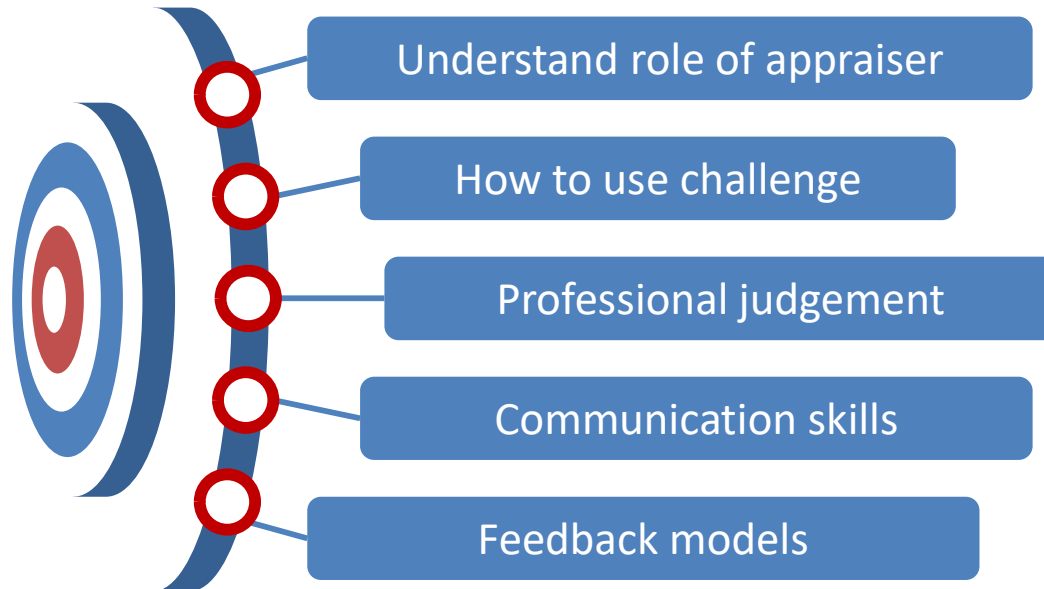
As a prerequisite for attending the NES New Appraiser training, potential participants are asked to complete a series of online modules in preparation for the large and small group discussions.

Aims of the module



The aim of this module is to introduce you to some of the approaches and techniques you may use as an appraiser - focussing particularly on judgement, communication skills and feedback, in an appraisal context.

Learning outcomes



By the end of this module, you will:

- Learn about the importance of the appraiser role
- Understand how to use challenge **appropriately** during an appraisal in a way that supports the appraisee
- Explore what professional judgement means in the context of appraisals
- Have an understanding of the different communication skills and how to use them in an appraisal conversation
- Understand the role of feedback in appraisals; and be aware of the different feedback models an appraiser could use

Consider...



How and when would you use these skills as an appraiser?

Use provided workbook

As you go through this module and learn about the different skills and techniques, consider how and when you might use these as an appraiser.

Record your reflections in the workbook provided; this will help you prepare for the group discussions when attending the training course.



Role of the appraiser

Let us start by looking at the role of an appraiser.





Role of Appraiser (1/2)

- Encourage appraisee reflections
- Signpost to support
- Avoid (where possible) offering advice and solutions
- Be evaluative but avoid judgments
- Use descriptive and positive language

Image 5138 from nhsscotlandphotolibrary.org

The role of the appraiser is to encourage the appraisee to **reflect** on their work in the past year - their achievements and their struggles, their learning points and development, and any changes to practice where applicable. If necessary, you can signpost them to relevant information or support as appropriate; **but avoid** offering advice unless the appraisee is **really** struggling.

As the appraiser you should be evaluative but avoid an overtly judgmental approach. Appraisal is a positive, supportive process so consider using descriptive and positive language where possible. You don't want the appraisee to feel criticised or labelled.



Role of Appraiser (2/2)

- Define boundaries
- Focus on appraisee development
- What can appraisee change?
- Structure discussion focussed on specific outcomes
- Appraiser \neq Supervisor

Image 5138 from nhsscotlandphotolibrary.org

Sometimes you may inadvertently get drawn into a discussion about things going wrong which are/were not within the appraisees' control.

It is important to focus on the appraisee themselves and focus on areas **they** can change and develop, or a potential change they can influence. Focus on aspects of appraisee's behaviour which can be changed. Discuss with them what **they** are going to do to raise these issues.

You may find it helpful to use a coaching approach to structure the discussion where the focus is on specific goals, so that the actions are owned by the appraisee. We will explore this further in the next module.

Remember, you are not there to tell the appraisee what to do, you are there to help them work that out for themselves. You're the appraiser, **not** their trainer, **not** their coach, **not** their advisor **nor** their supervisor... So consider carefully before offering **any** specific advice or suggestions.

Consider...



What are the qualities of a good appraiser?

Knowledge

Skills

Attributes

Based on Bloom's Taxonomy: Cognitive; Psychomotor; Affective

Think back to the appraisers you have had that made your appraisal particularly useful. What made them **good** appraisers?

Make a note of your thoughts in the workbook and add to them as you go through the module. You may wish to consider this in terms of categories of knowledge, skills and attributes.

- What do you feel worked well? What could be improved?
- Is it a “High-Quality” appraisal? If yes, what did the appraiser do that you thought was good? If no, why not?
- How would you have facilitated the discussion?
- What feedback would you give the appraiser?

Appraiser module 4



<https://www.appraisal.nes.scot.nhs.uk/s/videona/>

Review video



<https://www.appraisal.nes.scot.nhs.uk/s/videona/> *

Take notes in workbook

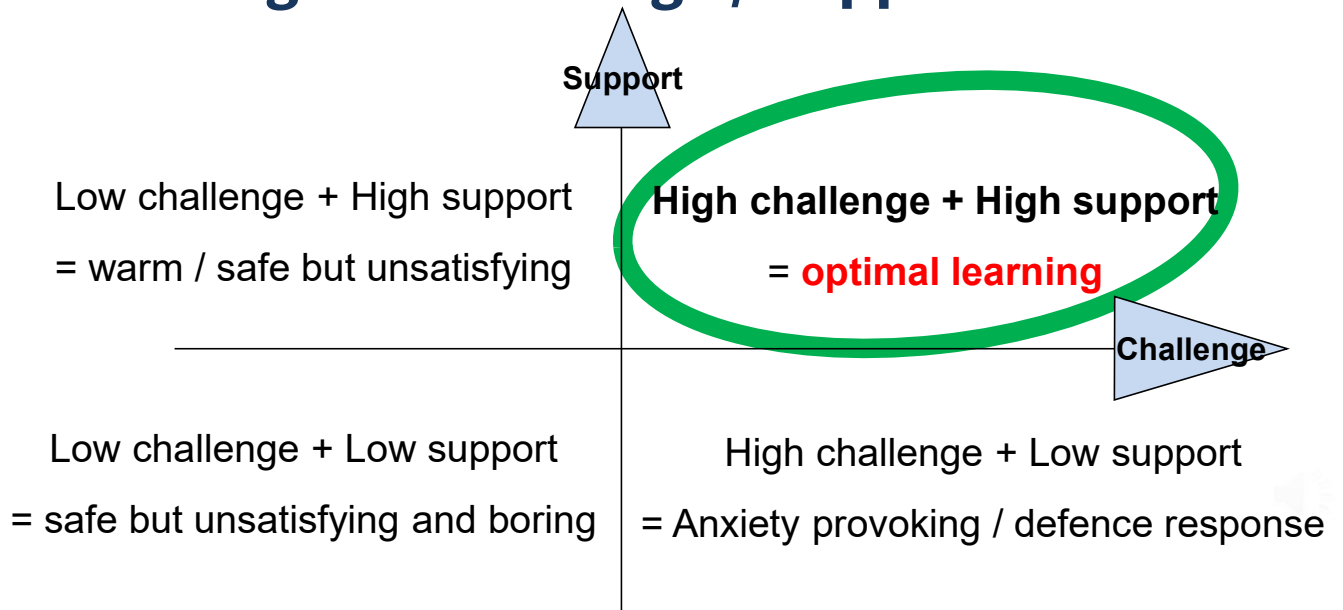
* Video will re-played on the day as a refresher prior to group discussions

Feel free to pause this video to note down your thoughts.

You can also visit the Medical Appraisal Scotland website to re-watch this at your leisure, where you will find some additional notes about the video.

For those attending the New Appraiser training course, this video **will** be shown again on the training day prior to the small and large group discussions.

Learning and Challenge / Support



How successful your appraisees are with their learning can be attributed to how challenging the learning is, and what level of support they have.

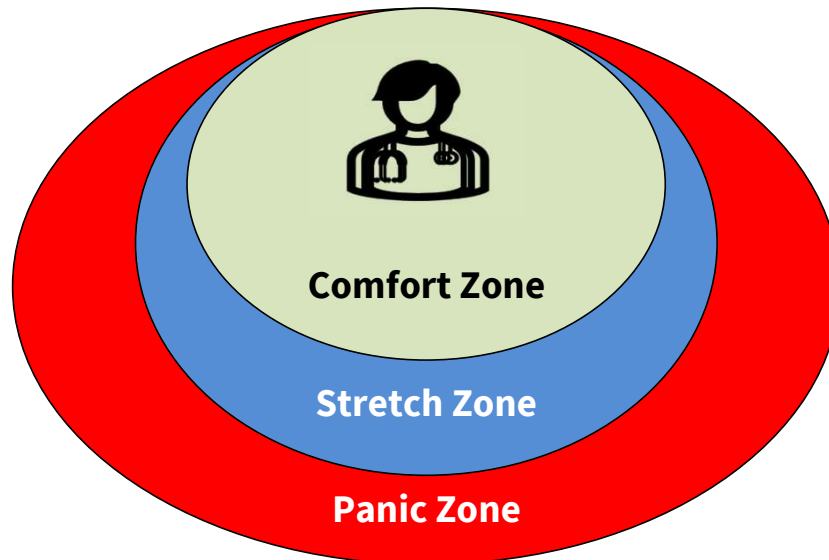
Imagine a learning that is of a low-level challenge with low level support, how useful and meaningful an outcome is it to the appraisee?

A high-level challenge with high level support will tend to provide the best learning environment to achieve the best learning experience and outcome.

This should help you consider how best to challenge your appraisee in the appraisal discussion while giving **them** a high level of support.

Ask yourself – as their appraiser, what can **you** do to help them get the most out of their appraisal?

Comfort / Stretch / Panic Zones



When you challenge your appraisee, be mindful not to stretch them too far. Don't pull them into the panic zone, but equally don't leave them in the comfort zone. Stretch them, make them think and reflect.

Be mindful though that every appraisee will be different, and what may work well for one person may not work at all for someone else.

At the start of your first appraisal, spend time getting to know your appraisee and get a sense of them as a person, that will help you determine how far to stretch and challenge them. This can be achieved by building trust...

Challenge – TrUST model

- **T**rust
- **U**nderstanding
- **S**afe exploration
- **T**ask – setting goals/actions



Image 7965543 from pixabay.com

It is important to build up trust with the appraisee and show them that you understand where they are coming from, and what is important to them.

This will build the platform for a safe exploration of any issues they want to discuss – or issues **you** need to bring up from the supporting information they have submitted. This can then lead to the discussion of the goals they want to set for themselves, and what actions they are going to take towards that goal - setting the scene for the PDP going forward.

Judgement in appraisal

Revalidation

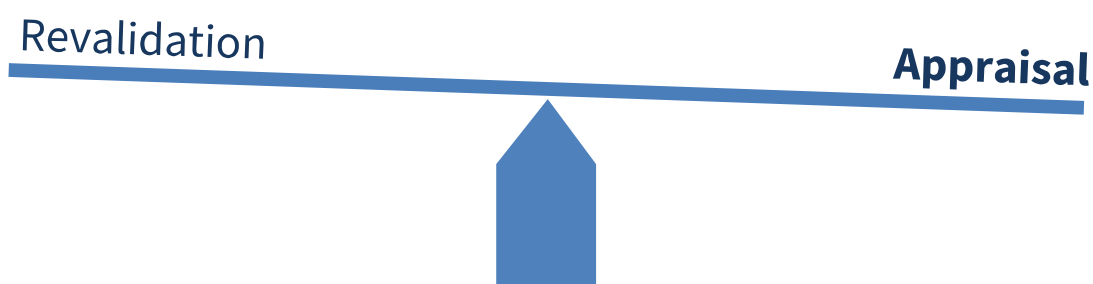
Appraisal



Now let us look at what judgement means in a medical appraisal context.

Judgement in Appraisal ^(1/2)

- Appraisal supporting information (whole scope of work)
- 'On track' for Revalidation
- Good Medical Practice



The supporting information your appraisee submits for the appraisal should reflect their whole scope of work, in accordance with GMC guidance.

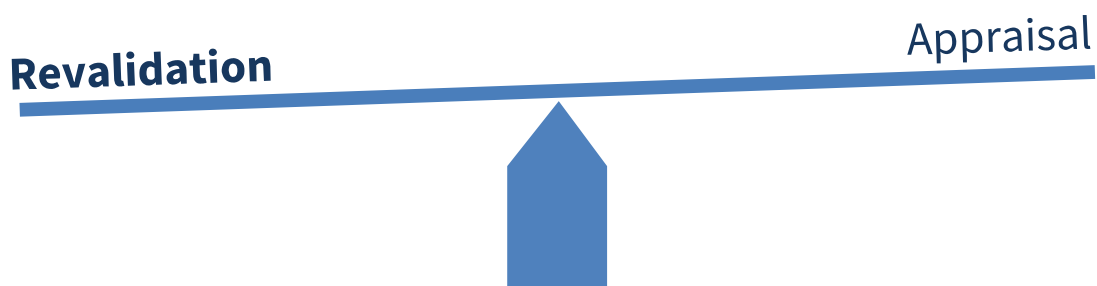
As discussed earlier, as the appraiser, you are asked to consider and evaluate if the information provided is appropriate, and sufficient to meet appraisal and revalidation requirements.

The discussions you have with the appraisee **and** their reflections will form the basis of your Form 4 summary, where you will also be asked to confirm if you feel they are on track for revalidation. It is important to note that you are **not** asked to make a judgement or decision to revalidate your appraisee here - that responsibility lies with your Responsible Officer – you are simply being asked if the supporting information is **adequate** for purposes of Revalidation.

If there were any issues flagged in the submission, you are expected to discuss them and document accordingly as part of the summary. For the vast majority of your appraisees, there should be no reason to believe that your appraisee is not practising in line with the principles of *Good Medical Practice*.

Judgement in Appraisal ^(2/2)

- Cause for concern?
- **Not** pass or fail
- Judgement on appraisee submissions – **not** appraisee



Professional judgement is a decision-making process about whether there is a cause for concern or action, with regards to the appraisal submissions you receive. The ability to use this professional judgement derives from expertise in the field, self-awareness and calibre of decision making.

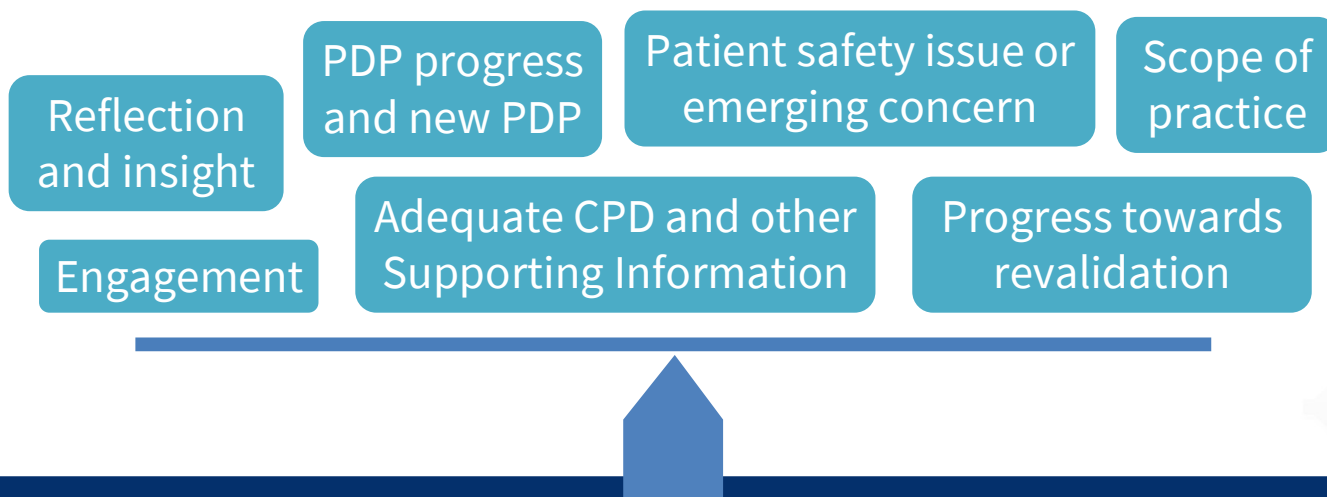
It is also about being able to deal with uncertainty and being comfortable with when to ask for help.

Think of it like clinical judgements that doctors are used to making every day - it is not about pass or fail, nor is it about guilty or not guilty. Just as appraisers are not supervisors or teachers, **Appraisers are not judges.**

Remember, you are making a judgement on the information provided, **not** on the person.

Developing Professional Judgement^(1/2)

Professional judgment relating to the doctor's:



Depending on your previous experience, you may have specific learning needs to further develop in this area.

The skills of professional judgement highlight some decisions that appraisers **have** to make – such as engagement, covering the whole scope of practice, the appropriateness of the supporting information and progress towards revalidation.

Any concerns raised in the Form 4 will be a trigger for the Responsible Officer to find out more details, and they may look to examine other sources of information and possibly take further action. The sign-off statement that a doctor is on track for revalidation provides a focus for the RO's decision-making processes.

The calibration of professional judgements with other appraisers is a key skill that benefits from regular updating with peers. Many local areas will have regular appraiser meetings that include this. There are also refresher appraiser courses and workshops available nationally through NES that allow this opportunity for appraisers.

Developing Professional Judgement ^(2/2)

Professional responsibility

to maintain credibility as a medical appraiser

Communication skills

to facilitate an effective appraisal, deal with issues and produce quality outputs

Organisational skills to ensure smooth running of appraisal, timely responses and sufficient computer skills

Knowledge and understanding of the appraiser role

You will have a view where you currently place yourself within these areas. The training is designed to give you a good grounding for taking up the appraiser role. Be assured that you are not on your own as soon as you have completed the appraiser training. Make use of the experience of fellow appraisers in your area and the Appraisal Leads.

You will also continue to be supported by the national team.



Summary: First, do no harm...

- Appraisal should be a positive experience
- Effort needs to be proportionate
- Appraisers must not take on inappropriate roles (even if you have the skills)
- **Appraisal = once a year**
- Coaching = ongoing relationship



Image: Free for Canva users

Good doctors who are trying hard to engage should find appraisal a reassuring and useful process. They should not be “bruised” by a process that makes them feel inadequate when there are no serious concerns. Instead, they should be empowered to make positive changes for the benefit of themselves and their patients.

The portfolio of supporting information should not take excessive time and effort to collect.

Appraisers have a lot of skills but should not become the doctor’s GP or ongoing mentor – the role of appraiser is to signpost doctors on to finding appropriate ongoing support if it is needed. Protecting appraisers is also important.

You are likely to use some counselling or mentoring skills in appraisals but it is a once a year intervention, and mentoring and coaching are ongoing relationships. This is not part of the remit of an appraiser. Remember ‘Find a mentor/coach...’ may be a very useful PDP objective!

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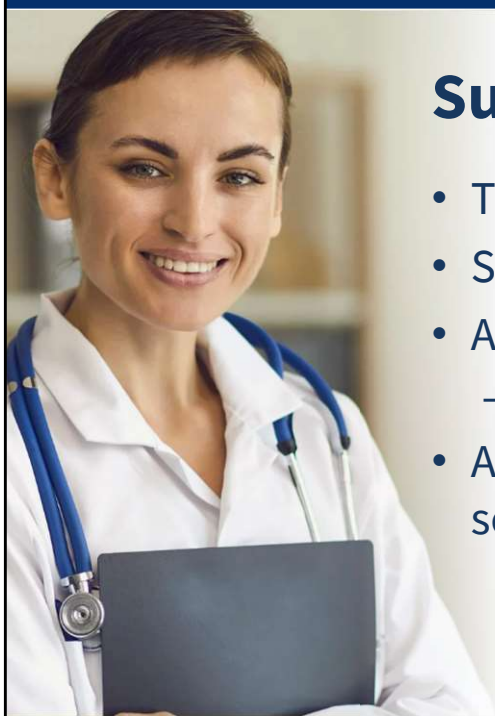


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Summary: If in doubt – ask

- The appraisee **is** the expert
- Supporting information context set by them
- Appraisers support
 - *local appraiser meetings and Appraisal Leads*
- Appraisers should have a low threshold for seeking advice

In appraisal, particularly pre-appraisal, it is important to bear in your mind that the doctor being appraised is the only person who can put all their documentation into context.

A professional judgement about the quality of a piece of supporting information will be informed by benchmarking with other appraisers, but there are no absolutes, and the appraiser will need to understand the context for the appraisee before coming to any conclusions.

For revalidation, it is important to note that the appraiser may need to seek advice, and support will be given by the local Appraisal Lead in the first instance.

Appraisers should have a low threshold for seeking advice on “soft” issues so that standards are applied consistently, and that appraisers are supported in making consistent appropriate decisions.

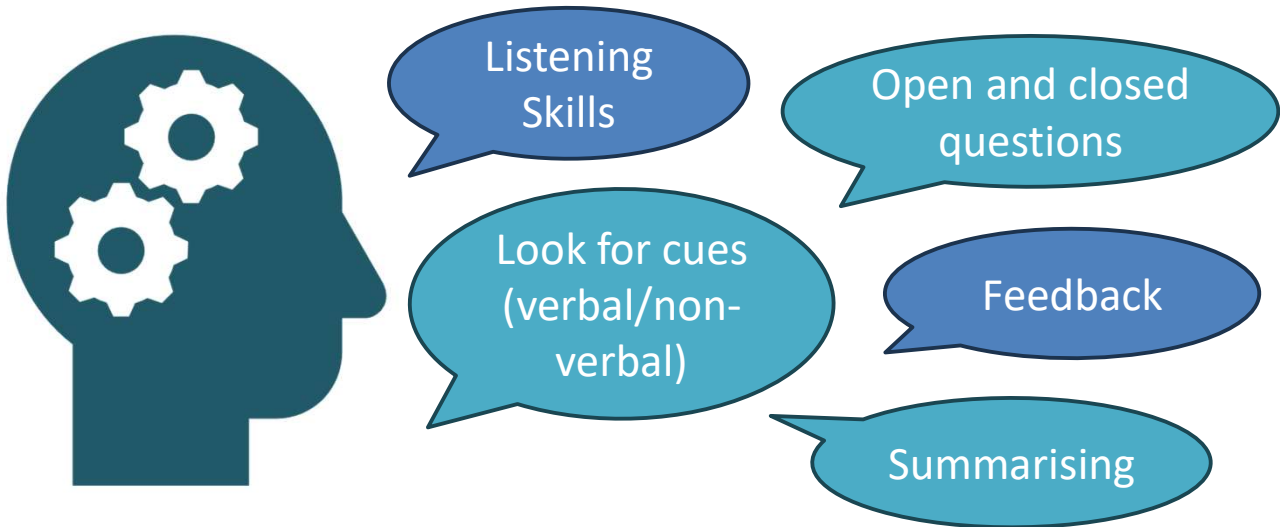
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Communication skills (for appraisal)

Let us explore some of the specific communication skills you may use as an appraiser.



Communication Skills for Appraisal^(1/2)



It is important to listen with an open mind to what the appraisee has to say; and use open questions to explore things in the discussion. Closed questions should mainly be used to clarify and ensure your own understanding. Take facial expressions and body language into consideration – it will enhance verbal communication and may give you clues of areas to explore further.

You can feed back to the appraisee on the supporting information you have read in preparation for the appraisal discussion; and it is good practice to summarise at the end of the reflective appraisal discussion of each topic, before moving on to the next, to clarify any potential misunderstandings..

Communication Skills for Appraisal ^(2/2)



Acknowledge both the feelings the appraisee describes, and your own reaction to things that are discussed. Explore these in a safe and supportive way, accepting the person as they are and focusing on them.

Get comfortable with allowing silence in the appraisal – sometimes the appraisee needs to think through elements that have come up in the discussion. This will allow the appraisee to work through them fully and, will lead to a better appraisal experience for them, and in turn, be a more satisfying appraiser experience for you.

Facilitate the appraisee's reflection, ask questions that may give them a different perspective on their supporting information, or any experiences they have had.

Beware of (your) blocking behaviour



- Closed questions too soon
- Leading questions
- Rescuing or problem solving
- Switching topics
- Overly task orientated
- Jolly along
- Ignoring cues

Be mindful that you will form your own thoughts on the topics discussed which may lead to you discussing yours, rather than your **appraisee's** point of view or experience. Remember, this is **their** appraisal, **not** yours.

You want to facilitate **their** exploration and help **them** come up with actions **they** want to take, that will be right for them.

Some of this may be quite uncomfortable for you or may bring back thoughts of things you have done in a similar situation. Avoid the temptation to bring these into the discussion and if necessary, seek some support for yourself to deal with any issues arising from this **outside** of the appraisee's appraisal.

Communication skills you might use

- Listening
- Open questioning
- Repeating back what they have said
- Body language for example, mirroring
- Coaching (and mentoring) skills
- Motivational interviewing
- Adult-Adult interaction



Something for your own PDP?

There are many skills you might use in an appraisal, and depending on the appraisee and circumstance, you will make use of different approaches best suited to your situation. The list provided is just a sample of some of the more typical skills used by appraisers, and if you are attending the appraiser training, you will have an opportunity to practise some of these on the day.

This training will not specifically cover all these tools of communication. If you are unfamiliar with any approach or want to find out more, we would encourage you to research these independently, or perhaps you may want to put that on your own PDP in relation to the appraiser role.

Challenging appraisal situations are covered in a later module, as well as on the training day itself.



- Open to funnel
 - *Open, probe*
 - *Re-cap, close*
- Paired
 - *Good/bad*
- Real detail
 - *Difficult decisions*
 - *Stressful events*
- Be inquisitive
- No assumptions

Image 2415072 from pixabay.com

Here are some questions that may be helpful in an appraisal – do take care not to use any of them rigidly though, as that would inhibit the flow of the discussion. For a new appraiser however, it is useful to have a prepared open question or two “in reserve” just in case the conversations dry up.

As Rudyard Kipling* once recited:

‘I keep six honest serving men,
(They taught me all I knew);
Their names are “What”? and “Why?” and “When?”,
And “How?” and “Where?” and “Who?”’

How many open questions would use one of these as the entry point? Another good opener is “Tell me about... this situation”, or “Tell me about this project you shared”.

You will have an opportunity to practice some of these when attending the New Appraiser training sessions.

**Rudyard Kipling - The Elephant’s Child (1902)*



Giving feedback ^(1/3)

- Invite self-reflection and appraisal
 - “What do you think of the feedback you received?”
- Start with the positives
 - “Let’s start with all the positive comments?”
- Be factual
 - “Two appraisees last month commented that you seemed to rush the discussion.”

Some appraisal discussions will require you to provide the appraisee with some feedback, for example, MSF, PSQ, or Quality Improvement Activities.

Start any feedback by asking the appraisee's opinion on how they feel it went. This will tell you what their level of self-awareness is and will guide you in framing your feedback.

Ensure you start with some positives – you will find in formal feedback exercises, many appraisees immediately highlight negative comments and ignore the positives. Use factual examples to make your point.



Two feedback models to consider

Pendleton's rules*

- Appraiser start with positives, then moves to what might require improvement
- Provides some 'emotional credit'
- Can seem false – waiting for the negative

Silverman's ALOBA**

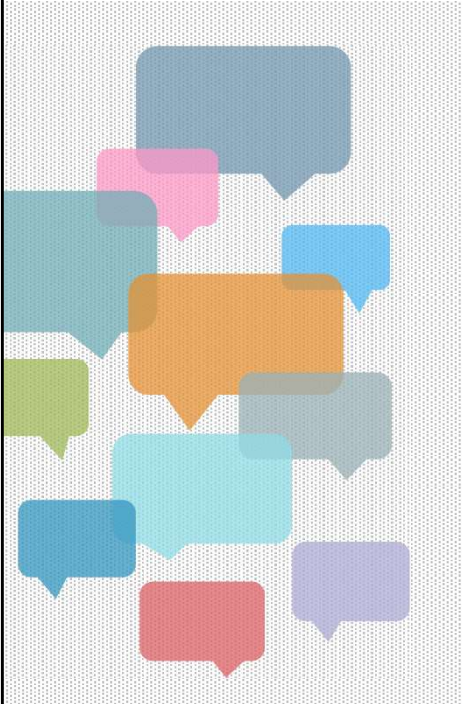
- Agenda Led Outcomes Based Analysis
- Doctor indicates where they feel they need help and seeks guidance
- Feedback is driven by the doctor
- They may not be aware of what is really important

*Pendleton D, Schofield T, Tate P, Havelock P. *The Consultation: An Approach to Learning and Teaching*. Oxford: Oxford University Press; 1984.

**Silverman JD, Kurtz SM, Draper J. The Calgary-Cambridge approach to communication skills teaching 1: Agenda-led, outcome-based analysis of the consultation. *Educ Gen Pract* 1996;4:288–299.

Here are two commonly used feedback models. Both have pros and cons but are equally useful. In our training sessions we tend to use the Pendleton's rules for the mini appraisal practice sessions where participants will take turns in the appraiser, appraisee and observer roles.

More on Pendleton's shortly...

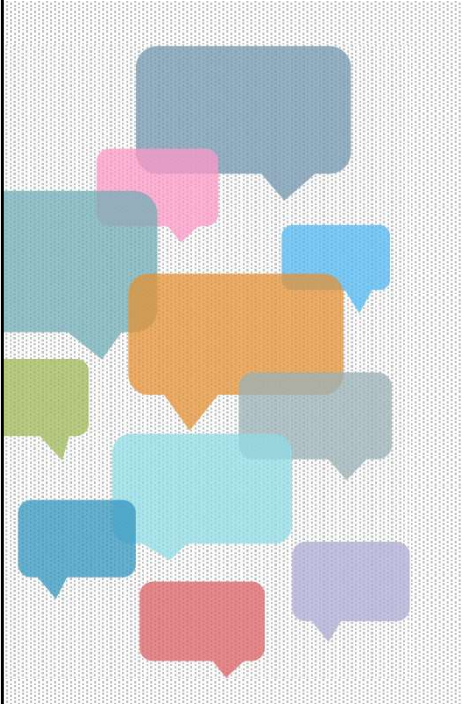


Giving feedback ^(2/3)

- Be specific (not general)
- *“In fairness, only one patient commented that they felt you did not explain things to them clearly enough”*
- Be challenging but not judgemental
- *“Several colleagues independently mentioned this. Do you think it might be an issue?”*

Whichever model of feedback you use it is important to remain factual and underpin what you say with specific examples. Challenge the appraisee's perceptions in an appropriate way, especially if the reflection does not seem to correlate with the information submitted, or if different pieces of supporting information seem to contradict each other.

Again – use **specific** examples to bring this up and in way which tries to avoid the appraisee reacting in a defensive way. Use an open explorative approach to asking why the appraisee feels that there are differences and what the underlying reasons for this might be.



Giving feedback ^(3/3)

- Talk about ‘intention and impression’
- *“I realize that wasn’t your intention, but maybe the impression you created was different”*
- Make it seem easy to resolve issues
- *“These things often happen to new appraisers. I am sure you can overcome them!”*

To help the appraisees to accept the feedback, try discussing intentions and impressions, or provide reassurance in their ability to resolve the issues at hand. Sometimes it might be that they just need some encouragement.

If you take these approaches, it is more likely the appraisee will engage in a productive discussion and will feel supported to explore the issues and come to a deeper understanding. They will also be more open to finding ways to overcome any challenges they are facing and will feel supported by your discussion with them.



Pendleton's rules: in appraiser training ^(1/2)

- *Used in New Appraiser training practice sessions*
- Clarify any matters of fact
- Observer to lead feedback
- Learner (appraiser) describes what they did well
- Observer(s) describes what was done well
- Learner describes what could be improved
- Observer(s) describes what could be improved and offers suggestions on how it could be improved

We use Pendleton's feedback model at the appraiser training courses practice sessions, where participants will take turns in the appraiser, the appraisee and the observer role.

For each mini appraisal session, we will ask the **observer** to lead the feedback.

Start with the trainee appraiser and let them explore what they felt worked well. Then ask the appraisee to do the same. If there's an additional observer in your small group, feel free to invite their input in the discussions. Offer your own observations if anything has not been discussed already.

Once this is explored, move onto what the trainee appraiser would do differently next time, again invite reflections from the trainee appraiser first, then the appraisee, before offering your own thoughts. The course tutors who are assessing the sessions will then wrap up with their observations and comments.

Pendleton's rules: in appraisal discussions (2/2)

	<i>Positives</i>	<i>Improvements</i>	<i>Action Plan</i>	<i>Wrap up</i>
Appraisee	Explains what went well	Highlights room for improvement	Describes an action plan	Summarise key points
Appraiser	Compliments what went well	Addresses areas of improvement	Agrees action plan	Noted for Form 4

The model translates well as an approach in appraisal discussions, too.

- The appraiser clarifies matters of fact, and prompts...
- The appraisee would go on to identify what went well, with the appraiser highlighting the observations and confirming what went well, prompting where needed.
- The appraisee would then be asked to consider what could have gone better and how they could improve this aspect of their performance;
- The appraiser confirms, or refutes the doctor's feelings, and shares observed areas for improvement
- Both the appraiser and appraisee agree areas for improvement and formulate an action plan, ending on a positive note.

The discussion itself, and in particular the areas for improvement and actions the appraisee will take, can feed nicely into the PDP.



Feedback summary

- Establish empathy
- Balance challenge with support
- Use evidence / specific examples
- Review specific incidents in detail
- Point out patterns of behaviour
- **Don't duck issues: collusion causes problems**
- Allow time out if necessary
- Negotiate if appropriate

Most feedback will not be contentious and using a method underpinned by objective evidence will prepare a solid foundation. Building a good rapport with the appraisee will make feedback of more difficult issues easier. It is important to bring up inconsistencies or issues that you notice in the supporting information, especially if the appraisee has not mentioned them in their reflection.

We will discuss potential challenging appraisal situations in more detail in a later module. If you anticipate a difficult conversation arising in a particular case, you may wish to discuss with your Appraisal Lead or an experienced fellow appraiser how you would approach this in advance of an appraisal.



Questions to prompt reflection

- What went well?
- What could have been done better?
- How will this learning/case/experience affect you personally and your practice?
- How will it improve your patient care? and
- How can you demonstrate that objectively?
- How can you share this learning with your colleagues?

Here are some questions you might use to initiate and encourage reflections in an appraisal.

Some doctors perceive reflection as something 'woolly' and not particularly relevant to them, however it is a specific process of review and analysis which leads to improvements in performance.

Some might find that the use of a structured reflective template useful, which are available to download on the Medical Appraisal Scotland website.



What kind of appraiser do you want to be?



- Tick box appraiser? GMC police? 
- Supportive, appraisee-centered appraiser? 
- Provide feedback on submitted information?
- Lead the discussion or give doctors the lead?
- Use a coaching approach?
- Stretch and challenge your appraisees?

Image 5711 from nhsscotlandphotolibrary.org

Consider what approach you will want to take as an appraiser; focus on what is most useful for the appraisee. How can you give assurance about being on track for revalidation, without spending most of the time in the appraisal meeting 'ticking boxes'?

You might have noticed there are various graphics used in this module that have discussion bubbles and question marks in them. This was a deliberate design to engage your senses, to challenge you to think and be curious, and reflect on the models, skills and examples covered, and have you reflect on your own appraisals and your past appraisers.

We hope you have found this module stimulating and that you yourselves have been suitably stretched.

Further reading



- Pendleton D, Schofield T, Tate P, Havelock P (1984) The consultation: An approach to Learning and Teaching: Oxford University Press
- Silverman JD, Kurtz SM, Draper J (1996) The Cagary-Cambridge approach to Communication skills teaching 1: Agenda-led outcome-based analysis of the consultation: Educ Gen Pract
- Bloom, B. S., Engelhart, M. D., Furst, E. J., Hill, W. H., & Krathwohl, D. R. (1956) Taxonomy of educational objectives: the classification of educational goals; Handbook I: Cognitive Domain New York, Longmans, Green

Image 4299814 from pixabay.com

Here are a few further resources you may wish to explore.

I've learned that
people will forget what you said,
people will forget what you did,
but people will never forget
how you made them **feel**.

Maya Angelo

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Hopefully you will now have a clearer understanding of the role of the appraiser, and the usage of different communications skills in an appraisal conversation.



Image: Free for Canva users

Interested in becoming an appraiser?

- Complete other modules
- Submit application
 - cc Appraisal Lead
- Training place allocation

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

If you are planning to attend the New Appraiser training and this is supported by your employing health board's Appraisal Lead, please complete the other modules from the Medical Appraisal Scotland website. When you are ready, send in your training course application form and remember to copy in your Appraisal Lead. We will be in touch from there.

<https://www.appraisal.nes.scot.nhs.uk/appraiser-training/new-appraiser/>

This resource may be made available, in full or summary form, in alternative formats and community languages.
Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how
we can best meet your requirements.



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[End of module 4]

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