Title: Training Egyptian Fellowship Board family medicine trainers on WPBA

Author: Omneya Ezzat Elsherif

What problem was addressed: The family medicine (FM) trainers are not applying Work place based assessment (WPBA) in their training of the Egyptian Fellowship Board trainees. Currently, they do not receive any training in WPBA. A systematic program to instruct the trainers in selected WPBA facets is needed and proposed.

What was tried: Training Egyptian Fellowship Board FM Trainers on Case based discussions (CbD) and Direct Observation of Procedures (DOPs) for introduction of WPBA. This is based on the analysis of the students’ feedback forms following the exit exam to assess the training standards. Planned and structured training needs assessment was proposed and carried out, including small focused group discussions at the level of involved parties.

Training of trainers workshops were planned, prepared and implemented. FM trainers received one-day training on CbD and DOPs including tutorials, practical and videos. The trainers were given enough time to practice what they learned. They returned back after one week–ten days for evaluation by the tutors using a designed checklist. Each trainer presented a case and a procedure and each played both roles; trainee and trainer. Trainers’ evaluation checklists were designed, piloted and reviewed. Trainers attended one-day evaluation and presented FM cases encountered in real practice, other trainers presented in addition videos by the tutorials. Information was gathered about feasibility and applicability of the methods chosen during daily working hours. Discussions about practicality of conduction yielded favorable decisions. Workshops helped picking competent trainers for further facilitation in future training. Exam team members reviewed the forms and approved them for dissemination in training sites.

What lessons were learned: Twenty-six FM trainers graduating from the Egyptian Fellowship Board were trained on CbDs and DOPs. Twenty-three attended the whole program (88.4%).

In the pre-training questionnaire, 16 (61.5%) trainers claimed that they perform CbDs with their trainees, seven (26.9%) did not, one trainer (3.8%) did not know what was meant by CbDs, and the question was not applicable in case of the last two (7.6%) trainers (trainers either do not have trainees currently or they are newly introduced at the Board in the training process).

Six trainers (23%) claimed they perform DOPs with their trainees, four trainers (15.3%) did not, 14 trainers (53.8%) did not know what was meant by DOPs, and the question was not applicable in the case of the last two trainers (7.6%).
Direct observation during the training workshops revealed that 100% of the trainers were not familiar with the CbDs and DOPs. 88.4% of the trainers presented their assignments for evaluation. The 23 trainers were evaluated on day two of the workshop based on designed checklists. Eight trainers only successfully conducted the CbDs which yields a pass rate of 34.7%. Seven trainers only (30%) successfully performed DOPs. Following the training, four trainers (17%) conducted CbDs and DOPs with their trainees with videos.

High failure rate among trainers reflects the need for more regular and formal Board training and follow up. It also reveals that current daily practice load and responsibilities of trainers hinder implementation of WPBA.

Reference:


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Correspondence: Dr. Omneya Ezzat Elsherif, Family Medicine Consultant at Cairo University Hospitals and Egyptian Fellowship Board, 32 Ismail Serry St., # 9, Kasr El Aini, 11441, Cairo, Egypt
Email: oelsherif@hotmail.com