



## Performance appraisal and continuous professional feedback to family medicine practitioners in TB service delivery

### Introduction

In order to improve early detection of Tuberculosis by primary care providers, the USAID Georgia TB Prevention Project in close collaboration with the Global Fund supported TB project has designed and is implementing a two-day modular course. The course aims to build competencies of Family Physicians and Nurses to ensure that they can recognize TB suspects, organize timely referral and if the diagnosis is confirmed, then provide follow-up care and treatment under direct supervision (DOT). The training focuses on identification of key TB risk factors, developing adequate understanding of the importance of TB screening and rapid TB diagnosis, especially for suspected MDR-TB cases, and provision of appropriate treatment regimen.

Some recent situation analyses<sup>1</sup> conducted by the TPP team found that patients often bypass primary care services and go directly to TB specialists if they consider themselves at risk of having TB. When patients with TB suspect signs and symptoms first attend family physicians and the decision on referral to TB services is made, the FPs often fail to complete the referral form (#100). This makes it impossible to track a patient's pathway from the time of onset of symptoms to the time when he or she gets a qualified TB care. The linkages between TB specialized and FM services are very weak. Usually, TB specialists do not provide any feedback in response to a primary care referral unless the TB diagnosis is confirmed and the patient is sent back to the community for DOT. Furthermore, there are no TB care clinical practice guidelines or protocols for primary care providers to guide their performance. Although important, the training program alone cannot solve the systemic problems that hinder the implementation of the effective TB care model by primary care providers. Once gaps in the knowledge base are initially filled out and very basic skills developed it is important to explore the extent to which the trained providers retain newly acquired competencies and identify factors that have a substantial impact on their daily practice, and determine the way they deliver TB related services. In addition to the formal, classroom based training, PCPs should receive adequate mentoring and support in their usual care settings to reinforce skills acquisition. Performance evaluation tools have to be developed and introduced as a part of the quality improvement collaborative approach. The performance has to be analyzed on a regular basis and a professional feedback provided to improve selected clinical outcomes.

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1. Improving Quality of TB services under the New Service Delivery Mechanism in Georgia: Key Recommendations, February 2012



## Current model and tool for FM performance appraisal

Appraisal for family medicine practitioners was first introduced in Georgia in 2006. The Georgia Family Medicine Association (GFMA) supported by the European Commission Georgia Primary Care Reform project initiated performance appraisals for newly retrained family physicians and nurses in 2007. The performance appraisal tools were adapted from the UK experience and after successful piloting were used for evaluation of the performance of approximately 500 FPs and nurses. The objectives of this appraisal program were as follows:

- (i) identify practitioner's strengths and weaknesses, constraints to service delivery and personal development
- (ii) develop personal learning plan for a trainee
- (iii) inform training syllabus development
- (iv) obtain providers' feedback on the appraisal itself

Although the appraisal process was positively viewed by the MoLHSA and funding was provided through donor financed projects, this has not been recognized as an integral component of the professional revalidation process. In fact, the latter itself is not well established. Current regulatory and institutional framework for revalidation and continuous professional development of health professionals do not mandate participation in CPD activities. The medical certificate (equivalent of licensing) is granted for the whole professional life and no requirements exist for renewal. There is no certification process in place for nurses. The Georgia National Health Care Strategy for 2011-2015 articulates the need for introducing a strong CPD system for health professionals through introducing effective mechanisms aimed at building providers' competencies. Professional associations are expected to play an active role in the development and implementation of these mechanisms.

Table 1 outlines areas covered in the GFMA evaluation package. According to the existing methodology the performance appraisal visits are undertaken by a team of a physician and a nurse appraiser. Appraisers are FM trainers who received additional training in the appraising methodology and were well aware of recommended tools and processes. Before the appraisal visit FPs and nurses are advised to complete appraisal forms and prepare charts of the patients with certain clinical conditions. There should be an opportunity for the appraiser to observe clinical activities. An estimated time requirement for each appraisal is around 3 hours; appraisers can therefore appraise two FM teams in a day. This does not include time required for completing the form and preparing materials.



Table 1. Areas to be evaluated during the performance appraisal of FM teams

Areas to be evaluated	Source for verification
<b>Chronic disease management</b> <i>(Adherence to protocols, lifestyle advice, management plan, follow-up, involvement with secondary care)</i>	) Records of (last 3) patients with <ul style="list-style-type: none"> <li>o Hypertension</li> <li>o Diabetes</li> <li>o Asthma</li> </ul> <i>Should detail current management, and an outline management plan</i>
<b>Approach to patient</b>	Interview by the appraiser <i>Observe up to 5 consultations</i>
<b>History taking, examination, diagnosis, treatment</b>	) <i>Observe up to 5 consultations</i> ) Consultation diary – last 40 consultations (clinic, or home visits)
<b>Opportunistic health promotion, prevention</b>	Interview by the appraiser <i>Observe up to 5 consultations</i>
<b>Teamworking with /involvement of practice nurse</b>	Interview by the appraiser
<b>Technical skills</b>	) Observation of practice: observe up to 5 clinical consultations

Concerned with performance of FPs and nurses in the TB service delivery, the TPP team elaborated a focused module and tools reflecting TB specific aspects. The module can be used specifically for the TB related performance appraisal. However, it can also be integrated into the broader FPs and nurse’s performance evaluation framework implemented by the GFMA. In order to ensure a smooth integration into the overall FM performance evaluation toolkit the TPP team will not change the structure of the tool but will make it TB specific by modifying questions and adding some important outcome indicators to measure achievements of primary care teams against selected quality standards.

**Aim of the FM performance appraisal in the area of TB care**

The performance appraisal of family physicians and nurses aims to improve quality of TB care provided by FPs and nurses through evaluating the degree to which family physicians and nurses can translate knowledge received through formal training programs into practice and assessing if their performance is in line with international and national evidence-based recommendations concerning TB care.

The key competencies to be explored during the appraisal visits include:

- ) Recognizing signs and symptoms related to TB;
- ) The process and procedure for making patient referrals to TB services;



- ) Basic clinical monitoring of patients on TB therapy, including adverse effects and “red flags” indicating a need for immediate clinical intervention

The performance appraisal will include both evaluating the process of care through observations and reviewing medical records as well as outcomes. In addition the reviewers will provide on the spot feedback and mentoring for primary care staff.

The **process evaluation** will include the following aspects:

- ) Comprehensive history taking and TB risk assessment
- ) Patient counseling on a) the importance of the timely referral and b) the importance of adhering to treatment regimen c) screening of family members/ close contacts
- ) Reporting and recording (completeness of referral form, comprehensive records in medical charts including the list of TB risk factors, onset and duration of symptoms)

*Note: the completeness of DOT forms as required by the National TB Program is assessed within the NTP supervision program and will not be included in the performance appraisal module*

- ) Management of TB drug side effects
- ) Team working and care coordination with local nurses and district level TB teams

The observed practice has to be evaluated against quality standards set by the latest National TB Management Guidelines and protocols. If no national guideline exists than the international sources should be consulted.

The following **outcome indicators**, which best reflect timeliness and good organization of referral, were selected:

- ) Percentage of patients presenting with TB signs and symptoms referred from FPs to a TB specialist
- ) Percentage of patients referred to TB services within 2 weeks of onset of symptoms
- ) Percentage of patients prescribed specific TB drugs without diagnosis being confirmed.
- ) Percentage of patients receiving regular DOT
- ) Treatment success rate (i.e. cure and treatment completion)

Appraisal will require a prior preparation by both the appraiser and appraisee. The appraiser should be qualified TB or Family Medicine specialist trained/experienced in conducting performance evaluation visits and professional feedback.

The appraisal tools are presented in annex 1. Tools will be piloted by the TPP team before recommendation for a wider use. TPP will organize a training course for FM



trainers in TB appraisal module and will encourage the GFMA leadership to make this module an integral part of the overall appraisal process.

## **Annex 1. Performance appraisal of Family Physicians and Nurses in TB care**

Introduction

**This pack includes the documentation necessary for appraisal of family physicians and nurses in TB service delivery**

There are five forms:

Basic details

Current medical activities

Material for appraisal

They must be completed by you before the appraisal discussion. The first two forms are brief and factual. Form 3 requires care. You are invited to submit documents in support of Form 3 and these will need to be assembled.

Form 3 is prefaced with explanatory notes.

Some of the material you provide now will carry forward without further work to future appraisals.

Your appraiser will bring two further forms to your meeting. Form 4 is the formal summary of the appraisal and should be completed during and immediately after the discussion. This is the responsibility of your Appraiser. Form 5 may be used to make a more detailed and confidential record of the appraisal discussion, but it is optional.



**ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS**

**FORM 1: BASIC DETAILS**

Name

Main practices address and telephone number

**Qualifications** in Georgia or elsewhere

**Date of certification**

**Date of appointment to current post**



**Other current posts** Please list any other current appointments with (1) starting dates  
(2) average time spent on them

**Other relevant personal details** Please give any other brief information you wish that  
helps to describe you e.g. membership of professional groups or societies



**APPRAISAL FOR FAMILY PHYSICIANS**

**FORM 2: CURRENT MEDICAL ACTIVITIES**

**AREA:TB SERVICE DELIVERY**

This form requires a *brief and factual* description of the work you do in the practice and in other posts. You will be able to give more detail later.

Average no of hours per week worked

Please summarize the “in-hours” activities you spend to provide care to your TB patients.

Emergency, on-call and “out-of-hours” work to TB patients





Please provide the following information for the last 3 months

#	Description	I	II	III
1	Total number of TB suspects in a given month			
2	Number of TB suspects referred to TB specialists			
3.	How many patients did you refer to TB specialist within 2 weeks of onset of symptoms			



## ANNUAL APPRAISAL FOR GENERAL PRACTITIONERS

### FORM 3: MATERIAL FOR APPRAISAL

This form, and the papers you supply with it, will be the main basis of your appraisal.

The wording under each heading differs, but typically you are asked to provide:

- a commentary on your work
- an account of how your work has improved since your last appraisal
- your view of your continuing development needs
- a summary of factors which constrain you in achieving what you aim for.

**It is not expected that you will provide exhaustive detail about your work.** But the material should convey the important facts, features, themes or issues, and reflect the your work in the area of TB service delivery as a primary care practitioner in Georgia. The form is a starting point and framework to enable you and your appraiser to have a focused and efficient discussion about what you do and what you need for good quality TB care for your patients and a community. It is a tool, not an examination paper or application form, and it can be completed with some flexibility. **Common sense should be exercised if you feel you are repeating yourself, or if you want to include something for which there is no apparent opportunity. And if a section or a page really needs only a word or two there is no need to do more.**

The work you put into completing this form is your main preparation for appraisal, and the value of your appraisal will largely depend on it. It will also be an important part of your appraiser's preparation.

The form is fairly open-ended, although some prompts and suggestions are supplied to help you. Please expand the spaces available as necessary, or attach extra sheets.

You are invited to submit documents in support of what you say in the form. You are not expected to "prove" your assertions about your work, but your appraiser will probably want to test some of them with you through discussion and the documents will help both of you.

The papers you assemble in support of the form should be listed in the appropriate spaces and supplied for your appraiser in a folder, organised in the same order. If the same material is listed in the form more than once, to illustrate different points, do not include it twice in the folder but explain on the form where it is to be found.



**Clinical practice**

How has the clinical care you provide for TB patients or TB suspects improved since you've had last training in TB management for primary care providers?

*What do you think are your clinical care development needs for the future to ensure early recognition of TB suspect cases and timely referral to TB specialists?*

*What do you think are your clinical care development needs for the future to ensure adequate DOT for TB patients in your community?*



*Documents list*

- 1 Records of at least 5 patients with TB suspect signs and symptoms
- 2 Record of at least 1 patient on DOT

Detail current management and an outline management plan should be presented

**Maintaining good medical practice**

The last section asked about the quality of your clinical care and how it has improved; this one is about *how* you have kept up to date and achieved improvements.

*Commentary - what steps have you taken since you've started your practice as a family physician/nurse to maintain and improve your knowledge and skills in TB care?*

What have you found particularly successful or otherwise about the steps you have taken?

*Do you find some teaching/learning methods more effective than others? How will you reflect this in your future approach to maintaining good medical practice?*

*What professional or personal factors significantly constrain you in maintaining and developing your skills and knowledge in the area of TB diagnosis and management?*

*Documents list*

- 1 Certificates of attendance of training courses
  - 2 Certificates of completion of distance learning courses
- Etc.



**Relationships with patients**

Commentary - what do you think are the main strengths and weaknesses of your relationships with TB patients and their families?

How do you feel your relationships with patients have changed since you've taken training in TB management?

What would you like to do better? What do you think are your current development needs in this area?



**Working with colleagues**

Commentary - what do you think are the main strengths and weaknesses of your relationships with colleagues (including TB teams and local PCPs)?

Examples of documentation you might refer to and supply: a description of the team structure in which you work (if applicable); references from colleagues; information about any problems that have arisen between you and colleagues (including consultants);

How do you feel your relationships with TB teams have changed since you've had your training in TB management?

*What would you like to do better? What do you think are your current development needs in this area?*



**Management activity**

Please describe any management activities you undertake that are not related to TB service delivery. How would you describe your strengths and weaknesses?

What are your development needs?



**Overview of development needs**

Please summarize what you think your main development needs are for better TB care provision for the coming year.

**Sign off**

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development in the course of the past year, current development needs, and constraints.

Signed:

Appraisee

Appraiser

Date:





**FORM 4: SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN**

This form sets out an agreed summary of the appraisal discussion and a description of the actions agreed, including those forming your personal development plan.

The form will be completed by your appraiser and then agreed by you.

**SUMMARY OF APPRAISAL DISCUSSION**

**GOOD CLINICAL CARE**

- ) Consultation diary: select up to 10 consultations, review and discuss with FP/Nurse: Consider TB risk assessment, differential diagnosis, management, prescribing, opportunistic promotion/prevention, clarity of records
- ) DOT and side effects management: Consider Adherence to protocols, lifestyle advice, management plan, follow-up, involvement with TB specialist services, existence of monitoring plan agreed with a patient and TB specialist.

**OBSERVATION of PRACTICE (Observe up to 3 consultations with TB patients)**

Consider:

- ) Approach to patient
- ) History taking, examination, diagnosis, treatment
- ) Opportunistic health promotion, prevention
- ) Team working with /involvement of practice nurse or FP

**Maintaining good medical practice**

Discussion/ review with appraisee

- ) Appraisee's own perception of strengths and weaknesses, and development needs
- ) Appraiser's review of appraisee's performance
- ) Agree development plan for appraisee

**Relationships with patients** (*Summarize results of your observation and appraisee's own comments*)



**Working with colleagues**

Commentary:

**Management activity**

**Any other points**



**PERSONAL DEVELOPMENT PLAN**

Using the template provided here, the appraiser and appraisee should identify key development objectives for the year ahead which relate to the appraisee’s personal and/or professional development. They will include action identified in the summary above but may also include other development activities agreed or decided upon in other contexts. Please indicate clearly the timescales for achievement.

The important areas to cover are:

- action to maintain skills and the level of TB service to patients
- action to develop or acquire new skills
- action to change or improve existing practice.

**PERSONAL DEVELOPMENT TEMPLATE**

This plan should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified. The original version should also be retained for discussion at the next appraisal.

What development needs have I to provide better services for TB suspects or patients on TB treatment?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed



**APPRAISAL EVALUATION FORM**

**APPRAISER NAME:** ..... **APPRAISEE NAME:** ...  
Dr..... (optional)

**1 Have you been informed prior to your meeting prepare you well for the appraisal?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**2 Did the timing and setting of the appraisal suit you?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**3 Did you feel your Appraiser listened to you?**

Definitely Yes Definitely No

1 yes                      2                      3                      4                      5

**4 Did you feel your Appraiser understood you and your clinical practice?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**5 Did you feel that the appraisal was about your agenda, not that of the Appraiser?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**6 Did your Appraiser probe and challenge you sufficiently?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**7 Did your Appraiser suggest any good ideas or offer constructive criticism?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**8 If at all possible, would you like to be appraised by the same person next year?**

Definitely Yes Definitely No

1 Yes++                      2                      3                      4                      5

**9 Looking at the whole process, would you say it was a satisfactory experience for you?**

Definitely Yes Definitely No

1 Yes                      2                      3                      4                      5

**10 Is there anything you feel we could improve on for next year? Please add any comments below.**



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Once completed please return this form to \_\_\_\_\_, at the following address: