

Title:	MOUSE (DOPS) – Notes for Paediatric Surgery Clinical Assessors	Ref. No.	GDL_ETA_IMG_004
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MOUSE (DOPS) – Notes for Paediatric Surgery Clinical Assessors

How does it work?

The process is IMG led. You observe the IMG undertaking the procedure and record your observations on the MOUSE template. The IMG should do what they would normally do in the situation. The Clinical Assessor's evaluation is recorded on a structured form which enables the Clinical Assessor to provide verbal development feedback to the IMG. After completing the assessment form, you provide feedback to the IMG immediately after the procedure, which will take about 5 minutes.

Applicable procedures

The encounter should be representative of the IMG's workload. IMGs should only be observed undertaking procedures normally expected of them and in their usual work environment. This will be one of a comprehensive list of procedures relevant to the specialty and placement.

Difficulty of procedure

Please score the difficulty of the procedure for the level of an IMG completing their 12 or 24 months of clinical assessment.

- Definition of Easier than usual: uneventful procedure without any "usual" problems encountered when performing procedure – eg friable sac is a "usual" problem in neonatal herniotomy.
- Definition of More difficult than usual: unexpected problems unrelated to the expertise of the IMG. eg small premature baby herniotomy under spinal whose is moving or a T.O.F. repair under high frequency ventilation is more difficult than usual

Using the scale

Comparison should be made with a doctor who is ready to commence unsupervised consultant practice. It is expected that some ratings below "meets expectations or satisfactory" will be in keeping with some IMG's level of experience. Do not complete the overall rating unless you have observed the entire procedure.

Feedback

In order to maximise the educational impact of using MOUSEs, you and the IMG need to identify agreed strengths and areas for development. This needs to be done sensitively and in a suitable environment. Feedback is best given immediately after the assessment.

After the assessment and feedback

- You must sign and date the assessment form.
- Your responsibility for assessment will have ended at this point unless a discrepancy arises with a rating, which you may be asked to verify.
- IMG evaluations will be collated so that they build into an overall profile that can be added to the IMG's portfolio. The overall profile will inform the IMG's final review. It will also be part of the feedback for ongoing development.

- At the end of the placement it is the IMG's responsibility to have acquired the required number and type of MOUSEs specific to their learning needs.

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Who can you ask to assess you?

You are required to undertake a minimum of One MOUSE during each month of clinical assessment. Each assessor must be approved as a trained assessor (is a FRACS Paediatric Surgeon). Try to ensure that one of your observers is your assigned Clinical Assessor.

You will also find that it helps you learn to assess yourself. The structured checklist offers you the criteria against which you will be assessed. You need to reflect upon the meaning of each item in order to understand what is required of you. Self-assessment can help you determine any gaps in your understanding or ability which you can bring to discussion with your assigned Clinical Assessor and other senior colleagues.

What is the purpose of being assessed?

MOUSE (DOPS) is designed to provide feedback that will help you improve your work performance. Therefore you should be assessed undertaking procedures normally expected of you in your usual working environment where you would normally do the procedure.

Which procedures will be applicable?

It is important that you choose different procedures which cover the curriculum competences.

At your initial meeting with your Clinical Assessor at the beginning of a 3 month period of clinical assessment you can discuss the procedures that you need to cover within your rotation to demonstrate the competence required. The Board of Paediatric Surgery may mandate certain caseload for MOUSE.

When can you use MOUSE?

MOUSE can be used every time you carry out a practical procedure. It can be used at any time of day or night. You can request more assessments than the required minimum as this provides you with more feedback to work with.

Your assigned Clinical Assessors and /or the Board of Paediatric Surgery may instigate more than the required minimum assessments if there are areas of concern.

Feedback

In order to maximise the educational impact of using MOUSE, you and your Clinical Assessors need to identify agreed strengths and areas for development. It is essential that you reflect on this feedback and try to overcome any weaknesses through further dedicated learning, observation and practice. You can discuss methods of doing so with your Clinical Assessor and other assessors.

Conduct

Use the Paediatric Surgery MOUSE template. The process is IMG led – you should identify appropriate cases and ask your clinical assessor to be present to do the MOUSE assessment on the MOUSE template you have downloaded and have present in the operating room.

After the Assessment and Feedback

You sign to state your satisfaction with the process at the bottom of the form. This is about satisfaction with the process not with how you have done on the occasion of your assessment. You will be responsible for ensuring that all of the assessments are submitted to your Clinical Assessor so that the information can be included together with your reports pertaining to your 3 month assessment. Ratings will be collated and you will be provided feedback accordingly.