



General Surgery Education and Training (GSET) Program

What will it mean for you and for General Surgery

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Middlemore SMO, Supervisor of training CMH, Gen Surg Training Committee Member

“SYNERGY IN SURGERY” NZAGS ASM in Wellington Aug 2022



GSET in 35mins

- Why change?
- What has changed?
- What is the GSET structure?
- What's involved for SMOs (trainers)?

Why the Change?

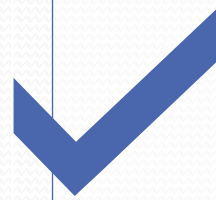
- RACS - Strategic Plan & Issues identified
 - Knowledge and skills at graduation inconsistent
 - Expected Performance unclear
- AMC has placed conditions on RACS
 - 'Time in training' and 'competency assessment'
 - Need observations of performance in determining competency
- NZAGS in synergy with Australia GSA
 - Credit: Monica Carrarini (GSA Director of Education & Training) and BiGS



New concepts



Includes clear **graduate outcomes** & trainee pathway



Competencies that can be **assessed to an agreed standard** to be achieved by all learners (with trainer tools)



Competencies are aligned to a **curriculum**



Emphasis is on **abilities rather than time** spent



Graduate Outcome

The objective of the GSET Training program is to ensure that the **graduating trainee** has the **competencies** and **skills** required to undertake **core general surgery procedures**, be able to **participate independently in an acute on call general surgical roster**, and be competent across the RACS Core Competencies



Adult learning

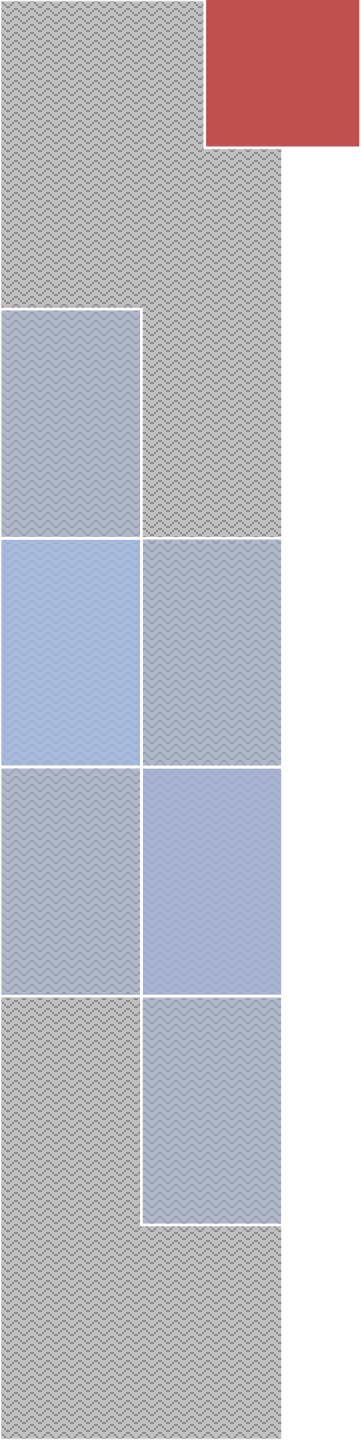
- Learner led goals
- Be clear what you want them to do
- Frequent Feedback
 - Good
 - &
 - for improvement

Framework must be medico-legally robust

What has changed?

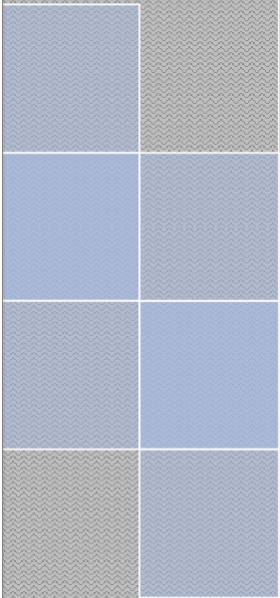
- Structure of the program
- New curriculum
 - Mapped to a syllabus
- New assessments





Curriculum

General Surgery Education and
Training Program



Royal Australasian College of Surgeons
Australian Board in General Surgery
Aotearoa New Zealand Committee in General Surgery



CORE COMPETENCIES & CURRICULUM:

Medical Expertise					At performance expectation	
Competency	Sub-competencies	GSET 1 Milestones	GSET 2-3 Milestones	GSET 4-5 Milestones	Trainee	Supervisor
ME1: Assesses pertinent features of history and examination	Gathers relevant information concerning the patient's condition	Takes comprehensive history to gather relevant information	Takes focussed history to gather relevant information	Integrates relevant past surgical and medical history into patient's current presentation to enable focussed clinical examination	<input type="radio"/> no	<input type="radio"/> no
	Performs clinical examination relevant to patient's condition	Performs systematic clinical examination of patient	Tailors clinical examination to patient's specific condition	Elicits clinical findings pertinent to patient's conditions	<input type="radio"/> no	<input type="radio"/> no
ME2: Applies knowledge of basic and clinical sciences as relevant to the patient's condition	Applies knowledge of anatomy (including embryology) and physiology	Identifies relevant anatomy (including embryology) and physiology	Applies knowledge of anatomy and physiology to conditions and procedures	Evaluates anatomical and physiological variations and takes these into account where relevant	<input type="radio"/> no	<input type="radio"/> no
	Applies knowledge of the basic sciences to assessment of the underlying condition	Demonstrates knowledge of basic sciences	Plans interventions based on basic sciences	-	<input type="radio"/> no	<input type="radio"/> no
	Integrates basic and clinical science knowledge for therapeutic and management purposes	Applies knowledge of basic and clinical sciences to initial management plan	Applies basic and clinical sciences knowledge in response to changes in patient status	Uses the basic sciences to evaluate the outcome of	<input type="radio"/> no	<input type="radio"/> no
ME3: Formulates a differential diagnosis	Integrates basic science and clinical information to create a differential diagnosis	Generates a list of potential diagnoses	Generates a focussed differential diagnosis	Considers rare and atypical presentations when compiling a differential diagnosis	<input type="radio"/> no	<input type="radio"/> no
	Selects targeted investigations to refine differential diagnosis	Selects investigations relevant to the presenting problem	Narrows selection of investigations based on patient's presentation	Demonstrates knowledge of cost/benefits and sensitivity/specificity of common investigations by choosing wisely for the individual patient	<input type="radio"/> no	<input type="radio"/> no
ME4: Formulates a management plan	Applies knowledge of basic and clinical sciences to management of the patient	Identifies relevant basic and clinical sciences to management plan	Applies knowledge of basic and clinical sciences to management plan	Uses the basic sciences to evaluate the outcome of	<input type="radio"/> no	<input type="radio"/> no

Syllabus


Early breast cancer			
ME1:	<ul style="list-style-type: none"> Epidemiology, genetics, risk factors, TNM pathologic staging, grade, histological types Oestrogen receptor (ER), progrestone receptor (PR) and HER2 status Sentinel node mapping and assessment 		
ME2:	<ul style="list-style-type: none"> Molecular sub typing Molecular biology Principles and patterns of metastasis 		
ME3 and JCDM1:	<i>See Assessment of breast symptoms and disease</i>		
ME4, JCDM1 and JCDM2:	<ul style="list-style-type: none"> Indications and contraindications to breast conservation therapy Indications and contraindications to immediate breast reconstruction Sentinel node mapping with isotope and blue dye Radiotherapy and its delivery systems Principles of staging Role of gene expression profiling Molecular markers of prognosis Local recurrence Prognostic estimation 		
ME5, TE1, and TE2:	GSET1	GSET2-3	GSET4-5
Procedures			
Knows	<ul style="list-style-type: none"> Wide local excision (complete local excision) of breast cancer Mastectomy Immediate breast reconstruction Prophylactic mastectomy Sentinel node biopsy (radio-isotope and blue dye) 	<ul style="list-style-type: none"> Skin sparing mastectomy 	<ul style="list-style-type: none"> Principles of oncoplastic surgery Breast reconstruction Nipple sparing mastectomy
Does		<ul style="list-style-type: none"> Wide local excision (complete local excision) of breast cancer Mastectomy Sentinel node biopsy 	<ul style="list-style-type: none"> Skin sparing mastectomy

GSET Structure: What is it?

- 5 year training scheme
 - SEAMs
 - 1000 majors
 - 10x 6mo rotations
 - Endoscopy
 - EPAs & PBAs
 - Courses & Research
 - Exam
- Terminology
 - Entrustable Professional Activities (EPAs)
 - Procedure Based Activities (PBAs)

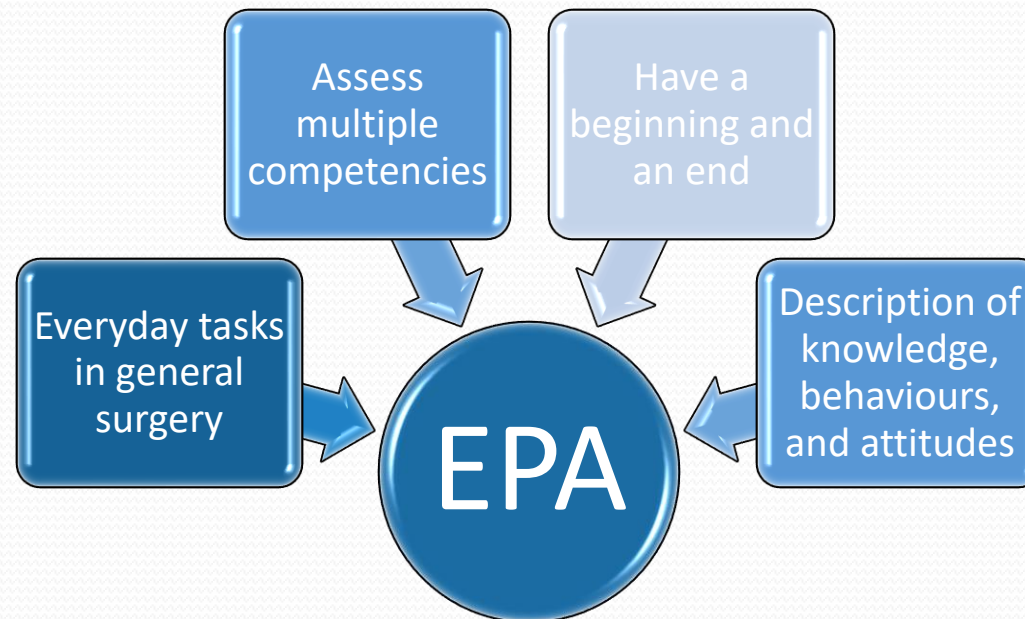


GSET Structure and Requirements

CORE			PRINCIPAL	
GSET1	GSET2	GSET3	GSET4	GSET5
2 Rotations	2 Rotations	2 Rotations	2 Rotations	2 Rotations
54 EPAs to the level of Entrustable			36 EPAs to the level of Entrustable	
37 PBAs to the level of Able to Perform Independently			28 PBAs to the level of Able to Perform Independently	
Skills Courses – EMST, CCrISP, ASSET, TIPS				
SEAM				
			Research	
1000 Majors with appropriate primary operator rate				
100 Endoscopies and 50 Colonoscopies				
8 Training Days				
(can be interrupted / part time training)				
			Fellowship Exam	

Entrustable Professional Activities

A **task** or **responsibility** to be **entrusted** to a trainee **once sufficient competence has been gained**



EPA (Professional activity) Rating



Entrustable

When a trainee **can** perform the activity at the required **standard of performance** with **distant supervision**, when an **assessor** is **confident** that a trainee **knows when to ask for additional help** in a timely manner.



Not Entrustable

When a trainee is **unable to perform the activity** at the required standard **without close supervision** and **direction**.



Entrustable Professional Activities

Core GSET1-3

Arrange and Complete Surgery for a Simple Acute Case

Assessing Simple New Elective Case in Outpatient Clinic

Delivering Results to a Patient

Discharge Planning for a Complex Patient

Leading A Team Ward Round

Management of Acute admissions

Student Teaching Session

Present at MDM/X-Ray Meeting

Presentation at Departmental Meeting

x6



Entrustable Professional Activities

Principal

GSET4-5

Arranging Acute Surgery for a Complex Condition

Management of a New Cancer Patient in the Outpatient Clinic

Delivering News to a Patient – End of life Prognostic Discussion

Operative Supervision of a Junior Colleague

Present at MDM/X-Ray Meeting of a Complex Case

Communicating/Referring a Complex Patient Case

x6

Entrustable Professional Activities

		Medical Expertise	Judgement – Clinical Decision Making	Professionalism	Ethics	Health Advocacy	Communication	Collaboration and Teamwork	Scholar and Teacher
CORE	EPA1	✓	✓	✓	✓	✓	✓	✓	
	EPA2	✓	✓		✓	✓	✓	✓	
	EPA3	✓	✓	✓	✓	✓	✓	✓	
	EPA4	✓	✓	✓	✓	✓	✓	✓	
	EPA5	✓	✓	✓		✓	✓	✓	
	EPA6	✓	✓	✓	✓	✓	✓	✓	
	EPA7	✓	✓	✓	✓	✓	✓	✓	✓
	EPA8	✓	✓	✓		✓	✓	✓	
	EPA9	✓	✓	✓			✓	✓	✓
	EPA10	✓	✓				✓		✓
PRINCIPAL	EPA1	✓	✓	✓	✓	✓	✓	✓	
	EPA2	✓	✓		✓	✓	✓	✓	
	EPA3	✓	✓	✓	✓	✓	✓	✓	
	EPA4	✓	✓	✓	✓	✓	✓	✓	
	EPA5	✓	✓	✓		✓	✓	✓	✓
	EPA6	✓	✓	✓	✓	✓	✓	✓	



Procedure Based Activities

A PBA is a (technical) activity to be **entrusted** to a trainee when they are **Able to Perform competently / “Entrustably”**

PBAs assess the competencies of **medical expertise**, and **technical expertise**

PBA (Procedure based) Rating



Able to Perform Independently

the trainee is **able to complete the procedure** with **minimal supervision and guidance**, and **demonstrates knowledge of when to request assistance**.



Not Able to Perform Independently

the **trainee required close supervision and guidance**, and/or **does not demonstrate knowledge of when to request appropriate assistance**.

Procedure Based Activities

Core GSET1-3

Anastomosis

x6

Appendicectomy

x6

Examination Under Anaesthetic Anus - Incision & Drainage of Perianal Abscess

x3

Groin Hernia

x3

Open and Closing Abdominal Incision

x6

Simple Laparoscopic cholecystectomy +/- Intraoperative Cholangiogram

x6

Small Bowel Resection

x4

Stoma Formation

x3

Procedure Based Activities

Principal

GSET4-5

Axillary Node Dissection

x2

Colonoscopy

x4

Hartmann's Procedure or Acute Left Colectomy

x4

Laparotomy - Adhesiolysis

x4

Open Right Hemicolectomy

x4

Sigmoid Colectomy/Anterior Resection

x2

Thyroidectomy

x2

Upper GI Endoscopy

x4

Wide Local Excision/Mastectomy

x2

Who can assess EPA & PBAs ?



SMO on an accredited general surgery training unit

Need to have multiple assessors to remove bias, leniency, or halo effects across a minimum number of rotations



For EPAs ... Input from

other medical staff – eg nurses, allied health, fellows, ED staff, IMGs, and other consultants.

What's involved for the trainer (SMO)?

- Set clear goals
 - Run orientation
 - Trainee handover form
- EPA & PBA assessments
- Mid-run & end of run form





How are EPAs/PBAs documented?

- Digital Platform
 - Emailed link after each activity
 - Review trainee assessment of own performance
 - Rate their level of performance
 - Document feedback
- Also need: face to face feedback

Email link

(2 week expiry)

Hi (you name),

(Trainee name) submitted a new assessment and is awaiting your review: (e.g.) [Appendectomy - Laparoscopic or Open](#)

Access your list of reviews [here](#).

Regards,

NZAGS team

You can either access the assessment through this hyperlink.

Alternatively you can access all assessments for your attention here.

Assessing a Simple New Elective Case in Outpatient Clinic

Progress for this competency

0/6

Entrustable
(EPA)

1

Submitted
attempt for this
competency



Trainee needs 6 more Entrustable achievements for this competency

Current attempt

No: 1

Trainee: Jenny Choi

Assessor: Jeremy Rossaak

Assessment date: 27 May 2021

Expiry date: 3 Jun 2021

Info

Assessing a Simple New Elective Case in
Outpatient Clinic

Type: EPA (Entrustable Professional Activity)

Year: 1 - 3

[View full detail >](#)

Assessment

History

Instructions & detail

Select a rating for each criteria for this competency

1. Medical Expertise

Indicative behaviours

- Appropriately considers all available data to formulate a provisional/differential diagnosis
- Ensures judicious use of additional investigations

Indicative questions

- Can the trainee appropriately assess the presenting problem?
- Are any ancillary investigations chosen wisely?

Self Assessment: **Entrustable**

How do you assess the trainee?

- ☐ Entrustable
- ☐ Not Entrustable
- ☒ Unassessed

2. Judgement – Clinical Decision Making

Indicative behaviours

Indicative questions

Self Assessment: **Entrustable**

You will need to complete all the domains here.

You can view the history of previous attempts at this assessment here.

If the trainee self-assesses as "not Entrustable" (or "not Independent" for a PBA), they will put in the reasons. You can make the same assessment, or give them a positive assessment: -

4. Health Advocacy

Indicative behaviours

- Identifies comorbid conditions or lifestyle factors that will impact on operative management; initiates management of these
- Considers postoperative rehabilitation where necessary

Indicative questions

- Does the trainee systematically address issues such as smoking, alcohol intake, obesity, and exercise?
- Is there discussion of postoperative issues such as physical activity and diet?

Self Assessment: **Not Entrustable**

How do you assess the trainee?

- ☐ Entrustable
- ☒ Not Entrustable
- ☐ Unassessed

Trainee reason for selecting Not Entrustable

I forgot to check for these

Please provide a reason or comment on why you have selected Not Entrustable

Assessment reason:

If you rate the trainee as "Not Entrustable" (or Not Independent for a PBA), you will be prompted for your reasons and suggestions for improvement for next time.

5. Collaboration and Teamwork

Indicative behaviours

- Appropriately calls upon multidisciplinary support to optimise patient outcome

Indicative questions

- Does the trainee refer appropriately to other health professionals as part of the assessment and management process? (e.g. anaesthetist, stoma therapist, physiotherapist, etc.)

Self Assessment: **Entrustable**

How do you assess the trainee?

- ☐ Entrustable
- ☒ Not Entrustable
- ☐ Unassessed

Please provide a reason or comment on why you have selected Not Entrustable

Assessment reason:

This was not done. Suggest next time you involve the stoma specialist earlier

Once you have completed all the domains please "Save and Submit".

NB "Save" should only be used if you can't finish the assessment at that time and you need to return – it won't be recorded and will remain in your list of assessments to review: -

Submit your assessment

Comments about this assessment

This is the [x] assessment for this Competency for Jenny Choi. The Trainee will see your comment.

Overall grading: ENTRUSTABLE

Save

Save & Submit

Cancel



Troubleshooting EPAs/PBAs

- Attempts are important
- Consultant Log ins
- Non-FRACS consultants
- Extensions: Email links expire in 2 weeks

Other assessments for the SMO?

- Mid-run & end of run form



[illegible]



Aotearoa New Zealand Committee in General Surgery

In-Training Assessment Form

Trainee Information		Rotation Information	
Trainee Name:		Rotation dates:	
GSET Year:	GSET1 <input type="radio"/> GSET2 <input type="radio"/> GSET3 <input type="radio"/> GSET4 <input type="radio"/> GSET5 <input type="radio"/>	Assessment Type: Mid-term <input type="radio"/> End of Term <input type="radio"/> Probationary Y/N	
Hospital Name:		Hospital Unit:	

Team Members Consulted for this assessment (include names of all consultants on the unit):	
Name	Name

Instructions for completion:

Trainee –

1. Complete relevant information above
2. Self-assess the competency milestones (on coloured pages), noting anywhere you are not meeting them
3. Arrange meeting with supervisor to discuss
4. Ensure this assessment is **signed and dated by yourself and the supervisor before submitting to SOLA**

Unit Supervisor –

1. Review Trainee progress for each relevant GSET level milestone in the Competency and Sub-competency pages that follow, checking trainee, and any area where
2. Consult with other member:
3. Complete all the summary b

LOGBOOK AND ACTIVITIES

Logbook rating (target: 100 maj)

Primary operator rate - comm:
(targets GSET1 **20%**, GSET2 **30%**, GSET3 **40%**, GSET4 **50%**, GSET5 **60%**)

Minimum number of EPAs attempted

Progress towards:
- SEAM Modules (target: **20%**)
- Research (requirement: **20%**)
- Courses (ASSET, CC&SP)

FEEDBACK

General feedback comments re
- Please provide at least

- Please provide at least

COMPETENCIES

Review competencies below: At this point in their training, is the Trainee performing at the expected standard for their level of training? i.e. are they satisfactorily progressing towards, or achieving, the milestones at their level?	Is the trainee performing at expected level?
<i>If "no" then document in the relevant sub-competency milestones on the following coloured pages and suggest a Support Plan for the trainee</i>	
Medical expertise - Patient assessment; Knowledge of basic & clinical sciences; Diagnoses, Management plans	<input type="radio"/> Yes <input type="radio"/> No
Judgement and Clinical Decision Making - Judgement in professional activities and in decisions involving individual patients	<input type="radio"/> Yes <input type="radio"/> No
Technical expertise - Adequate preparation for procedures; Effective and safe performance	<input type="radio"/> Yes <input type="radio"/> No
Collaboration and team-work - Valued & effective member of the team; Enhances team dynamics	<input type="radio"/> Yes <input type="radio"/> No
Communication - Effective skills, Patient centred, Communication with professionals; Manages difficult situations	<input type="radio"/> Yes <input type="radio"/> No
Health advocacy - Advocates for patient care, for community, for self and colleagues	<input type="radio"/> Yes <input type="radio"/> No
Leadership and Management - Ability to lead; Leads in clinical context; Manages in a team; Engages in operational leadership	<input type="radio"/> Yes <input type="radio"/> No
Professionalism - Upholds behaviours; Commitment to patient centred care; Supports institution's ability to care for patients	<input type="radio"/> Yes <input type="radio"/> No
Scholarship and teaching - Personal learning; Teaching & educating others	<input type="radio"/> Yes <input type="radio"/> No

OVERALL RATING

- ☐ At (or above) Performance Expectation
☐ Below Performance Expectation (Support Plan required – please advise your hospital supervisor and Helen@nzags.co.nz)

LOGBOOK AND ACTIVITIES

Logbook rating (target: 100 majors per 6month term) - comments?

- ☐ Satisfactory
☐ Not Satisfactory

Primary operator rate - comments?

(targets GSET1 **20%**, GSET2 **30%**, GSET3 **40%**, GSET4 **50%**, GSET5 **60%**)

- ☐ Satisfactory
☐ Not Satisfactory

Minimum number of EPAs attempted (target 6) - comments?

- ☐ Satisfactory

FEEDBACK

General feedback comments required:

- Please provide at least one example of an area where trainee consistently performs well:

- Please provide at least one example of an area that the trainee can focus on for future improvement:

In-Training Assessr

Trainee Information	
Trainee Name:	
GSET Year:	GSET1 <input type="radio"/> GSET2 <input type="radio"/> GSET3 <input type="radio"/> GSET4 <input type="radio"/> Extended Training GSET3 <input type="radio"/> Extended Train
Hospital Name:	
Team Members Consulted for this assessment (include names of all	
Name	Name

Instructions for completion:

- Trainee –
1. Complete relevant information above
 2. Self-assess the competency milestones (on coloured pages), n
 3. Arrange meeting with supervisor to discuss
 4. Ensure this assessment is **signed and dated by yourself and ti**

Unit Supervisor –

1. Review Trainee progress for each relevant GSET level milestor pages that follow, checking that they still meet those of previi trainee, and any area where they (or you) indicate that the ex
2. Consult with other members of the unit and then meet with t
3. Complete all the summary boxes below; Sign and date

LOGBOOK AND ACTIVITIES
Logbook rating (target: 100 majors per 6month term) - comments?
Primary operator rate - comments? (targets GSET1 20%, GSET2 30%, GSET3 40%, GSET4 50%, GSE
Minimum number of EPAs attempted (target 6) - comments?
Minimum number of PBAs attempted (target 3) - comments?
Progress towards: <ul style="list-style-type: none"> - SEAM Modules (target: 2 per term for GSET 1 & 2) - Research (requirement: pre-approval in GSET 1 or 2) - Courses (ASSET, CC&SP, EMST, Sedation training, CLEAR, TIP)
FEEDBACK
General feedback comments required: <ul style="list-style-type: none"> - Please provide at least one example of an area where train - Please provide at least one example of an area that the trai

COMPETENCIES	
Review competencies below: At this point in their training, is the Trainee performing at the expected standard for their level of training? i.e. are they satisfactorily progressing towards, or achieving, the milestones at their level?	Is the trainee performing at expected level?

COMPETENCIES

Review competencies below: At this point in their training, is the Trainee performing at the expected standard for their level of training? i.e. are they satisfactorily progressing towards, or achieving, the milestones at their level?

If “no” then document in the relevant sub-competency milestones on the following coloured pages and suggest a Support Plan for the trainee

Medical expertise

- *Patient assessment; Knowledge of basic & clinical sciences; Diagnoses, Management plans*

Judgement and Clinical Decision Making

- *Judgement in professional activities and in decisions involving individual patients*

Technical expertise

- *Adequate preparation for procedures; Effective and safe performance*

Collaboration and team-work

- *Valued & effective member of the team; Enhances team dynamics*

Communication

- *Effective skills, Patient centred, Communication with professionals; Manages difficult situations*

Health advocacy

- *Advocates for patient care, for community, for self and colleagues*

Leadership and Management

- *Ability to lead; Leads in clinical context; Manages in a team; Engages in operational leadership*

Professionalism

- *Upholds behaviours; Commitment to patient centred care; Supports institution’s ability to care for patients*

Scholarship and teaching

- *Personal learning; Teaching & educating others*

Is the trainee performing at expected level?

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☐ Yes ☒ No

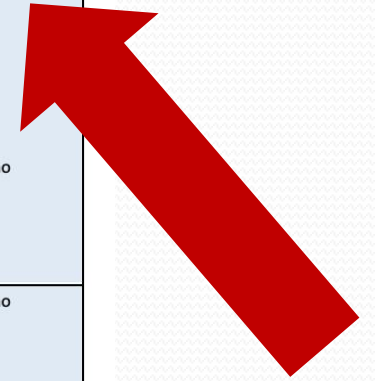
☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

Communication continued					At performance expectation	
Competency	Sub-competencies	GSET 1 Milestones	GSET 2-3 Milestones	GSET 4-5 Milestones	Trainee	Supervisor
C3: Demonstrates effective communication with healthcare professionals (continued)	Displays adaptable communication techniques that promote patient safety in all clinical environments	Displays adaptable communication techniques on the wards that promote patient safety	Displays adaptable communication techniques in the operating theatre that promote patient safety including leading time outs	Displays adaptable communication techniques in all clinical situations	<input type="radio"/> no	<input type="radio"/> no
		Demonstrates respectful communication with all team members	Adopts the information delivered to the needs of the recipient health staff	Promotes effective communication by all members of the surgical team	<input type="radio"/> no	<input type="radio"/> no
C4: Manages difficult communication situations	Utilises effective techniques for communicating in difficult situations	Demonstrates awareness of situations that may be challenging and seeks assistance as required	Addresses difficult situations and seeks assistance when required	Takes responsibility for the management of difficult situations	<input type="radio"/> no	<input type="radio"/> no
		Demonstrates awareness of techniques for speaking up	-	Promotes an environment where speaking up is supported	<input type="radio"/> no	<input type="radio"/> no
	Utilises effective techniques for conflict resolution	Identifies pathways by which conflict can be resolved	Raises issues in a timely manner to attempt resolution	Constructively participates in conflict resolution	<input type="radio"/> no	<input type="radio"/> no
Supervisor – <u>Communication</u> Recommendations for future development where Supervisor answer above was "no" Milestone #: Milestone # Comments where Trainee has indicated "no" but Supervisor disagrees?						



OVERALL RATING

☐ At (or above) Performance Expectation

☐ Below Performance Expectation (**Support Plan required – please advise your hospital supervisor and Helen@nzags.co.nz**)

Signatures required: *(Forms will be deemed invalid if this section is not completed)*

Signature – Unit Supervisor

I hereby verify that all consultants on the unit have contributed to this assessment and that the assessment and logbook data has been discussed with the Trainee.

Name: _____ Signature: _____ Date: _____

Signature – Trainee

I have sighted the assessment on this form:

☐ Yes ☐ No

I have discussed the assessment with my unit supervisor and/or hospital supervisor:

☐ Yes ☐ No

I agree with the assessment on this form:

☐ Yes ☐ No

Name: _____ Signature: _____ Date: _____

Signature – Hospital Supervisor

I have sighted the assessment and I am satisfied the Trainee has participated in the assessment process.

Name: _____ Signature: _____ Date: _____



Feedback & questions?

helen@nzags.co.nz

The Program – Key Points

- Clear requirements with many principals remaining the same
- Curriculum & syllabus, with milestones
- EPA & PBA requirements are new
- Progression through now has clearly defined steps
 - normal progression
 - extended learning available
 - below performance expectation clear

