

Guidance for trainees preparing for the Objective Structured Final Assessment (OSFA) for trainees on the Scientist Training Programme

Contents

.....	1
Introduction.....	2
Annual OSFA events	2
Arriving at the venue and registration.....	2
Bringing equipment or resources for your assessment.....	3
Prior to the start of the OSFA.....	3
Start of the OSFA and circuit process.....	3
Behaviour on circuit	4
Rest stations.....	4
Toilet breaks	4
Station content.....	4
Examples of different types of station.....	5
Examples of desirable and undesirable behaviours for your station	6
Marking the OSFA	8
Knowing your assessor	9
Receiving feedback.....	9
OSFA Exam Board panel.....	9
How pass and fail decisions are made	9
Next steps for trainees who fail the OSFA	10
Appealing against the decision of the Exam Board panel.....	10
Final comments on how to prepare for the OSFA	10
APPENDIX 1: THE OSFA PROCESS: MOVING BETWEEN STATIONS.....	12
APPENDIX 2: EXAMPLE OF INSTRUCTIONS TO TRAINEES.....	13
APPENDIX 3: EXAMPLE OF AN ASSESSOR'S MARK SCHEME	14
APPENDIX 4: OSFA DOMAINS.....	15

Introduction

The OSFA is a type of assessment that is commonly used to assess professional practitioners' fitness to practise among including doctors, dentists, veterinarians, and others, at under-graduate, post-graduate and post-qualification levels.

All trainees in the third year of the Scientist Training Programme (STP) are eligible, unless otherwise informed, to take the live OSFA and will automatically be included in the schedule for the relevant year.

Your OSFA is set at the level required of an STP trainee just prior to registration as a clinical scientist, and will assess the skills, knowledge and behaviours you are expected to use in the workplace whilst undertaking routine work. This document provides information on what trainees should expect on the day of the OSFA, how to prepare themselves for good performance, and outlines the domains on which trainees will be assessed.

Annual OSFA events

The School delivers three annual OSFA events: mock OSFA, live OSFA and OSFA resit. All trainees scheduled to take their live OSFA will have a voluntary opportunity to experience a mock OSFA, usually in the third year, sometime before their live OSFA.

IMPORTANT: Photo ID

You must bring photo ID with you; a current passport, UK driving licence or another legal photo ID are acceptable. Without your ID you will not be allowed to sit your OSFA. Please contact the School in advance if you do not have a legal form of photo ID.

We recommend that you view the trainee briefing video prior to the day of your OSFA: <https://www.youtube.com/watch?v=7GwwztxdaIM>

OSFA Regulations, policies and other OSFA related documents

All trainees due to take their OSFA should read, understand and ensure they comply with the OSFA Regulations and policies; these are all available on the NSHCS website. If you have any questions concerning any of the Regulations or policies, please email: nshcs.assessment@hee.nhs.uk

Booking for your OSFA

During your third year on programme, you will receive communications from the School regarding the OSFA and details of how to book your place. If you book a place at the OSFA but cannot attend due to serious circumstances beyond your control, you must inform the School immediately. You will be directed to read the OSFA Policy on Mitigating Circumstances and complete and submit the mitigating circumstances form available on the NSHCS website.

Arriving at the venue and registration

You will be required to register for your OSFA 30 minutes prior to the start of your assessment circuit; the timings are included in your booking confirmation. Please leave plenty of time for arrival at the venue.

All OSFA events are currently delivered at the Examination and Assessment Centre, Royal College of General Practitioners (RCGP), 30 Euston Square, London: <http://www.rcgp.org.uk/contact-us.aspx>. The School reserves the right to change the venue at which the OSFA events are held if necessary; trainees will be informed of the venue for their OSFA along with their booking details.

Please do not bring large pieces of luggage as there is limited storage space.

Please use the dedicated entrance to the located on the Euston Road, around the corner from the main entrance to the RCGP.

Please ensure that you have used the facilities, if required, prior to presenting yourself at the Trainee Registration Desk for registration. You will be for your photo ID and to store your belongings then directed to the trainee briefing room.

Bringing equipment or resources for your assessment

You do not need to bring anything with you; everything you need to complete each station will be provided for you. You will not be permitted to take any mobile devices, or written or printed material in to the assessment, or to wear a wristwatch. There will be a clock in every station. Please refer also to the OSFA policy on electronic devices and mobile phones.

Prior to the start of the OSFA

Trainees will gather in the briefing room where water will be available. You will be given a short briefing on what to expect when taken onto the assessment circuit and any specific information relating to on-the-day requirements.

Dress code and behaviour at the OSFA venue

The OSFA is a professional fitness to practise examination. Trainees are expected to dress appropriately and behave professionally at all times. We understand that trainees may well be nervous during their time at the assessment centre; however, it is expected that they will comply with the OSFA policy on dress code and OSFA misconduct policy.

CCTV cameras

The Examination and Assessment Centre at the RCGP has CCTV cameras which will be in operation on the day of your OSFA; this is for training or on-the-day surveillance to resolve any issues arising at the time only – recordings are not made or kept.

Start of the OSFA and circuit process

Just prior to your allocated OSFA time, the group of trainees will be chaperoned from the briefing room to the OSFA circuit. From this point on, the assessment rules will apply and you should not talk to other trainees. Each trainee will be shown to their first station. You will be asked to turn your back to the *Instructions for Trainees* attached to a clipboard which will be hanging on the wall outside every station. When everyone is in place, there will be an announcement to begin and at this point you should turn around and read the instructions outside your first station.

After three minutes, a buzzer or bell will sound to indicate that you should enter the station. Your 12 minutes begin at this point so you should not hesitate when entering the station. Show the assessor your name badge plus a smile, nod, 'Hello' or 'Good morning' will suffice, then begin your task; do not waste time shaking hands or making long introductions. (See below for guidance on what to do if there is an actor in the station). Use your 12 minutes wisely to show the assessor what you know and can do (see further details below);

There is a clock in each room that will count down from 12 minutes.

After 12 minutes, the buzzer or bell will sound again to indicate the end of the station. At this point you must leave the station immediately. To be clear, at the buzzer or bell you must stop

immediately, whether that is mid-sentence or mid-task, and move on to your next station. You should not say anything else as you leave, other than a 'Thank you' to the assessor and the actor if one is present. You will not be credited for anything you do or say after the buzzer or bell. If any trainee does not leave the station promptly, an OSFA administrator will document their observations of the trainee's conduct and this will be submitted to the Exam Board as an additional piece of evidence for the Exam Board to consider.

Upon leaving the station, you move quickly to your next station. The stations are close together and in numerical order. OSFA staff are on circuit to guide you if you are unsure of where to go next. Upon reaching your next station, you should read the *Instructions to Trainees* (there is no need to stand with your back to the instructions). After a further two minutes you will hear a buzzer or bell to indicate the start of your second station. You will repeat the same process until you have completed every station in your OSFA. Appendix 1 shows a diagram of the process.

Behaviour on circuit

Trainees are expected to behave professionally at all times including on circuit. We understand that trainees may well be nervous during their time at the assessment centre, however, any misconduct, such as talking to others outside of the station rooms, trying to distract other trainees, being disrespectful, trying to gain advantage for their assessment in any way, will be taken seriously and may result in trainees being escorted from the circuit and reported to the senior manager. The incident will be recorded and forwarded to the Chair of the Examination Board for consideration.

Rest stations

The Generic OSFA which consists of three stations and does not include a rest station.

The Specialist OSFA consists of nine stations. There is one rest station for all trainees, usually after the third, fourth or fifth station as dictated by the timetabling requirements. You are not permitted to take any OSFA-related materials with you in to a rest station, and your time in the rest station cannot be used to complete paperwork or anything else from another station. If there are other trainees in the rest station with you, you should not talk about the OSFA or the content of your stations. A chaperone may be present. You should take the time in the rest station to rest and gather your thoughts. Water will be available.

Toilet breaks

If you would like to take a toilet break during your rest station, you should ask the chaperone, and they will organise for someone to escort you. If you are late back to the circuit (i.e. the buzzer or bell has sounded to indicate the start of the next station), you will have reduced time on your next station.

You may request a toilet break at any point during the OSFA. Please make your request to a member of staff and they will organise an escort for you. Please note, however, that your assessment time will not be stopped and you will lose that time.

Station content

Each station assesses some aspect of your *fitness to practise* as a clinical scientist. In other words, across all stations you will be assessed on whether you:

- can competently complete the tasks that are expected of you in the workplace on a routine basis;

- are a 'safe pair of hands';
- have the necessary knowledge and understanding of the key procedures and processes in your specialism;
- are confident and competent in dealing with questions from, or explaining things to, patients, patients' relatives, or other healthcare professionals;
- can adhere to relevant legislation, policy or guidance documents;
- are mindful of and prepared to take action in case of error or risk of harm to patients.

The standard against which you will be assessed is that of a clinical scientist *just prior to registration*. This means that you are not expected to perform at the level of an experienced and registered clinical scientist. Part of this should be recognition of whether you are ready for independent practice and knowing when you need to ask for help or advice from colleagues.

The stations will assess skills and content that should be familiar to you. They will draw upon the knowledge and skills you have gained from all stages of the STP. The OSFA is a synoptic assessment that requires you to demonstrate evidence of synoptic learning. In other words, it will assess your ability to integrate your learning on earlier rotational modules with your specialist modules. As such, you should not expect to have one station covering content from module one, and one station covering content from module two etc. Instead, each station will assess something important to your specialism and your practise in the workplace, that draws upon the knowledge and skills you have mastered throughout the three years.

Examples of different types of station

Most OSFA stations will simulate something that you do in the workplace. As such, there are many different types of OSFA station. Below are some examples of what you may be asked to do. You will only be asked to complete tasks that are relevant to your specialism, so if you rarely interact with patients or analyse data or calibrate equipment, it is unlikely that you will be asked to do these things in the OSFA. Where the station requires interaction with another person who is not the assessor, that person will be an actor. When you interact with an actor, your assessor will be there primarily to observe and assess this interaction. In some stations the assessor might interrupt the interaction at fixed points to either ask you a question, or move you on to the next stage.

Some examples of station tasks:

- Complete a procedure, with or without reference to standardised guidance
- Interpret the results of x-ray/s and communicate the diagnosis to your supervisor (actor)
- Set up and calibrate equipment
- Critically evaluate a research proposal
- Give advice about treatment plans to a patient (actor)
- Take a history from a patient (actor)
- Match results to the correct interpretation and management plan
- Analyse data and identify the case requiring urgent attention
- Teach a work experience student (actor) how to operate a piece of equipment, or talk them through a process

- Deal with an emergency situation or error
- Communicate a complex scientific or technical process to a member of the public (actor)
- Dispose of clinical waste items appropriately
- Break bad news to the parent (actor) of a young child
- Make a telephone call to a GP (actor) to discuss a problem with a sample
- Write a referral letter, or complete an error report

There may also be stations where you will be required to answer questions posed by the assessor. These may relate to a particular case or set of results, or you may be asked to explain your reasons for matching patients with results, or results with diagnoses.

You may also have one or more stations that are unmanned. In other words, you may be alone in the station to complete a task. In this case, the assessor will either come in to the station after you have left to assess what you have done, or you may have completed some paperwork that will be taken away and assessed at the end of the station.

The *Instructions for Trainees* that will be posted outside every station will make it clear what is expected of you in the station (see Appendix 2 for an example). The *Instructions for Trainees* will also be available inside the station in case you need to refer to them again – and, indeed, you should refer to them, at least at the end of the station to satisfy yourself you have tackled all elements of the task.

You will not be asked to work with live cultures, human samples, hazardous material, or anything that may pose a health and safety risk to yourselves or other people in the building. You will not be asked to use equipment or software programmes that you are not familiar with without support or guidance. For example, if you are asked to use equipment that has multiple manufacturers, you may be given a reference diagram to orientate yourself, or the assessor may operate the equipment for you, under your instruction. The *Instructions to Trainees* will make it clear what is expected of you. Fairness to *all* trainees is a key component of every station.

Examples of desirable and undesirable behaviours for your station

Your behaviour in every station should reflect what would be expected of you in the workplace. For example, if you would normally check a patient's details before beginning a discussion with them, then this will be expected of you in a station that requires you to have a discussion with a patient. Similarly, if you would normally check the cleanliness or calibration of a piece of equipment prior to use, then you would be expected to do this in a station requiring you to use equipment.

You will be informed if there is a stage in the process that you are not required to complete (see Appendix 2 for examples of this). This may be because it is not possible in the time and space available, is not safe to do so, or it does not add anything useful to the assessment process.

Table 1 below lists some desirable and undesirable behaviour in a hypothetical station that assesses the trainee's ability to explain something to a member of the public (actor). These are not exhaustive, are not presented in any meaningful order, and are provided for illustration only. Further, these behaviours would not be assessed in isolation but would contribute to the assessment of one, or more, of the station domains. Trainees who demonstrate most of the

desirable behaviours may, in this hypothetical station, gain many of the available marks. A trainee demonstrating more of the undesirable behaviours would be unlikely to gain many marks, and, indeed, for some of their behaviours, may be flagged to the Exam Board panel (see below).

See Appendix 3 for an example of an assessor's mark scheme. This shows how the domains are used to structure the assessor's marking, and how each station is scored.

Table 1: Examples of desirable and undesirable behaviours in a station requiring interaction with a member of the public (actor).

Desirable	Undesirable
Trainee enters station and introduces themselves and asks what they can do for the member of public	Trainee enters station and waits for member of public or assessor to do or say something
Active listening; understands what the member of public needs or wants	Passive or lacking confidence; fails to lead the discussion or fully engage with the task
Asks questions for clarification	Unresponsive
Personable; compassionate; ethical; realistic	Waits to be prompted by member of public; hesitant; not logical; does not instil confidence in others; not convincing
Confident in their responses to the member of public; logical; coherent	Provides short responses to questions or prompts from member of public
Engaged	Provides responses that lack sufficient detail for the assessor to determine the depth of the trainee's knowledge and understanding
Friendly and approachable	Dismissive of the member of public or the task
Good body language; builds good rapport	Talking over the member of the public or not responding directly to their questions or prompts
Focused on responding to the complaint or questions of the member of the public; concerned that they satisfy the member of the public	Offers incorrect or incomplete information to member of public; makes inappropriate remarks
Recognises own limitations and the need to consult with others, where appropriate	Unrealistic about their ability to solve problems in the NHS; makes unrealistic promises; or fails to recognise the need to consult other members of the healthcare science team, where appropriate
Summarises explanation and ensures member of public understands take-home message, or next steps	Fails to summarise, or ensure that member of public is satisfied

Marking the OSFA

Appendix 4 lists the domains on which you will be assessed; they are grouped into the five principle domains of the AHCS Good Scientific Practice which underpins your training. Each station will assess approximately 5-10 domains, depending on the nature and content of the station. Your station assessor will make a holistic judgement of your performance on each domain in that station. For example, if you are being assessed on the Clinical Efficiency domain, your assessor will consider whether, during the course of the station, you have provided sufficient evidence of clinical efficiency.

In the same way that examination candidates do not receive information about the content of an examination paper, trainees will not be informed of the domains on which they will be assessed for any of the OSFAs. The domains are relevant to the task, and, if you wish, you may want to think about what domains you may be assessed on as you read the *Instructions to Trainees* outside each station. Some will be obvious; for example, if your station requires interaction with another person – a healthcare professional or a patient – it is quite likely that you will be assessed on the ‘Professional relationships and interactions’ domain. Similarly, if the station requires you to interpret the results of four samples, provide a diagnosis and identify the most appropriate management or treatment plan for each case, then you may be assessed on the ‘Data interpretation’, ‘Explanation’, ‘Treatment’, ‘Scientific knowledge’, and ‘Technical knowledge’ domains. It may also include the ‘Alert to error’ domain, and up to four other domains that are relevant to that station.

Please note that:

- Not all of the domains in Appendix 4 will be assessed in either the Generic or Specialist OSFA, or in combination across both the Generic and Specialist OSFAs;
- Not all domains are relevant for every specialism; there may be some domains in Appendix 4 that will not be assessed in either your Generic or Specialist OSFA;
- Exceptionally, in some specialisms there may be additional domains not listed in Appendix 4 to cover highly specific skills and knowledge;
- Across the 12 stations, you should expect to be assessed on each of the five principle GSP domains.
- The criteria and attributes in Appendix 4 are for illustrative purposes only and will be adapted to each station. Therefore you should not expect these to be the criteria, or the only criteria, on which you will be assessed for each domain.

In each station, the selected domains are weighted to reflect their relative importance. In one station, for example, the domain ‘Scientific knowledge’ may carry more weight than, say, ‘Professional relationships and interactions’. In another station, that weighting may be reversed.

The maximum available mark for any station is a mark of three for each domain, multiplied by the weighting, and summed across the station domains (see Appendix 3). The pass mark for each station is set by the panel of professionals who have written the stations. The standard setting panel uses the Angoff method to set the pass mark, which reflects the level of performance expected of a minimally competent trainee, just prior to registration as a clinical scientist.

Assessors will record their judgements of your performance on a tablet device, and they will not share with you any thoughts or opinions on your performance.

In addition to making a judgement for each domain, assessors will make a global judgement of your performance; whether, in their opinion, your overall performance was worthy of an outcome of Fail, Borderline (see below for definition), Pass or Excellent.

Assessors will also flag any undesirable or worrying behaviours, values or attitudes to the OSFA administration staff. Where this occurs, this information will be recorded and passed to the Exam Board panel. These behaviours may include evidence of discriminatory attitudes, lack of concern for patient modesty or confidentiality, unethical practice, dishonesty, or behaviours that may put patients or other healthcare professionals at risk of harm.

Knowing your assessor

Normally, each station will have a different assessor. However, there may be exceptions to this and, occasionally, trainees may see the same assessor more than once.

It is highly likely that all trainees will know one or more of their assessors (this is less likely in the Generic OSFA). You should not let this affect your performance. Additionally, knowing your assessor will not advantage or disadvantage you as all assessors will be using standardised mark schemes (see Appendix 3), and will be trained in how to apply the standard consistently and fairly, regardless of whether they know the trainee or not.

In some stations, there may also be an observer. These may be assessors-in-training, or representatives from the School, the Professional Body, Health Education England, or the Academy for Healthcare Science. Observers will usually be observing the assessors and the process, rather than trainees' performances.

Receiving feedback

As the Mock OSFA is for learning purposes, you will receive as much feedback as is available. As a minimum, for each station you will receive your outcome for each domain (Pass, Borderline Pass, Borderline Fail, Fail), and your station outcome (Pass or Fail). Where available, you will also receive any comments made by the assessors. You may not receive comments for every domain on a station or for every station.

For the live OSFAs (the Generic and Specialist OSFAs), you will receive limited feedback. You will receive your station result (Pass/Fail), and your overall OSFA outcome (Pass/Fail). (See below in case of an overall OSFA outcome of Fail).

OSFA Exam Board panel

After the OSFA, every specialism will convene a meeting of the Exam Board panel and will be conducted under the OSFA Terms of reference for examination boards.

Prior to being released to trainees, the outcome for each trainee will also be ratified by the Head of the National School for Healthcare Science.

How pass and fail decisions are made

The Exam Board will consider the outcome for each trainee individually. In doing so, the panel will look at the marks the trainee received across all domains, and across all stations; the assessors' global judgements; and any comments made by assessors. The key question that the panel will focus on is *'has the trainee demonstrated sufficient evidence of fitness to practise, at the level of a clinical scientist just prior to registration, across a sufficient number of stations, contexts and skills?'* The panel will discuss this question and consider the evidence for every trainee. If the panel

determines that the trainee's evidence gives them confidence that the answer to the question is 'yes', then the trainee will be awarded a Pass outcome. If the evidence is not convincing and the answer to the question is 'no', then the trainee will be awarded a Fail outcome. The Exam Board panel will, as a rule of thumb, consider a Fail outcome for any trainee failing more than three stations (across the Generic and Specialist OSFAs).

Next steps for trainees who fail the OSFA

As a first step, trainees who have failed the OSFA will be offered an OSFA review meeting. This meeting will involve the trainee, their Training Officer, senior member of the School and specialist from the trainee's specialism. The aim of the meeting is to review and discuss the trainee's performance across the stations, and any comments made by the OSFA assessors, with a view to creating an achievable Learning Plan.

Trainees who fail the OSFA will be invited to take the OSFA resit. More details will be provided to trainees who fail the OSFA.

Appealing against the decision of the Exam Board panel

Please refer to the OSFA complaints and appeals policy. Complaints and appeals are accepted only against the assessment process and not the OSFA outcome (i.e. a trainee can appeal if they believe the process was unfair, but not if they believe the outcome was unfair). The School applies the same complaints and appeals procedures as other large institutions offering professional assessments.

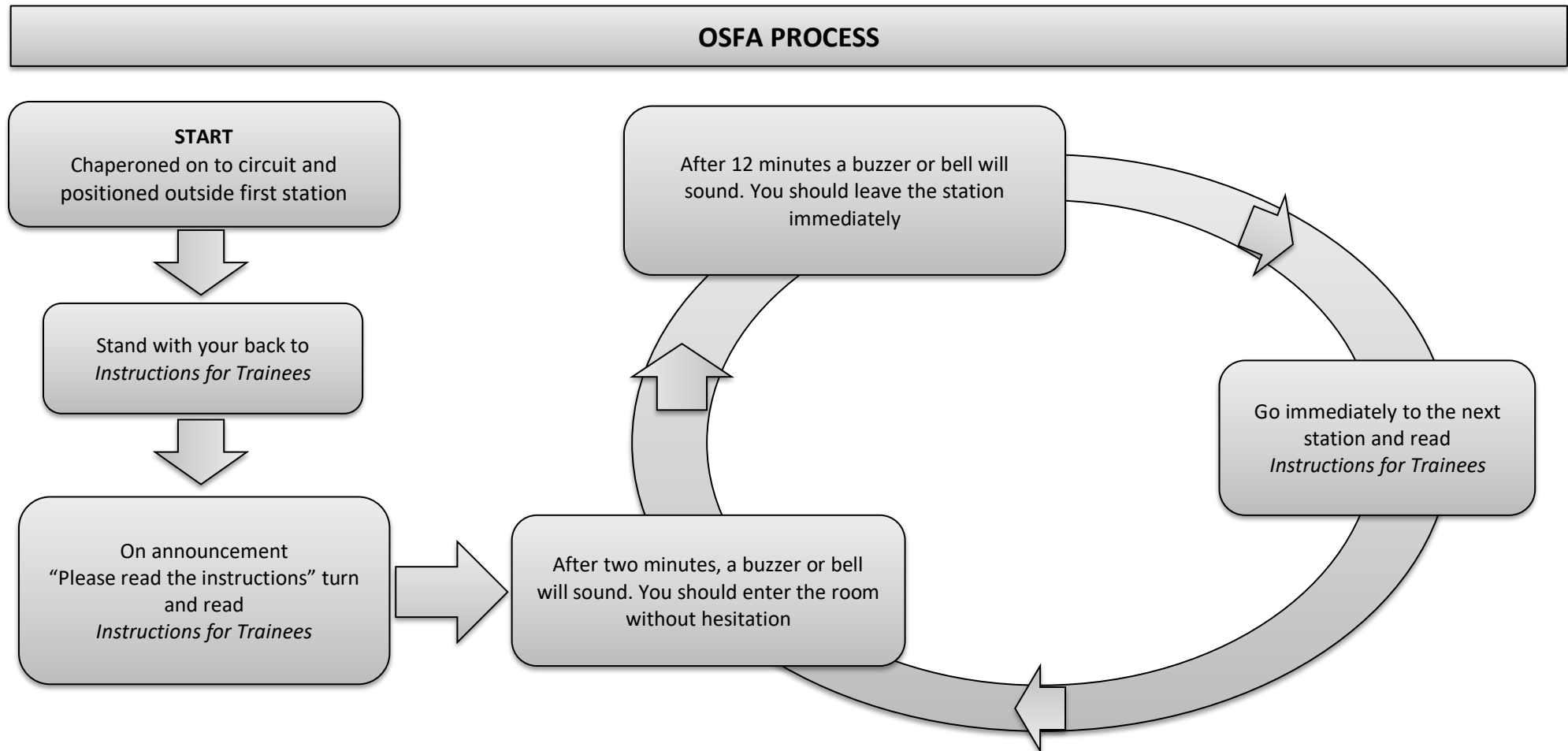
Final comments on how to prepare for the OSFA

- You have 12 minutes in each station to show the assessor what you know and can do. Use all of that time to your advantage.
- Be savvy and alert. Think about what you are being asked to achieve in the station and, while you are outside the station reading the *Instructions to Trainees*, think about how you might tackle the task. Think about what kind of performance the assessor will be expecting to see, or what kind of responses might earn you maximum marks.
- Do not clock watch, but be aware of the time available in each station. For example, if you are being asked to demonstrate how a piece of equipment works and explain the implications for a number of different readings, you would not be able to access all the available marks if you spend 10 minutes on demonstrating, and only two minutes on explaining the implications. In some stations, assessors will advise you to move on, or stop you and move you on, if you are in danger of not completing all parts of the station. You should be mindful of allowing yourself enough time to complete everything that is asked of you, while at the same time achieving appropriate depth in each task or response.
- Remember that assessors are on your side and will want to see you do well. They might not smile at you or give much away, but do not let this influence your performance. Be resilient and do what you need to do in each station to demonstrate that you are fit to practise, regardless of whatever vibes you get from an assessor.
- Be mindful that although the station will not attempt to trick you or catch you out, you should be alert to error at all times, as you should be in the workplace. The same applies for

protecting patients from risk of harm, data confidentiality, health and safety, infection control and other important elements of being fit to practise.

- Be prepared to be flexible in your preparation, in your approach to a task, and in the application of your knowledge. The OSFA assesses routine skills and knowledge but may do so in ways that are novel or unusual. For example, you may be asked to teach someone, or you may be interviewed by a journalist for a healthcare science magazine, or you may be asked to talk-aloud as you use a piece of equipment. The novel aspects of any station are solely to provide a means for you to demonstrate what you know and can do. For example, if you are being interviewed by a healthcare science journalist, you are not being assessed on whether you can be trusted to talk to a journalist, but on your understanding of the topic and the quality of your responses. The 'journalist' is there only to ensure that every trainee is asked the same questions; to give the station some context and realism; and to encourage trainees to show what they know. Watching you interact with a journalist also frees the assessor to focus on listening to you and assessing you, rather than being kept busy asking you questions.
- If you finish your station task early, you should first re-read the *Instructions to Trainees* to check that you have done everything you should. You may be satisfied that there is nothing left to do except sit quietly and gather your thoughts for the next station. However, if you have time remaining and you think of something else that you could have said or done, then take the opportunity to do it or say it – this is your assessment time, and you should use it to gain as many marks as you can. You do not need to start at the beginning (although you may wish to do that if you feel you have time); just inform the assessor that you are redoing or revisiting a particular part of the task. Your assessor will then continue marking you, or re-mark the relevant part of the station. However, bear in mind that you will be marked only on the domains that are included in the assessor's mark scheme. So, if, for example, you have three minutes remaining in an equipment calibration station and you think you can say something about the reliability of the equipment or manufacturer, the assessor may not be able to give you any additional marks if the station does not ask you to do that – regardless of how good your response is. If your comment or action is not related to what has been asked of you, it cannot be marked. However, it may still be worth doing, as you have nothing to lose, and it could contribute to the assessor's impression of your competence, and thus change their global judgement.
- Like any assessment, the OSFA takes a sample of the skills and knowledge you have gained in the previous three years: it cannot assess everything you have mastered or learnt. In preparing yourself for your OSFA you should reflect on what it means to be a clinical scientist in your specialism. What are the key expectations of you in the workplace? What are the key tasks that characterise your role in the workplace? The OSFA consists of a limited sample of skills and tasks; therefore each station will assess something important.
- Try not to be passive or shy in the OSFA; the assessor cannot do it for you. Be bold and give the assessor something to assess – show them what you know and can do. The assessor can only award marks for the evidence you present them with.
- Ensure you read and comply with the OSFA regulations document, and other OSFA policies on dress code, late arrivals, mitigating circumstances, and other issues.

APPENDIX 1: THE OSFA PROCESS: MOVING BETWEEN STATIONS



APPENDIX 2: EXAMPLE OF INSTRUCTIONS TO TRAINEES

Please see below an example of the *Instructions to Trainees*. This is provided only to demonstrate how the station may be set out, and the level of detail you will receive. These instructions will be posted outside the station, and will also be available inside the station for your reference.

Instructions to trainees

A 32 year old woman has been referred to the cardiology clinic for an ECG following periods of light-headedness and dizziness. Your supervisor has another important task to do today and has asked you to obtain a 12 lead ECG and to present your findings to the assessor. Inside the station there is an actor-patient, the assessor and all equipment required to take an ECG.

In the next 12 minutes, you should:

- Explain to the patient what an electrocardiogram entails and obtain verbal consent
You do not need to take a full history
- Perform a 12 lead ECG. As you do so, talk aloud to the assessor explaining and identifying the anatomical landmarks used to guide the placement of the leads.
You do not need to print the trace as the assessor will give this to you
- Examine the trace and present the ECG findings to the assessor and give your ECG diagnosis / diagnoses based on your findings.

APPENDIX 3: EXAMPLE OF AN ASSESSOR'S MARK SCHEME

The mark scheme is used by assessors to structure their observations of your performance, to record their observations of your performance and to award you marks for each domain that is assessed in that particular station. You will be assessed on approximately 5-10 domains in each station. On each domain you will receive a rating of either Fail (score of zero), Borderline Fail (score of one), Borderline Pass (score of two) or Pass (score of three).

Each domain is weighted by one, three or five, depending on the importance of each domain (1 = important, 3 = very important, 5 = essential).

The example below shows a mock mark scheme for the ECG station above. You can see that the domains relating to scientific knowledge and the quality of the trainee's explanation to the actor-patient are weighted more heavily (and therefore are worth more marks) than the other domains.

This mark scheme is provided for illustration only, and a real mark scheme would be much more detailed in terms of the criteria/attributes and guidance to assessors.

Domain	Criteria/attributes	F	BF	BP	P	Weight	Guidance
Professional relationships and interactions	e.g. Introduces self, respectful, active listener, responsive, confident	0	1	2	3	1	Trainee introduces themselves to patient, stating role. Award Fail if no introduction
Patient safety	e.g. correctness of patient details, patient confidentiality, checks for inconsistency/error	0	1	2	3	3	Trainee should ask name and check patient details against all documentation. Award Fail if no check on patient details
Oral communication	e.g. tailors language to the patient, use of technical language, ability to elicit information from patient	0	1	2	3	1	Uses language appropriate to the patient, avoids jargon. Asks open-ended questions. Offers patient opportunity to ask questions
Professionalism	e.g. trustworthiness, manner with patient, respectful	0	1	2	3	3	Establishes rapport and puts patient at ease; takes action to protect patient modesty
Scientific knowledge	e.g. accuracy, appropriateness, depth	0	1	2	3	5	Positions leads correctly and identifies correct landmarks
Explanation	e.g. interpretation of results, clarity of diagnosis for patient	0	1	2	3	5	Trainee explains process; appropriate responses to questions about trace
Max marks = 54 ((3x1) + (3x3) + (3x1) + (3x3) + (3x5) + (3x5))							
Assessor's global judgement	CF	B	CP	GP	E	Clear Fail, Borderline*, Clear Pass, Good Pass or Excellent**	

*Borderline means that the trainee has provided insufficient evidence, or patchy evidence, of competency, and the assessor is unable to determine whether they should be awarded a Pass or a Fail outcome. It is not the trainee who is 'borderline' but the quality and depth of the evidence that the trainee has provided.

**Assessor comments are compulsory only for Clear Fail and Borderline global judgements.

APPENDIX 4: OSFA DOMAINS

GOOD SCIENTIFIC PRACTICE: PROFESSIONAL PRACTICE	
OSFA station domain	<u>Examples of</u> criteria and attributes
Accountability	e.g. Understands and is prepared to take personal responsibility for their decisions
Oral communication	e.g. Clear, concise, organised, logical, fluid, coherent, appropriate body language, able to communicate effectively with patients of different life stages and abilities
Legislation	e.g. Is aware of practice relevant legislation and guideline; works within the agreed scope of practice for lawful, safe and effective healthcare science
Time Management	e.g. Conscious of the available time for the task and manages this well, spending the appropriate amount of time for different parts to get the task done.
Written Communication	e.g. Can construct written reports and other written resources in timely manner, is able to express urgency in written form, is coherent, logical, legible for healthcare staff at all levels
Professional relationships and interactions	e.g. Introduces self to actor-patient, respectful, active listener, responsive, confident, professional
Information gathering	e.g. Shows awareness of (urgency of) task, asks appropriate open-ended questions, responsive to information given
Professionalism	e.g. Maintains professional demeanour under pressure, appropriate appearance, organised, ethical, trustworthy, empathetic, has integrity, is compassionate
Teamwork	e.g. Demonstrates awareness of the importance of establishing professional relationships with all members of healthcare team, aware of own limitations and need to consult team members
Teaching/presentation skills	e.g. Can prepare information for seminars, posters, or papers, is confident in presenting information to department staff for purposes of CPD
Attitudes and values	e.g. Demonstrates appropriate attitudes and values, does not discriminate on grounds of ethnic origin, racial background, gender, sexual preference, or disability, does not promote stereotypes

Equality and diversity	e.g. Demonstrates attitudes and values that are consistent with HEE E&D policy
Confidentiality	e.g. Respects patient privacy and confidentiality, takes appropriate steps to maintain confidentiality of data
Ethical Practice	e.g. Demonstrates acceptance of and adherence to the moral and ethical responsibilities of the profession, engages in ethical practice in providing care to individuals and communities, understands the importance of ethical practice in research and protecting participants from harm
Patient safety	e.g. Demonstrates concern for patient safety through checking patient details, ensuring patient confidentiality, taking action to protect patient's modesty
GOOD SCIENTIFIC PRACTICE: SCIENTIFIC PRACTICE	
Scientific knowledge	E.g. Knowledge is accurate and up-to-date, demonstrates understanding of underpinning scientific principles, is aware of current debates and has an ability to critically appraise scientific information and integrate it into their knowledge base
Patient Safety	e.g. Demonstrates concern for patient safety through checking patient details, ensuring patient confidentiality, taking action to protect patient's modesty
Information Gathering	e.g. Shows awareness of (urgency of) task, asks appropriate open-ended questions, responsive to information given
Investigation and Reporting	e.g. Knows to search and critically appraise scientific literature and other sources of information. Demonstrates engagement in evidence-based practice, understands audit procedures, knows to critically search for, appraise and identify innovative approaches to practice and delivery of healthcare.
Written Communication	e.g. Can construct written reports and other written resources in timely manner, is able to express urgency in written form, is coherent, logical, legible for healthcare staff at all levels
Clinical/technical accuracy	e.g. Pays attention to detail, is able to recognise failure (in tests etc.) and take remedial action
Quality management/assurance	e.g. Can perform or knows how to perform horizontal, vertical and examination audits
Internal quality control	e.g. Knows how to evaluate IQC
External quality assurance/assessment	e.g. Appropriately interprets external quality assurance findings

Technical knowledge	e.g. Knowledge is accurate and up-to-date, demonstrates awareness of new/emergent techniques, the principles they are based upon and their impact on service delivery, can evaluate different techniques on basic principles, can trouble shoot problems that arise during the routine application of these techniques.
Calibration of equipment	e.g. Is able to set up equipment and calibrate prior to use.
Health and Safety	e.g. Demonstrates awareness of health and safety hazards in the clinical/laboratory environment, takes action to protect self, colleagues and patients from harm
Data interpretation	e.g. Is able to assess the output from technical systems and determine its validity, able to consider or implement corrective action as and when appropriate.
Alert to error	e.g. Is alert to potential error or inaccuracy, take steps to check accuracy of information or data, knowledgeable about remedial action in case of error
Quality Control and Interpretation	e.g. Is aware of QC policies and procedures, can interpret data in the prevailing clinical context; can perform experimental work, produce and present results.
GOOD SCIENTIFIC PRACTICE: CLINICAL PRACTICE	
History taking	e.g. Gains consent, applies thorough and systematic approach, asks appropriate open-ended questions, gathers sufficient information for next steps, responsive
Explanation (of results, diagnosis, treatment, referrals etc.)	e.g. Tailors language appropriately, gives full and detailed explanation, avoids jargon, ensures recipient receives and understands key messages, encourages and answers questions
Treatment	e.g. Gives appropriate advice on suitable treatment plans, discusses pros and cons of alternative plans, suggests realistic timescale, ensures patient's expectations are appropriate
Clinical efficiency	e.g. Applies good judgement in getting to the crux of a clinical matter, is able to recognise when the need for urgent action occurs and is efficient in alerting appropriate others
Diagnosis	e.g. Plans and determines the range of clinical/scientific investigations or products required to meet diagnostic, therapeutic, rehabilitative or treatment needs of patients, taking account of the complete clinical picture
Infection control	e.g. Follows protocol for infection control at all times, uses method appropriate to environment
Clinical governance	e.g. Can demonstrate competence in the principals of clinical governance including an understanding of accreditation requirements within the discipline (as appropriate)

Clinical audit	e.g. Knows how to evaluate the appropriateness of clinical investigations
Procedural skill	e.g. Shows careful adherence to guidance documents
Clinical Application	e.g. Demonstrates understanding of the wider clinical consequences of decisions made on their actions or advice
Patient Outcome	e.g. Keeps patient safety and outcomes centre of their practice, decision making
Confidentiality	e.g. Respects patient privacy and confidentiality, takes appropriate steps to maintain confidentiality of data
Record Keeping	e.g. Demonstrated diligence in record keeping, is accurate and pays attention to detail. Uses appropriate techniques and mechanisms for keeping records
Health & Safety	e.g. Demonstrates awareness of health and safety hazards in the clinical/laboratory environment, takes action to protect self, colleagues and patients from harm
Sample ID	e.g. Ensures good practice in handling samples including accurate identification and checking procedures are followed in line with published guidance
Timing Efficiency	e.g. Uses time efficiently in the context of the assigned clinical task; outputs and reporting is carried out in a timely fashion.
Written Communication	e.g. Can construct written reports and other written resources in timely manner, is able to express urgency in written form, is coherent, logical, legible for healthcare staff at all levels
GOOD SCIENTIFIC PRACTICE: RESEARCH, DEVELOPMENT & INNOVATION	
Research methodologies	e.g. Shows awareness of suitability of data-gathering methods for different populations or purposes, able to discuss advantages, disadvantages and limitations of different methods, able to identify methodological weaknesses
Statistical analysis	e.g. can perform statistical analyses that are appropriate to the task or population, able to interpret the findings of statistical analysis and draw conclusions that are appropriate to the limitations of the dataset
Developing research	e.g. Able to critically evaluate the literature, formulate and critically appraise hypotheses and formulate further research questions, understands importance of evidence based approach to clinical problems, understands change management processes for implementation of innovative procedures

Clinical audit	e.g. Knows how to evaluate the appropriateness of clinical investigations
Data Interpretation	e.g. Is able to assess the output from technical systems and determine its validity, able to consider or implement corrective action as and when appropriate.
Innovation	e.g. Demonstrates commitment to change through healthcare innovation, understands need for evaluation and evidence, is able to conceptualise local or national improvements, shows understanding of local or national barriers to innovation in healthcare
Investigation and Reporting	e.g. Knows to search and critically appraise scientific literature and other sources of information. Demonstrates engagement in evidence-based practice, understands audit procedures, knows to critically search for, appraise and identify innovative approaches to practice and delivery of healthcare.
Oral Communication	e.g. Clear, concise, organised, logical, fluid, coherent, appropriate body language, able to communicate effectively with patients of different life stages and abilities
Produce Reports	e.g. Can produce accurate and timely reports, appropriate for the clinical context and demonstrating a good understanding of structure and content required; demonstrates good written communication skills.
Teaching/ Presentation Skills	e.g. Demonstrates good practice in presenting their research findings, using appropriate communication skills for the audience
Written Communication	e.g. Can construct written reports and other written resources in timely manner, is able to express urgency in written form, is coherent, logical, legible for healthcare staff at all levels
GOOD SCIENTIFIC PRACTICE: CLINICAL LEADERSHIP	
Leadership	e.g. Demonstrates commitment to being a role model for PTP trainees and clinical scientists, committed to CPD and lifelong learning in science, accountable, able to negotiate under pressure, champion for the patient experience
Oral communication	e.g. Clear, concise, organised, logical, fluid, coherent, appropriate body language, able to communicate effectively with patients of different life stages and abilities
Written communication	e.g. Can construct written reports and other written resources in timely manner, is able to express urgency in written form, is coherent, logical, legible for healthcare staff at all levels
Decision-making	e.g. Displays confidence in making clinical judgements based on full evaluation of evidence and is able to develop an investigation strategy taking into account the complete clinical picture
Readiness for practice	e.g. Shows competency at a level that is appropriate for a newly registered clinical scientist, is a 'safe pair of hands', dependable, trustworthy, efficient, knowledgeable about their specialism

Problem Solving	e.g. Can assess a situation determining the severity and nature of the problem, able to call upon appropriate knowledge and experience to deal with the problem and initiate a resolution of the problem
Legislation	e.g. Is aware of practice relevant legislation and guideline; works within the agreed scope of practice for lawful, safe and effective healthcare science
Professional Relationships and interactions	e.g. Introduces self to actor-patient, respectful, active listener, responsive, confident, professional
Risk Management	e.g. Shows good understanding of risk management procedures and practices including information governance, health and safety, welfare of self and other, security etc. Demonstrates awareness in practice.
Teamwork	e.g. demonstrates awareness of good team working; respects the skills and contributions of colleagues
Professionalism	e.g. shows professionalism in all aspects, personal conduct, interactions with others. Acts as an ambassador for the Healthcare Science community
Innovation	e.g. Demonstrates commitment to change through healthcare innovation, understands need for evaluation and evidence, is able to conceptualise local or national improvements, shows understanding of local or national barriers to innovation in healthcare

Changes to the details contained within this document

The School regularly reviews its policies and guidance and may consider changes where such change helps to improve the quality of the assessment or the experience for the trainees. Any revisions to the document in the light of these changes will be communicated as appropriate.