Types of assessments and reflective practice

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Aim of the session:

• Learn about the different types of work based assessment methods.

• Understand how they are submitted and how you will be assessed.

• Learn how to be a better reflective scientist.
Why do we do assessments?

• Not to make you look stupid.

• Ensure your assessor has the evidence they require to say that you’re competent

• Millers Pyramid: A framework proposed by psychologist George Miller for assessing levels of clinical competence back in 1990

• Competency assessment needs to match the level of knowledge.

• Think of it like a driving test – you can do it, but you have to demonstrate that you can do it in order to pass

Based on work by Miller, GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)
Where do I find the assessments?

• The Curriculum Library
  • Contains all the information about modules
    • https://curriculum.nshcs.org.uk

• The E-Portfolio: OneFile
  • Records the workplace evidence you accumulate to meet the competencies and assessments
What are the types of assessments?

- Competencies
- Direct Observation of Practical Skills (DOPS)
- Observed Clinical Event (OCE)
- Case-Based Discussion (CBD)
- Multi-Source Feedback (MSF)
What is competence & competency?

• Competence:
  • the ability to do something, the job, successfully or efficiently

• Competency:
  • a set of knowledge, skills, experience and other attributes necessary to do the job properly

• Competence is the outcome and competencies the inputs to do achieve the task
Understanding the level of competency

Rotations Vs. Specialisms

“the skills appropriate for that level of training”

e.g. basic/competent/advanced/expert

Level 1
- Awareness
- The trainee has been introduced to the process/procedure associated with the competency:

Level 2
- Performance
- The trainee has repeatedly performed the process/procedure (supervised) with increasing confidence:

Level 3
- Proficient
- The trainee has demonstrated repeated successful performance of the process/procedure (indirect supervision):

Level 4
- Competent
- The trainee performs the task(s) referring infrequently to their supervisor as required:
The Tools: Competencies

• Upload evidence to demonstrate you have met the learning outcomes of the module.

• What is acceptable is open to discussion between you and your supervisor.

• It should be of suitable standard to meet the expected knowledge.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Method</th>
<th>Purpose</th>
<th>Takes place..</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observation</td>
<td>Observe performance of a skill or procedure linked to STP module-based learning objectives</td>
<td>Upon trainee's request to assessor</td>
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The Tools: DOPS - Direct Observed Practical Skill

• Assess the performance of a practical skill or procedure which may include interaction with a patient through observation.

• DOPS may reflect routine tasks e.g.
  • measuring the radiation output of a treatment machine
  • running a particular diagnostic test
  • performing sensory awareness tests

• Feedback is generated, learning needs identified and an action plan generated.

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<tr>
<th>DOPS</th>
<th>Method</th>
<th>Observation</th>
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<tbody>
<tr>
<td></td>
<td>Purpose</td>
<td>Observe and assess the conduct of a practical procedure</td>
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<tr>
<td></td>
<td>Takes place..</td>
<td>Reviewed and documented in the moment/as it is happening</td>
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The Tools: OCE – Observed Clinical Event

- To assess a clinical encounter which may be with a patient, member of the public or another healthcare professional and are mostly discussions (possibly around a task)
- Routine ‘clinical’ task e.g.
  - taking a clinical history
  - discussing the problems of small field dosimetry and appropriate use of detectors
  - explaining how to take a blood sample
- Reviews communication skills, clinical judgement, organisation and efficiency

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<tr>
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<td>Observation</td>
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<tr>
<td>Purpose</td>
<td>Observe and assess a clinical encounter</td>
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<td>Takes place..</td>
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The Tools: CBD– Case Based Discussion

- To assess your knowledge and understanding of any aspect of a clinical ‘output’ for which you have been wholly or partially responsible.
- You prepare two clinical cases and the assessor chooses one for discussion and may cover e.g.
  - discussion of the science
  - professional, ethical and governance frameworks of practice
- Explores decision making and the application of your clinical knowledge

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<tr>
<td><strong>Method</strong></td>
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<tr>
<td>Discussion</td>
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<tr>
<td><strong>Purpose</strong></td>
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<tr>
<td>Discuss an outcome/output from workplace activity using a record result</td>
</tr>
<tr>
<td><strong>Takes place..</strong></td>
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<tr>
<td>After clinical event. Discussing, explaining, justifying aspects of the report/record/result. including aspects of professionalism</td>
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How much evidence is good enough?

• At University, 70% is a first, but a device that kills someone “only 30% of the time” isn’t good enough for NHS use.

• In the military, the pass mark for the demolition exam is 90%.

• Safety = 100%.

• If you have surpassed the competence level, don’t “dumb down”.
When to upload evidence?

• Now (while it’s fresh in your mind)
• Little and often keeps the watchers (TOs, PLs) happy
• Good news: you don’t have to submit by the deadline.
• Bad news: you do have to have submitted, AND had it assessed AND as “satisfactory” by the deadline.
• DO IT AS SOON AS POSSIBLE (A bulk upload on the final day won’t work)
• Make deadlines for yourself (it’s your training plan, not the School’s)
• Stick to them
• Don’t plan to write up each rotation during the next one (especially if you’re doing Bioinformatics) – ask your questions while staff are there, not when they’re in a different county
What to upload as evidence?

- Not just a ‘tick box’ exercise but also not a 10,000 word essay
- Evidence that meets a competence comes in many forms but is probably a report.
- Think about what competence you are trying to demonstrate: a report that says “it’s safe” needs more justification: a video of the tests undertaken demonstrates it.
- Take photos – but get permission to do so and to use them

What isn’t right:
- “My supervisor saw me do this”
- 10 page extract from standard textbook or SOP

What about Plagiarism?
- Must demonstrates that YOU undertook it, and YOU understood it
- Your supervisors have a responsibility to make sure the evidence is your own work.
What counts as evidence?

- Previous work can be used as evidence e.g.
  - Mandatory training certificates
  - MSc coursework
- Many competencies can be grouped together, and single pieces of evidence can be used to demonstrate their completion
- Project work can be a very motivational and efficient way to complete competencies

- Be innovative
- Avoid essays for every competence
- Use your evidence wisely
- Upload copies of work completed – this may be local documentation
- Ensure patient identifiable material is not used.

Do it as you go along and not all at the end!
Ideas for Evidence

“General competency”
Examples could be:
- a description of the problem or clinical issue being considered
- a case report, treatment plans, analytic results etc.
- use references to academic papers or guidance documents about the condition.
- evidence prepared for other purposes, e.g. routine calibrations, audits etc. can be used

“Clinical competency”
Upload anonymised information such as:
- test results
- a management plan
- evidence you understand the impact on the patient

“Professional competency”
Show your engagement through upload of evidence of:
- Raising awareness
- Being inspirational to others
- Getting involved
- Becoming an ambassador
- Spreading the word

You need to demonstrate the knowledge and/or practical skills required for each competency but you do not need to prove you are competent to do this task alone
Recording your evidence: OneFile

• A record of your professional development and experience
• Specific to your work practices and role
• Reflective and evaluative content, not just a record
• Confidential
• Useful as a historic, current and future learning tool
• Dynamic document which can be tailored to specific needs
Other workplace-based assessments

- What else will you need to complete?
  - Multi-Source Feedback
  - Mid-Term Review
  - Reflective log
  - Clinical experiential learning
  - Observed Structured Final Assessment
MSF - Multi Source Feedback

- Two must be completed during the programme but they are not an assessment.
- Anonymous feedback from a sample of colleagues on your attitudes and their opinions of your performance and professional attitude.
- Provides data for reflection on your performance and gives useful feedback for self evaluation.
- Provides an opportunity for self reflection on your performance against perceived performance by your colleagues.
- Identifies areas of development which you may not be aware of.
- Identifies areas of strength and good practice which you can build on.

Undertaken at 18 months in and towards the end of the programme.
Summative and formative assessments

**Workplace**
- Competencies and work-based assessments: both recorded and assessed in the e-portfolio

**Mid-term review of progression**
- Independent evaluation of progress

**Objective Structured Final Assessment**
- Generic and specialist OSFA
Clinical Experiential Learning

- Aristotle said “For the things we have to learn before we can do them, we learn by doing them”
- John Dewey suggested that “for learning to happen the experience should exhibit continuity and interactions”
- “Learning is the process whereby knowledge is created through the transformation of experience”
- Experience is achieved through workplace learning
- Maximises opportunities for learning
  - Deepens understanding
  - Looking back
  - Analysing
  - Looking forward
- “Knowledge results from the combination of grasping and transforming experience”.

Logging Reflective Practice

• Just handing stuff in isn’t good enough. Can you explain it, defend it, justify it, learn from it?

• A way in which you can add additional information and reflect on your personal development.

• A place to store information that doesn’t fit with pre-defined assessments.

• A way to study your own experiences to improve the way you work.

• A great way to increase confidence and become a more proactive and qualified professional.
Reflective practice; getting better at it

not just Descriptive:

• What? When? Who? Where?
• What were my thoughts before and after the event?
• How did I feel about the event?
• What choices did I make and why?
• What could I have done differently?
• How might my approach change in the future?

but being Reflective

• What would I have done differently?
• Are the lessons I learned useful for other or future activities?
• What did I find the greatest challenge in doing this activity?
• Why was this a challenge?
• What did I learn about myself from this activity?
That’ll do for now…

Questions?