

Types of assessments and reflective practice

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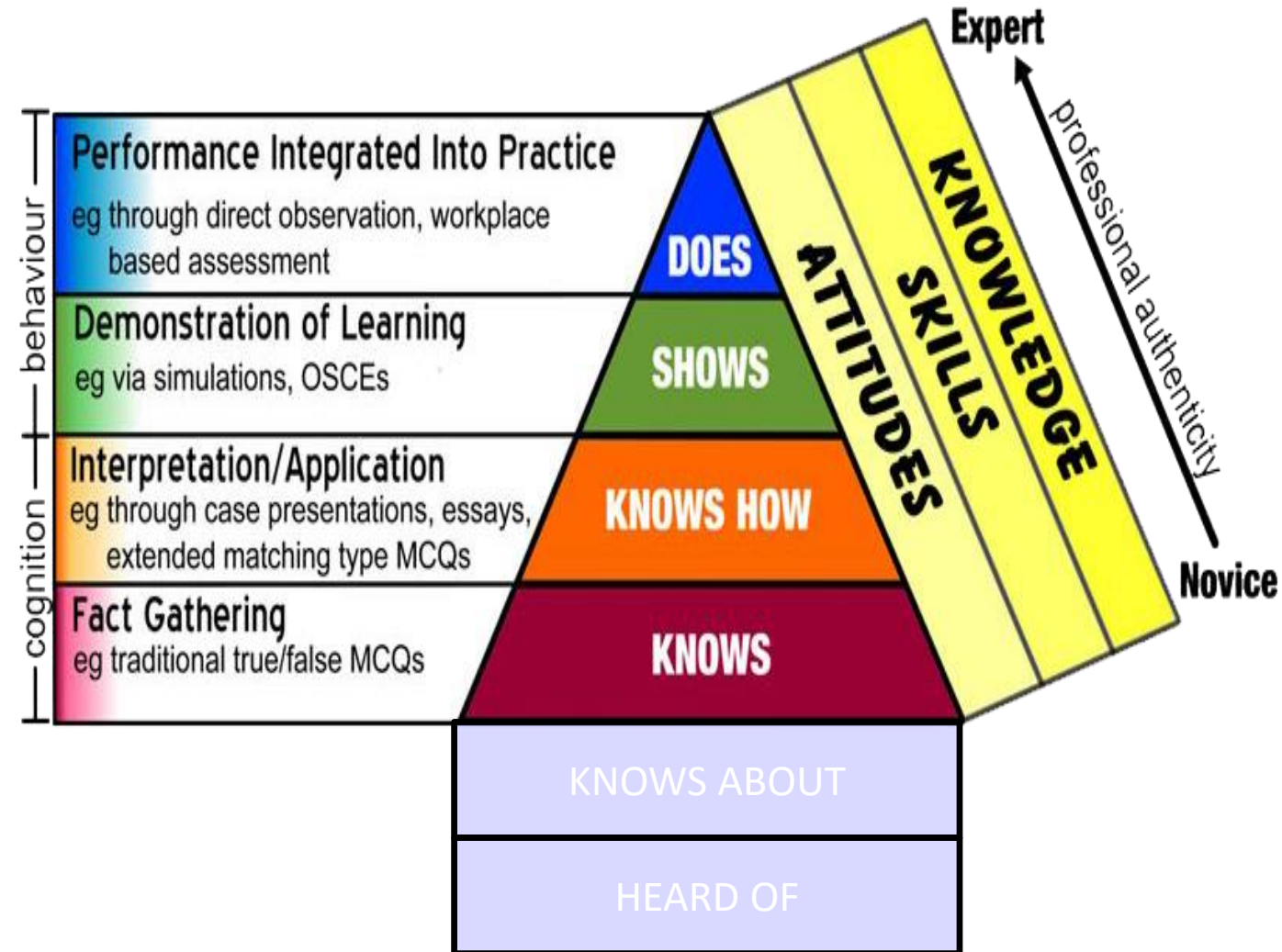


Aim of the session:

- 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?

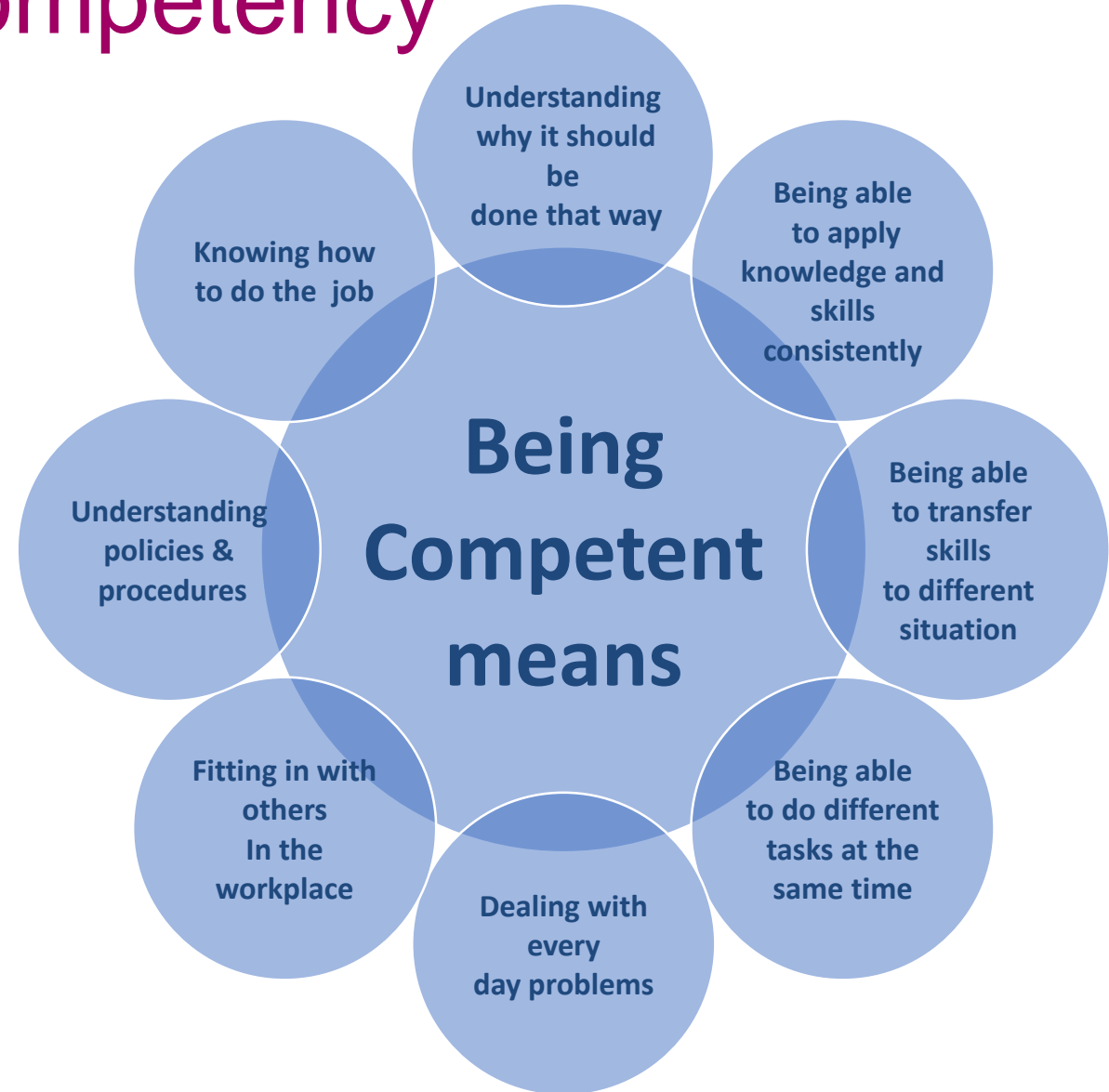
- Not to make you look stupid.
- Ensure your assessor has the evidence they require to say that you're competent
- Millers Pyramid: A framework proposed by psychologist George Miller for assessing levels of clinical competence back in 1990
- Competency assessment needs to match the level of knowledge.
- 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)

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



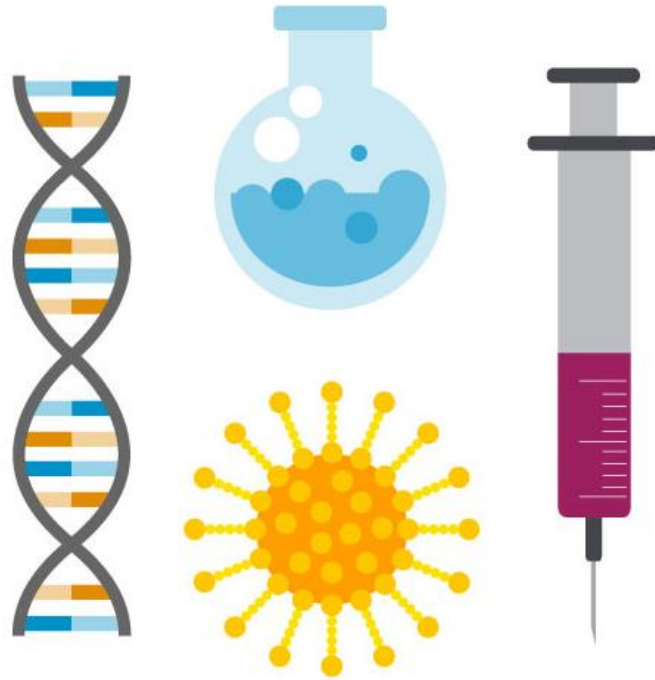
Where do I find the curriculum?

- The Curriculum Library, contains all the information about modules.

<https://curriculum.nshcs.org.uk/programmes/stp>

Core, rotation
and specialist
modules

Each contains
required
competencies
and assessments



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

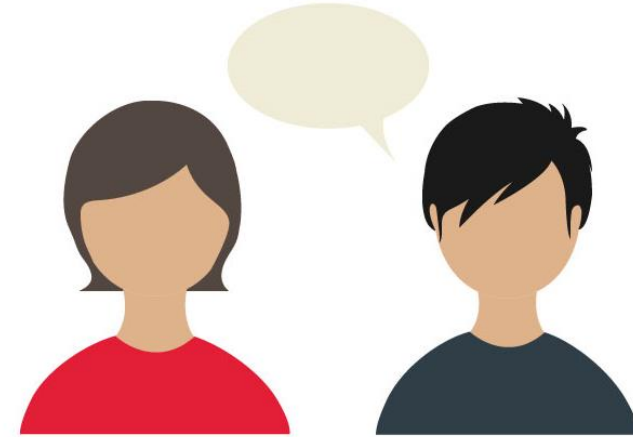
- **Proficient**
- The trainee has demonstrated repeated successful performance of the process/procedure (indirect supervision):

Level 4

- **Competent**
- The trainee performs the task(s) referring infrequently to their supervisor as required:

What are the types of assessments?

- Competencies
- Direct Observation of Practical Skills (DOPS)
- Observed Clinical Event (OCE)
- Case-Based Discussion (CBD)



All recorded and reviewed in
the e-portfolio

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

What does good evidence look like?

- Demonstrate that the evidence has met the learning outcome.
- Apply your academic learning in a clinical work based context linking evidence to frameworks, literature and best practice.
- Evidence should be **critically reflective** - what happened? What did you learn? How will what you have learned affect future practice?
- Use patient feedback through comments or satisfaction surveys. Your focus on patient care should always be included when relevant.
- Make evidence visual e.g. photos, videos etc. rather than a bank of text, add spider diagrams, flow charts with meaningful annotations, describe the process.
- Keep it brief and to the point.

What is reflective practice ?

Writing reflective evidence is important to show what you have learned.

- Reflect on what you would do if something goes wrong, rather than 'it went perfectly'. What would you do differently next time?
- Are the lessons you learned useful for other or future activities?
- What did you find was the greatest challenge in doing this activity?
- Reflect on your university work with evidence of the activity e.g. PowerPoint presentation, photos of peer to peer feedback forms is good evidence.
- Reflection on a consultation, you could draw on application of literature.
- A reflective account of a visit to A&E e.g. patient history taking, consent etc.
- What did you learn about yourself from this activity?
- What was challenging?

Ideas for Evidence

“General competency”

Examples could be:

- Description of the problem or clinical issue being considered
- Case report, treatment plans,
- Analytic results
- Use **references** to academic papers or guidance documents about the condition.
- Evidence prepared for other purposes, e.g. routine validations, calibrations, audits can be used

“Clinical competency”

Upload anonymised information such as:

- Annotated test results
- A management plan
- Case study
- 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

Top Tips for Evidence

- Previous work can be used as evidence
- Project work or reports can be very motivational and an efficient way to complete competencies.
- Use real life events
- Observations of your interactions with patients and colleagues
- Presentations to your peers and others signed of by your training officer
- Witness Statements
- Use a variety of formats – Text, flow diagrams, photos, videos
- Keep it interesting and relevant