

Workplace based activities – what evidence is appropriate?

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Objectives

- Be aware of purposes and principles of workplace-based assessment (WPBA)
- Know what we mean by evidence.
- Understand what can be used as evidence.
- Know what level of evidence is sufficient.
 - Progression from STP, aims of HSST curricula, AHCS Standards of Proficiency
- Ensure evidence meets requirements of learning outcomes.
 - HSST Curriculum

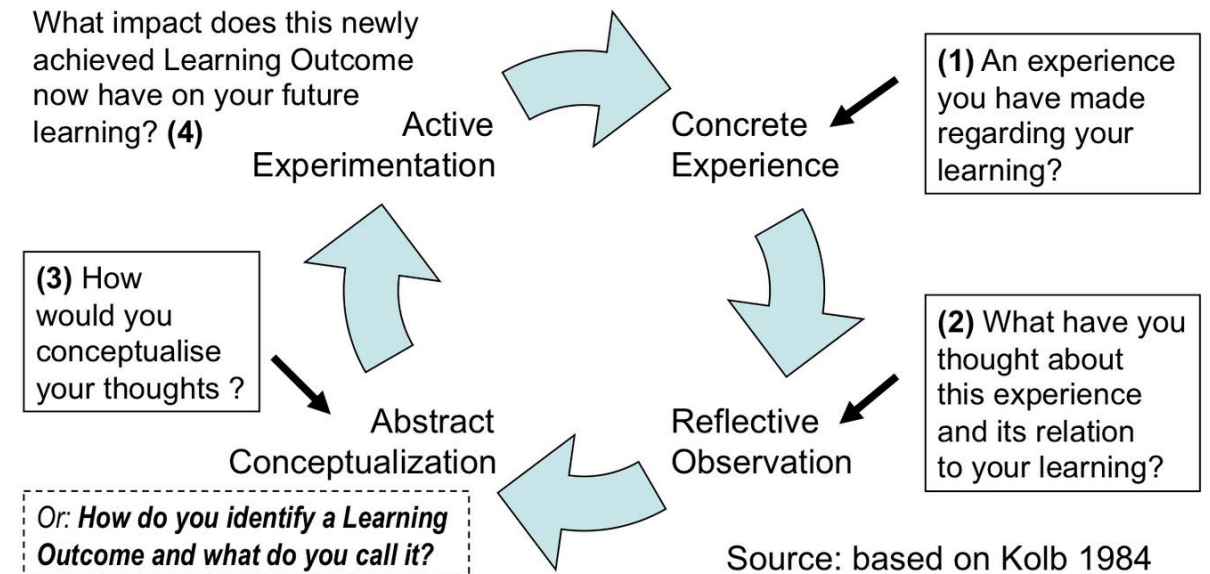
Purpose of Work-based Assessment

- Showcase trainee's mastery of knowledge, skills, and professional behaviours at CCS level
 - The chosen evidence should reflect this.
- Underpin defensible progression decisions.
- Convince an expert panel of the trainee's:
 - a) Fitness to practise as a Higher Specialist Scientist.
 - b) Readiness to apply to Higher Specialist Scientist register (HSSR).

Making experience count – reflective practice

- “Learning is the process whereby knowledge is created through the transformation of experience”.
(Kolb, 1984)
- Experience is achieved through workplace learning.
- Evidence is constantly changing and evolving.

Kolb’s Model for the Learning Cycle



Evidence: what do we mean?

- An **artefact*** produced by the trainee that showcases their progress towards mastery of one or more of the SoPs.
 - ❑ Reviewed/endorsed by the workplace supervisor or nominated other for purpose of giving feedback to support development (i.e. not marking or grading as pass/fail).
- Work submitted and assessed for DClinSci - no need for supervisor to review.

<http://www.nshcs.hee.nhs.uk/current-hsst/nhs-higher-specialist-scientific-training/the-hsst-handbook/guidance-on-workplace-evidence>

What should evidence be?

- **Cross-referenced** - Evidence (especially written) must be referenced to the LO and SoP of the programme being undertaken.
 - ❑ Meets specialist Curriculum Learning Outcomes and Academy's Standards of Proficiency for Higher Specialist Scientists
- **Sufficient** - Covering all aspects of the assessment criteria for each of the learning outcomes (LO) and standards of proficiency (SoP) referenced.
- **Authentic** - It is important that the submitted evidence relates only to the trainee's own performance.
- **Relevant** - Any evidence for assessment must relate specifically to the specialist programme and bespoke pathway the trainee is pursuing and be evidence of performance/competence pertinent to the LO and SoP.
- **Current** - 'Current' means evidence relating to the appropriate specialty knowledge, skills, attitudes and behaviours a trainee can currently demonstrate and which clearly relate to the activities and areas of work a trainee could still perform if required to do so.

Planning collection of evidence

- Work backwards – what will convince expert panel that trainee is ready to register? What will make trainee a credible candidate for a CCS job?
- Be familiar with SoPs, curriculum, scope of practice, CCS job descriptions, and training plan.
- Take advantage of naturally occurring evidence; plan for stretch opportunities to show **level 8 skills**; don't focus on single observations of low-level skills.

Level 8 Descriptors

Knowledge	Skills	Responsibility and autonomy
Knowledge at the most advanced frontier of a field of work or study and at the interface between fields	The most advanced and specialised skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice	Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research

What types of evidence?

An **artefact*** produced by the trainee that showcases their progress towards mastery of one or more of the SoPs

Let's discuss in table groups...

5 mins...

What types of evidence?

Direct:

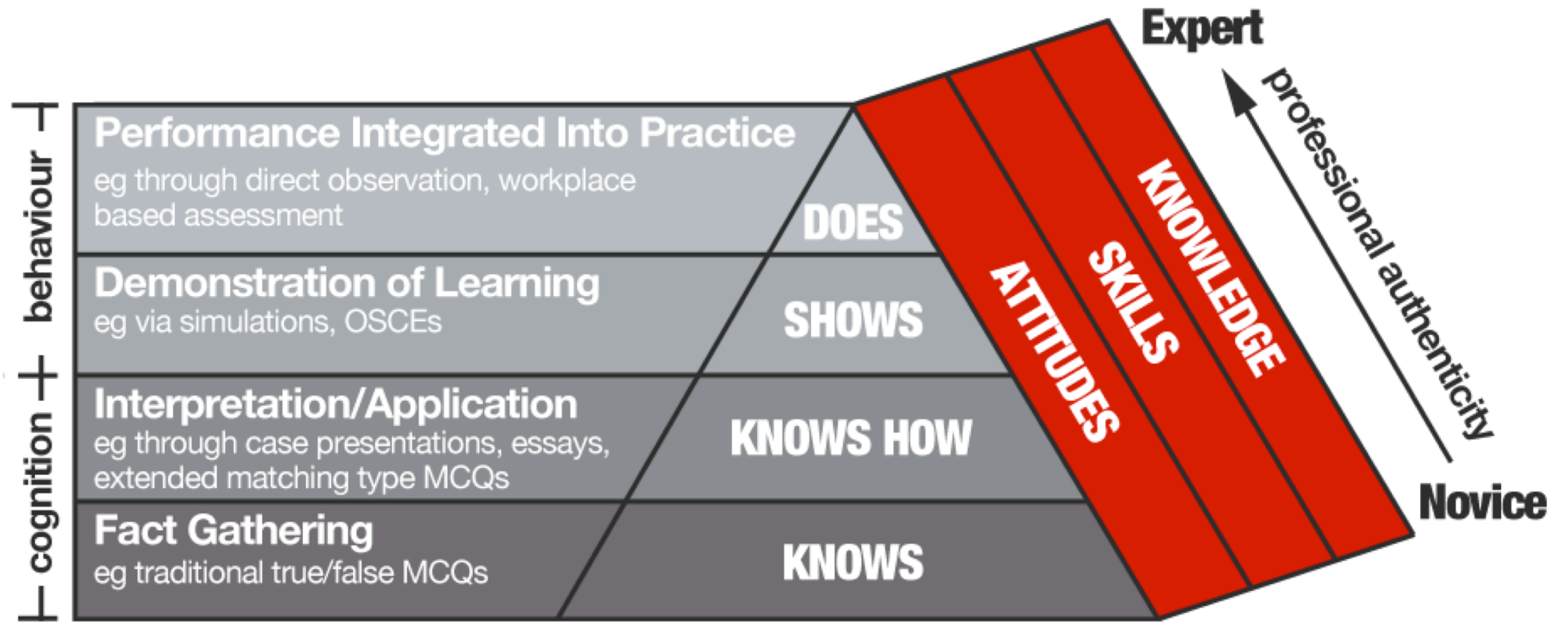
- Observed performance
- Projects or work based assignments; Personal reports (including Uni work)
- Minutes of meetings
- Action plans, progress reports
- Internal and external correspondence (including emails)
- Qualifications which relate directly to the curriculum
- Product evidence e.g. clinical reports, specialist investigations undertaken
- Responses to oral or written questions;
- Video or authenticated audio tapes

Indirect:

- Witness testimonies from people within or outside the organisation
- Achievement in related areas
- Attendance at courses/training activities relevant to the curriculum or standards
- Membership of related committees or outside organisations

Indirect evidence is normally used to support or confirm direct evidence.

Types of evidence



Miller's prism of clinical competence

How much? how often?

- What is a convincing saturation point? The answer should fall out of the planning process.
- Every training plan will, and should be, different.
- **Rough guide of approximately one piece of evidence per month.**
- **One piece of evidence per month = 60 pieces of evidence = 60 occasions to cover relevant SoPs and curriculum.**
- Triangulate – showcase same skill in different contexts.
- Schedule for gathering evidence should be flexible.
- Expert panel will want to be convinced of quality, not quantity.

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What is it like on the HSST?

How to manage a bespoke training programme?

Find out more from our current trainees..

Refreshment Break & Transition back to the main room - The Auditorium

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