

Hosting an STP trainee in your department

Purpose of this presentation

- Aimed at all staff in the department involved in the training of STP trainees.
- Understand the aims, structure and overview of the STP.
- The responsibilities of the department and training officer.
- Planning training in the department.
- Understand the types of work-based assessments and how to assess competencies.
- Key points about OneFile e-portfolio.
- Supporting the trainee's health and wellbeing.

The structure of the Scientist Training Programme



University

MSc in Clinical Science:

- a part-time, fully funded, master's degree
- Academic teaching and assessment



Employer

Work-based training:

- Practical training and assessment
- Contract of employment

The National School of Healthcare Science

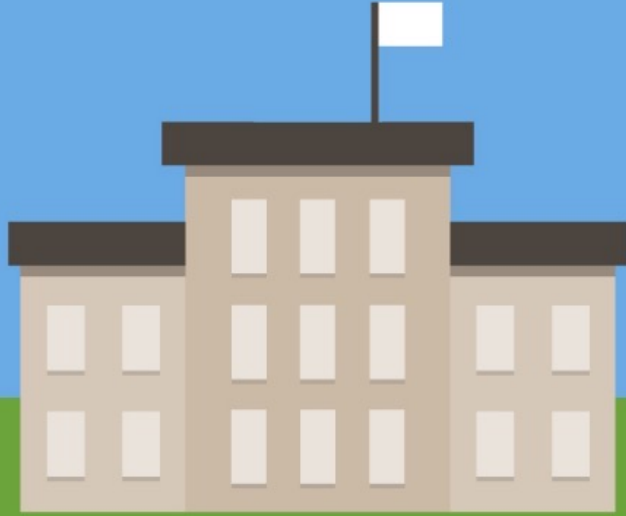
- The National School of Healthcare Science (NSHCS) works in established partnerships with universities, training providers, commissioning leads and the professional bodies.
- We are part of Health Education England.
- We train scientists that will be leaders in healthcare, understanding and advising on the most recent advances in technology and innovations in patient care.
- We safeguard the delivery and quality of education and training for healthcare science nationally.



The aims of the STP for your trainees

- Statutory Professional registration
- World class performance in clinical science.
- The acquisition of an appropriate level of underpinning scientific knowledge.
- Competency in undertaking complex scientific and clinical roles.
- Ability to define and choose investigative and clinical options.
- Make key judgements about complex facts and clinical situations within a quality assurance framework.
- Work directly with patients and have a positive impact on patient care and outcomes.
- Be involved, often in lead roles, in innovation and improvement, research and development.

What happens in the first year?



University

Broad introductory modules
across your theme



Workplace

Induction

Rotation placements

Modules to complete are
listed in the Curriculum Library

Overview of your 3 years on the STP

In the first year...



Workplace

- Work based induction
- Work based mandatory training
- Core modules
- 4 Rotational modules

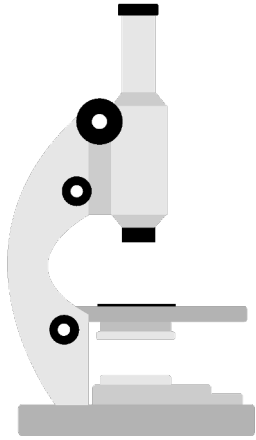


University

- University modules - titles in your MSc may not be exactly identical to the work-based modules shown in the e-portfolio
- Complete your MSc examinations in May/June

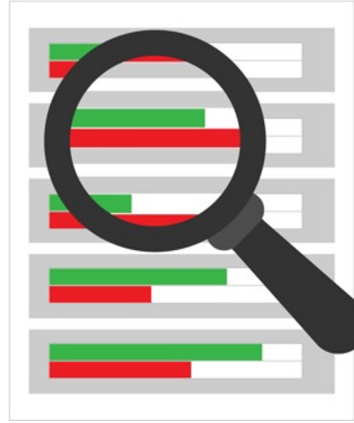
Overview of your 3 years on the STP

In the second year...



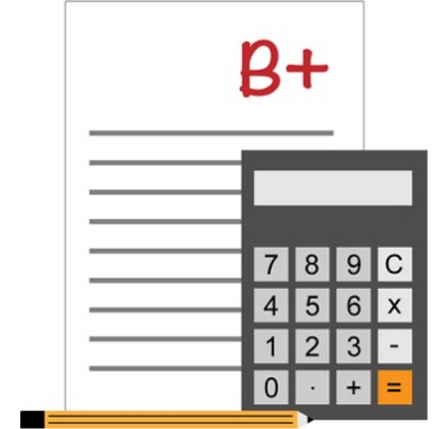
Workplace

Start specialty modules and research project



NSHCS

Complete your Mid-term Review of Progression (MRP)

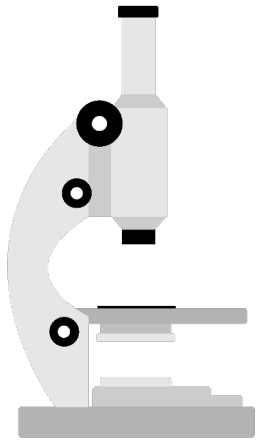


University

Complete your MSc examinations

Overview of your 3 years on the STP

In the third year...



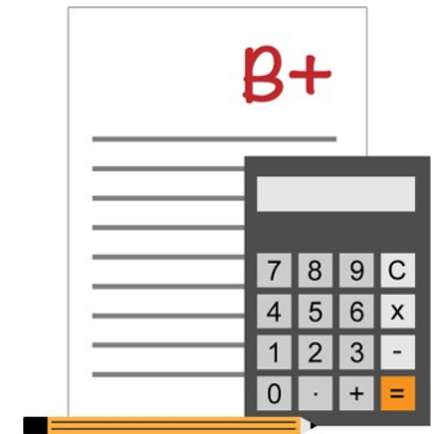
Workplace

Finish specialty modules and research project



Final assessment

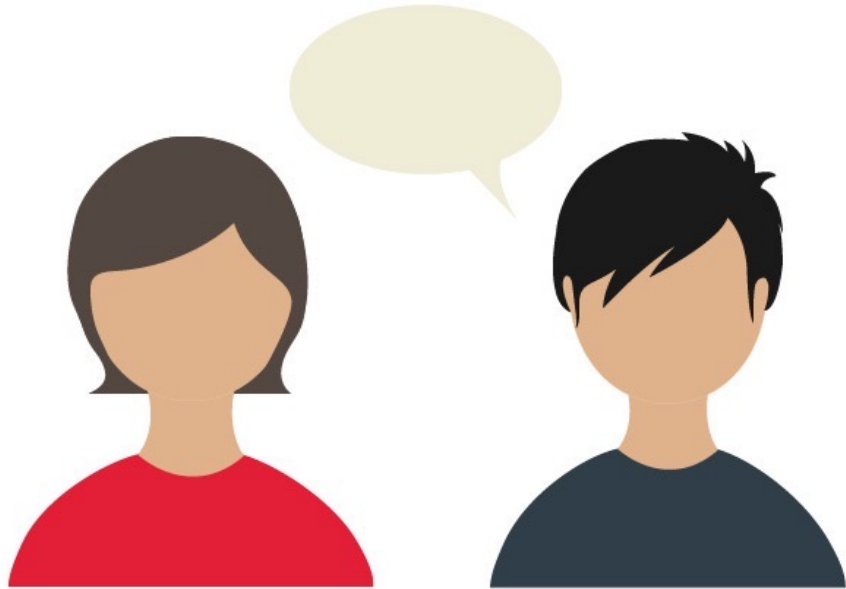
Complete your final exit assessment



University

Complete your MSc examinations

Types of assessment in the workplace



Competencies

Case-based discussion (CBD)

Direct observation of practical skill (DOPS)

Multi-source feedback (MSF)

Observed clinical event (OCE)



All recorded and reviewed in
the e-portfolio

How do I complete the programme?

Complete MSc



+

Complete e-portfolio
of workplace-based
assessment



+

Pass
final assessment



=

Certificate of
completion of
the programme



Key to success

Successful completion

- The NSHCS will issue you with a Certificate of Completion.
- You can use your Certificate of Attainment or Equivalence to apply to the HCPC (regulatory body) and apply to become a registered clinical scientist.



Training responsibilities



Who is responsible for a STP Trainee?

All staff who will be working with STP trainees should have an awareness of the programme and what trainees will be expected to do.

The employing department must ensure that all staff who will be working with the STP trainee understands what their role will be.

Non-scientific clinical staff will also be involved in training STP trainees

Five training roles and responsibilities

- **Training officer** – is responsible for the trainee and will oversee training throughout the programme including periods when the trainee is outside host department
- **Supervisor** – will oversee individual rotational modules in different departments.
Deferred management responsibilities
- **Assessors** – are responsible for assessing the performance of trainees during DOPS, CBDs and OCEs
- **Reviewers** – review and sign off as completed the trainee's competencies
- **Raters** – are nominated by the trainee to complete and MSF

All those involved in training in the department should know their role and agree what they will be doing.

The training officers role:

Is key to the success of the training and trainee experience

- The training plan
- Educational supervision
- Facilitation – providing access to training opportunities
- Feedback

Ensure delivery of four components of the workplace programme:

- 1) Induction
- 2) Rotational training
- 3) Elective training
- 4) Specialist training

Training
Officer



The training officers role:

Supervision

Clinical practice that is well supervised

- For the safety of patients and the trainee
- So that clinical competence is facilitated

Facilitate

- **Regular meetings (notes and actions); guidance is at least once a week.**
- Ensure sufficient study time in the work base; guidance is approximately 1 day per week
- Access to required training opportunities
- Ensure in service trainees have equitable training experience and follow training programme (not pulled back into service delivery)

The training officers, assessors & reviewers role:

Assessment

- Ensure that trainee understand the programme of workplace based assessment and assessment outcomes, refer to the Curriculum Library.
- Ensure evidence is being submitted and documented on OneFile – including **other** trainers and assessors involved in the training
- **Feedback**



All recorded and reviewed in
the e-portfolio

As a department

- Make the trainee feel welcome by organising in advance their ID pass, a place for them to sit and work with access to software etc.
- There should be regular communication and collaboration between, the trainee and all those in the department involved with training, this is crucial to support the trainee.
- Staff in the department should be aware of the new trainee and their role within the department.

As a department

- Understand trainees are supernumerary and will be studying for their master's degree, study time may be undertaken in the workplace for at least one day per week.
- If you will be assessing, familiarise yourself with the curriculum so you know what your trainee needs to achieve.
- Try and organise the work-based learning so it relates to the MSc content and STP curriculum, however, this is not always possible as the workplace is a fluid environment, activities and tasks can be varied and may not map to the MSc content, it is worth remembering to take advantage of any opportunities as they arise.

Trainee responsibilities

What is expected of your trainee?

Trainees are postgraduate learners – *expect a lot from them!*

They should take responsibility for:

- Training and learning
 - find out what is expected of them
 - familiarise themselves with the programme
- Professional behaviour
 - 'Good Scientific Practice' – standards and behaviours

Trainee responsibilities

What is expected of your trainee?

- Put the patient at the centre of their training
- Read and understand the principles and values described in the NHS Constitution
- Follow trust policies and procedures

Trainee responsibilities

What is expected of your trainee?

- Keep the NSHCS up to date with contact details including TO
- Keep the NSHCS up to date with any changes of circumstance
- Attend regular meetings with TO (expect to take notes and record actions)
- Trainee will see TO as the first point of call if things aren't working as expected.

Trainee responsibilities

What is expected of your trainee?

Work-based assessment:

- Trainee should know what is required for each module
- Trainee should familiarise and abide by the Terms and Conditions for using the OneFile
- Keep up to date with competencies and assessments and record on OneFile in a timely manner and TO should sign off regularly
- Participate in the MSF

Planning training in the department



Some of what the trainee will do over the next 3 years

STP
NSHCS
Induction

Academic
schedule at
university

Rotations

What? Where?
When? Who will
supervise?

Mandatory
training in the
workplace

Workplace
induction

Diary
availability
of TO

One to
one
meetings

Mid-term
review of
progression

Realistic goals for
achieving learning
outcomes

Activity to
provide clinical
experiential
learning

Milestone for
completed
assessments

Key dates for
MSc exams

Elective

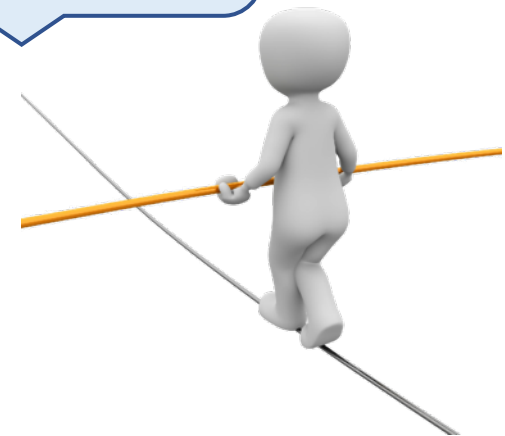
Final exit
assessment

Patient and
Public
Involvement

OneFile
e-Portfolio

Research
Project

Holiday
commitments
and that of
depts



The training plan

- The training officer is responsible for the training plan, however, as time goes on, the trainee should take more ownership of the plan. For training planning to be successful, a collaborative approach is necessary.
- The training plan should be realistic and achievable.
- The plan should tell the trainee what he or she will be doing for at least the full academic year, so the trainee knows where they are going e.g for rotations.
- Have a structured timetable of events and key dates e.g exams, mid-term review of progression, research project.
- Map out all the modules over the 3 years if possible.

Assessing workplace-based competencies

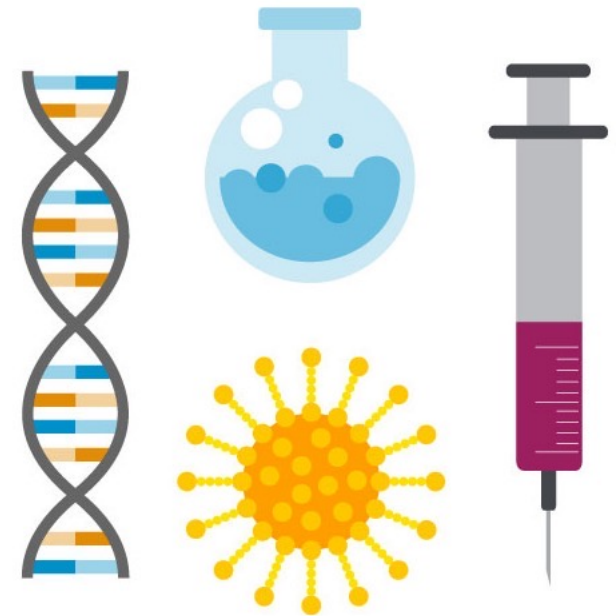


Where do I find the assessments?

- The Curriculum Library
 - Contains all the information about modules
- The E-Portfolio: OneFile
 - Records the workplace evidence a trainee should accumulate to meet the competencies and assessments

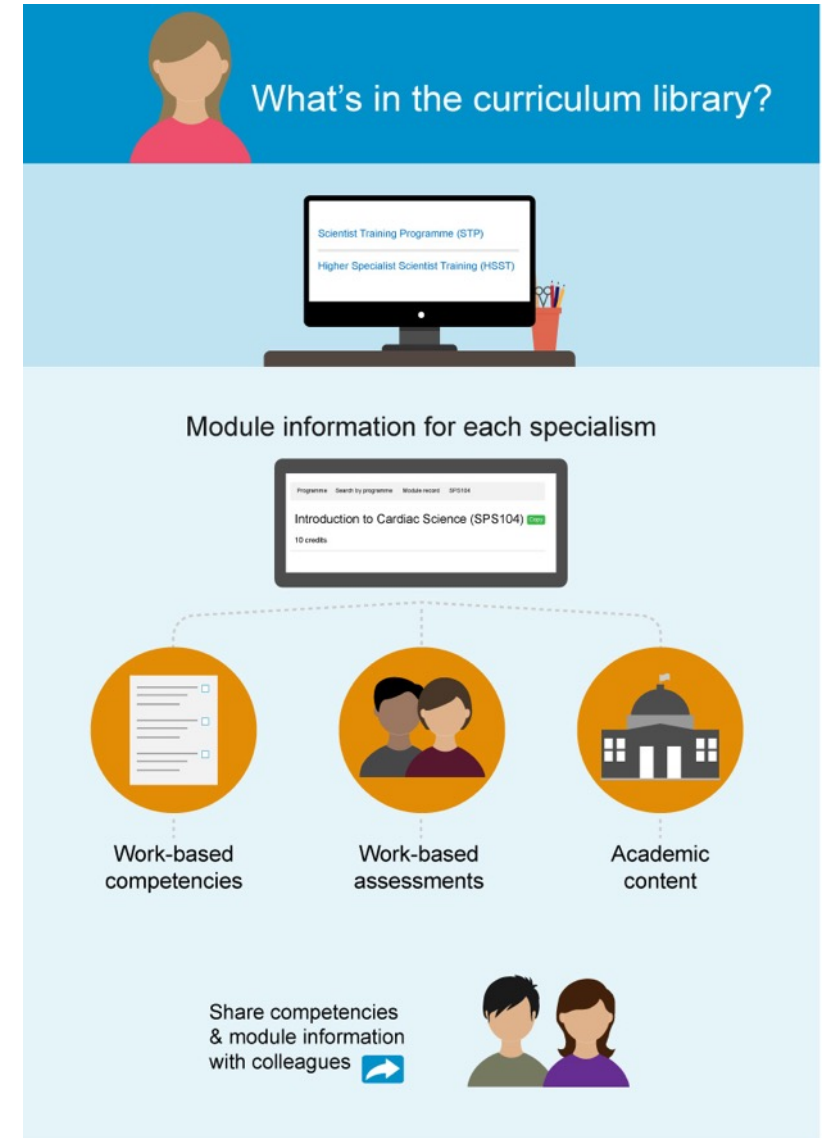
Core, rotation
and specialist
modules

Each contains
required
competencies
and assessments



What is in the curriculum library?

- <https://curriculumlibrary.nshcs.org.uk/>
- Work-based competencies and assessments are listed for each specialism.
- The principles, values and standards of behaviour and practice of healthcare scientists are contextualised through the Academy's Good Scientific Practice (GSP).
- GSP maps to the HCPC Standards of Proficiency which are the professional standards which every Clinical Scientist must meet in order to become registered and must continue to meet in order to maintain their registration.
- STP curricula are designed to meet these Standards.
- Competencies and assessments are mirrored in the trainees record on OneFile.



Assessment of competence

- Evidence should show how the trainee undertook and understood the activity.
- Assessing the trainee's evidence is assessing the trainee's ability to do the job properly.
- The trainee's ability to apply knowledge, skills and experience over time demonstrates competency.



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)

<https://nshcs.hee.nhs.uk/programmes/stp/trainers/work-based-assessment/>



All recorded and reviewed in
the e-portfolio

What makes good evidence?

- Evidence that supports learning outcomes.
- Evidence should be clear and concise.
- Evidence should be appropriate and contain the level of detail required according to the rotation or specialist module, more detail is likely for specialist modules than rotations.
- Trainees should demonstrate the knowledge or practical skills required for each competency in the evidence submitted.
- Ensure the trainee critically reflects on the learning, what could have been done differently?

Reflective grid to support reflection

Before	What are you planning to do?	How does this meet your learning outcome?	What are you hoping to learn?
During	Describe what actually happened?	How did you feel about this?	Feelings of others e.g. patient or colleague
After	Reflect on whether it went as planned, both negative and positive comments.	What feedback did your training officer or assessor give you?	What did you learn from this experience?
Next time	What will you do differently next time?	What changes will you need to make?	Implications for others that you may work with:
Literature/ Standards/Framework of good Practice	What does guidance say, how does it relate in reality?	What can you do to improve the process or procedure?	What changes if any could you recommend?

What makes good evidence?

- Wherever possible, evidence should consider the patient's perspective.
- Ideally the trainee should be able to identify how their evidence applies to national frameworks e.g. HCPC Standards of Proficiency and the Academy's Good Scientific Practice.
- Levels of evidence

Your professional judgement is key when assessing competency, to help you assess the level of detail required over the duration of the programme, the assessment hierarchy levels are an indicative tool you can use and apply, the levels are for guidance purposes only and not to be used as an assessment criteria.

Assessment hierarchy: Level 1

Level
1

Awareness

The trainee has been introduced to the process/procedure associated with the competency:

- The trainee has read all relevant SOP's, COSHH and Health and Safety and other recommended documents.
- The trainee has an introductory level of knowledge and understanding of the application of the process/procedure.
- The trainee has been shown how the process/procedure is performed and allowed to perform the task(s) under supervision.
- The trainee requires direct supervision.

This Level may be applied for competencies and assessments undertaken on rotation in the first year.

Assessment Hierarchy: Level 2

Level
2

Performance

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



The trainee has a knowledge and understanding of the task(s) and is able to identify situations when they should be applied or are relevant.



The trainee performs the task(s) with few or no errors and asks fewer questions related to the task.



The trainee may only require indirect supervision.

This Level may be applied for competencies and assessments undertaken on rotation in the first year and when performing tasks from Specialist Modules.

Assessment Hierarchy: Level 3

Level
3

Proficient

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

➤ Trainee has developed a level of knowledge & understanding of the competency that allows them to critically analyse the task(s) and outcomes produced.

➤ The trainee is able to identify potential sources of error and can correctly resolve problems that may occur.

➤ The trainee is able to successfully perform the task(s) without supervision.

- **This Level is achievable for most procedures from the Specialist Modules.**

Assessment Hierarchy: Level 4

Level
4

Competent

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

The trainee has repeatedly demonstrated a level of knowledge, skill and aptitude of the competency to work with a level of independence but still recognising their scope of practice. They are able to demonstrate or train other staff in the processes and procedures relevant to the competency.

This Level is expected for most procedures from the Specialist Modules.

This Level compliments the Good Scientific Practice Domain of Clinical Leadership:

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.

Ideas for good evidence...

“General competency”

Examples could be:

- a description of the problem or clinical issue being considered;
- a case report, treatment plans;
- analytic results etc;
- **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”

Using anonymised information such as:

- test results;
- a management plan;
- evidence that they understand the impact on the patient.

They need to demonstrate the knowledge and/or practical skills required for each competency but **they do not need to prove they are competent to do this task alone.**

“Professional competency”

Show their engagement through upload of evidence demonstrating:

- Raising awareness;
- Being inspirational to others;
- Getting involved;
- Becoming an ambassador;
- Spreading the word.

Do's and Don'ts of competency evidence

Do:

- Accept evidence that is clear, concise and to the point.
- Make sure evidence is relevant to the competency.
- Have real-world practice for evidence, for example with feedback and observations from colleagues.
- Ensure trainee is being critically reflective. What did they learn, what would they do differently or what could they improve next time?
- Ask trainee to include patient feedback or the patient's perspective wherever possible.

Do's and Don'ts of competency evidence

Do:

- Ask trainee to repeat a task over time e.g. capture reflections on observations of a task being completed multiple times to indicate progression. This will create a trail of reflections and actions each time.
- Demonstrate progression. Good competency evidence is not evidence of initial perfection. It demonstrates what trainee did or should do if something does not go as planned.
- Ask trainee to use a range of media, not always written documents. Photographs and audio and video recordings can provide excellent evidence of skills in practice.
- Ask trainee to apply academic learning in a clinical context e.g. linking evidence of practice to literature, frameworks and best practice.
- Trainee to provide more than one explanation in cases of differential diagnosis.

Do's and Don'ts of competency evidence

Don't:

- Ask trainee to write a 10,000 word essay or long written piece as evidence unless that is the practice that is required in the workplace for a specific competency.
- Accept an uploaded policy or standards documents without good reason. If they are supplied as part of evidence, there should be a clear indication of their relevance or of reflection upon them.
- Ask trainee to summarise knowledge; ask them to show how it can be applied in the clinical context.
- Breach patient confidentiality, especially when using videos, photographs or case histories.
- Leave competencies which are harder to evidence until the end of the programme.

Other workplace-based assessments

- What else do they need to complete?
 - Multi-Source Feedback
 - Mid-Term Review
 - Reflective log
 - Clinical experiential learning
 - Final assessment



The e-Portfolio: OneFile



The e-Portfolio: OneFile®

Recording and assessing evidence

- A place to record, review and sign off workplace competency evidence.
- A record of professional development and experience.
- Reflective and evaluative content, not just a record.
- Confidential.
- Useful tools for gap analysis and checking progress.



Key points

- Download the guidance docs and watch the 'How to' videos in the Knowledgebase on the School website.
- Encourage trainees to capture and store evidence as a regular activity.
- You have three options to accept, reject or resubmit evidence, if you ask the trainee to resubmit or reject their evidence you **MUST** provide the trainee with feedback comments on what they need to do to improve.
- Don't neglect RESUBMIT & feedback conversations.
- Training Officers must approve assessor nominations.
- Any questions: nshcs.digital@hee.nhs.uk

Supporting your trainee

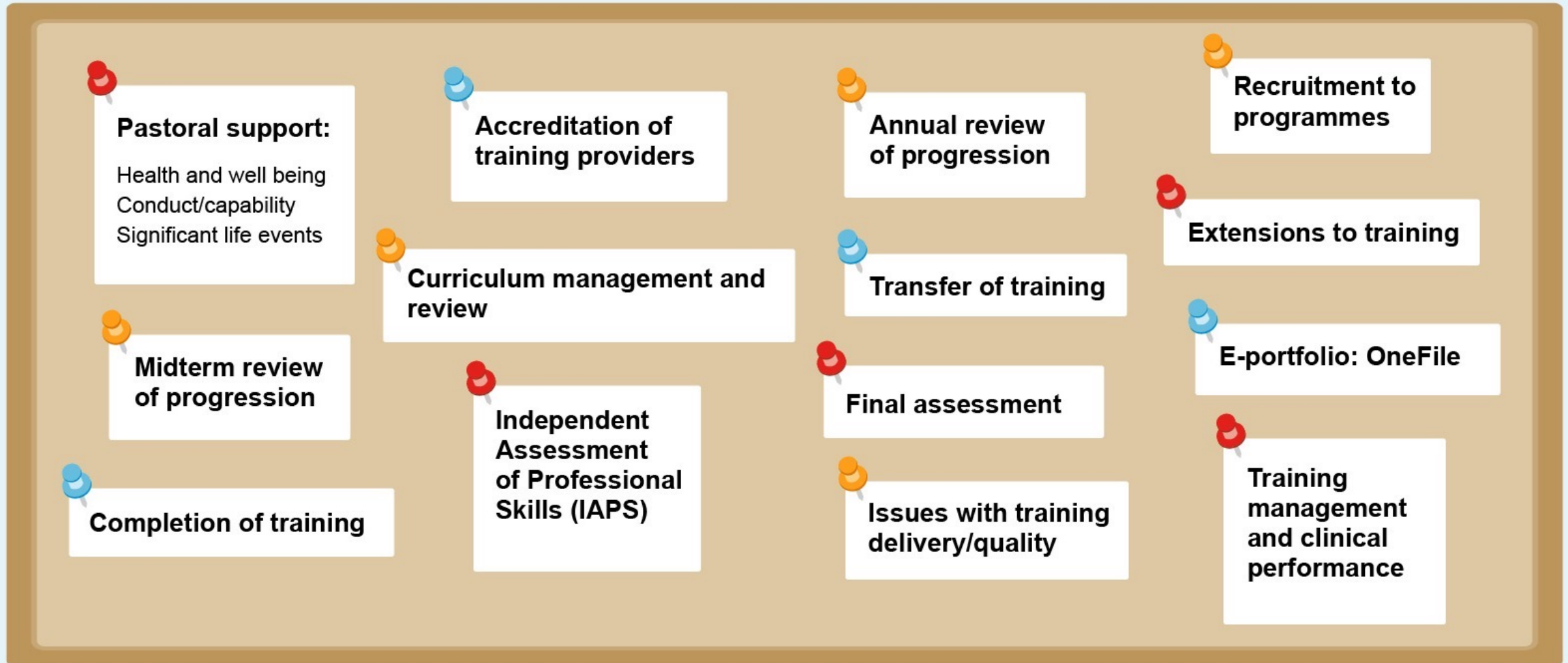


Supporting your trainee

- Assess each trainee individually.
- Hold regular 1-2-1s with your trainee (inc OneFile progress).
- Department can have mentors with knowledge of the Programme.
- Offer emotional support/signposting where necessary.



In which areas does the School provide support for trainees?





What other sources of support are there?

HR support or legal matters

Contact local employer/HR department and liaise with training officer/line manager

Financial support

Contact local HEE office or regional commissioner if in Scotland, Wales or Northern Ireland

Counselling

Contact local employer/HR department and liaise with training officer/line manager.

Mental health

Access Occupational Health locally and/or counselling services available from the employer or your GP

Adjustments/changes to academic programmes

Liaise with relevant University Programme Director

Registration and regulation

Visit the Academy for Healthcare Science website www.ahcs.ac.uk and the Health and Care Professions Council www.hcpc-uk.co.uk