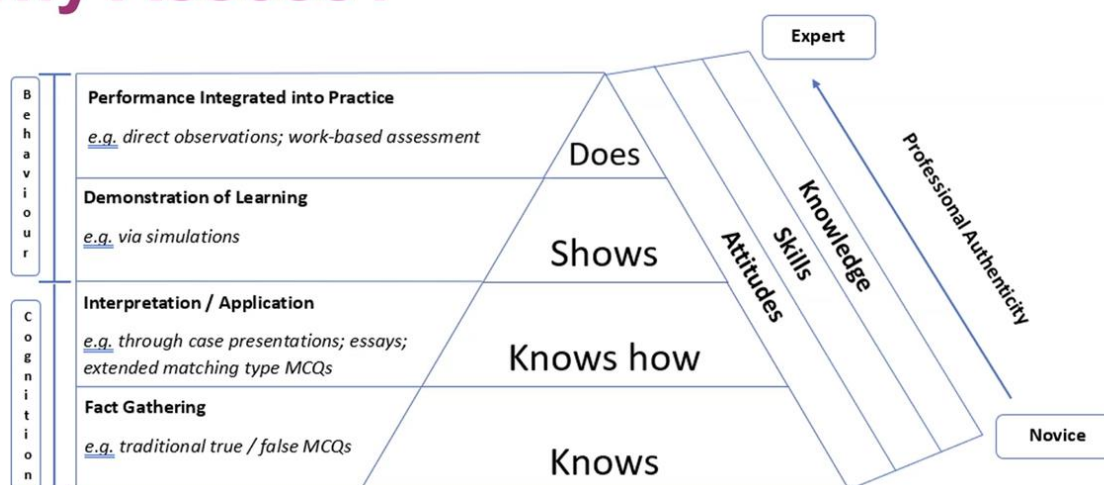


STP Train the Trainer Webinar 2: Assessing Evidence in the Workplace

Agenda

Agenda Item	Speaker
Assessment in the Workplace <i>Question and Answer session</i>	Namir Al Hasso, STP Training Programme Director, NSHCS. Email: namir.alhasso@hee.nhs.uk
Work-based Evidence <i>Question and Answer session</i>	Namir Al Hasso, STP Training Programme Director, NSHCS. Email: namir.alhasso@hee.nhs.uk
Managing Feedback <i>Question and Answer Session</i>	Sally Clee, Education Training Manager, NSHCS. Email: sally.clee@hee.nhs.uk
Introducing OneFile for Training Officers <i>Question and Answer Session</i>	Stuart Sutherland, Digital Systems Support Officer, NSHCS.
Q&A Session	All speakers

Why Assess?



- Trainees start at bottom of pyramid and progress up.
- Each rotation/module contain required competencies and assessments

Work-Based Assessment



Competencies



Direct Observed Practical Skill (DOPS)



Observed Clinical Event (OCE)



Case Based Discussion (CBD)

Competencies



Upload evidence to demonstrate trainees have met the learning outcomes of the module



What is acceptable is open to discussion between you as the training officer and your trainee



It should be of suitable standard to meet the expected knowledge



Assessor should review and provide trainees with feedback, to enable competency

- Evidence is uploaded into OneFile.
- Training officer receives notification of upload and is to approve it.
- Discuss what is acceptable as evidence.
- Number of DOPs, OCEs are set in the curriculum for each module



Direct Observed Practical Skill (DOPS)

- Assess the performance of a practical skill or procedure through **observation**
- May reflect “routine” tasks
- **Results in:**
 - ✓ **Feedback** from assessor
 - ✓ Identification of learning needs
 - ✓ Generation of **action plan**



- Observe trainee performing a task, feedback given directly
- Doesn't have to be training officer – can be technical staff or non-sonographer – should be best person for the job
- DOPs/OCEs should be a short, practical task that can be performed in a short period of time, then allow time for discussion – 15 – 30 minutes.



Observed Clinical Event (OCE)

➤ Purpose is to assess a clinical encounter:

- ✓ With a patient
- ✓ Member of public
- ✓ Other healthcare professional

➤ **Observing** a routine 'clinical' task

➤ Assessor to review trainee's:

- ✓ communication skills
- ✓ clinical judgement
- ✓ organisation and efficiency



- Trainee interacting w/a patient, member of public, or other healthcare professional in clinical encounter, i.e. issuing a report.
- Assessing **communication** skills and **clinical judgement**



Case Based Discussion (CBD)

➤ Trainee to be responsible for (whole or in part) of a clinical "output"

➤ Trainee prepares **two** clinical cases and the assessor chooses **one** for discussion*

➤ Trainee to demonstrate their knowledge of the clinical case

➤ Assessor and trainee **discuss** the clinical case the trainee has developed:

- ✓ discussion of the science;
- ✓ professional, ethical and governance frameworks of practice

➤ Explores decision making and the application of clinical knowledge



- May be a particular test or disease – trainee will write about it, then discuss it with you.
- **In new curriculum – ONE CASE prepared and discussed.**
- Discuss science behind the condition / test – does trainee understand
- May take an hour to complete depending on the competency being observed
- For the CBDs we use the term "case" quite broadly to include those specialties which won't have classical patient cases, a CBD is an opportunity for the trainee to showcase a discrete piece of work they've contributed to that relates to the skills they've developed module. maybe an audit, or a QA of a piece of kit, a bit of development work or part of a project.



Multi – Source Feedback (MSF)

What is it?

Anonymous professional feedback from a sample of colleagues based on performance

When are they to be completed?

1. At 18 months
2. At the end of the programme

What is the purpose?

Informs reflection and self-evaluation by identifying:

- areas for development
- areas of strength and good practice which trainees



- 360 appraisal – 2x – 1 halfway through, 1 @ end.
- Trainee nominates people to appraise them – discuss list w/training officer – are names suitable, should I add more. Anonymous.
- Trainee rates themselves.
- Trainee receives results 1st, uploads into OneFile, then discusses with the training officer.

Completing Evidence During COVID19



Find different ways of working



Sharing of good practice



See what other disciplines and professions related to your speciality are doing



Look at on-line resources on NSHCS website



Work safely within government guidelines

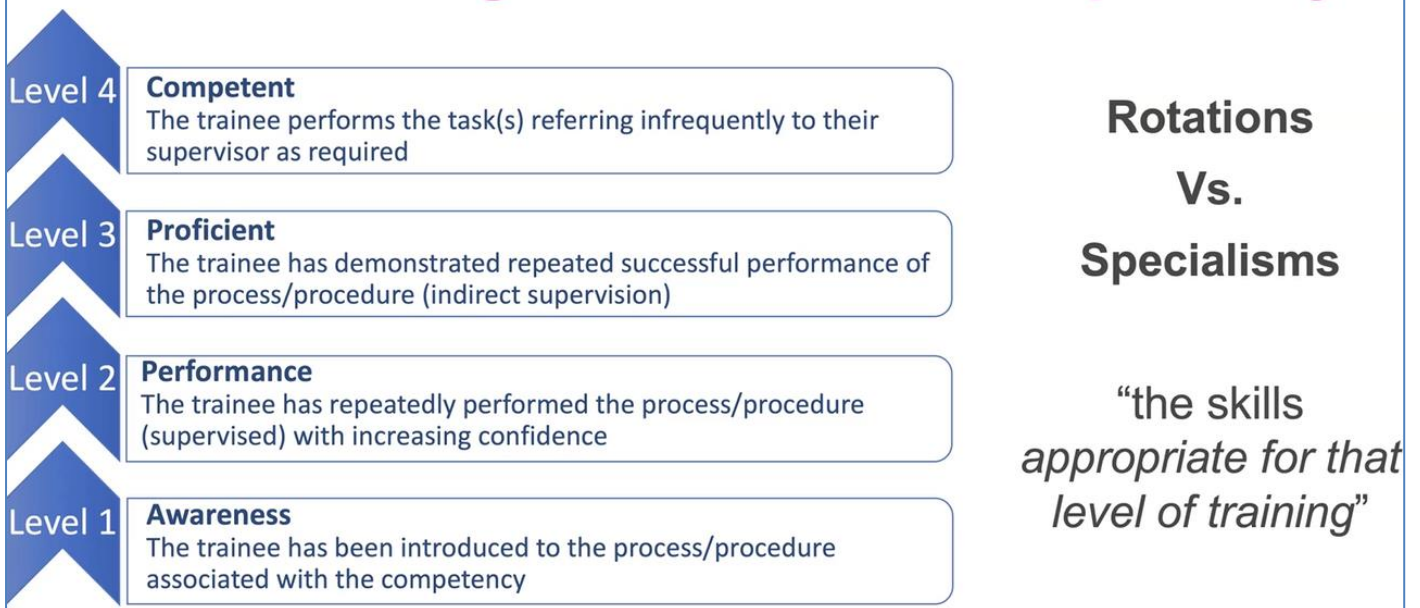


Online resources elsewhere e.g. e-learning hub
<https://portal.e-lfh.org.uk/>

- Some remote rotations being performed.

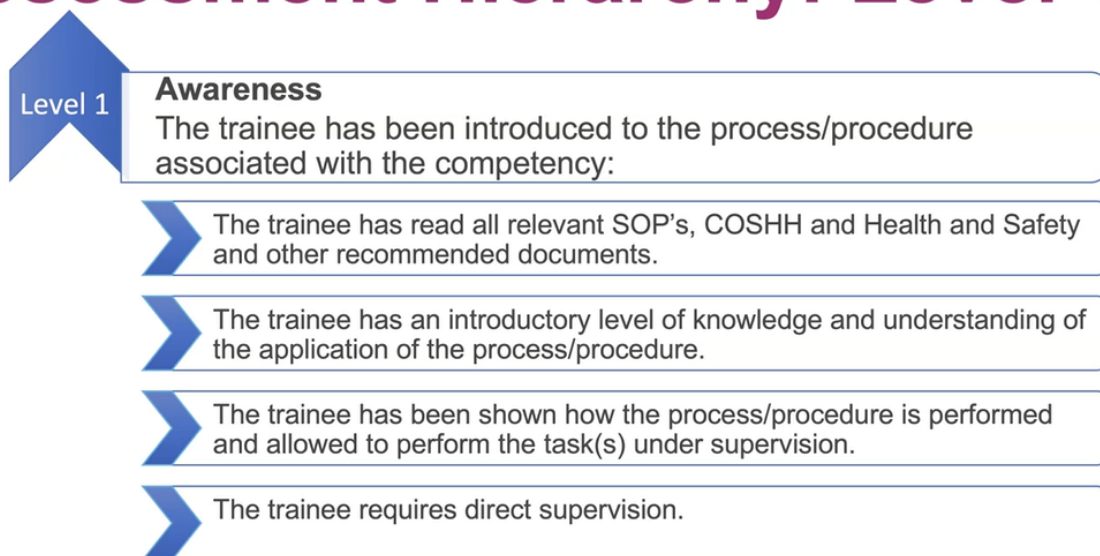
Work Based Evidence:

Understanding the Level of Competency



- Training starts Level 1 with rotations
- Competencies for Specialisms should be Level 3 and 4

Assessment Hierarchy: Level 1



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

- Reading SOPs, Health and Safety documents
- Introductory level of knowledge in the department
- Will need to show how some processes/procedures are performed w/supervision

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.

- Trainee has performed a task with few/no errors, and w/indirect supervision
- ROTATIONAL STAGE

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

- Trainee can critically analyse the task and outcome
- Less to no supervision
- Should be starting to troubleshoot

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.

- Performs task w/infrequent input from supervisor – does not exceed their scope of practice – TRAINEE!
- Can write report, but should not be authorised!
- Make sure they are working to the threshold of a newly qualified scientist

Evidence of Competency



General Competency



Clinical Competency



Professional Competency

General Competency

Examples could be:

- Test results
- A management plan
- Evidence they understand the impact on the patient

N.B Sensitive information needs to be anonymised or removed

Clinical Competency

Examples could be:

- a description of the problem or clinical issue being considered
- a case report, treatment plan
- analytic results etc
- **references** to academic papers or guidance documents about the condition
- evidence prepared for other purposes, e.g. routine calibrations, audits etc

Professional Competency

Show their engagement through upload of evidence demonstrating:

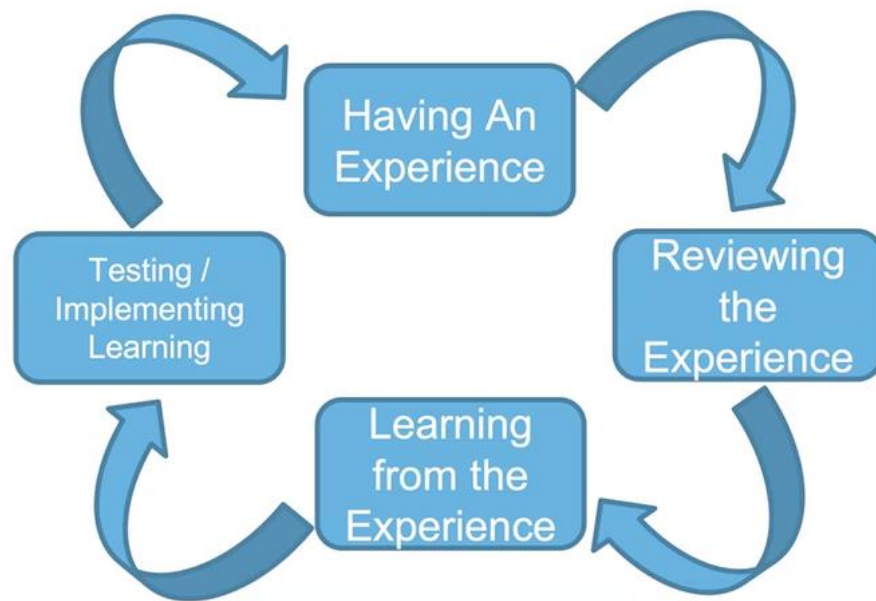
- Raising awareness
- Being inspirational to others
- Getting involved
- Becoming an ambassador
- Spreading the word

What is Reflective Practice?

There are different perceptions of what reflective practice means and how it should be structured, but in essence it is about learning...

“...a process of reviewing an experience of practice in order to describe, analyse, evaluate and so inform learning about practice” (Reid, 1993 p.305)

Reflective Practice: Fundamentals



Reflective Practice & the New Curriculum



- Induction – reflect on role within the department, culture of department and trust, how department fits into trust
- Rotation – reflect on the connections between the departments and your department, how they're related and connected
- Independent Professional Development – imbedded in training – CPD tasks as part of training programme
- Specialist training – reflect on tests and procedures you do

Key Points: What Makes Good Evidence?

Clear, concise and relevant

Critically reflective

Demonstrates competence practically

Includes feedback from colleagues or patients

Includes the implications for the patient

Positions them as an evidence-based practitioner

- Case Studies / Scenarios
- Reflective Accounts – will be key evidence in rotations
- Reports / Presentations – key part of learning is presenting ideas to others
- Observations – will be key evidence in rotations
- Patient / Peer Feedback

Website links:

Website Links: Good Competency Evidence & Assessment

The screenshot shows the NHS Health Education England website. The header includes the NHS logo and 'Health Education England'. The main navigation bar has links for Programmes, Information & resources, Training support, Healthcare Science, and About. The breadcrumb trail reads: Home > About > Train the Trainer > STP Train the Trainer > Guide to producing good competency evidence. The page title is 'Guide to producing good competency evidence'. The main text states: 'Good competency evidence should show that you understand how to apply your knowledge, skills and experience.' There is a 'Navigate' section with a list of links: Guide to producing good competency evidence, Do's and don'ts of good competency evidence, Types of evidence that can be used for achieving competencies, Different format types as evidence of competency, Using case studies for good competence evidence, Using Aft. feedback for your competencies, Patient interactions and good competency evidence, and The importance of reflection in good competency evidence. A right-hand sidebar lists various resources including STP Train the Trainer materials, STP Train the Trainer webinar series, Advanced STP Train the Trainer webinar series, Guidance for STP training officers, Good training planning, Guide to reproducing good competency evidence, Good STP competency evidence resources, A course for education supervisors, Hosting an STP trainee, and STP Train the Trainer podcast series.

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Managing Feedback:

Assessment in the Workplace

Assessment of Learning

Summative

Promotion of surface strategies

Assessment for Learning

Formative

Promotion of deeper learning strategies

Feedback is key

- Regular feedback is essential for training
- Summative – end of module or programme assessment (OCE and OPD)
- Formative – Developing skills with feedback – observation and reflection, with feedback on reflection

Components of Assessment for Learning (AfL)

Assessment drives learning

Trainees able to apply criteria to work produced

Oral and written feedback contributes to learning journey

Opportunities for learners to undertake remedial action or consolidation activities.

Differentiated learning activities

Reflection, peer assessment, self-assessment

SMART target setting

- Assessments should promote learning
- Trainees may need more assessments / feedback early in training
- Gives opportunity for consolidation of learning or remedial actions
- Feedback motivates, informs, influences, enhances learning in order to improve performance

Feedback: Good Practice

When to Feedback?

On an **informal** day to day basis

On a **formal** basis as part of an assessment, appraisal or a planned 1:2:1 review meeting.

How?

Make time to give feedback promptly but consider the setting

Regularly in 1:1 meetings so it is the norm.

Tell the trainee honestly how they are doing.

Make sure to include **constructive** feedback in all written assessments

- Informal - daily check in
- Formal – 1:2:1 reviews, assessments
- Feedback should be soon after the event, but private as well
- HONESTY! - Always include constructive feedback, but be sure to include faults if they are present

Feedback Techniques



Based upon outcomes



Based upon observed facts



Based upon behaviours



Non-judgmental



Respectful & professional



Non-threatening



Development focused – areas for development



Concise & evidence-based

- Explain what went well, and what could be better

Website Links: Reviewing Progress

National School of
Healthcare Science

Health Education England

Programmes

Information & resources

Training support

Healthcare Science

About

[Home](#) > [About](#) > [Train the Trainer](#) > [STP Train the Trainer](#) > [Guidance for STP training officers](#) > Reviewing progress

Reviewing progress

It is important to review a trainees progress throughout their training.

Navigate

- Guidance for STP training officers
- Getting started as a new training officer
- The training plan
- What makes good competency evidence?
- **Reviewing progress**
- Supporting mental health and wellbeing

What is Assessment for Learning (AFL)?

Assessment can be formative or summative.

Summative

STP Train the Trainer

- STP Train the Trainer 2021
- Advanced STP Train the Trainer 2021
- STP Train the Trainer webinar series - June 2021
- STP Train the Trainer webinar series - March 2021
- Advanced STP Train the Trainer webinar series (2021)

Guidance for STP training officers

- Good training planning
- Guide to producing good competency evidence
- Good STP competency evidence resources
- A course for education supervisors who are supporting displaced or shielding trainees
- Hosting an STP trainee in your department: A presentation for departments and Trusts (2020)
- STP Train the Trainer podcast series

Giving Good Feedback Summary



Differentiate based on each trainee and their level of progress in the training

“From my perspective, I saw ... how do you think you did?” “How do you think you could improve?”

Self-reflection

OneFile:

- Need to be able to understand trainee's progress
- Need to know how to respond to a submission
- How to record / review meetings / feedback
- Sign up for email alerts – profile – email preferences – add new email – email alerts MUST be turned on, not done automatically

Trainee dashboard:

- Views of Progress:
 - Gap analysis View – Show all – apply – will show entire list of modules, and what the trainee has done in them. Shows supporting evidence and assessments.
 - Progress (Target)% bar graph – click on bar chart – will break down the graph by module – red bar is how long you have been in the program.

Tasks Icon top right – shows submissions that need signing off – click on the task to go to the submission

When you receive a submission from a trainee you have 3 options:

Approve	Reject	Resubmit
1 Tick the competency or standard	1 Provide your feedback	1 Provide your feedback
2 Sign the declaration	2 Don't tick the competency or standard	2 Click 'Resubmit'
3 Click 'Save and quit'	3 Sign the declaration	↓ Your trainee will be prompted to do more work on the submission
	4 Click 'Save and quit'	

- Use Approve or Resubmit rather than Reject
- REMEMBER TO TICK THE COMPETENCY BOX – not ticking the box will Reject the submission!!
- Document review meetings – Review Schedule – schedule a review – meeting now shown on grid – click start, then yes – program will show all of the trainee's progress since the last review meeting – Enter new review – you can select individual modules / units to enter feedback, or global feedback – agreed actions box. Trainee then must sign the review / feedback
- Information/Resources on HEE – OneFile videos and PDF guides
- Can put a past meeting in OneFile – might not give you correct calculations for progress between meetings.

One-File Recording Assessments & Feedback

Sign up for email alerts

Learn how to sign off a submission: **tick & sign, tick & sign, tick & sign, tick & sign, tick & sign**

Download the guidance docs and watch the 'How to' videos on the School website

Encourage trainees to capture and store evidence as a regular activity

Don't neglect **RESUBMIT** & feedback conversations

Training Officers must approve assessor nominations. Trainees and Training Officers can request additional assessors are added to their e-portfolio.

Any questions: nshcs.digital@hee.nhs.uk

- OneFile account for new intakes @ end of September