National School of Healthcare Science

NHS Health Education England

Assessing workplace based competencies.

Melanie Cunningham, Consultant Clinical Scientist, Radiotherapy, Royal Surrey Hospital Guildford and STP Training Officer

Aim of the session:

- Learn about the different types of work based assessment methods.
- What is competence and competency?
- How assessment of competency can be applied
- What is suitable evidence; quantity versus quality?

Why do we assess?

- Assessor needs to see the evidence to say a trainee is **competent.**
- 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.

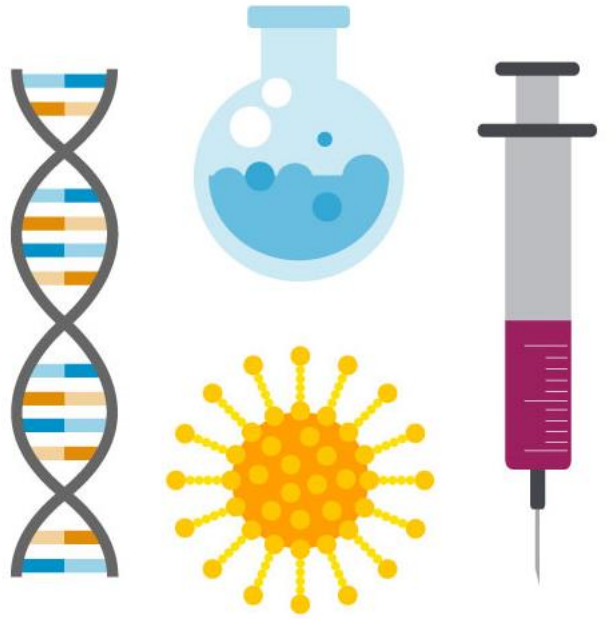
Where do I find the assessments?

- 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

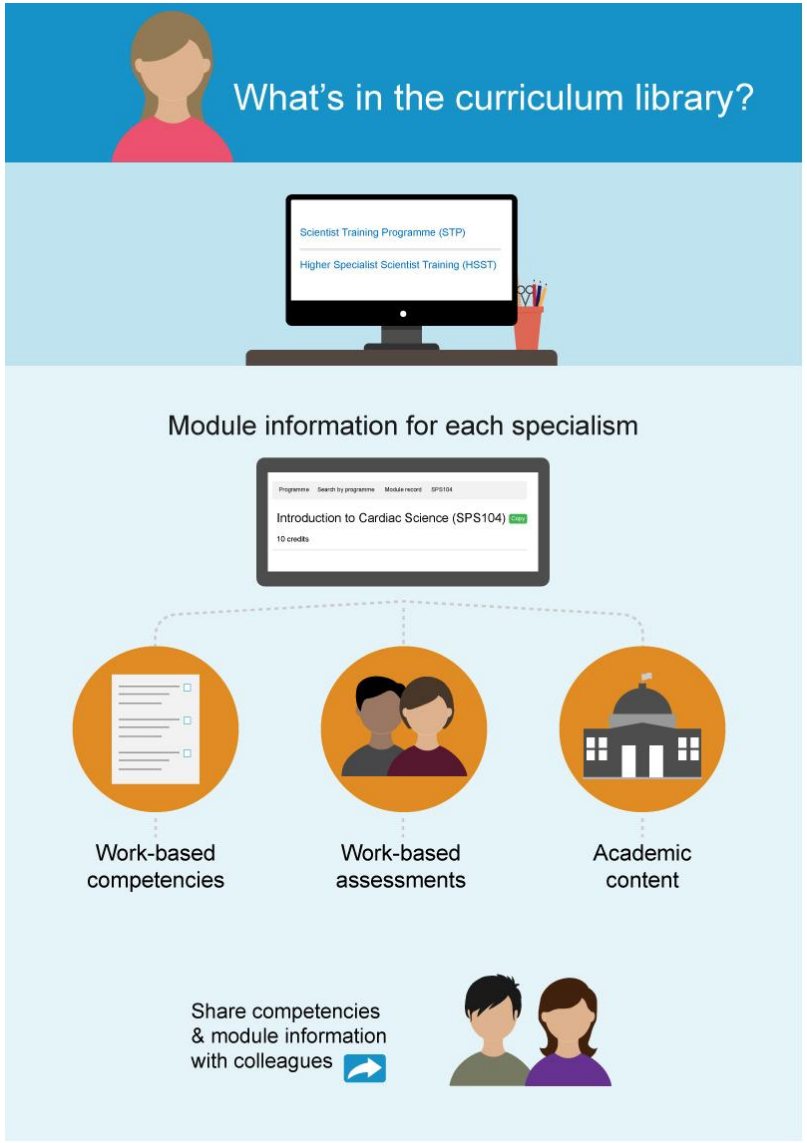
Core, rotation and specialist modules

Each contains required competencies and assessments



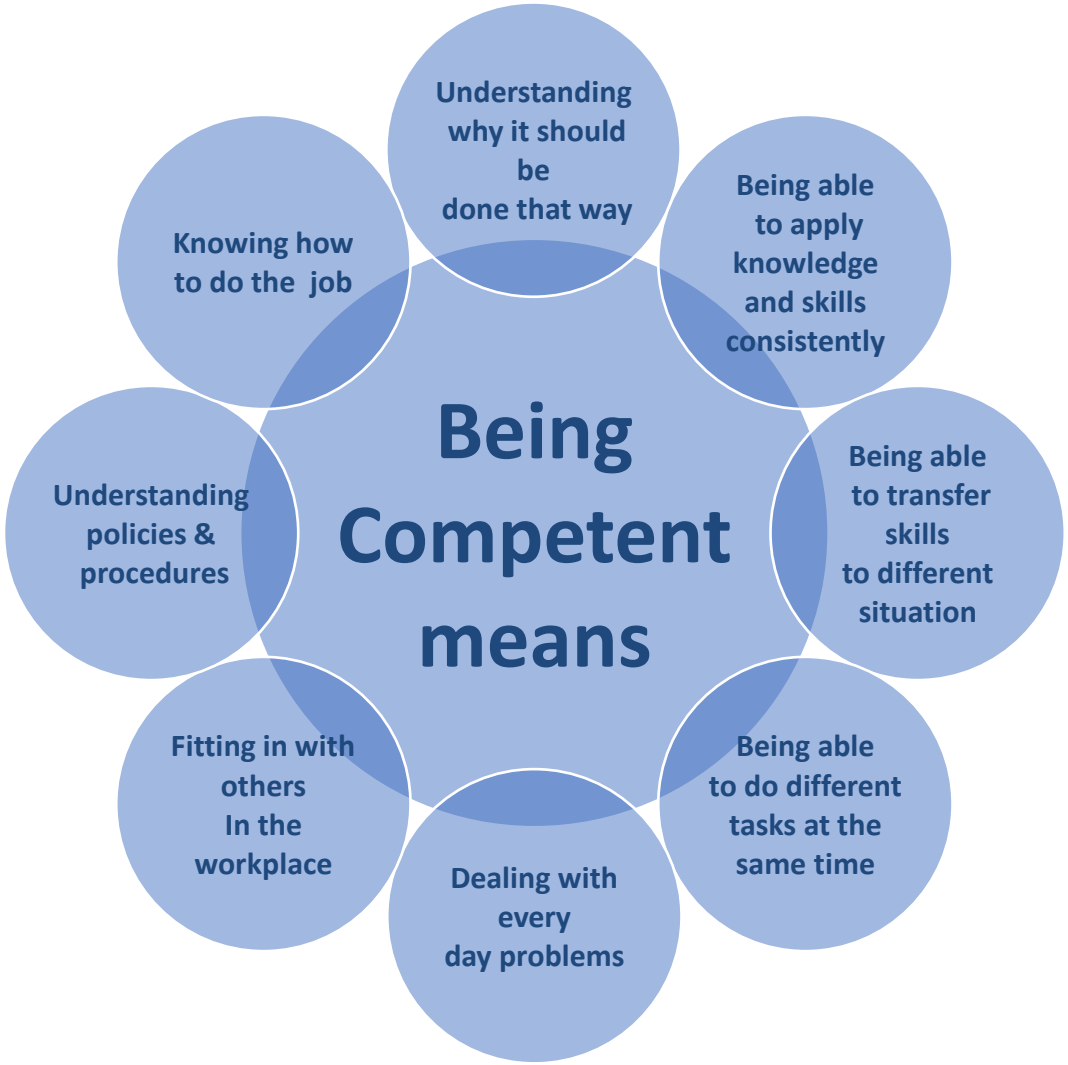
What is in the curriculum library?

- https://curriculum.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.



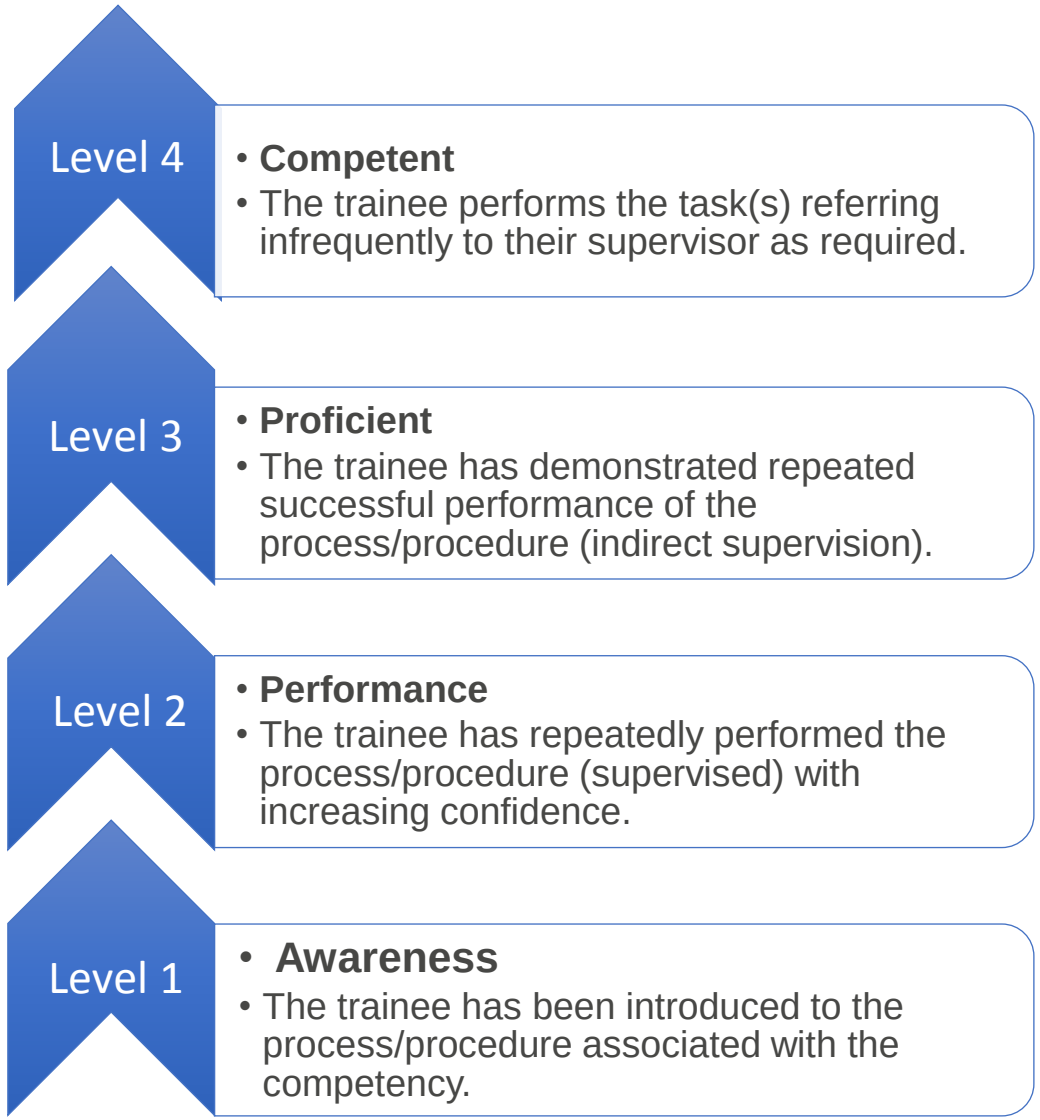
Assessment of competence

- Competence: The ability to do the job properly.
- Competency: The knowledge, skills, values, attitudes and experience to do the job properly.



Decisions on competency.

- Consider the levels described and how they may apply differently to rotations and specialisms during the course of training.
- Each module has a number of assessments and these provide an opportunity to demonstrate competency.
- Use the detail given on OneFile under each competence where there are suggested knowledge and understanding statements.



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.

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)

All recorded and reviewed in the e-portfolio

The Tools: DOPS - Direct Observed Practical Skill

- Assess the performance of a practical skill or procedure

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

- Feedback is generated, learning needs identified and an action plan generated

The Tools: OCE – Observed Clinical Event

- To assess a clinical encounter with a patient, member of the public or another healthcare professional
- 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 use a computer program.
- Reviews communication skills, clinical judgement, organisation and efficiency.

The Tools: CBD– Case Based Discussion

- To assess the trainee's knowledge and understanding of any aspect of a clinical 'output'
- The trainee prepares a 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 clinical knowledge.

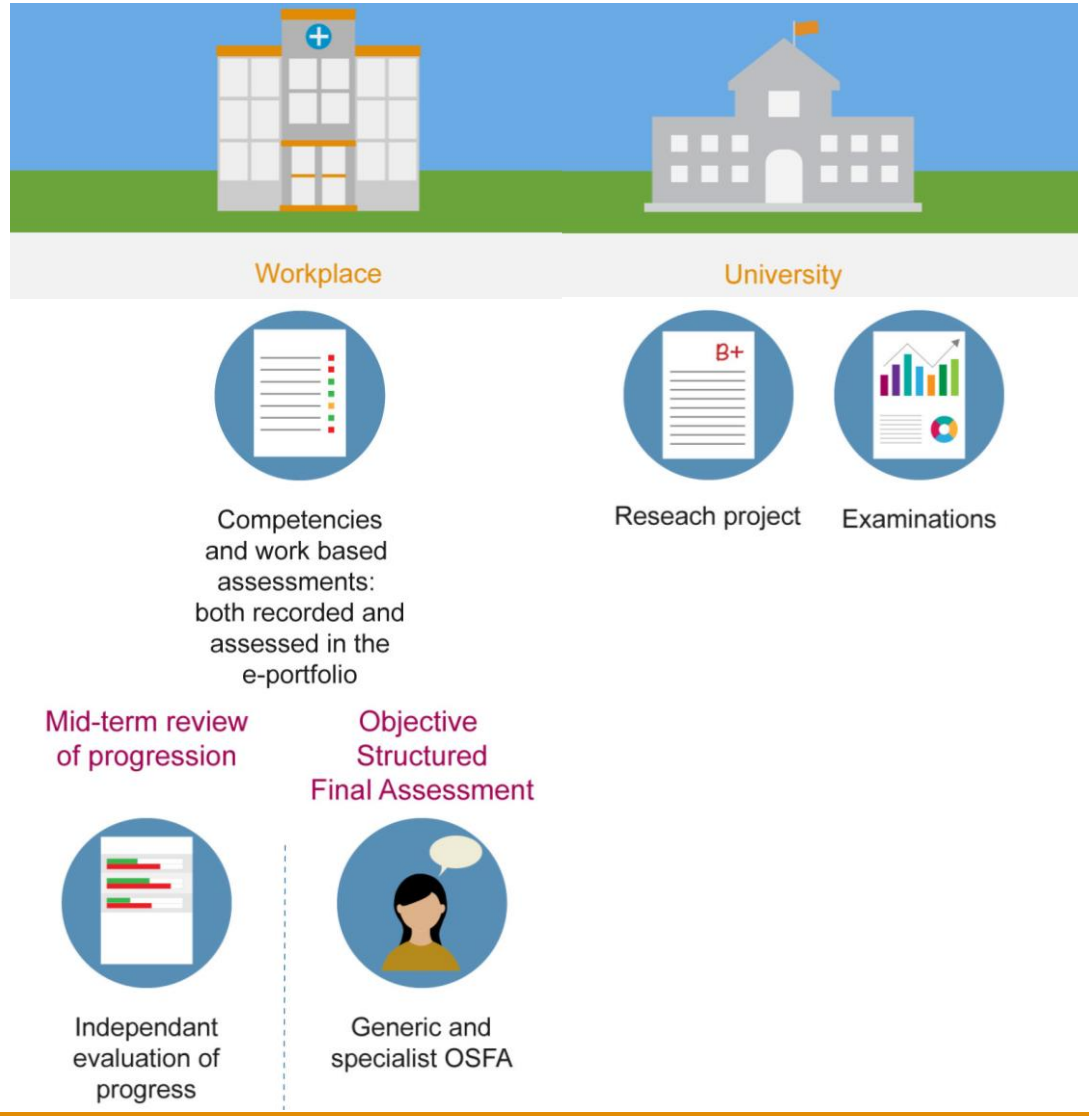
MSF - Multi Source Feedback

- Two must be completed during the programme but they are not an assessment.
- Anonymous feedback from a sample of their colleagues on the trainees abilities and of their performance and professional attitude.
- Need to arrange a meeting to provide feedback sensitively so the trainee can reflect on performance.
- Provides an opportunity for self reflection on performance against perceived performance by colleagues.
- Identifies areas of development which neither of you may be aware of.
- Identifies areas of strength and good practice which you can build on with them.

Undertaken at 18 months in and towards the end of the programme

Other workplace-based assessments

- What else do they need to complete?
  - Mid-Term Review
  - Reflective log
  - Observed Structured Final Assessment assesses abilities, skills learnt in the workplace



Evidence for competencies

Ensure:

- that there is supporting evidence for each Learning Outcome;
- that they relate to the work of clinical scientists in that specialism;
- Evidence should show that the trainee **Undertook** and **Understood** the activity;
- 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;
  - Discuss types of evidence with your trainee;
  - Encourage them to be innovative and reflective;
  - Upload copies of work completed – this may be local documentation;
  - Ensure patient identifiable material is not used.

Get them to do it as they go along and not all at the end…

Task 1: What does good evidence look like?

- In your table groups please come up with a list of examples that would make good evidence.
- Please discuss and choose a representative who will feedback to the whole group.

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 to upload as evidence?

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

What isn’t right:

- “My supervisor saw me do this”
- 10 page extract from standard textbook or SOP

What about 

?

- Trainees must demonstrates that THEY undertook it, and that THEY understood it.
- Supervisors have a responsibility to make sure the evidence is all the trainees own work.

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

Task 2: Examples of evidence

- Please share and discuss your examples of evidence with others on your table.
- Do you agree with the assessment and feedback given?
- Discuss and share best practice.

Competencies and e-portfolio OneFile

- Upload the evidence as soon as possible, little and often. (A bulk upload on the final day won't work).
- Set deadlines, be realistic, and encourage them to stick to plans.
- Assessor needs to review, comment, and sign off the evidence.
- Trainee must have assessments submitted, AND assessed AND have it be "satisfactory" by the deadline.

Monitoring progress

- Monitor the trainee's progress throughout.
- The School will also be doing this.
- Evidence of good progression will be necessary.
- Lack of evidence on OneFile could have implications on a trainee's ability to be allowed to progress to the next stage of the programme.
- Engage with the Mid term Review

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 they have surpassed the competence level, don’t “dumb it down”.

Live Question and Answer session