

Using technology to enhance clinical supervision: The Electronically-Facilitated Feedback Initiative (EFFI)



Funded by the NSW Interdisciplinary Clinical Training Network.

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Using technology to enhance clinical supervision: The Electronically-Facilitated Feedback Initiative (EFFI)

Snodgrass S, Rivett D, Ashby S, Johnston C,
Nguyen K, & Russell T

Project Aims

- This project will:
 - Provide education, resources and support to clinical supervisors (*a training package and workshop*) that will enable the provision of timely quality student feedback in the clinical setting using web-enabled devices
 - Evaluate the ability of EFFI to increase the perceived capacity of clinical supervisors to take a larger quantity of concurrent students (*survey and focus groups*)
 - Evaluate clinical supervisors' satisfaction and perceived utility of EFFI and the training program (*survey and focus groups*)
 - Evaluate student satisfaction with their learning as a result of EFFI and their perceptions of the usefulness of the types of feedback provided (*survey and focus groups*).

Conventional Feedback during Clinical Placements

- Revolves around face-to-face feedback
- Often not possible during the patient encounter
- Immediate feedback following the patient encounter may not be possible due to clinic commitments
- Potential for recall error when feedback provided at a later time
- May result in a delay or absence of individual feedback on performance



Potential with electronic feedback

- Individualised student feedback using standard discipline-specific evaluation tools
- Provides a record of student progress
- Opportunity for remediation as required
- May enable supervision of multiple students concurrently, as additional opportunities for feedback (during or after the patient encounter)

Mobile Technologies Improving Assessment Practices

The Mark-rite™ System Enables Near Real-time Feedback On Student Performance

Mark-Rite™ system

- Dynamic construction of an exam through a web interface (we will use forms based on the APP, COMPASS and SPEF-R)
- Exam performance with any web enabled portable device (x platform)
- Integrated student management system
- Downloadable post-exam grades and feedback (multiple format)
- Individualised feedback sent at the conclusion of the "exam" for immediate feedback

<http://www.mark-rite.com.au/>



Electronic Objective Structured Clinical Exams

Electronic Objective Structured Clinical Exams (eOSCE)



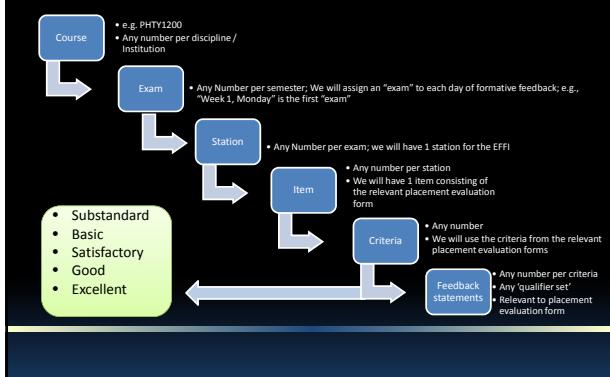
Mobile Technologies Improving Assessment Practices

The Mark-rite™ System Enables Near Real-time Feedback On Student Performance

The screenshot shows the MARK-RITE system's user interface. On the left, a sidebar lists 'New Exam', 'Help', 'Logout', and 'Administration'. Below this is a table with columns 'Exam ID', 'Exam Name', 'Station Name', 'Assessment Type', 'Total Weighting', and 'Last Modified'. A red box highlights the 'Exam ID' column for 'Exam 1'. On the right, a detailed view of 'ITEM #1: Assessment Technique' is shown. It includes a title 'Communication (20%)', a description 'Group 1: support with the client', and four sub-groups: 'Group 1: verbal and non-verbal communication', 'Group 2: information provided to the client', 'Group 3: information extracted from the client', and 'Group 4: information exchanged with the client'. Below this is a table with rows for 'Cardio-circulation problem amongst...', 'or nothing before application of ECG...', and 'Recent patient interaction e.g. footware, clothes or hair, etc...'. A red box highlights the 'Total weighting committed for exam item = 20%' field. At the bottom are buttons for 'Copy Existing Exam Item', 'Add New Exam Item', and '+ Add Station'.

The Electronically-Facilitated Feedback Initiative (EFFI)

The Mark-rite™ System for feedback during Clinical Placement



Mobile Technologies Improving Assessment Practices

The Mark-rite™ System Enables Near Real-time Feedback On Student Performance

The screenshot shows the MARK-RITE system's user interface. At the top, it says 'STATION NAME: UPPER LIMB'. Below this is 'ITEM #1: Assessment Technique'. The title is 'Criteria 2 – Communication (20%)'. It features a 10-point scale from 0 to 10. Below the scale are three sections with dropdown menus:

- 'Ability to adapt or optimise communication with the client': Options include 'N/A', 'Poor', 'Adequate', 'Good', and 'Excellent'.
- 'Verbal and non-verbal communication': Options include 'N/A', 'Substandard', 'Basic', 'Satisfactory', 'Good', and 'Excellent'.
- 'Information provided to the client': Options include 'N/A', 'Substandard', 'Basic', 'Satisfactory', 'Good', and 'Excellent'.

At the bottom, there is a note: 'ability to adapt or optimise communication with the client e.g. Jargon'.

Mobile Technologies Improving Assessment Practices

The Mark-rite™ System Enables Near Real-time Feedback On Student Performance

GRADE CENTER										
Please select from the following subjects:										
Select a course that you coordinate:										
Select a year to review results from:									2011	<input type="checkbox"/>
Select an assessment from the course:									VVA-E Exam	<input type="checkbox"/>
										<input type="button" value="Submit"/> <input type="button" value="Export Results"/>
Subject Area	Q1	Q2	Q3	Q4	Overall Course Grade	SUM	Sum of All Items	Sum of All Items Weighted	Sum of All Items Weighted %	Sum of All Items %
Mathematics	6	9	9	9	9	36	12	12	100	77.75
Mathematics	8	9	7	8	8	32	12	12	100	73.00
Mathematics	8	9	9	9	9	36	12	12	100	73.00
Mathematics	9	9	9	9	9	36	12	12	100	80.00
Mathematics	9	9	10	9	9	36	12	12	100	86.67
Mathematics	7	7	7	7	7	28	12	12	100	47.44
Mathematics	9	9	7	9	9	36	12	12	100	75.00
Mathematics	9	9	9	9	9	36	12	12	100	80.00
Mathematics	8	9	7	8	8	32	12	12	100	73.00
Mathematics	9	9	9	9	9	36	12	12	100	77.75

Grade centre shows a list of all your students. For the EFFI, this will not be used. We are more interested in tracking an individual student's progress over time.

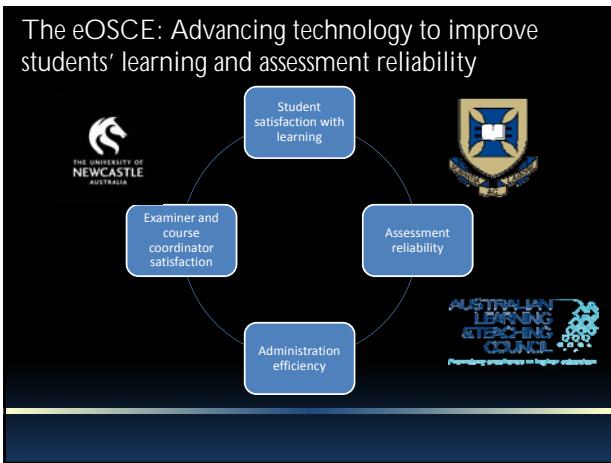
<http://www.mark-rite.com.au/>

Mobile Technologies Improving Assessment Practices

Example of feedback sent from the Mark-rite system in an email to the student

<p>Deva</p> <p>Qualifications: PRN RRT & BSN RN, CCRN, PALS, BLS, EMT-B WCCB 21</p> <p>Throughout the session statements of what she did to perform on the standards were made.</p>	<p>Effectiveness</p> <ul style="list-style-type: none"> Excellent: time management skills Good: outcome of measures made to effectiveness Does: compare risks Good: progress of treatment with a sound rationale Good: choice of most appropriate technique Sometimes: requires prompting with respect to effectiveness
<p>Station: Lower Limbs</p> <p>Joint Thrust/Manipulation</p> <p>Communication:</p> <ul style="list-style-type: none"> Good: rapport with patient Good: verbal and nonverbal communication Good: information provided to patient Sometimes: need to explain what has been done Good: able to elicit information from patient about what they feel Good: able to give good feedback <p>Overall Standard:</p> <ul style="list-style-type: none"> Good: movement assessment Good: identification of abnormal findings Good: choice of assessment method Good: choice of treatment Good: treatment plan based on findings 	<p>Effectiveness</p> <ul style="list-style-type: none"> Good: time and space management Excellent: foundation in the elements of the assessment or treatment Excellent: ordering of tasks Good: education of time required to tasks Sometimes: requires prompting for efficiency <p>Safety:</p> <ul style="list-style-type: none"> No feedback for this criteria
<p>Writer Feedback:</p> <p>Making treatment techniques smoother and a bit faster to apply enough stress and get effects. For joint mobilization of the ankle suggest the knee flexion over a rolled towel. For prone neck roll, suggest the patient's head is supported by your hands. For lateral neck roll, suggest you support yourself but also to support patient's elbow. With MWM, test first and then move glide/hands and then do it again. If patient is uncomfortable, suggest you move the glide/hands and then do it again. Explain them. New explanations to patient. Good choices of techniques. Could do MWM in weight bearing.</p>	
<p>http://www.mark-rite.com.au/</p>	

<http://www.mark-rite.com.au/>

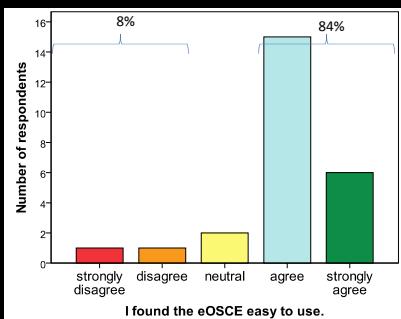


Examiner satisfaction

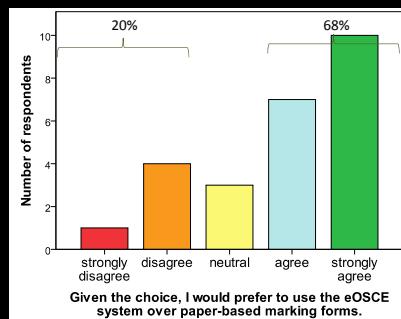
- 25 examiner surveys completed immediately after examining

	Number (%)
Physiotherapy discipline	21 (81)
Occupational therapy discipline	4 (16)
University of Newcastle	13 (52)
University of Queensland	12 (48)
Previous experience examining OSCEs	
≤ 6 prior OSCEs	5 (20)
7-10 prior OSCEs	6 (24)
≥ 11 prior OSCEs	8 (32)
Previous experience examining the eOSCE	5 (20)

Examiner survey



Examiner survey



Examiner survey comments

- Other reported advantages
 - iPad allowed for mobility to watch students' performance
 - Time efficient: provided rapid feedback to students, decreased examiner workload
 - Preloaded feedback statements make marking more efficient and consistent between examiners
- The following changes were suggested:
 - A broader range of feedback statements
 - Organised feedback statements to minimise excess scrolling
 - Optimised software so that examiners can focus mainly on student performance rather than on the technology

Conclusions

- Mark-rite eOSCE system was well accepted by both students and examiners
- Most students used the feedback to reflect on their performance and they felt this assisted in their preparation for their next exam
- Majority of examiners found it easy to use and preferred the eOSCE over a conventional OSCE

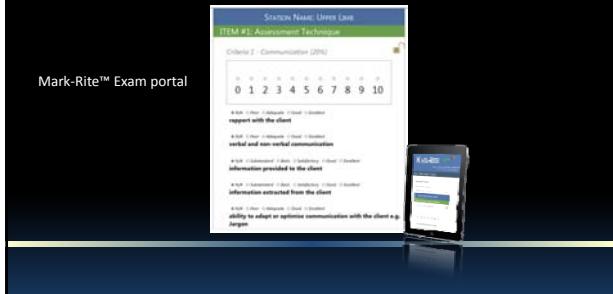


The EFFI
Practical Demonstration

A/Prof Trevor Russell
Physiotherapy (UQ) and Mark-Rite designer

Overview of the steps required to provide feedback to a student using the system

<http://examstaging.mark-rite.com.au>



Overview of the steps required to view student results and feedback

<http://staging.mark-rite.com.au>



Student Feedback: What do students find helpful?
Discussions from the eOSCE Project

Samantha Ashby
Occupational Therapy (UoN)

Students' perceptions of feedback from e-OSCEs (e-Objective Structured Clinical Examinations) - some lessons for the future

Samantha Ashby
Lecturer in Occupational Therapy
School of Health Sciences

Overview of the Session

- The context in which the e-OSCEs were used
- Overview of how the technology provides feedback to students
- Description of the study's findings regarding students' preference for feedback
- Implications for the future use in clinical practice and 'real world' settings.

Background to the original e-OSCE project

- **The Problem**
- Academics assessing practical skills in an OSCE format agree that there are problems with conventional methods. These problems are:
 - Little opportunity for individualised student feedback on performance, and feedback is usually delayed
 - Assessment reliability varies, and there are many potential sources of error
 - Conventional methods are resource intensive, and not viable with larger cohorts of students

Conventional OSCEs

- Re-entry of paper marks into a digital medium
- Time requirement and potential source of error
- Variable reliability (Rushforth, 2007; Wilkinson et al. 2003)
- Preparation of multiple data entry sheets
- Delay or absence of individual feedback on performance



ALTC grant e-OSCE project aims

- Pilot and evaluate the efficiency and reliability of the e-OSCE to provide **timely individualised formative feedback** to large cohorts of pre-professional health students



Lessons learnt: Students perception of feedback from e-OSCEs



<http://www.mark-rite.com.au/>

- Downloadable post-exam grades (multiple format)
 - Individualised feedback sent at the conclusion of the exam for immediate feedback

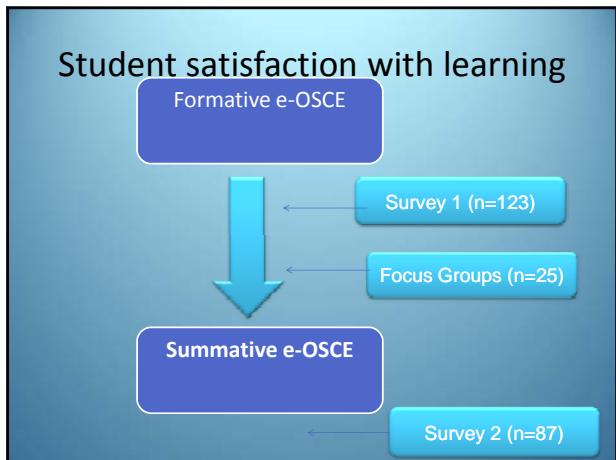
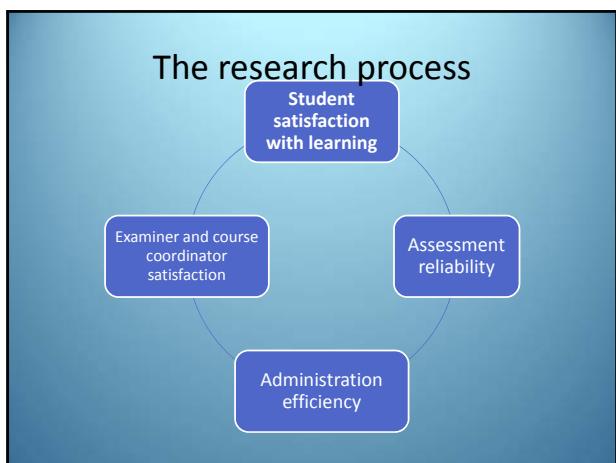


<http://www.mark-rite.com.au>

Student's performance on each station is recorded for markers to review.

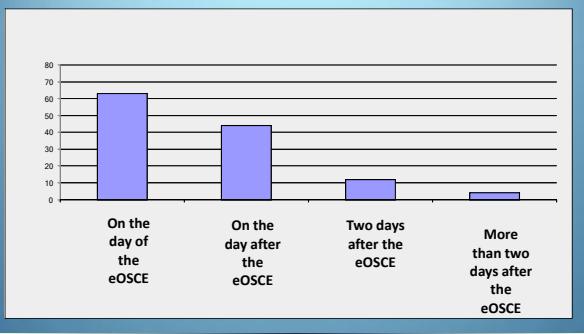
Feedback received looks like this:

Station: Lower Limb	Score: 100% (100%)
Best Treatment/Evidence	Good treatment/evidence
Communication	Good rapport/understanding Good relevant/relevant terms - 'ROM' Good information to patient Good feedback to patient Good feedback to patient - concise Good ability to complete and communicate with the referring doctor Good initial assessment - valid
Standard Testing	Good choice of tests/assessments at patient's choice Good interpretation of assessments/measures - signs Good use of resources or resources/choice Good honest/straightforward Good risk/benefit/risk/benefit ratio of the test/exam
Safety	No feedback for this criteria
Written Feedback	Written feedback - Make treatment technique smoother and a bit faster to apply - strong - close and early effects. For pain relief: the earlier you support the knee in flexion one is in relief first. For prone pubic, not but it's bit lower so arms have more advantage and put your leg up on the bar to support yourself but also to support patient's tibia. With MMW, test first and then give glide helps and then do 7 to 10 reps before reassess. Constantly monitor how technique feels to patient as you apply them. Near explanations to patient. Good choice of techniques. Could do MMW in weight bearing.



Respondents - Survey 1

When students accessed feedback - survey 1

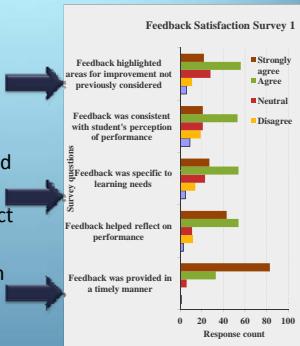


<http://www.mark-rite.com.au/>

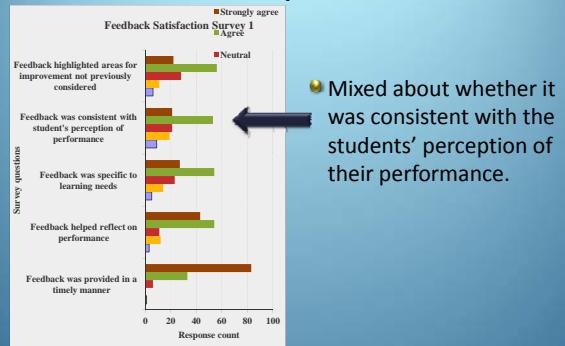
Summary of survey1 findings

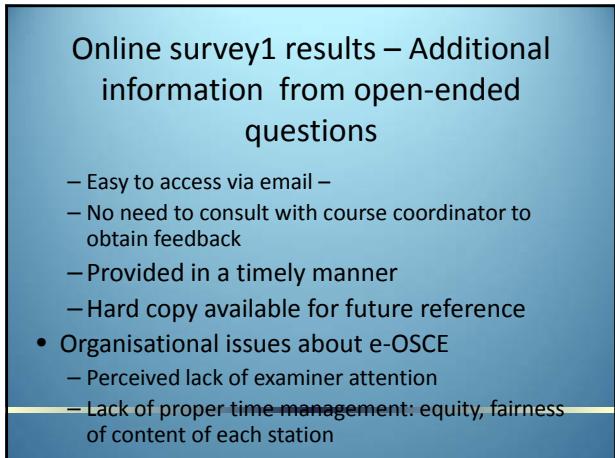
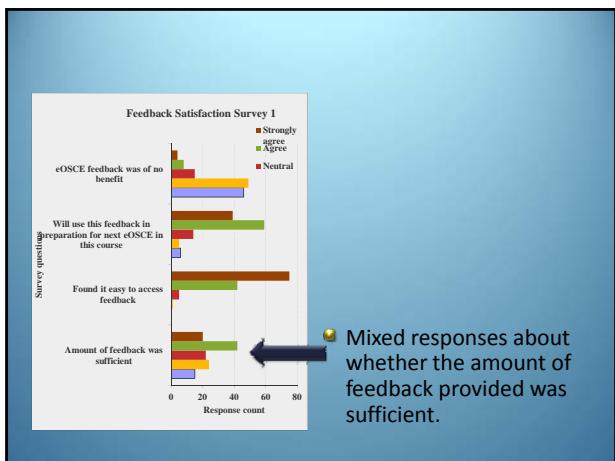
Identified positives

- Helped areas for improvement previously not considered.
 - Majority thought it helped with their learning needs and helped them to reflect on performance.
 - Feedback was provided in a timely manner.



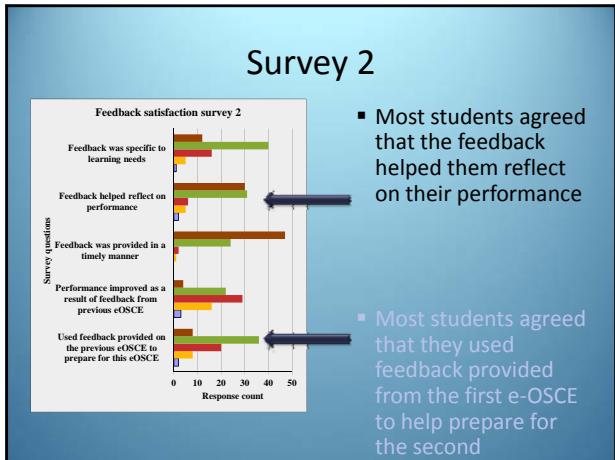
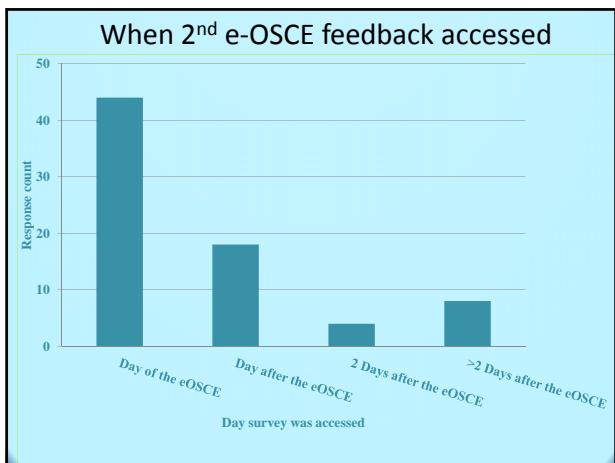
Online survey1 -Feedback





Online survey 2 results

Item	Response			
Gender	27M		70F	
University	33 UoN		64 UQ	
Degree	B.PT 19	B.OT 14	B. PT 52	M.PT 12
English speakers	85 YES		12 NO	



- Online survey 2 results**
- Some still preferred the paper-based technique because of examiner distraction when using the iPad
 - Suggestion that the feedback be sent with the marks even if delayed
 - Wanted more personalised (free text) feedback to accurately reflect their performance
 - That the feedback include areas of improvement rather than focusing only on their performance.

Focus Group Details

- Focus group discussions were conducted after the first e-OSCE exam. A total of 25 students participated in 7 focus groups.
- Participants had all gained a D or HD in their assessment

Focus group results

- Overall, those students who attended the group discussions were pleased with the use of this technology.
- Added suggestions to optimise the process:
 - Better organisation of the exam setting allowing more time.
 - Additional examiner training
 - Ensure the breakdown of marks into the different sections of the exam ie when multiple stations are used.

Themes from the qualitative data

- Time factors and feedback
- Trust and judgment
- Veracity of e-OSCE as an assessment
- 'Anything is better than nothing'
- Specificity - academic literacy
- Future orientated – feed-forward vs feed-back

Time factors of feedback ‘the sooner the better’

- Feedback helps remind the students of what they did/didn’t do in the e-OSCE
- ‘I think the - the fact that we got the feedback so quickly – it was good because then we could really remember what we did yesterday in our exam.’
- ‘I really had to think about what the comment was being directed at, and I would have forgotten if it was any later it wouldn’t have been fresh in my mind. I can’t remember the exam now – I can’t remember very much about it at all but now that I’ve got the notes it’s kind of, okay I’ll do that next time.

Trust and Judgment

- Students assess the examiners’ academic competency, technical ability with the iPAD/markrite and use this to make judgments about the veracity of feedback

Veracity of OSCEs as an assessment

- Most agreed that it was a good assessment of clinical skills but only if there was equity in the stations, and they felt that there was sufficient time to answer the questions.

'Anything is better than nothing'

- "But, if it is correct feedback, it's going to be beneficial rather than not having feedback at all."
- "I found it was good that there was feedback but it would've been more helpful if there was a bit more."
- "I just think getting feedback is good. 'because for a lot of our other assessments and stuff, we don't get any feedback at all."

Students' perceptions of quality feedback

- Specific to skill
- Detailed
- No jargon
- No abbreviations
- Is it accurate based on their recollections

'Specificity' - Academic literacy

- Comments about the skill of capturing performance and providing 'in the moment feedback': not being vague and too broad, or overuse of jargonised and abbreviated comments
- " I had a comment about suboptimal hand placement yet I wasn't corrected about that in the exam and I really don't know what was suboptimal about it. It's hard to – it needs to be kind of really specific, like the hand placement was too much or too medial or just isn't – something a little bit more direct because I have no idea what I did."

Future orientated – feed-forward vs feed-back

"So if there's some feedback that can be sent saying that this is where you did well, or not really worrying about what you did well, but this is where you went wrong, and this is where you can improve. So just having a third option."

"constructive [future orientated], not negative which is sometimes given"



Learning for the future – student feedback in e-OSCEs

What students want

- E-OSCE feedback represents a snapshot in time - feedback needs to be specific and detailed
- For students' satisfaction feedback needs to be focused on future



Organisational considerations

- Organisational time/speed vs students' need for detailed feedback - cost benefit analysis for university's intent on improving the student satisfaction
- Feedback from any OSCE needs to be within 1-2 days for students to place it in context of the exam. The ipad and markrite program help with this
- Institutional requirements plus students' needs in feedback

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Using the EFFI in the clinical setting

Katrina Williams
Physiotherapy (UQ)



Using technology to enhance clinical supervision: The Electronically-Facilitated Feedback Initiative (EFFI)

Summary

This project will pilot an Electronically-Facilitated Feedback Initiative (EFFI) designed to provide training and support to clinical supervisors to enhance their ability to provide feedback to students in the clinical setting. EFFI is a system for providing timely, individualised feedback to students using an iPad or other web-enabled device. EFFI will increase the capacity of clinical supervisors to accommodate a higher quantity of concurrent students. The project will provide quality training and support in the provision of effective student feedback, positively impacting on the recruitment and retention of clinical supervisors. EFFI builds on a recent successfully completed project by members of the research team that evaluated the use of electronic student feedback for practical assessment in the university setting. The current project will implement the use of this feedback system in the clinical setting by providing Physiotherapy and Occupational Therapy clinical supervisors across three Local Health Districts with education and training in providing effective student feedback using the iPad and specialised software. Supervisors and students will be invited to provide insight into the perceived utility of EFFI through surveys and focus groups which will be used to provide evidence for a wider implementation of EFFI, resulting in its sustainability.

Background to EFFI

The project team

Members of the project team (Snodgrass, Rivett, Ashby and Russell) have recently completed a 2-year project funded by the Office of Learning and Teaching (OLT) which evaluated the use of electronically provided feedback provided after practical examinations (or Objective Structured Clinical Examinations, OSCEs) in the university setting. Mr Kim Nguyen was also involved in this project as an external consultant to the project. Ms Catherine Johnston, a HWA Fellow, has been added to the project team for her expertise in student supervision and the administration of clinical placements. The current project builds on this work, as described below.

Literature supporting EFFI

The provision of timely and structured feedback is regarded by students and clinical supervisors as central to a quality clinical placement experience.¹ Recent technological advances in personal digital assistants (PDAs), software and networking capabilities provide a novel opportunity to explore new methods to optimise the provision of such feedback. To date, there is minimal research that has

investigated this topic with much of the peer-reviewed literature on the clinical application of PDAs focused upon their use in data collection², information retrieval³ and reflection activities.⁴ Torre et al (2011)⁵ evaluated the use of PDAs to appraise the clinical competency of medical students during a two month clinical placement. The internal consistency of this feedback format was found to be high (Cronbach's $\alpha > 0.9$) and their system was acceptable to both students and clinical supervisors. A similar degree of acceptability was reported in a case study published by Dearnley et al (2009) on the use of a PDA to facilitate the appraisal of radiography students in the practice setting.⁶

The project team has successfully trialled the use of iPads and specialised software to record physiotherapy student performance and provide feedback during university-based objective structured clinical examinations (OSCEs).⁷ Consistent with the findings of similar studies in other settings⁸⁻⁹, the majority of users reported it to be easy to use and preferable to traditional paper-based systems. Positive aspects reported by course coordinators and examiners were that it provided standardised feedback that was delivered immediately to students via email, making the feedback legible for students and consistent across examiners. This immediate feedback is considered crucial for learning,¹⁰⁻¹¹ as it is delivered at a time when students are ready to receive it. Students surveyed in this project reported that the assessment feedback was immediate and easy to access, and they could use it for further review as it was documented in an email.

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How to use the Mark-Rite™

Providing feedback in Mark-Rite

How to use the software (Mark-Rite™)

1. Log in to the Mark-rite Exam site using your username and password:
<http://exam.mark-rite.com.au>

MARK-RITE

OBJECTIVE SKILLS COMPETENCY EXAMINATION
Current user: Trevor Russell | Log in remaining on session: 132

Home Logout

MARK-RITE™ EXAM

PHTY7803 - EOSCE - ASSESSMENT

Please select the student to examine
42198774 | Barnard, Nicola

Please select the item to examine
Assessment Technique

STATION NAME: ASSESSMENT

ITEM #1: Assessment Technique

Criteria 1 - Communication (20%)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

(*) N/A (Poor) (Adequate) (Good) (Excellent)

ability to engage the client

(*) N/A (Poor) (Adequate) (Good) (Excellent)

verbal and non-verbal communication

(*) N/A (Substandard) (Basic) (Satisfactory) (Good) (Excellent)

information provided to the client

(*) N/A (Substandard) (Basic) (Satisfactory) (Good) (Excellent)

information extracted from the client

(*) N/A (Poor) (Adequate) (Good) (Excellent)

ability to adapt or optimise communication with the client e.g. Jargon

(*) N/A (Poor) (Adequate) (Good) (Excellent)

ability to engage the client

Criteria 2 - Clinical Reasoning (20%)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

(*) N/A (Poor) (Adequate) (Good) (Excellent)

biomechanical and anatomical rationale

(*) N/A (Poor) (Adequate) (Good) (Excellent)

interpretation of assessment / treatment findings

(*) N/A (Poor) (Adequate) (Good) (Excellent)

choice of assessment / treatment items

(*) N/A (Poor) (Adequate) (Good) (Excellent)

theoretical understanding

(*) N/A (Never) (Sometimes) (Often) (Constantly)

requires prompting to assist with clinical reasoning

Criteria 4 - Handling (15%)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

(*) N/A (Poor) (Adequate) (Good) (Excellent)

palpation skills

1. Select a student from the dropdown list. Once you have selected the student tap the image of the lock which will lock this field to prevent accidental changing

2. Choose an exam item from the item dropdown. Click the lock once you have selected

3. Each criteria is listed down the page. Choose a score for the student for each criteria by tapping a number.

4. Select any number of feedback statements that apply to the student by selecting a qualifier listed above the statement fragment. These statements relate to common themes of feedback which are usually provided by examiners to students and provide a quick way of giving students generic feedback on their performance.

These feedback statements will be emailed to the students at the end of the exam to facilitate their learning.

Once you have selected a score and selected your feedback statements – click on the lock to lock off the criteria to prevent accidental changing

5. Continue to select scores and feedback statements for all criteria

N/A Substandard Basic Satisfactory Good Excellent
stabilisation component of the technique

N/A Substandard Basic Satisfactory Good Excellent
placement and use of the motivator hand

N/A Poor Adequate Good Excellent
direction of force

N/A Poor Adequate Good Excellent
level of resistance / exercise loads

N/A Substandard Basic Satisfactory Good Excellent
alignment of equipment e.g. goniometer

N/A Never Sometimes Often Constantly
requires prompting with respect to handling

Criteria 7 - Safety (0%)

<input type="radio"/> Fail	<input type="radio"/> Pass
----------------------------	----------------------------

- Did not ask for contraindications prior to assessment / treatment
- Did not give appropriate warnings to patient
- Treatment or exercise technique not age appropriate for client, decreasing their overall safety
- Client not positioned appropriately close to therapist for optimal client safety
- Taping - did not check circulation and/or allergies
- Inappropriate pre-testing before application of EPA

N/A Inadequate Adequate
Consideration of the floor patient interaction e.g. footwear, cloths on floor, obstacles

Free text feedback related to this item

Save Item

[<< Back to station](#)

6. Criteria can be graded according any number scheme or simply a Pass/Fail criteria as in this example

7. Feedback statements do not necessarily have to have qualifier statements. In this safety example the statement is check only if it applies

8. One free text field is supplied to write specific comments to the student for each item examined

9. Click the Save button and WAIT. Once the form is saved it will refresh and you can start over by selecting a new student

Reviewing feedback entered into Mark-Rite

Log in, select the relevant “exam” (day) and students. Review the feedback provided. You may edit, if you wish, and save to save any edited text.

Tips for clinical educators using EFFI

Know your username and password for Mark-Rite.TM

Use the iPad where 3G access is adequate if possible.

Prior to using EFFI:

Review the forms in Mark-RiteTM to become familiar with the Criteria you will be marking on and the placement of the feedback statements within each Criterion.

Familiarise yourself with the feel of the iPad if you have not previously used one. In particular, the amount of pressure and time needed to successfully ‘click’ on an item.

When using the ‘locking’ function, only press it *once*, and WAIT until you see it change from unlocked to locked. (If you press this multiple times, the system will lock and unlock multiple times, slowing you down.)

When typing in free text, rotate the iPad to the landscape view to make the keyboard larger. Propping the iPad on a surface and using two hands to type saves time.

Collect marks

The Grades tab is usually reserved for course coordinators to review the marks across all students in the course. For the purposes of this pilot, you will need to contact the Project Officer, Kyle Ball (details on last page) to collect a list of all the feedback provided to a student over the days of the placement. If you provide him with the dates that you plan to conduct your mid-term and final assessments, we can arrange to have this summary downloaded from the system and sent to you.

The screenshot shows the MARK-RITE administration page. At the top, there is a logo with three colored squares (green, red, blue) and the text "MARK-RITE™" and "OBJECTIVE SKILLS COMPETENCY EXAMINATION". Below the logo, it says "Current User: Suzanne Snodgrass Days remaining on subscription: 126". A navigation bar at the top includes links for Home, New Exam, Help, Logout, and Administration. The main content area is titled "ADMINISTRATION PAGE" and contains several sections with links:

- MY DETAILS**
[Change Password](#)
- COURSES**
[Add New Course](#)
[Manage existing Courses](#)
[Enrol users for a Course](#)
- USERS**
[Enroll new user](#)
[Manage existing users](#)
- STUDENTS**
[Enrol students for a course](#)
[Manage existing students](#)
- EXAMS**
[Add New Exam](#)
[Edit Existing Exam](#)
[Manage exams](#)
- GRADES**
[Grade Centre](#)
[Send feedback to students](#)

Two callout boxes with arrows point to specific sections:

- An arrow points to the "Administration" link in the top navigation bar, with a callout box containing the text: "After the exam has been conducted, use the administration tab to go to the administration page."
- An arrow points to the "Grade Centre" link under the "GRADES" section, with a callout box containing the text: "Go to the Grade Centre to download the marks."

GRADE CENTRE

Please select from the following options:

DOWNLOADS

[Exam Grade Download](#)
[Exam Grade Download - Stations, Items and Weighted Grade Only](#)
[Exam Grade Download - Weighted Grade Only](#)

STUDENTS

[Single Student Grades and Feedback](#)

Select an option for download.
Three options are presented which will provide different level of detail in the downloaded file

1. Downloads the full spreadsheet with all marks
2. Downloads the weighted grade for each station and item
3. Downloads the global weighted grade only

To view the results of a single student on the screen select this option

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As a clinical educator, you will be primarily interested in the “Single Student” tab to view results for a single student. The information downloaded from this tab can be sent to you by the Project Officer for the EFFI project.

Email student feedback

Feedback will be emailed to students centrally, at a designated time each day. You will not need to remember to email students their feedback at the end of the day, as this will be automated.

The screenshot shows the MARK-RITE software interface. At the top, there is a blue header bar with the MARK-RITE logo and a decorative graphic of colored checkmarks. Below the header, a navigation menu bar includes links for Home, New Exam, Help, Logout, and Administration. The main content area is titled "SEND STUDENT FEEDBACK." It contains three dropdown menus: "Select a course that you coordinate" (set to PHTY00000), "Select a year" (set to 2012), and "Select an examination from this course" (set to Mid-semester). At the bottom of this section are "Cancel" and "Send Emails" buttons. A large blue callout box with a white arrow points from the bottom right towards the "Send Emails" button. The callout box contains the following text:
To send the feedback emails to students,
select student Feedback from the
administration page.
Select the course and examination for which
you want to send student feedback.
Then simply click 'Send emails'.

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Designing an Exam in Mark-Rite™

For the purposes of the EFFI project, we will use standardised forms, based on those developed by each discipline for clinical placements. Therefore, **you do not need to design an exam in Mark-Rite**. This will be done for you, and we plan to use the same form throughout the project.

We are interested in your feedback about the forms used in Mark-Rite. If you find that you wish to change something about the presentation or content of the form, email or ring Kyle Ball on Kyle.Ball@newcastle.edu.au, or 49854927. Any suggestions will be discussed with the project team, and appropriate edits made to the forms. Kyle will notify educators if there is a change to any of the examination forms after the project commences. As this is a pilot project, we are interested in your feedback in regards to the development of the Mark-Rite forms.

Tips and recommendations

- Ensure 3G or wifi systems are robust in the area where you will use the iPad to enter feedback into Mark-Rite
- Enlist a ‘champion’ within your staff who will be familiar with the system and support others in its use
- Allow adequate time to practice using the iPad to become familiar with its touch screen