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Health Education and Training Institute

Connected Teaching and Learning Webinars Series Two
2016-2017

Assessing Clinicians

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Our Webinars to date



1. **Blended learning**
2. **The flipped class room**
3. **Scaffolded Learning**
4. **Engaging the Learner**
5. **Simple effective instruction**

Underpinned by ‘Empowering the Educator’ (HETI)
and now...

Assessing Clinicians

What you asked?



- How do I determine skill vs competence
- How do I write valid and reliable tools?
- What is the planning process
- Patient consent - do we need to obtain?
- Motivated, compliance vs recalcitrant
- How do I help the person stay calm?
- How do I avoid perception of bias/bullying?
- How do I give feedback (esp if NYC)?

Key Learning Outcomes



Participants in the webinar will:

- Reflect on elements involved in assessment
- Consider how these elements can be put into an assessment tool
- Analyse what makes an assessment tool valid and reliable
- Discuss and evaluate issues you have/you have observed with this approach
- Based on this information, create a process that suits the learner and then
- Tell me how you will use this tomorrow

Ice-breaker



- Normally you wouldn't use the title!!
- Looked at nurse jokes...not very funny.
- CNE days many years ago
- If I were me now, assessing my competence as a CNE; I'd be quite critical of my level of functioning...
- I've learnt so much more along the way BUT I was engaged, happy, enthusiastic and the team I worked with - mostly knew it and we provided great care for our Pts, family and carers.
- Do we need to know it all or be happy to learn more along the way: so long as no harm is done? Is this what we accept from our learners?

Skill vs Competence



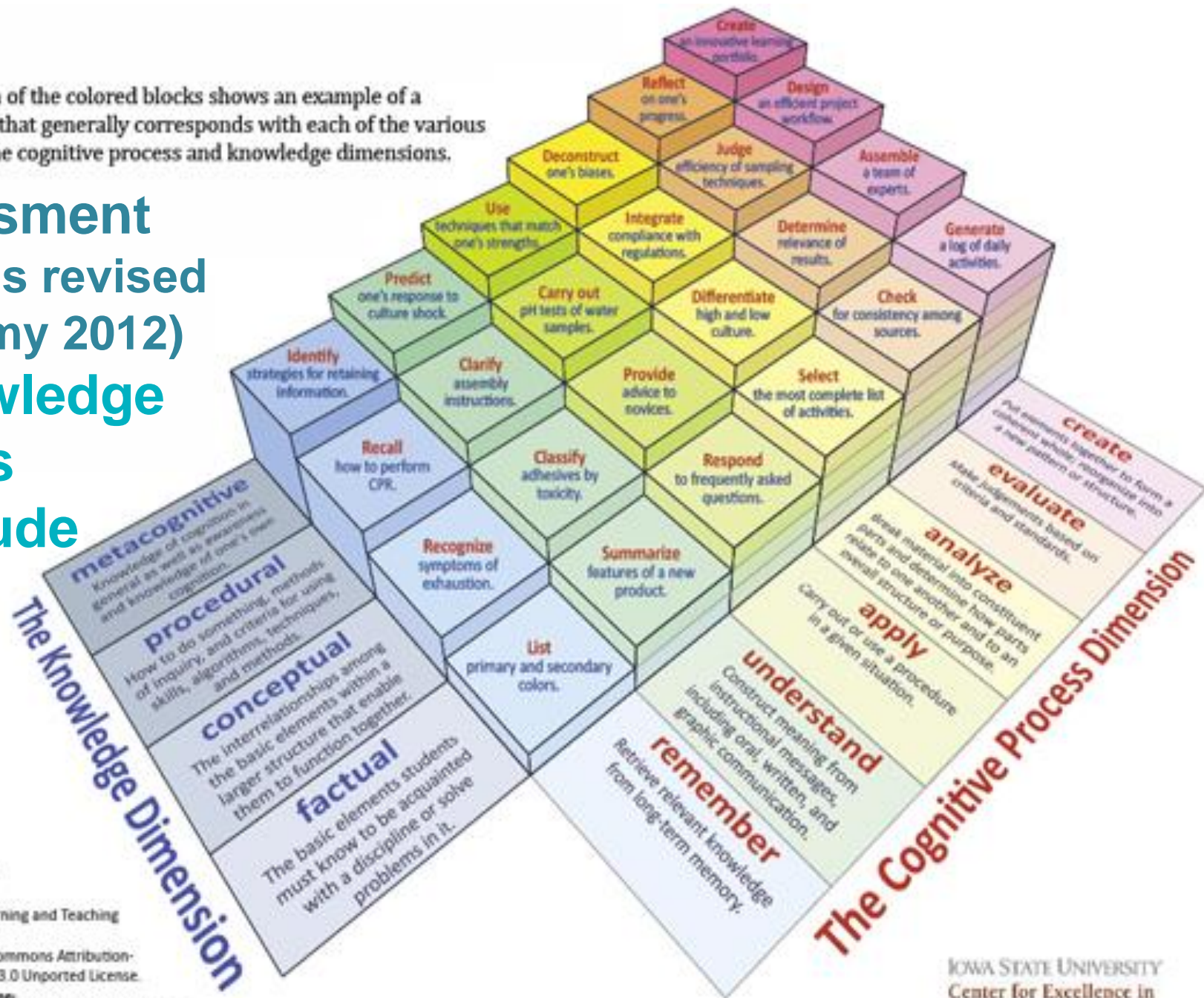
Watson R, Stimpson A, Topping A and Porock D. 2002.
JAdvNurs

- Competency movement: assess manual labour skills rather than IQ
- Skill vs Educational preparedness
- Mastering *things*, rather than qualities **OR**
- Bringing together knowledge, skills, attitudes but measuring this remains difficult

In this model, each of the colored blocks shows an example of a learning objective that generally corresponds with each of the various combinations of the cognitive process and knowledge dimensions.

Assessment (Bloom's revised taxonomy 2012)

- Knowledge
- Skills
- Attitude



Assessing clinicians



- Bondy 1983

http://federation.edu.au/_data/assets/pdf_file/0010/52489/Bondy_Assessment_2007.pdf

- **Workplace-based clinical education: adapting the human nursing Bondy Scale, Dietze M & Brown R, 2013**

<https://rebekahmbrown.com/2013/06/18/assessing-workplace-based-clinical-education-paper-presented-at-ava-2013/>

Clinical evaluation/assessment



[Hawly R, Lee J. 1991. Standardised clinical evaluation using Bondy rating scale. Aust J Adv Nurs. 8\(3\):6-10.](#)

Abstract

- Clinical performance evaluation tool adapted from Bondy's rating scale
- Assessed all 680 second and third year students in the nursing program of a large metropolitan university.
- 2nd Year students average score of 3.98 (out of 5), practising at a supervised level.
- 3rd Year students average score was 4.37, increased level of independence
- Results constant over two years of student assessments.
- Clear demarcation points identifying 'at risk' students were found (3.5 for second years and 3.9 for third years)
- Criterion referenced definitions especially useful when a wide range of clinical placements and several assessors were involved as they allowed **consistent assessment of students' progress**.

- **Reliable** and **Valid** approach

Scale label	Professional Standard	Quality of clinical performance	Assistance
1 Independent	Safe Outcome achieved Appropriate behaviour	Confident, proficient Appropriate time Accurate knowledge	Without supportive cues
2 Supervised	Safe Outcome achieved Behaviour mostly appropriate	Confident, efficient Reasonable time Occasional knowledge prompting	Occasional supportive cues
3 Assisted	Safe Outcome mostly achieved Behaviour generally appropriate	Skilful in some aspects, inefficient in others Delayed time Requires some explanation	Regular directive cues in addition to supportive cues
4 Marginal	Safe only with guidance Outcome incomplete achieved Behaviour generally appropriate	Unskilled, inefficient Prolonged time Continual knowledge prompt	Frequent directive cues
5 Dependent	Unsafe Outcome not achieved Behaviour inappropriate	Lacks confidence, efficiency Unable to complete Very limited knowledge	Continual verbal & physical directive cues

Adapted from: [Bondy, K.M. \(1983\). Criterion – referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education*, 22: 376-382](#)

Elements:

- Professional Standards are safe and accurate
- Knowledge base, Vocabulary,
- Communication - verbal, non-verbal & written
- Approach to situation, Psychomotor skills

Quality of performance

- Proficient and coordinated
- Knowledge and synthesis evident
- Confident and relaxed (WHAT?)
- Time taken (proficiency)
- Client/Patient focused



Assistance required?

- Directive cues vs Supportive cues
- Assess 3 domains, result is LOWEST level in any of the 3 areas

National Competency Standards for the RN/RM



<file:///C:/Users/60042544/Downloads/Nursing-and-Midwifery-Board---Standard---National-competency-standards-for-the-registered-nurse.PDF>

RN / RM framework

- assess your competence
- Board uses for annual renewal registration
- Board uses for professional conduct matters/return work.

Praecis of what is the nurse / midwife

- Domains of practice
- Subset within each domain of what is required

The N&M Superguide



Supervision Guide

- Continuum

Point of Care

- Clinical facilitation, preceptor, buddy

Professional Development

- Peer review, coaching, mentoring

Clinical Supervision

- Reflective - not a PDR/not counseling/not oversight

How to write valid & reliable tools?



- Refer to the above slides - your guide to what needs to be addressed
- Tick Box approach vs Generic - minutiae vs global
- Confidence to state Competent - does the tool measure what you need it to measure and does it guide the result fairly (Minor redirect vs RCA : once only vs all the time with low impact and once only but huge impact = marginal/dependent)
- Avoid bias - partnership, planned, discussed, practice, assess
- Avoid claim of bullying - If elements of the plan addressed, hard to claim: check definition of bullying

Plan to assess by....



- Plan
- Review with person – feed forward
- Grand Master Flash vs Fantastic 4 + 1 (creating a partnership and shifting power from Teacher to the Learner; Learner taking, showing and having responsibility)
- Time
- Practice
- Question regarding clinician rationales
- Debrief



RCA levels Matrix

- Frequent
- Likely
- Possible
- Unlikely
- Rare vs

Extreme risk / High risk / Medium risk / low risk

Consequence is

- Does the nurse/midwife require supervision (or more) or are they competent - independent?

Guide on the Side approach



Tell me and I forget. Teach me and I remember. Involve me and I learn.

- Benjamin Franklin



http://elta.pk/index.php?option=com_content&view=article&id=104&Itemid=219

Feed forward



- Prepare the learner before the session
- Ask the person to tell you what should occur next
 - Is there both knowledge and analysis that is patient-focused?
- Ask: This exercise was _____ (fill in the blank)
- Feed forward is NOW
- Feed forward is positive
- Learner gets a say
- Facilitator is support, collegial



<http://www.metastysteme-coaching.eu/pdfexport.php?nid=1445New>

Marshall Goldsmith – Feed Forward

How does an assessor get assessed to assess?



- How were you assessed?
- If not: why not?
- What skills, knowledge, attitudes did you bring to the role?
- “Good enough” parenting: not perfect BUT child is well cared for, no injury, reflection
- How would you change this?

Assessing the experienced clinician?



If you:

- Have the role - can you share the role?
- Mentor the role?
- Discuss the role, purpose, approach

Then

- Team approach
- Guide on the side
- Reflect first, ensure there is an understanding of expectations on both sides



6 Cs of Nursing

- Care
 - Compassion
 - Courage
 - Competence
 - Communication
 - Commitment
-
- (Clarke C. 2014. Promoting 6Cs of nursing in patient assessment. *Nursing Standard*. 28(44):52-59).

Patient consent



- Guinea Pig or Partner
- Must be involved
- Competence is not sending a new recruit out to fly an Airbus 380
- If the process occurs a planned learning approach the patient can be involved

- Are all patients appropriate for partnering in assessment?

MOTIVATION



1. **ASK** – what do you need / want in relation to this assessment?
2. Make learning **useful, relevant, immediate**
3. **Use** problem-solving, mind maps, case studies (stories), practice-runs, thought bubbles
4. Finish with a meaningful summation/**message**
5. 80/20 rule: concentrate on the willing; you are not Houdini; liaise with manager for PDR input

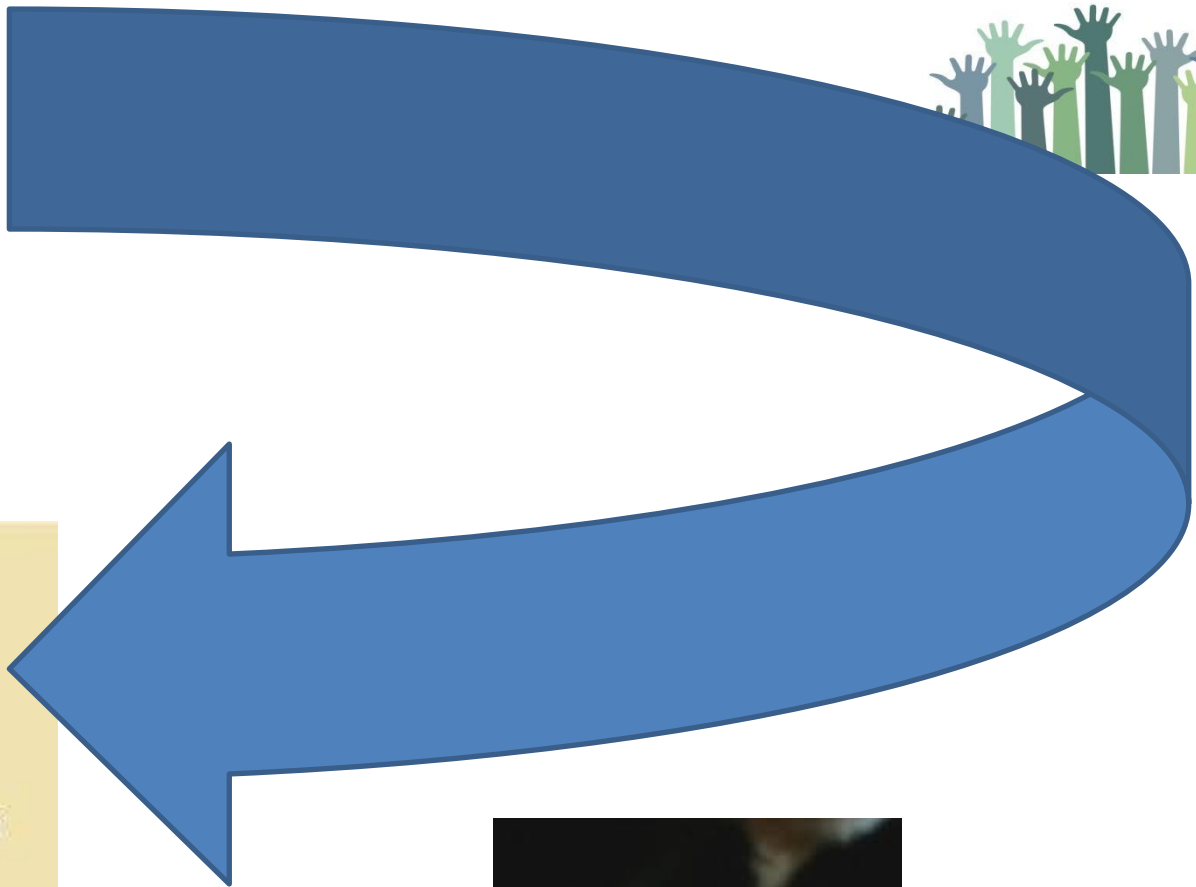
Keep calm



Nerves:

- Physiologically valuable
- Planned approach should ease most
- Ask learner what works for them if nerves overwhelming
- Adapt the approach





Don't break anybody's heart, they have only one.

Break their bones, they have 206.

- Time for a



...and

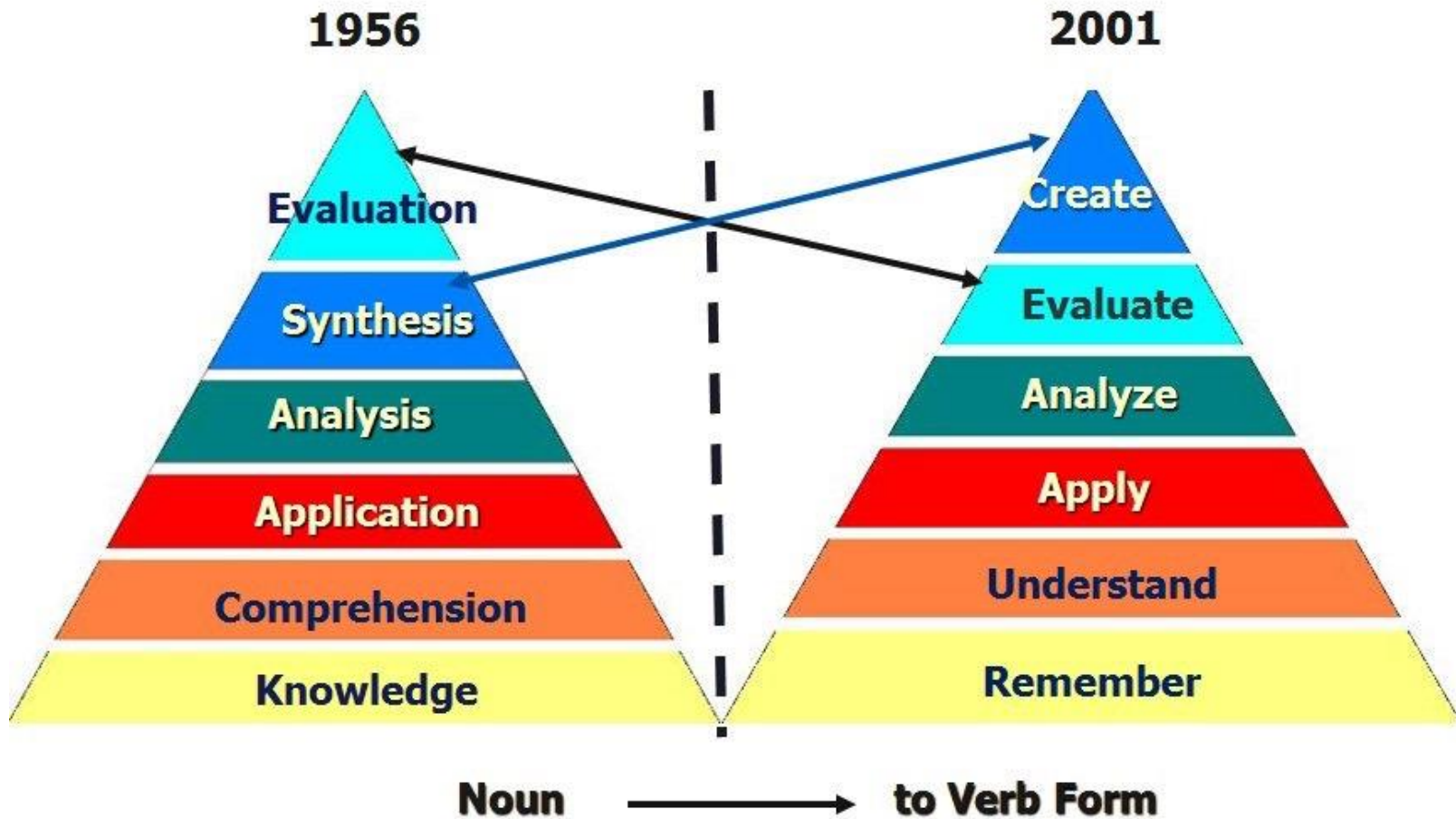
answer the Poll questions!

Chat Box Questions



- When registering to attend this session; did you answer the ‘at registration’ questions? Yes / No / Unsure
- If you answered the ‘at registration’ questions, do you feel that the webinar presenter has incorporated this feed-forward information to guide the webinar session?
Not at all / Slightly used the information / Somewhat addressed the issues I raised/ Incorporated the feed-forward information well
- How likely are you to read more about ‘The Superguide’ A supervision continuum for nurses and midwives?
Not confident / Slightly confident / Somewhat confident / Quite confident / Extremely confident

1st - think about the end product:
1st - the patient



Feedback



- Be brave
- Be honest
- Be kind
- Be constructive
- Be prepared
- Be fluid: before/during/after is OK



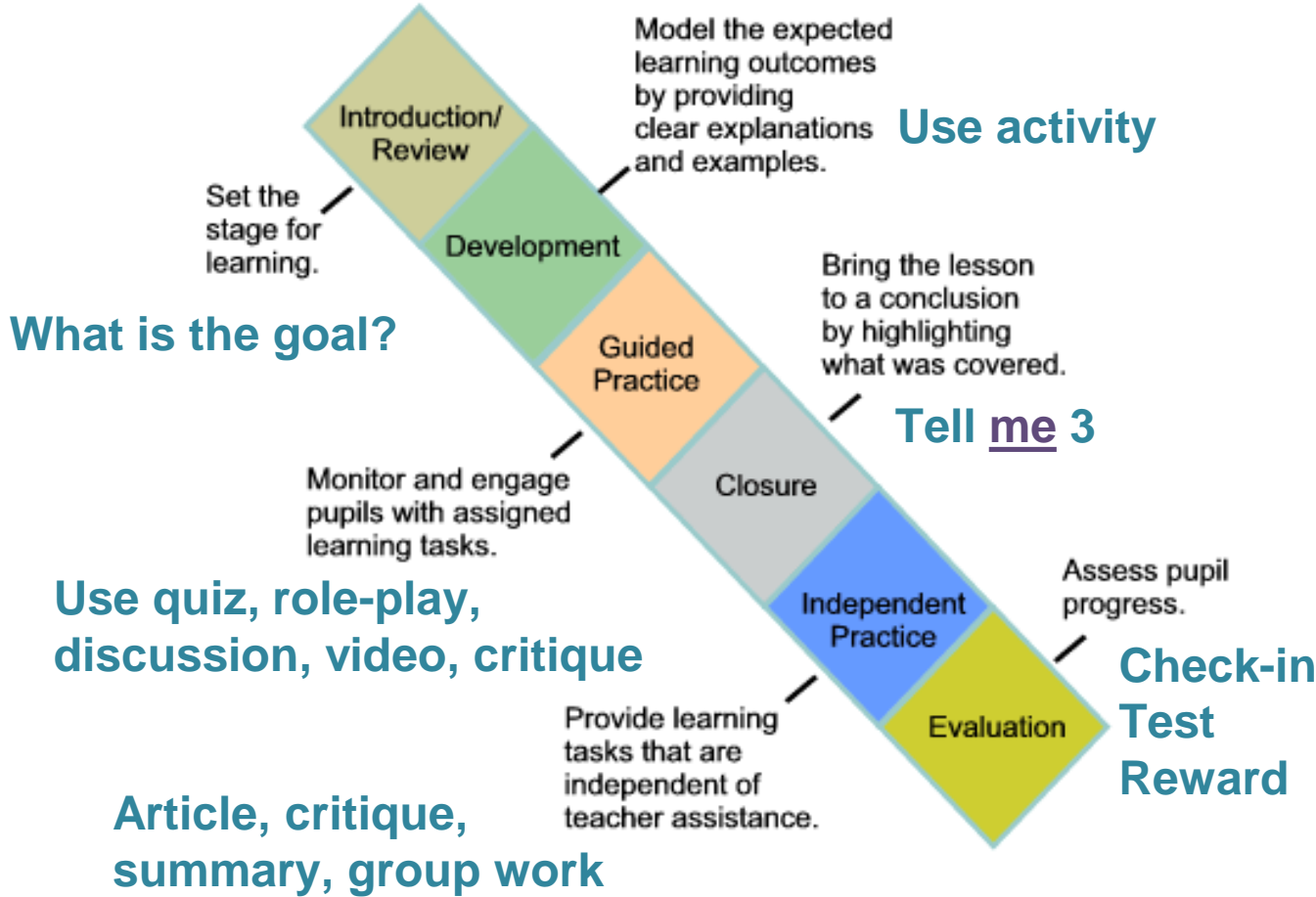
7 criteria for effective feedback:

- 1 The feedback provider is credible in the eyes of the feedback recipient
- 2 The feedback provider is trusted by the feedback recipient
- 3 The feedback is conveyed with good intentions
- 4 The timing and circumstances of giving the feedback are appropriate
- 5 The feedback is given in an interactive manner
- 6 The feedback message is clear
- 7 The feedback is helpful to recipient

Simple Effective Instruction



Direct Instruction



Step 1
Have fun

Step 2
Ask (engage) a motivating question
'what's wrong with this picture?'

Step 3
Let the learner lead:
ASK and EMPOWER

Step 4
Use a range of blended learning techniques with a scaffolded approach

Busy people Busy wards



- Orientation
- Clinical ladders
- Mandatory education
- Essential education for the area
- Guidelines, Policies
- Information bulletins
- New research and changes to practice

....and my learning sessions

Is it scaffolded?



- Active participation
- Able to create their own learning (no hand holding)
- Meaning is made from the experience (guide on side)

→ Use:

☐ **Behaviour**

✦ **Mature**

Maturing

☐ **Reflection**

✦ **Self-confident**

Over-confident

☐ **Review**

✦ **Autonomous**

Dependent

☐ **Discussion**

✦ **Self-directed**

Needs direction

☐ **Amalgamation**

✦ **Close-minded**

Will copy a 'leader'

✦ **Won't change**

'Evidence-based mantra'

Using this in a clinical setting...

Think back to your last challenging facilitation session



Useful
Results driven
Relevant
Helpful

Q. Did you ask the learners what they needed to know/do/areas of concern?

Q. Did you use discussion (what style?) to identify gaps in knowledge

Q. Was the assessment immediately applicable to the workplace

Q. Was the WHY discussed?

Q. Was it thought provoking?

Recommendations

...you gave me



- Extract reflection/problem-solving/thought processes
- Prepare; know the tool
- Respectful relationship ‘I know more/I’m better’
- Clear expectations communicated BOTH ways
- Minimise distractions
- Honesty - constructive

So, what has resonated with you today?



Teach back

- 3 things that struck you as important

In-Room Survey *What have you learnt?
What will you share?*

How confident are you 'Assessing Clinicians' met your learning needs?

Not confident / Slightly confident / Somewhat confident / Quite confident / Extremely confident



How confident are you that the techniques discussed for clinician assessment can be used in the workplace?

Not confident / Slightly confident / Somewhat confident / Quite confident / Extremely confident

What technological issues did you have during the webinar?

Text Box to explain / Nil

1. Give one suggestion to help guide the next webinar session 'Learning Styles'

1. Any comments/suggestions?

Text box: _____

6. Are you participating alone today or in a group?

a. Alone

b. In a group: with how many participants? _____



Webinar Series II – next session 26 October 2016 - Learning Styles

Please ***complete the survey*** to
receive your ***Certificate*** of
Participation

