Clinical assessment video vignettes and resource package to complement the training and interpretation of the Assessment of Physiotherapy Practice (APP) instrument.

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Collaboration between the higher education and public health sectors has been very successful across the years and the quality of clinical education of students in the allied health professions has benefitted significantly from this partnership.

This project has developed 12 video vignettes of varying levels of student performance in the clinical environment. The 4 clinical areas presented are Cardiorespiratory, Neurological, Musculoskeletal and Orthopaedic physiotherapy representing both inpatient and outpatient settings.

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Introduction

Consistency in the assessment of clinical practice is integral to deliver quality clinical education. In order to assist in delivering a consistent assessment of student clinical performance, this project has developed a suite of 12 video vignettes depicting various standards of student performance as assessed by the APP.

The primary aims of the resource package are to:

- Provide clear tangible evidence of different standards of student performance as agreed by the profession. In particular, what an adequate (passing) performance looks like across 4 key clinical areas
- Provide guidance on the correct interpretation of the videos for consistency in clinical educator support and training;
- Provide a resource to Universities to aid student learning and development prior to entry into professional practice placements
- Assist students in understanding the expectations of a professional practice placement
- Enable physiotherapists to deliver educational sessions to promote discussion about assessment of student performance with their colleagues

The ultimate aim is to achieve consistency across educators in the use of the APP for both formative feedback and summative assessment.

In each of the 4 identified clinical areas, 3 videos depicting a student performing a patient interview and physical assessment at each of the following levels as measured by the global rating scale on the APP are available.

a. Adequate / Passing performance
b. Not adequate / Failing performance
c. Good / Excellent performance

Included with each vignette of student performance is an outline of the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance.

Project Overview

The project was undertaken in 4 phases.

Phase 1: Scenario Development and setting the standard

- Development of 1 scenario for each clinical area identified
    - Existing resources available in both the education and clinical sector were utilised
    - Each of the clinical networks were engaged to assist in adapting scenarios to meet the clinical education requirements
- Development of script representing the student behaviours for each of the levels of achievement
    - An expert reference group with a cross section of university and clinical staff were consulted to determine standards
    - Clinical groups were engaged for consultation and moderation

Phase 2: Filming and video production

- Filming and editing was undertaken in appropriate spaces e.g. GU simulated labs, skills development centre or QH facilities
- The project team observed and directed performances to ensure accurate representation of student performance

Phase 3: Pilot testing of video scenarios to ensure agreement in rating of performance

- Videos were blind assessed by members of the Clinical Education Managers of Australia and New Zealand (CEMANZ)
- Percentage agreement was determined to ensure validity and feedback sought on video performance

Phase 4: National testing of video scenarios to ensure agreement in rating of performance across the profession

- Participants of at least 3 years clinical experience and supervision of student(s) in the past 12 months were included in the study
- Participants (n=156) blind assessed a student performance providing a global rating and rationale for decision

Phase 5: Distribution and utilisation

- Final results and videos are available for educator and student training

About this user manual

This manual has been designed to guide use of the videos with the following:

a. Clinical educator support and training
b. Student learning and development
c. Delivery of training and workshops

Conventions used throughout this guide

The table below lists the icons used throughout this document, and what they mean.

Hyperlink to a website or document

Important note

Reflection point

Video available

Powerpoint presentation

Check on the context of the video vignette

Setting the Scene: limitations when using video vignettes in assessment training

It is important to appreciate that there are some limitations to the use of videos of student performance to train clinical educators. Below is a list of these potential limitations:

- Each video is a one off performance and as such is only a very brief view of the student's overall performance. During a clinical placement as the CE you would observe the student performance longitudinally across a 5 week period before providing summative assessment.
- With videos, as the CE, you cannot ask the student questions, you cannot move around to look at the client from different perspectives eg you cannot observe the patient from behind
- The positioning of the student's hands and performance of techniques is somewhat limited when viewing videos
- The context of the patient is restricted eg., in a clinical unit with a focus on neurological physiotherapy, the student would assess and treat a wide variety of patients with many different neurological conditions. In videos you are limited to one patient in one context
- As it is often not possible to rate each of the 20 items on the APP for each video, the **global rating scale** is the key scale to get clinical educators to rate the student performance on.

How to get the most out of the video vignettes

- The videos have been scripted and tested extensively to ensure they are representative of the level of performance at which they have been rated.
- The student performance in each of the vignettes is definitely at the level that it has been rated at. Some clinical educators may rate the video above the level it is listed at and this is fine, however rating the vignette below that at which it is listed requires clarification
- Each adequate performance is at least a pass (may border on a good performance), and each not adequate is definitely a failing performance
- Consider the overall performance of the student when rating. Avoid allowing one specific behaviour by the student to influence the rating of the overall performance
- Make sure you describe the context of each of the videos. This is provided for your use.
- Check on the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance

Context

Context for videos of each clinical area

It is important to set the scene for your audience when using any of the 3 videos for each of the 4 key clinical areas. For example the context for the student assessment in the neurological physiotherapy videos is that the patient is in a ward setting in the hospital and the student has been requested to conduct a mobility assessment of the patient. As such a comprehensive neurological assessment of all aspects of the patient's neurological status is not expected.

For each of the 4 clinical areas, background information on the patient and the setting for the assessment by the student is provided. This information allows you to answer questions from participants who may require more information or may have missed the information contained in the video vignettes. The same patient and student are filmed in each of the 3 different levels of performance.

Behaviours supporting level of performance: Included with each vignette of student performance are levels of agreement and an outline of the behaviours exhibited by the student (performance indicators). This data is taken directly from the clinical educators who viewed and rated the video vignettes, providing evidence to support the global rating of the student's performance.

Infection control: all students did attend to appropriate levels of hand washing/infection control prior to the start of the assessment.

Patient Privacy: due to filming needs the curtains surrounding the patients have been drawn back. This should be taken into consideration when deciding on level of student performance.

The key aspect to the use of video vignettes in the training of assessors is the discussion generated amongst participants in the session

Neurological Physiotherapy

Background information for video vignette

Diagnosis: (R) MCA infarct with (L) Hemiplegia

Context of assessment:

The student has been requested to perform a ward based, functional assessment for a patient admitted to the ward today. It is expected that the patient will undergo a full neurological assessment the following day, therefore, the student has been instructed to adequately assess the patient to provide clear instruction for ward staff on the patients functional capability.

Table 1: Background information for neurological vignette

Demographic Information	
Setting	Rehabilitation ward in hospital Setting
Gender	Female
Patient age	60 - 70
Cultural background	Non English Speaking Background (limited English)
Occupation	Retired
Main Presentation	(R) MCA with (L) Hemiplegia
Student Name	Kate
Educator Name	Peter
Patient Name	Mrs Novak

Clinical History	
Reason for attending physiotherapy	Admitted to rehabilitation ward today after presenting to ED last night with (L) sided weakness and slurred speech.
History of presenting condition	Patient collapsed while at home and transferred to local hospital ED. Diagnosed with thrombolytic (R) MCA infarct and managed with TPA therapy within 3 hours of symptom onset. Patient transferred to acute stroke unit for rehabilitation and is 1 day post infarct.
Investigations	CT – Infarct (R) MCA
Past Medical History	Osteoporosis, OA bilateral knees
Past Surgical History	Thyroidectomy 15 years ago, vein ligation and stripping 4 years ago, hysterectomy 10 years ago,
Medications	Thyroxin, osteoeze, glucosamine
Alcohol and Drug	Nil illicit drug and nil alcohol
Dominance	(R) Hand
Social History	Lives with supportive husband who is physically well. House has 13 internal stairs with rails on both sides. Living area downstairs bedroom upstairs but bedroom and bathroom also available downstairs.
Functional History	Previously independently mobile with no aids and independent with all ADL's. Exercise tolerance able to walk > 45 minutes on flat without concern
Patient Goals	To return home to live with husband; independent mobility

Global rating of student performance

Outlined in Table 2 are the results from the blinded assessment of student performance. Physiotherapists (n=50) who identified neurology as their primary area of clinical practice performed the assessment. Based on the results presented, there was absolute agreement in rating the not adequate performance (100%). For the adequate performance 74% of respondents rated the student between adequate and good, while 77.8% agreement was reached for the good to excellent performance.

Table 2: Overall percentage agreement for neurological student performance

Video	Percent agreement
NR: Good - Excellent	77.8%
NR: Adequate - Good	74.0%
NR: Not Adequate	100%

If your rating of the video differs from the proposed level of performance, then it is important to outline some key reasons why you made your decision. Outlined below is a summary of the reasons provided by respondents that influenced their decision to assist in interpreting the APP

Performance indicators

Neurological Physiotherapy: Performance Indicators for Adequate / Passing Performance

Below is an outline of the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance at an adequate / passing standard. When considering the inadequate/failing and good /excellent video vignettes, it is reasonable to assume that the behaviours will be either below or above the standard outlined in Table 3.

Table 3: Adequate performance indicators for neurological vignette

PROFESSIONAL BEHAVIOUR	COMMUNICATION	ASSESSMENT	ANALYSIS & PLANNING	RISK MANAGEMENT
Good professional behaviour throughout the patient interview and physical exam	Clear and concise communication	The plan of assessment was appropriate and realistic - i.e. the student felt that assessment would likely be over two sessions, with priority given to initial mobility assessment to guide nursing care.	Sound clinical reasoning demonstrated through history and assessment planning	Details in relation to infection control were not observed e.g. nail polish and watch
Patient privacy/modesty: overall ok but could have been a bit better	Develops sound rapport with the patient	Performed an adequate assessment but missed some details eg., could have expanded social history	Adequate knowledge and understanding of the presenting condition	Needed to check more regularly for dizziness, face colour, eyes, respiratory rate, blood pressure through session
Demonstrated an appropriate level of empathy	Demonstrated consistent care and respect for patient	Correctly progressed to standing based on her assessment up to that point, but did require prompting to look at weight shifting in standing	Lack of explanation as to why different activities were selected and what the end goal of the session was	Good use of bed mechanics to assist manual handling
Ensuring that patient is comfortable with blanket being pulled down or shorts being pulled up	Did not ascertain full extent of cognitive impairment or level of English language skills	The assessment followed a logical pattern. Upper limb basic assessment, bed mobility, supine to sitting, sitting balance, sit-to-stand.	The plan of assessment was appropriate and realistic based on context	Handling of upper limb not adequate at times
Obtains informed consent throughout the assessment.	Gave clear instructions to educator	Sometimes the students commands were difficult to interpret given patients level of understanding. Demonstration on herself before getting the patient to complete movement or tilting position to upright in the bed may have helped		Leaving the bed rails down when rolling

Cardiorespiratory Physiotherapy

Background information for video vignette

Diagnosis: Bronchiectasis

Context:

Patient admitted to ward via ED with acute chest infection secondary to Bronchiectasis

Table 4: Background information for cardiorespiratory vignette

Demographic Information	
Setting	Acute medical ward
Gender	Female
Patient age	35 - 45
Cultural background	Aboriginal or Torres Straight Islander
Occupation	Part-time at a support shelter
Main Presentation	Acute chest infection secondary to bronchiectasis
Student Name	Amy
Educator Name	Tom
Patient Name	Polly Carter

Clinical History	
Reason for attending physiotherapy	Shortness of breath, pain on coughing, sputum retention and reduced exercise tolerance
History of presenting condition	Patient reported to ED with increased SOB and generally feeling unwell. Past 6 days reports increasing symptoms of SOB, coughing and declining exercise tolerance. Reports development of productive cough with green thick sputum greater in the am. Current observations include, afebrile, HR 105, RR 26 and saturation 93%
Investigations	Haematology reported increased WCC and CRP, arterial blood gasses reported PaO2 65, ph. 7.3, PaCO2 55 and HCO3 normal, indicating respiratory acidosis. Chest x-ray revealed evidence of shadowing in the right middle/lower lobe
Past Medical History	Diabetes and Bronchiectasis
Past Surgical History	nil
Medications	Diabex, Metformin
Alcohol and Drug	nil
Social History	Lives with husband and 4 kids in supportive home environment. 4 stairs at rear of house only, nil other home modifications.
Functional History	Previously independent with nil aids, exercise tolerance 300m limited by SOB
Patient Goals	To return to work and managing family responsibilities

Global rating of student performance

Outlined in Table 5 are the results from the blinded assessment of student performance. Physiotherapists (n=41) who identified cardiorespiratory as their primary area of clinical practice performed the assessment. Based on the results presented, there was absolute agreement in rating the not adequate (100%) and the good – excellent (100%) performance. For the adequate performance 76.9% of respondents rated the student between adequate and good.

Table 5: Overall percentage agreement for Cardiorespiratory student performance

Video	Percent agreement
CR: Good – Excellent	100%
CR: Adequate – Good	76.9%
CR: Not Adequate	100%

If your rating of the video differs from the proposed level of performance, then it is important to outline some key reasons why you made your decision. Outlined below is a summary of the reasons provided by respondents that influenced their decision to assist in interpreting the APP

Performance indicators

Cardiorespiratory Physiotherapy: Performance Indicators for Adequate / Passing Performance

Below is an outline of the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance at an adequate / passing standard. When considering the inadequate/failing and good /excellent video vignettes, it is reasonable to assume that the behaviours will be either below or above the standard outlined in Table 6.

Table 6: Adequate performance indicators for cardiorespiratory vignette

PROFESSIONAL BEHAVIOUR	COMMUNICATION	ASSESSMENT	ANALYSIS & PLANNING	Intervention	RISK MANAGEMENT
Kept asking the patient if there were any questions or concerns and maintained eye contact.	Clear communication (verbal, feedback and written instructions)	Conducted a complete respiratory assessment	Demonstrated clinical reasoning in interpreting results	Was an effective educator and provided an effective Rx	Knew her limits and asked for help as required
Asked the Educator if she was unsure of questions asked by the patient i.e., recognised her limitations	Developed adequate patient rapport,	Selection of objective assessment items (XR, bloods, ABGs, Sp02, Auscultation, cough, palp)	Considered patient goals when discussing short and long term goals	Adequately monitored the effects of her intervention	Sought help from educator when needed
Demonstrated understanding of patient consent and took the time to explain procedure and rational.	Clear instruction and explanation to patient and clarified understanding	Full patient history completed before mobilised patient		Provided good education about condition, good knowledge and understanding of disease processes,	Good handling and patient safety throughout session
				Provided information in a variety of formats including written hand-out	

Musculoskeletal Physiotherapy

Background for video vignette

Diagnosis: Acute low back pain (Discogenic)

Context of assessment:

Initial musculoskeletal assessment in outpatient setting

Table 7: Background information for musculoskeletal vignette

Demographic Information	
Setting	Physiotherapy outpatient clinic
Gender	Male
Patient age	30 - 40
Occupation	Floor Tiler
Patient Build	Medium
Main Presentation	Acute exacerbation of low back pain (Discogenic in nature)

Clinical History	
Reason for attending physiotherapy	Acute episode of low back pain with intermittent posterolateral thigh pain
History of presenting condition	5 days ago while laying tiles at work went to stand up after prolonged flexion and reported severe pain in the low back and buttocks bilaterally. Presented to ED and CT performed. Prescribed Mobic and Panadeine Forte for pain and referred to Physiotherapy for review.
Investigations	CT – L4-5 broad based disc protrusion without thecal sac compression
Special Questions	No bladder or bowel changes No saddle paraesthesia No unexplained weight loss Pain with cough or sneeze Sleep disturbed due to pain at night – difficult to get comfortable No THREADS No P+N or numbness
Pain Behaviour	Pain and stiffness worse in am Movement dependant otherwise
Past Medical History	HTN (medication controlled), History depression
Medications	Coversyl (HTN), Mobic and Tramal (Current Pain), Panadol (IM LBP), ciprimil (Depression)
Social History	Lives with wife and 2 children (son aged 10 and daughter aged 13) in 2-level house with 13 internal stairs.
Occupation	Self-employed floor tiler and is involved in mainly manual duties.
Functional History	Independent with all daily activities, active occupation but sedentary lifestyle. Not currently involved in any regular exercise and exercise tolerance is able to walk > 45 minutes.
Patient Goals	Reduce pain and return to normal function Return to work

Global rating of student performance

Outlined in Table 8 are the results from the blinded assessment of student performance. Physiotherapists (n=26) who identified musculoskeletal as their primary area of clinical practice performed the assessments. Based on the results presented, there was >80% agreement in rating for all performances.

Table 8: Overall percentage agreement for Musculoskeletal student performance

Video	Percent agreement
MSK: Good – Excellent	85.7%
MSK: Adequate – Good	87.5%
MSK: Not Adequate	83.3%

If your rating of the video differs from the proposed level of performance, then it is important to outline some key reasons why you made your decision. Outlined below is a summary of the reasons provided by respondents that influenced their decision to assist in interpreting the APP

Performance indicators

Musculoskeletal Physiotherapy: Performance Indicators for Adequate / Passing Performance

Below is an outline of the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance at an adequate / passing standard. When considering the inadequate/failing and good /excellent video vignettes, it is reasonable to assume that the behaviours will be either below or above the standard outlined in Table 9.

Table 9: Adequate performance indicators for musculoskeletal vignette

PROFESSIONAL BEHAVIOUR	COMMUNICATION	ASSESSMENT	ANALYSIS & PLANNING	INTERVENTION	RISK MANAGEMENT
Overall good professional behaviour throughout the patient interview and physical exam.	Actively listened to patient, explained clearly what was happening	Overall performed subjective well remembering red flags and further questioning to gain added detail when needed. Could have adapted his standard assessment a bit more for this patient and the level of pain he was in	Able to arrive at reasonable diagnosis with minimal prompting once all information to hand	Patient comfort was ok, as patient was in severe pain, it would be more appropriate to do palpation in side lying. However good he did not change the patient position too much.	Good awareness of his own body position for all assessments with changing the bed heights to maintain correct posture.
Was able to admit that he didn't know the medication but knew where to find them out	General communication good, sought consent and provided clear instructions majority of times	Selected an adequate physical examination plan and completed it with good patient handling skills and patient awareness when patient complained of pain. Was able to modify technique as appropriate	Recognised significance of findings in history and examination and made valid interpretations	Had the foresight to ask to complete a treatment intervention when he found a relieving technique on objective assessment.	Yellow flags could have been covered in more detail e.g. Workcover claim, self-employed, income protection insurance etc.
		Sound history, could have explored aggravating and easing factors and 24hr history in more detail e.g. time to ease in am. Some techniques e.g. SLR were not done correctly,	Initial DDX - a bit too reliant on CT and didn't pick disc possibility until had seen CT result	Identified symptom reducing movement and usefulness of use as a treatment option	Safe, not putting the patient at risk and regularly checked with educator
		Neuro exam - was performed adequately but not a priority for a patient with no neuro symptoms or pain referred beyond the buttock.	Demonstrated adequate to good level of knowledge and clinical reasoning, however could still improve further	Manual skills were good- aware of patient comfort	

Orthopaedic Physiotherapy

Background information for video vignette

Diagnosis: Day 1 (L) TKR

Context:

Patient underwent (L) TKR 1 day ago and is currently on the acute orthopaedic ward awaiting initial assessment on the morning after surgery

Table 10: Background information for orthopaedic vignette

Demographic Information	
Setting	Acute orthopaedic ward
Gender	Male
Patient age	60 - 70
Occupation	Manages small farm
Main Presentation	(L) TKR
Student Name	Russell
Educator Name	Mark
Patient Name	Tom Jacobs

Clinical History	
Reason for attending physiotherapy	Patient day 1 post (L) TKR
History of presenting condition	Patient reported increasing level of pain and decreasing exercise tolerance secondary to pain. Pre-op assessment demonstrated a fixed flexion deformity of 15 degrees and exercise tolerance of 200m
Investigations	Pre-op: X-ray – OA Post-op: BP – 105/62, Hb – normal range, Saturations – normal range
Past Medical History	OA (L) Knee
Past Surgical History	Nil
Medications	Endone and Targin
Alcohol and Drug	Occasional alcohol, nil drugs
Social History	Lives with wife on farm, 6 stairs front and back, independent with all ADL's. Required to manage manual duties as part of running the farm.
Functional History	Previous exercise tolerance 200m
Patient Goals	To return home and return to managing the farm

Global rating of student performance

Outlined in Table 11 are the results from the blinded assessment of student performance. Physiotherapists (n=50) who identified orthopaedics as their primary area of clinical practice performed the assessment. Based on the results presented, there was absolute agreement in rating the not adequate (100%) and the good – excellent (100%) performance. For the adequate performance 78.7% of respondents rated the student between adequate and good.

Table 11: Overall percentage agreement for Orthopaedic student performance

Video	Percent agreement
Ortho: Good – Excellent	100%
Ortho: Adequate – Good	78.7%
Ortho: Not Adequate	100%

If your rating of the video differs from the proposed level of performance, then it is important to outline some key reasons why you made your decision. Outlined below is a summary of the reasons provided by respondents that influenced their decision to assist in interpreting the APP

Performance indicators

Orthopaedic Physiotherapy: Performance Indicators for Adequate / Passing Performance

Below is an outline of the behaviours exhibited by the student (performance indicators) that provide evidence supporting the grading of the student's performance at an adequate / passing standard. When considering the inadequate/failing and good /excellent video vignettes, it is reasonable to assume that the behaviours will be either below or above the standard outlined in

Table 12: Adequate performance indicators for orthopaedic vignette

PROFESSIONAL BEHAVIOUR	COMMUNICATION	ASSESSMENT	ANALYSIS & PLANNING	INTERVENTION	RISK MANAGEMENT
Appropriate engaging manner and level of respect afforded to patient	Confident and engaging manner and appropriate content	Good subjective exam, concise and complete; In physical examination failed to do adequate circulation test, but got there in the end with sensory and motor testing	Clinical reasoning overall was effective with sufficient detail	Treatment was good with an adequate exercise package	Good to see student asking educator to re-position when about to mobilise patient
Overall good professional behaviour throughout the patient interview and physical exam.	Established good rapport with the patient. At times may have been a bit too casual though e.g. using the term mate with the patient	Used appropriate outcome measures; goniometer, VAS, SLR, sensory testing for repeatability	Sound clinical reasoning, demonstrated through history taking and planning of assessment	Objective measure of re-testing knee range was useful but left knee unsupported while he retrieved the goniometer	Overall safety was adequate but could have given better instructions on the use of the rollator prior to mobilising the patient
Adequately obtains informed consent throughout the assessment.	Goal setting adequate but could have collaborated with the patient to ensure his needs were included	Gathered relevant medical information, selected and competently performed the appropriate tests	Adequate knowledge and understanding of the surgery	safely set up patient considering ergonomics, bed height, IDC placement, educator positioning for transfer	Monitored dizziness initially but could have been more attentive to this during mobilisation
Acts within bounds of personal competence, recognizing strengths and limitations		Good summary of patient observations/xray/chart/history prior to assessment and effectively communicated this to the educator		Re-assured patient concerns, however Inadequate level of d/c planning	
		Student didn't mention haemoglobin levels, so not sure if this was done			

Using the Video Vignettes: suggested education sessions

Overview of process

The following details for each of the 4 education sessions will be provided:

- Overview of the session including learning objectives
- Running sheet: proposed timing for each aspect of the session to assist you to run the session smoothly and on time.
- Powerpoint presentation with notes which covers the entire session
- Links to any additional resources discussed during the session
- Links to any useful websites for participants who wish to extend their learning following the session

The education sessions presented in this guide are only suggestions and you are free to choose to additional topics beyond those provided here. All sessions are underpinned by current evidence on best practice in workplace based assessment available at the time of development of this guide. As more educational research becomes available, the content of these sessions will need to be updated in line with these research findings.

While valid and reliable assessment instruments are essential, the key to effective assessment of students during their professional practice placements is regular discussion and targeted training of the assessors

Take time to reflect on your approach as a Clinical Educator.
What do you do well? What could you improve? How are you going to achieve the change you are looking for?

Introduction to Assessment using the APP: what an adequate/passing performance looks like

Learning Objectives: At the end of the session the participants will be able to….

1. Explain the role of assessment in facilitating learning
2. Understand the components of the APP
3. Describe the behaviours (performance indicators) representative of a passing performance
4. Use the APP to assess student performance in the clinical environment

Table 13: Run sheet: Suggested timing for session

Activity	Mode of delivery	Session time (mins)
Introduction to workshop; Outline objectives of the session; Role of assessment; Components of the APP;	Powerpoint Slides 1-19	15 mins
Activity 1: defining entry level standard	Slides 20-28	15 mins
Activity 2: Using APP to assess video performance Participants to watch video 1 of a student (passing standard but not declared to participants. After watching video participants are to each rate the student's performance using the global rating scale on APP and write down why they rated the student's performance as they did. What specific behaviours of the student lead them to rate the student at the level they did.	Slides 29-30 Video 6-8mins Rating and discussion 25 mins	
Wrap up and questions	Slides 31-33	5 mins

Context

Read the background information on the patient and the context of assessment that underpins the student's approach to assessment

Powerpoint Presentations

Open the powerpoint file on the USB titled Introduction to assessment using the APP: what an adequate/ passing performance looks like

Additional Resources

APPLinkup website - http://www.applinkup.com
Clinical Educator Resources – http://ClinEdAus.org.au
http://www.appeducation.com.au/index.html

Introduction to Assessment using the APP: what a good/excellent performance looks like

Learning Objectives: At the end of the session the participants will be able to….

1. Explain the role of assessment in facilitating learning
2. Understand the components of the APP
3. Describe the behaviours (performance indicators) representative of a passing and a good/excellent performance
4. Use the APP to assess student performance in the clinical environment

Table 14: Run sheet: Suggested timing for session

Activity	Mode of delivery	Session time (mins)
Introduction to workshop; Outline objectives of the session; Role of assessment; Components of the APP;	Powerpoint Slides 1-19	15 mins
Activity 1: defining entry level standard	Slides 20-28	15 mins
Activity 2: Using APP to assess video performance Participants to watch video 1 of a student (good/excellent standard but not declared to participants). After watching video participants are to each rate the student's performance using the global rating scale on APP and write down why they rated the student's performance as they did. What specific behaviours of the student lead them to rate the student at the level they did.	Slides 29-34 Video 6-8mins Rating and discussion 25 mins	
Wrap up and questions	Slides 35-37	5 mins

Read the background information on the patient and the context of assessment that underpins the student's approach to assessment

Powerpoint Presentations

Open the powerpoint file on the USB titled Introduction to assessment using the APP: what a good/excellent performance looks like

Additional Resources

APPLinkup website - http://www.applinkup.com
Clinical Educator Resources – http://ClinEdAus.org.au
http://www.appeducation.com.au/index.html
http://www.heti.nsw.gov.au/Global/allied-health/The-Superguide.pdf

Introduction to Assessment using the APP: what an inadequate performance looks like

Learning Objectives: At the end of the session the participants will be able to….

1. Explain the role of assessment in facilitating learning
2. Understand the components of the APP
3. Describe the behaviours (performance indicators) representative of a passing and a failing/inadequate performance
4. Use the APP to assess student performance in the clinical environment

Table 15: Run sheet: Suggested timing for session

Activity	Mode of delivery	Session time (mins)
Introduction to workshop; Outline objectives of the session; Role of assessment; Components of the APP;	Powerpoint Slides 1-19	15 mins
Activity 1: defining entry level standard	Slides 20-28	15 mins
Activity 2: Using APP to assess video performance Participants to watch video 1 of a student (good/excellent standard but not declared to participants). After watching video participants are to each rate the student's performance using the global rating scale on APP and write down why they rated the student's performance as they did. What specific behaviours of the student lead them to rate the student at the level they did.	Slides 29-32 Video 6-8mins Rating and discussion 25 mins	
Wrap up and questions	Slides 33-35	5 mins

Read the background information on the patient and the context of assessment that underpins the student's approach to assessment

Powerpoint Presentations

Open the powerpoint file on the USB titled Introduction to assessment using the APP: what an inadequate/failing performance looks like

Additional Resources

APPLinkup website - http://www.applinkup.com
Clinical Educator Resources – http://ClinEdAus.org.au
http://www.appeducation.com.au/index.html
http://www.heti.nsw.gov.au/Global/allied-health/The-Superguide.pdf

Introduction to Assessment using the APP: role of assessment and feedback in promoting student learning

Learning Objectives: At the end of the session the participants will be able to….

1. Explain the role of assessment & feedback in promoting student learning
2. Describe when to use the APP instrument
3. Use the APP instrument effectively in formative feedback and summative assessment
4. Feel more comfortable in your role in providing feedback to students

Table 16: Run sheet: Suggested timing for session

Activity	Mode of delivery	Session time (mins)
Introduction to workshop; Outline objectives of the session; Role of assessment; when to give feedback;	Powerpoint Slides 1-20	15 mins
Activity 1: Using APP to provide formative feedback to student Choose video vignette and then choose to use either the patient interview or physical examination by the student Participants to watch video After watching video participants are to provide feedback to the student on their performance. Need to use specific examples of behaviour demonstrated by the student to support their feedback. Include relevant performance indicators in the feedback	Slides 21-22	20 mins
Activity 2: Providing feedback to supervisor View the video named Shane on the USB from 0:00 – 7:42. Stop the video and complete tasks on slide 24.	Slides 23-24 Video 7 mins Discussion 10 mins	
Wrap up and questions	Slide 26	5 mins

Powerpoint Presentations

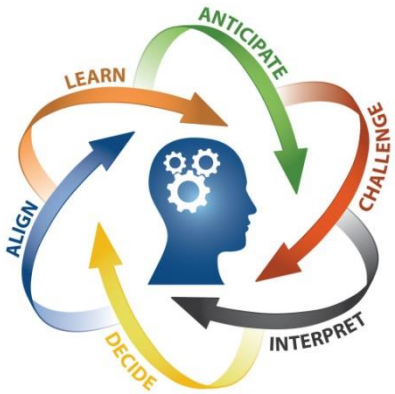
Open the powerpoint file on the USB titled Introduction to assessment using the APP: role of assessment and feedback in promoting student learning

Additional Resources

APPLinkup website - http://www.applinkup.com
Clinical Educator Resources – http://ClinEdAus.org.au
http://www.appeducation.com.au/index.html

http://www.heti.nsw.gov.au/Global/allied-health/The-Superguide.pdf

Workplace Based Assessment Processes & Requirements Overview



Our approach to assessment

Educational research has demonstrated that assessment (linked to feedback and reflection) is the contextual factor which most strongly influences learning.

Objectives of the Professional Practice Assessment process are to

- provide a basis for feedback on the Student's strengths and areas of clinical practice requiring improvement
- develop the Student's skills of self-evaluation and reflective practice
- facilitate the collaborative development of strategies to improve the Student's performance
- monitor and record Student progress within and across clinical terms
- provide ongoing formative feedback to Students and yourself as a Clinical Educator for the purpose of choosing or modifying subsequent learning experiences for a Student, or prescribing remedial activities for them
- maintain professional standards.

Overall, the assessment process aims to encourage reflection and the development of self-directed and self-managed lifelong learning.

Assessment linked with targeted feedback and reflection are acknowledged as the key influences on student learning

Ten top tips for the teaching supervisor

Refer to: Clinical Education and Training Institute. The superguide: a handbook on supervising allied health professionals. Sydney: CETI, 2010.

1. **Every little bit helps:** Seize the teaching moment. Even if you don't have the whole package worked out, it's still worthwhile sharing what you can, as best you can. Don't have time to run through a process or procedure in full? Draw the student's attention to one key aspect of the task. No time for a complete debrief immediately after a difficult case? Ask a few key questions to check the student's understanding of what occurred and give quick feedback. Follow up later when there is time.

2. **Teach by guided questioning:** Ask questions to discover the state of the student's knowledge and understanding. Encourage independent thinking and problem-solving. Effective questioning uncovers misunderstandings and reinforces and extends existing knowledge.

3. **Invite students to input into their learning:** Adult learners should be involved in decisions about the direction and content of their learning. Your ultimate objective as a supervisor is to foster the student's ability for self-directed lifelong learning.

4. **Encourage questions:** Questions from students should always be treated with respect. You may be shocked at what they do not know, but on closer inspection, may discover that others are just keeping quiet. The three most important words in teaching and learning are "I don't know".

5. **Focus the learner:** Start any teaching by setting up the importance of the session. Teaching is more effective if it is tailored to learners' interests, and current level of knowledge and ability. Answer the question: why should they pay attention to what you are about to teach them?

6. **Focus the learning:** Don't try to teach too much at once. Try not to repeat what is already known. Clinical situations are complex but limit the learning to the key aspects that form the learning edge of your student's knowledge base. Procedures and processes can be broken down into steps, not all of which have to be covered at once.

7. **Encourage independent learning:** Don't try to teach everything – give enough information to set student on track, then ask them to complete the task themselves. Set tasks that require the student to act on the information you have provided. Keep learning open ended. Encourage students to seek other educational opportunities and report back on their learning.

8. **Teach evidence-based practice**: Build a lifelong learning attitude in your students. Even more important than knowing the current best answer to a clinical problem is having the skills to identify a clinical question, search the clinical literature, appraise the evidence and form an evidence-based plan.

9. **Check the understanding**: Have students actually understood what has been taught? Can they demonstrate clinical reasoning and put knowledge and skills into practice? If not, perhaps revisit specific topics or skill areas until they feel confident and can show that they have learned.
10. **Evaluate your own practice as an Educator:** How well did your students learn from the information you provided? Every time you teach you have a chance to learn how to do it better (and more easily) next time. Try different methods and compare outcomes. Seek feedback from your students. Compare notes with your peers.

For more helpful information refer to the Superguide: A handbook for supervising allied health professionals, available from:
http://www.heti.nsw.gov.au/Global/allied-health/The-Superguide.pdf

Behaviours to avoid as an educator

What leads to poor supervision?

- **Absence:** supervision that is remote or infrequent is dangerous and ineffective.
- **Rigidity:** setting rules without giving reasons or giving orders without explanations is not always the most effective way of communicating. This is not to say that supervisors have to explain everything all the time — but there has to be a time for explanations. The justification for systems is one of the things students must learn.
- **Intolerance and irritability**: leads students to avoidance (hiding errors and gaps in their competence).
- **Not teaching:** take every opportunity that arises to assist students to learn from their clients
- **A negative or relentlessly critical attitude:** especially publicly criticising the student's performance.
- **Writing off students in difficulty**: there are many reasons for suboptimal performance, including poor orientation or poor supervision, which can be addressed with simple measures.

Take time to reflect on your approach as a supervisor.
What do you do well? What could you improve? How are you going to achieve the change you are looking for?

Notes