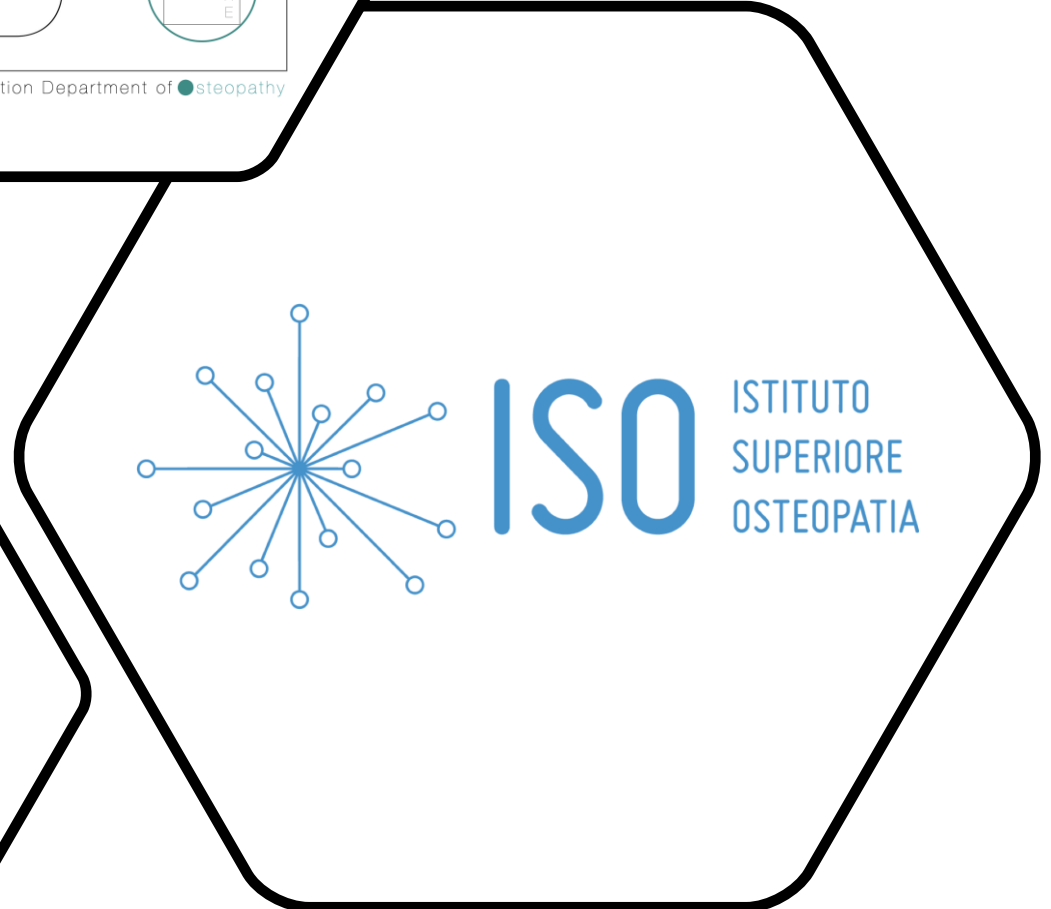


# Let's Build a Tool to Assess Clinical Competence!

Giacomo Consorti  
D.O., MSc (Ost.), PgCert.Edu.



## Aim:

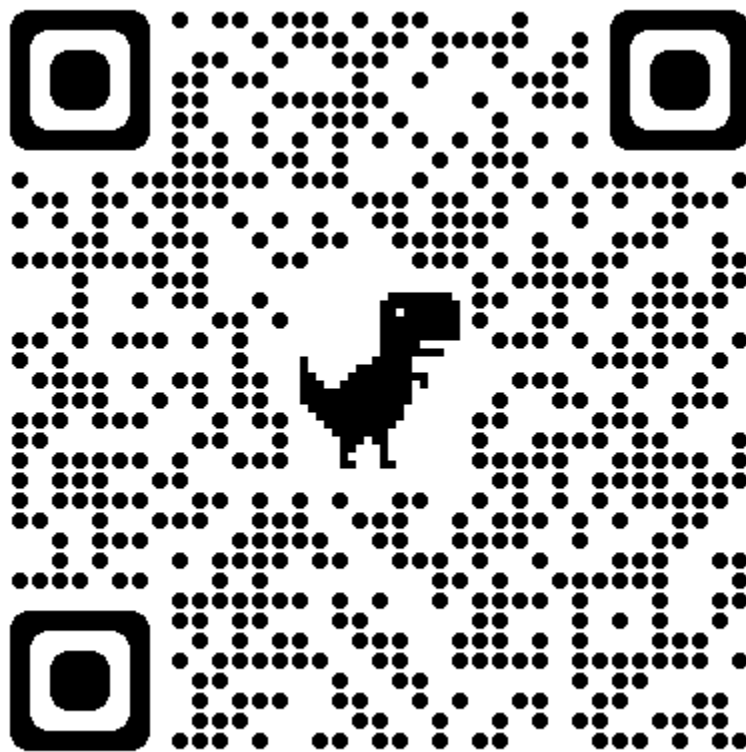
To build a methodologically strong assessment tool to assess clinical competence of osteopathy students during their clinical encounters.

**Table 2. Framework and Assessment Purpose.**

Elements	Formative				Summative			
Validity or Coherence	X	X	X	X	X	X	X	X
Reproducibility or Consistency	X				X	X	X	X
Equivalence	X				X	X	X	X
Feasibility	X	X	X		X	X	X	
Educational Effect	X	X	X	X	X			
Catalytic Effect	X	X	X	X	X			
Acceptability	X	X	X		X	X	X	

**Table 1. Framework for good assessment: single assessments.**

1. Validity or Coherence: The results of an assessment are appropriate for a particular purpose as demonstrated by a coherent body of evidence.
2. Reproducibility, Reliability, or Consistency: The results of the assessment would be the same if repeated under similar circumstances.
3. Equivalence: The same assessment yields equivalent scores or decisions when administered across different institutions or cycles of testing.
4. Feasibility: The assessment is practical, realistic, and sensible, given the circumstances and context.
5. Educational Effect: The assessment motivates those who take it to prepare in a fashion that has educational benefit.
6. Catalytic effect: The assessment provides results and feedback in a fashion that motivates all stakeholders to create, enhance, and support education; it drives future learning forward and improves overall program quality.
7. Acceptability: Stakeholders find the assessment process and results to be credible.



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CODE: 81538277

**Table 2. Framework and Assessment Purpose.**

Elements	Formative				Summative			
Validity or Coherence	X	X	X	X	X	X	X	X
Reproducibility or Consistency	X				X	X	X	X
Equivalence	X				X	X	X	X
Feasibility	X	X	X		X	X	X	
Educational Effect	X	X	X	X	X			
Catalytic Effect	X	X	X	X	X			
Acceptability	X	X	X		X	X	X	

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**Mini Clinical Evaluation Exercise (Mini-CEX) Paper Form**

<b>Case Details</b>	<b>Procedure</b>									
	<b>Age</b>			<b>ASA</b>						
<b>Medical status of the patient</b>										
<b>Overall complexity (circle)</b>	<b>Low</b>			<b>Moderate</b>				<b>High</b>		
	1	2	3	4	5	6	7	8	9	
<b>Assessment</b>	<i>To ensure safe, efficient and effective care on this aspect:</i>									
	<i>Significant input required from assessor</i>			<i>Some guidance provided from assessor</i>				<i>Able to manage independently</i>		<i>Unable to assess</i>
<b>Clinical knowledge</b>	<i>Demonstrates relevant knowledge and understanding pertaining to the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Patient assessment</b>	<i>Performs a complete and appropriate assessment of the patient and presents well documented findings</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Planning</b>	<i>Formulates an appropriate clinical plan demonstrating an understanding of relevant issues related to the patient, procedure, pathology, positioning and place etc</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Preparation</b>	<i>Prepares appropriately for any intervention, checks equipment, organizes theatre and monitoring, prepares drugs and ensures appropriate personnel are present</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Organisation/efficiency</b>	<i>Creates a well organized workspace, uses time effectively and efficiently</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Vigilance</b>	<i>Demonstrates situational awareness through constant monitoring of the patient (clinically and electronically), the procedure and other personnel</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Problem solving / decision making</b>	<i>Demonstrates sound judgment and clinical decision making</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Insight</b>	<i>Recognises limits of their expertise and experience. Takes on responsibility appropriately</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Technical proficiency</b>	<i>Demonstrates proficiency (including appropriate informed consent and infection control)</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Documentation</b>	<i>Comprehensively, concisely and legibly documents relevant matters</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Patient interaction</b>	<i>Develops rapport and trust; accurately elicits, synthesizes and conveys relevant information; develops a common understanding of issues, problems and plans</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Team interaction</b>	<i>Participates effectively and appropriately in an inter professional/ healthcare team</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Risk minimisation</b>	<i>Practices to reduce medical error; complies with hospital and college protocols and guidelines</i>									
	1	2	3	4	5	6	7	8	9	UTA
<b>Please note the focus of any discussion during this assessment</b>										

## PERFORMANCE RATING

	Excellent	Good	Satisfactory	Needs Improvement	
<b>CRITERIA</b>	<b>Components of the Report</b>	All required elements are present and additional elements that add to the report (e.g., thoughtful comments,	All required elements are present.	One required element is missing, but additional elements that add to the report (e.g., thoughtful comments,	Several required elements are missing.
	<b>Question / Purpose</b>	The purpose of the lab or the question to be answered during the lab is clearly identified and stated.	The purpose of the lab or the question to be answered during the lab is identified, but is stated in a somewhat unclear manner.	The purpose of the lab or the question to be answered during the lab is partially identified, and is stated in a somewhat unclear manner.	The purpose of the lab or the question to be answered during the lab is erroneous or irrelevant.
	<b>Spelling, Punctuation, Grammar</b>	One or fewer errors in spelling, punctuation and grammar in the report.	Two or three errors in spelling, punctuation and grammar in the report.	Four errors in spelling, punctuation and grammar in the report.	More than 4 errors in spelling, punctuation and grammar in the report.

## PERFORMANCE DESCRIPTIONS

# Construction phases:

- Definition of the assessment criteria (observable behaviour)
- Definition of the performance levels
- Definition of the performance descriptors
- Grading
- Definition of Fatal Errors

# Let's build it!

## Learning outcome

- Deliver an osteopathic manipulative treatment to a patient presenting for the first consultation



**FIRST CLINICAL ENCOUNTER EVALUATION CHECKLIST**

Student:	Final Grade:	0			Notes for the Feedback
		Needs improvements	Satisfying	Excellent	
INDICATORS					
<b>HISTORY TAKING</b>					
The student adopts a strategy aimed at obtaining relevant information for the formulation of diagnostic hypotheses	0	2	4		
The student adopts a strategy oriented to the verification (refutation or validation) of the diagnostic hypotheses.	0	2	4		
The osteopath summarizes in an orderly and structured way the information collected during the history taking and asks for confirmation that she/he has interpreted everything in a manner consistent with the	0	1	2		
The student manages the time available in a manner appropriate to the complexity of the case	0	2	4		
<b>PHYSICAL/OSTEOPATHIC EXAMINATION</b>					
The student selects clinical tests aimed at verifying the diagnostic hypotheses validated in the anamnesis	0	2	4		
The student performs the selected clinical tests in an appropriate manner, adapting them to the patient's conditions.	0	1	2		
The student involves the patient in the execution of the tests, explaining where necessary the purposes and methods of execution and, where necessary, requests consent to perform certain maneuvers.	0	1	2		
The student performs an osteopathic evaluation relevant to the reason for the consultation (starting from provocation tests/functional tests where possible).	0	2	4		
The student acts in an unsafe manner for the patient while performing the tests.	-10	0	0		
<b>INTERPRETATION OF DATA AND CLINICAL REASONING</b>					
The student summarizes in an orderly and structured manner the clinical information collected during the	0	1	2		
The student presents diagnostic hypotheses relevant to the clinical case.	0	3	6		
The student displays any flags relating to the clinical case	0	2	4		
The student proposes a rationale for the osteopathic intervention based on the results of the history taking and the physical and osteopathic evaluation	0	3	6		
The student hypothesizes short and long term goals to present to the patient.	0	1	2		
<b>OMT</b>					
The student proposes and negotiates with the patient the treatment plan for the session in light of the short and long-term goals	0	1	2		
The student explains where necessary the execution of the techniques and where necessary requests consent to perform certain maneuvers	0	3	6		
The student performs the manual treatment in a technically correct manner.	0	2	4		
The student re-evaluates the patient by verifying the achievement of the agreed objectives (e.g. performs provocation tests/functional tests)	0	2	4		
The student acts in an unsafe manner for the patient while performing the techniques	-10	0	0		
<b>DISMISSAL</b>					
The student proposes and agrees with the patient an ongoing management plan consistent with the clinical presentation (e.g. lifestyle changes, exercises ...)	-5	0	0		
The student proposes to the patient the follow up on the basis of the short and long term plan previously agreed	-5	0	0		
<b>COMMUNICATION</b>					
The student adopts Active Listening methodologies	0	2	4		
The student adopts communication barriers	-5	-2	0		
The student uses non-verbal language appropriate to the patient	0	1	2		
The student uses a paraverbal language (intonation) appropriate to the patient	0	1	2		
The student adopts unethical conduct towards the patient	-10	0	0		

# What do you see by comparing?

- Is it clear?
- Does it direct behaviours?
- Is it missing any criteria?
- What can be done better?
- What overlaps with yours?

Can we come up with a shared tool?