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Clinical skills

Summative assessment

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MANIPAL ACADEMY
OF HIGHER EDUCATION

(Deemed-to-be-University under Section 3 of the UGC Act, 1956)



Unfortunately,

For many students, assessment is not a learning experience

But

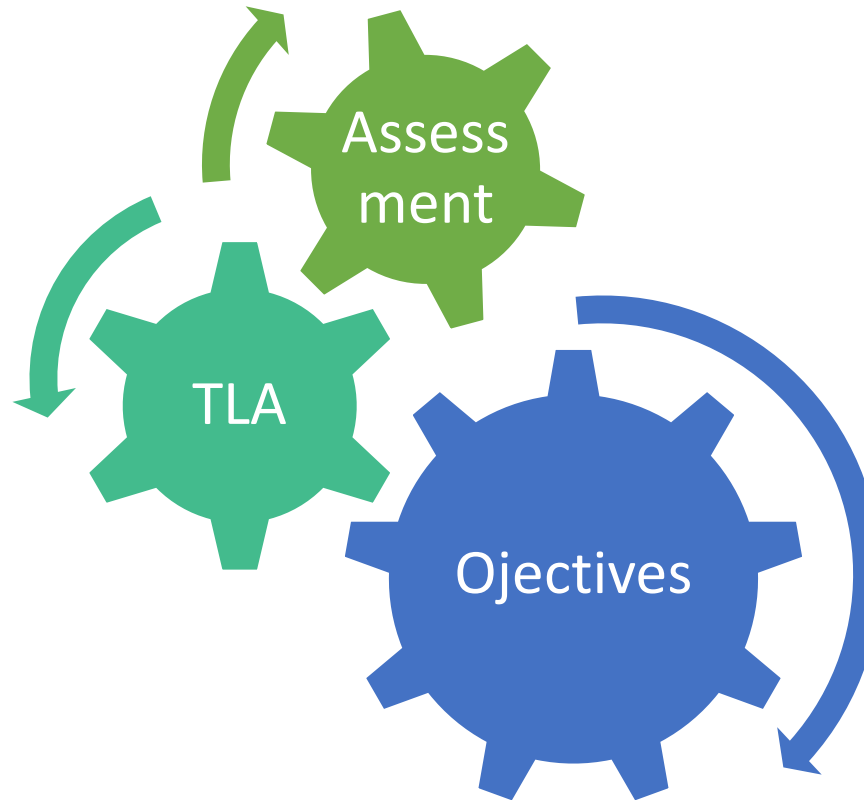
A process of
'guessing what teacher wants?'

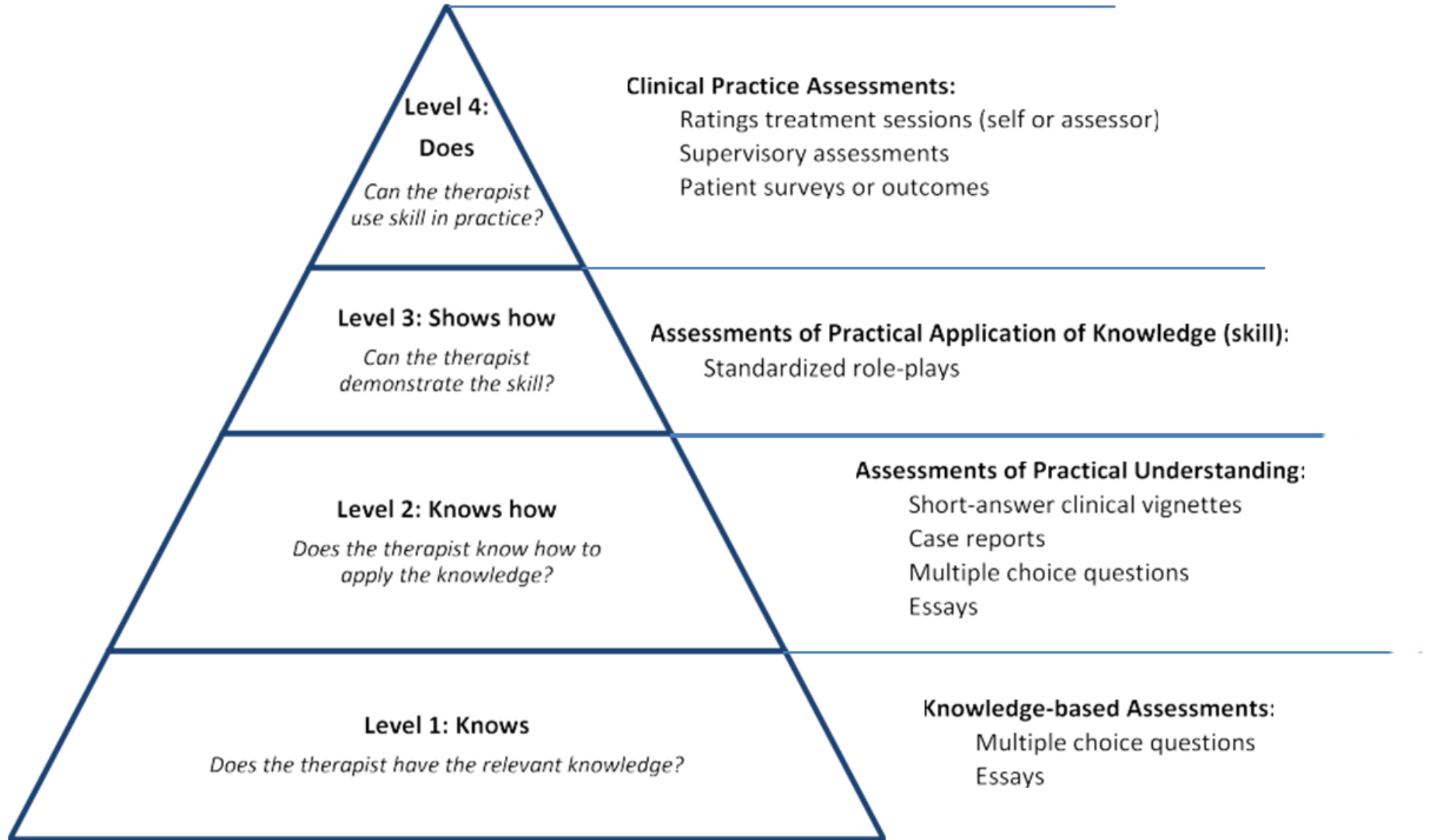
(McLaughlin & Simpson, 2004)



Constructive alignment

Positive alignment between objectives, teaching – learning activities and assessment method/ criteria has to be done during planning of a curriculum.





Knows and knows how?

- Long essay questions
- Short answer questions
- Multiple choice questions
- Oral examination

21. Which one does not come under the scope of psychology ?
 (A) Industrial psychology (B) Aviation psychology
 (C) Gerontology (D) Social psychology
22. Which of the following methods is relatively more useful in the collection of educational data ?
 (A) Experimental method (B) Introspective method
 (C) Survey method (D) Historical method
23. Who has contributed 'Need Hierarchy theory of motivation' ?
 (A) Maslow (B) Allport
 (C) Rogers (D) Freud
24. For Operant conditioning which of the following factors is more important ?
 (A) Stimulus variation (B) Emission of responses
 (C) Presence of conditioned response (D) Quality of reinforcement
25. SR theory of learning was originally conceived by :
 (A) Thorndike (B) Guthrie
 (C) Essets (D) Tolman
26. Contemporeity Principle is the essence of :
 (A) Behaviorism (B) Psychoanalysis
 (C) Gestalt thought (D) Functionalism
27. A student's chronological age is 20 years and his mental age is 18 years, what can be his IQ ?
 (A) 100 (B) 130
 (C) 90 (D) 150
28. What makes a non-verbal intelligence test non-verbal ?
 (A) Contextual position (B) Format
 (C) Items (D) Semantic text



Shows how?

- Long case
- Short case
- OSCE
- OSPE



Does?

- Mini clinical evaluation exercise (mini CEX)
- Direct observation of procedural skills (DOPS)
- 360 degree evaluation
- Logbook
- portfolio



OSCE/ OSPE- blueprint

Stations	Station type	History taking	Procedural skills	Clinical reasoning	Communication skills	professionalism
Case based viva 1	Interactive			Y		
Visual acuity	interactive	Y	Y		Y	Y
Retinoscopy	Non interactive		Y	Y		
Refraction	interactive		Y	Y	Y	Y
Case based viva 2	Interactive			Y		
Plotting Management plan	Non interactive	Y		Y		

Dreyfus five stage model of skill acquisition

Novice-to-Expert scale (2)

	Knowledge	Standard of work	Autonomy	Coping with complexity	Perception of context
1. Novice	Minimal, or 'textbook' knowledge without connecting it to practice	Unlikely to be satisfactory unless closely supervised	Needs close supervision or instruction	Little or no conception of dealing with complexity	Tends to see actions in isolation
2. Beginner	Working knowledge of key aspects of practice	Straightforward tasks likely to be completed to an acceptable standard	Able to achieve some steps using own judgement, but supervision needed for overall task	Appreciates complex situations but only able to achieve partial resolution	Sees actions as a series of steps
3. Competent	Good working and background knowledge of area of practice	Fit for purpose, though may lack refinement	Able to achieve most tasks using own judgement	Copes with complex situations through deliberate analysis and planning	Sees actions at least partly in terms of longer-term goals
4. Proficient	Depth of understanding of discipline and area of practice	Fully acceptable standard achieved routinely	Able to take full responsibility for own work (and that of others where applicable)	Deals with complex situations holistically, decision-making more confident	Sees overall 'picture' and how individual actions fit within it
5. Expert	Authoritative knowledge of discipline and deep tacit understanding across area of practice	Excellence achieved with relative ease	Able to take responsibility for going beyond existing standards and creating own interpretations	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease	Sees overall 'picture' and alternative approaches; vision of what may be possible

Rubrics (an Authoritative rule)

Holistic Rubrics

- single criterion
- Faster scoring
- More inter-rater reliability
- Good for summative assessment

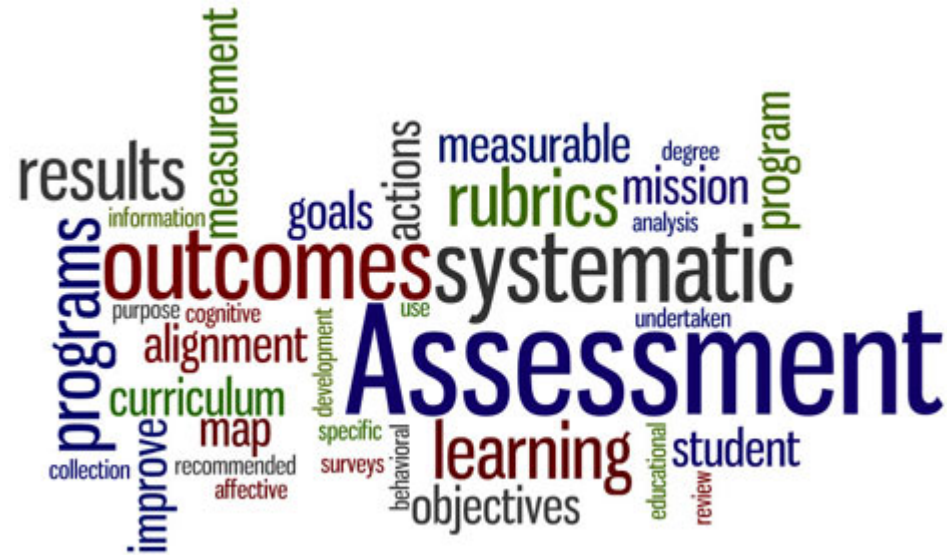
Criterion	Points
Appropriate instruction of the patient	10
Correct choice of fixation object	10
Correct execution of covertest	25
Correct assessment of type of deviation (fori / tropi and direction of deviation)	25
Measurement / estimation of the deviation within 15% of the total deviation in price dioptres	10
Measuring / estimating the deviation within 30% of the total deviation in the price dioptrier	15
Good flow in the procedure	05
SUM	100

Analytic Rubrics

- Multi criterion
- Slower scoring
- Less inter-rater reliability
- Good for formative assessment

RUBRICS for DISTANCE VISUAL ACUITY TESTING				
	Excellent	Proficient	Average	Poor
Professionalism	Introduced self politely, maintained eye contact and smile on the face, greeted the patient in culturally and socially appropriate manner Exhibited excellent ability to make patient comfortable. Communicated only relevant details about the purpose of test using simple, non-technical terms to the patient.	Introduced self politely, maintained eye contact and smile on the face, greeted the patient in culturally and socially appropriate manner Exhibited moderate ability to make patient comfortable Communicated few irrelevant details about the purpose of test using few technical terms to the patient.	Introduced self in an impolite manner , maintained eye contact and smile on the face, did not greet the patient in culturally and socially appropriate manner Exhibited poor ability to make patient comfortable Communicated many irrelevant details about the purpose of test using technical terms to the patient.	Did not introduce self, did not maintain eye contact and smile on the face, did not greet the patient Exhibited lack of ability to make patient comfortable Did not communicate relevant details about the purpose of test.
Patient Instruction/ preparation	Exhibited excellent ability to decide the appropriate type of target to be used based on the patient's literacy, language and age factors Instructed the patient not to squeeze their eyes if not able to see clearly while performing the test Enquired the patient regarding the current distance glasses or contact lenses. If so, ensured that he/she wears them before doing the visual acuity assessment. Provided adequate instruction about the target that will be showed and the expected response (some letter/numbers/ symbols	Exhibited moderate ability to decide the appropriate type of target to be used based on the patient's literacy, language and age factors Instructed the patient not to squeeze their eyes if not able to see clearly while performing the test Enquired the patient regarding the current distance glasses or contact lenses. If so, ensured that he/she wears them before doing the visual acuity assessment. Provided adequate instruction about the target that will be showed and the expected response	Exhibited poor ability to decide the appropriate type of target to be used based on the patient's literacy, language and age factors Instructed the patient not to squeeze their eyes if not able to see clearly while performing the test Did not ensure that he/she wears them before doing the visual acuity assessment. Provided adequate instruction about the target that will be showed and the expected response	Exhibited lack of ability to decide the appropriate type of target to be used based on the patient's literacy, language and age factors Did not instruct the patient not to squeeze their eyes if not able to see clearly while performing the test Did not enquire the patient regarding the current distance glasses or contact lenses. Did not provide any instruction about the target that will be showed and the expected response

THANK YOU...



Requesting to kindly provide us feedback on this session

<https://forms.gle/PXvQXxjvHEvJfCPD6>

