

Assessing competence in practice: to tech or not to tech?

Piloting an electronic practice assessment document: Rhian Barnes, Janet Israel, Mike Johnson

Background

March 2015: Revalidation of Bachelor of Midwifery (Hons) programme, commencement September 2015. The theory / practice ratio was 50:50, in line with NMC requirements (NMC 2009). The practice competencies were to be recorded in a paper-based assessment document (PAD). This indicated:

- A variety of placement settings; hospital and community
- Verification of practice to be undertaken by clinical mentors
- The PAD was to be reviewed periodically following placement by programme academic staff. This meant there was potential in the short term for placement progress to be hidden from academic staff
- There was a risk of loss of irreplaceable assessment evidence

April 2015: School Innovation Grant of £5000 to pilot an electronic placement assessment document (ePAD) using MyProgress by MyKnowledgeMaps Ltd for the BMid (Hons) programme

Aims:

- Enhance personal tutor/student engagement whilst on placement. NSS highlights students feel abandoned in practice
- Promote identification of students at risk of failure and facilitate early intervention
- Assess cost effectiveness: reduce paper costs, human time costs re collection of portfolios, sending to external examiners
- Reduce the risk of losing a validated assessment
- Explore the viability of a wider roll out of an ePAD within the school and college



There had to be a better way. And there was.

Project

March-September 2015: behind the scenes

- Arrangements with MyknowledgeMaps and MyProgress
- Acquisition of GoTab7 devices; £40 including keyboard case
- Collaboration with UHB practice partners: managers, practice facilitators and mentors
- Networking with other users of MyProgress nationally
- Explore University governance issues (loan agreements, data protection)

September 2015: launch of ePAD to 2015 BMid (Hons) cohort (n = 31) and relevant lectures in the School of HCARE Sciences (n = 6)

December 2015: Challenges

- Hardware: insufficient capacity of devices – not fit for purpose
- Software: Governance issue of mentor's email sign-off not robust (typing errors and limitations of NHS email system) and inability to gather clinical skills competency evidence effectively

Abandoned ePAD while resolutions sought... and found:

- Bid for WEDS funding to enhance hardware
- Revised verification to include screen signatures
- Adopted pilot clinical skills competency framework

February 2016: Success

Successful bid for £64000 from NHS Workforce, Education and Development Service (WEDS) to extend and recommence pilot using robust hardware (iPads)

September 2016: commencement / launch of 1 year extended Pilot to 2015 & 2016 BMid (Hons) cohorts (n = 59)



Evaluation

Three main stakeholders: students, mentors and lecturers

Mentors

Largely ongoing positive feedback on:

- The concept of an ePAD
- On usability of software/hardware (during extended pilot 2016-2017)

Students

Largely ongoing positive feedback on:

- the concept of an ePAD: portability, security of data and further opportunities for e-learning
- Usability of system (Table 1)
- Lecturer support - instant feedback and flagging of issues and documentation
- However, in relation to sustainability and device provision there was a clear divide (Table 2)

Lecturers

Variable feedback on:

- The software: practical usability, time management, review display..... 'its not like the paper PAD'
- Anxiety regarding potential for lost data

Table 1: The MyProgress App was easy to use

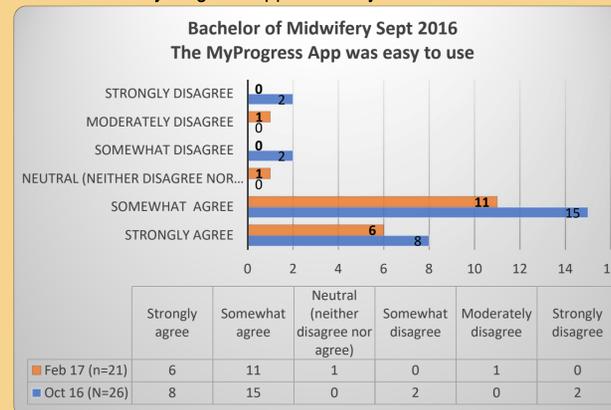
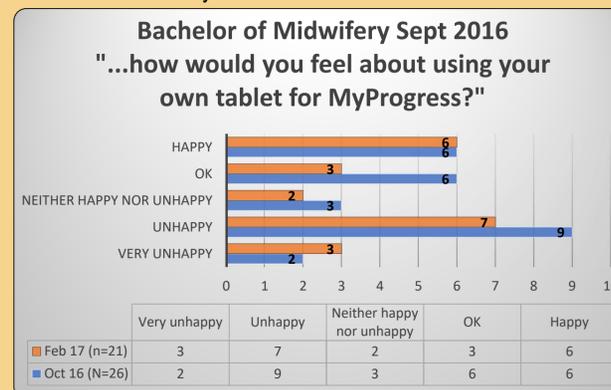


Table 2: How would you feel about BYOD?



Summary

The use of technology in health and education show no signs of abating. The implementation of an ePAD seems a logical progression trajectory within Health related programmes which are largely practice based.

Whilst this pilot project indicates acceptability of a digital system and the MyProgress system from two of the three stakeholders, the acceptability of the third group highlights the need to consider the human factors that are involved in the adoption of any innovation; individual, situational and contextual factors, as well as attributes of the innovation itself (Rogers 1995). It is clear that increased implementation of an ePAD requires;

1. Organisational support at all levels
2. Acknowledgement of project management issues (system administration, firefighting, networking and developing)
3. Education requirements: student, staff & mentors
4. Ongoing costs: licensing and hardware, BYOD

The investment in this pilot project to date, human and financial, is indicative of a proactive approach which 'fits' with the ethos of CU and one which will undoubtedly realize the potential for all stakeholders

Take-homes

- Project 'sustainability' has primarily been made to hinge on comparative cost, but 'paper to digital' is far more than a change of medium.
- The use of an ePAD with robust hardware provides students and in this case the School with a game-changing opportunity to embed and leverage generative digital practice.

References

- Rogers, E. M. (1995) Diffusion of innovations (4th ed.) New York: Free Press
- Nursing and Midwifery Council (2009) Standards for Pre-registration Midwifery Education. NMC, London



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