

Assessment and the new Curriculum

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Today

- Introduction to curriculum (& regulators)
- Focus on Learning Outcomes Framework
- Assessments
 - Guidelines
 - Worked examples
- Keeping records
- Links with ARCP

Morning

- Review of key documents
- Overall process
- Focus on Learning Outcomes Framework
- Assessment – what is expected for an LO?

Afternoon

- Assessment methods
 - Multi-source feedback
- How to assess a piece of work
- Records
 - Paper & electronic
- ARCPs



Morning

Key documents

- The curriculum
 - Especially the Learning Outcomes Framework
- Gold Guide
- Assessment blueprint
- Guide for Assessors
 - Still evolving
- Portfolio



The Faculty of Public Health

Working to improve the public's health

Public Health Training Curriculum 2007

Curriculum

- Agreed with PMETB & UKPHR
- Identifies components of training
- Describes entry to training
- Outlines timeline
- Gives general structure to training arrangements
- Sets out competences in the Learning Outcomes Framework (LOF)
- All items required

Learning Outcomes Framework

- Identifies specific competences to acquire
- Divided into 9 key areas & EMS in 3 phases
- Links to KSF & other structures
- Assessment needed of each competence
- Assessment at level of consultant

Key area 5**Health improvement**

This area of practice focuses on promoting the health of populations by influencing lifestyle and socio-economic, physical and cultural environment (including sustainable development) and health education directed towards populations, communities and individuals. It involves a theoretical and practical understanding of health improvement in order to work with, and possibly direct, health improvement specialists.

5a Learning experience

By the end of phase 1, trainees would be expected to have acquired a firm knowledge base and be able to engage in critical debate with informed colleagues on health improvement.

By the end of phase 2, trainees have started working to apply this knowledge to improve the health of local populations including working in teams to analyse the need for health improvement, plan health improvement activities, implement and communicate those plans.

By the end of phase 3, trainees would be involved in increasingly complex health improvement activities, including community development activity, work with other professionals and understanding barriers to health improvement measures.

Potential vehicles for the demonstration of this competence area include:

- Briefings for boards, committees, colleagues on health improvement issues
- Proposals (business cases) for health improvement activities
- Reports and evaluations of health improvement activities showing ability to reflect on own contribution and relate practical experience to theory
- Logs of joint projects undertaken (probably in assistant capacity) with health improvement specialists
- Elements of Masters submissions
- Peer reviewed publications

Potential settings for the demonstration of this competence area:

By the end of training trainees will be expected to have undertaken health improvement/community development work in both a health care setting, a community setting (which may be work led by non-health organisations such as local government) and in the context of health protection. Trainees must demonstrate their personal contribution to a specific programme or intervention, and how it is perceived by users and/or the press. They will have considered the health improvement needs of at least one marginalized or disadvantaged group.

For simpler health improvement activities (such as producing a limited local health improvement programme or writing a press release) it is to be expected that the trainee will have taken a lead role before completing training. For others such as community development programmes or national policy development it is only expected that they have been sufficiently closely involved with the processes to understand what the issues are and how more experienced colleagues approach them.

5b Link to KSF

C4: Service Improvement

C6: Equality and Diversity

HWB 1: Promotion of Health and Wellbeing; Prevention of Adverse Effects on Health and Wellbeing

G5: Services and Project Management

5c Knowledge base

Principles and practice of health promotion and education including models of behavioural change, definitions of health (physical, mental and social), principles of sustainable development

Ethical and political issues underlying responsibility for health

Determinants of health, The prevention paradox

Role of regulation, legislation and fiscal measure in promotion of health

Evaluation of health education activities including outcomes, appropriateness of different methods, limitations and strengths of RCT type and qualitative approaches.

Risk reduction versus harm minimisation

Social marketing theory (diffusion of knowledge)

Theory and practice of community development. Strengths and weakness of community development approaches. Practical problems of community development. Place of professional in community development.

Learning Outcomes: Key Area 5. Health Improvement

	Learning outcome	Target phase	Link to related KSF competency	Suitable assessment methods	Link to knowledge base ¹	Related Curriculum Areas
5.1	Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement	1	C6:2		2.1, 2.3 to 2.6	KA 3
5.2	Debate the theory of community development and action	1	C6:2		2.1, 2.3 to 2.6	KA 4
5.3	Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing	1	HWB1:3		2.1, 2.3 to 2.6	
5.4	Assess and communicate the need for health improvement in a defined community, presenting a case for action/inaction in response to the presenting health problem	2	C6:2		As above plus KA 1	KA 1
5.5	Develop and implement a plan to address a health improvement need in a defined community making clear the theoretical base for a proposal and developing a business case for an activity	3	C6: 3 G5:4 HWB1:4		As 5.1, 4.3.8, 1.1.19, 1.1.21, 1.1.35 to 49, 1.4.6, 5.1, 5.2.2, 4.4.3, 4.3.7, 5.2.7	KA 4
5.6	Evaluate a health improvement intervention, defending outcomes and methods chosen, identifying strengths and limitations of intervention, communicating findings and making recommendations	3	C6:3 HWB1:4		2.1, 2.3 to 2.6 plus KA 3	KA 2
5.7	Influence a community development project or action demonstrating understanding of relationships with the community and community development staff including issues of power and politics	3	C6:3		2.1, 2.3 to 2.6 plus KA 4	KA 4
5.8	Apply the theoretical models of behaviour change for the general population and high risk/ hard to reach groups	3	C4:3		2.7	KAs 2, 4
5.9	Influence professional groups outside public health in giving advice to and making brief interventions with patients/clients on health behaviour issues.	3	C4:3		2.7 and KA 4	KA 4
5.10	Play an active role in engaging the public in solving their own health problems	3	HWB1:4		2.7	KA 4

¹ Numbers link either to Key Areas (KA), learning outcomes (LO) or to the Part A syllabus

Optional Special Interest Learning Outcomes

	Learning outcome	Target phase*	Suitable assessment methods
5.11	Contribute to formulation of policy/ legislation having a bearing on population health at a national or regional level (as appropriate to the country).	3	
5.12	Apply understanding of a range of organisations and their different cultures and perspectives to bring about effective health improvement activity	3	
5.13	Lead or make a significant contribution to a major public health media campaign demonstrating an understanding of appropriate theory and applications of social marketing and mass communication	3	

* All learning outcomes for special interest options would be expected to be gained in phase 3

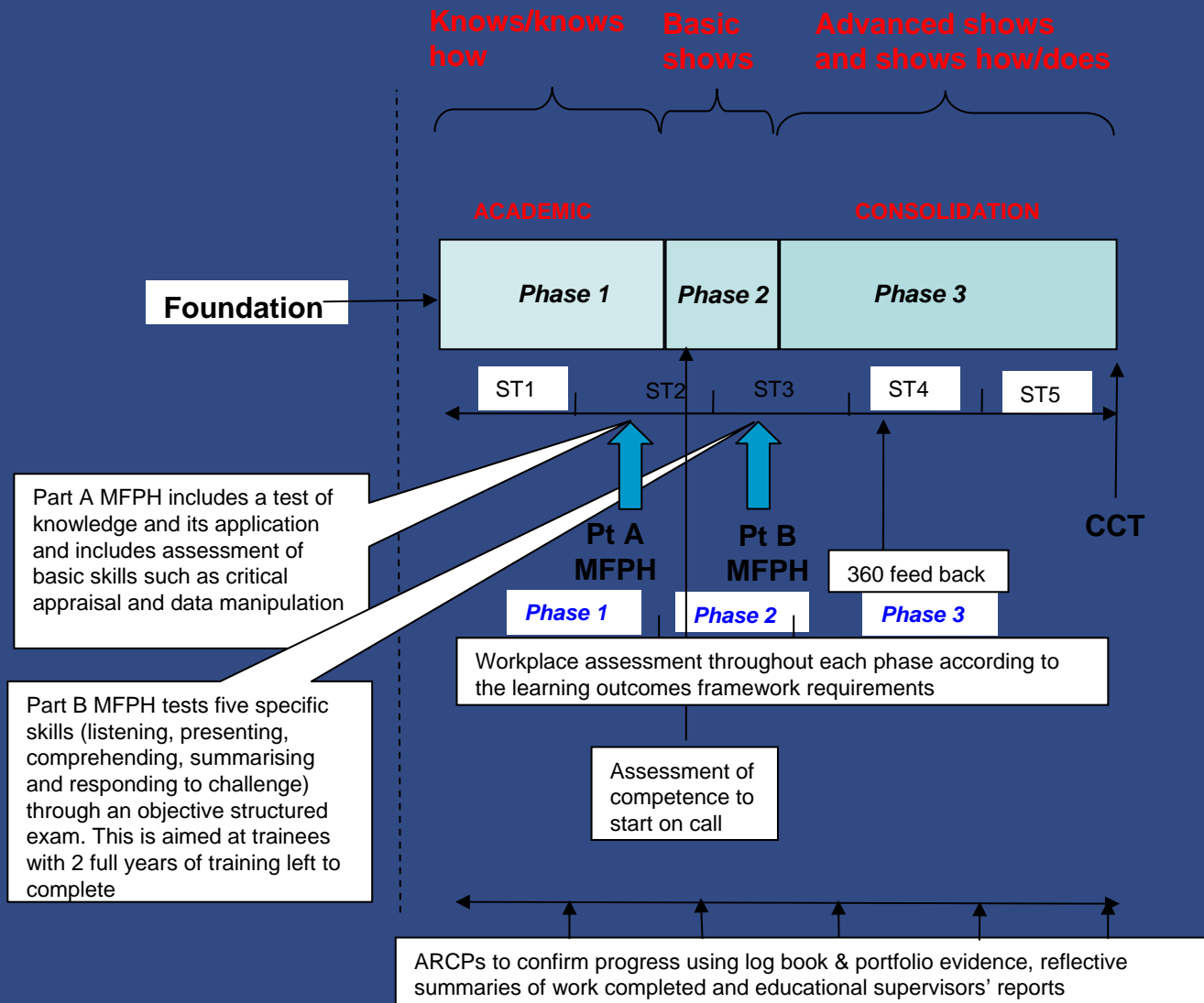
A Guide to Postgraduate Specialty Training in the UK

The Gold Guide
JUNE 2007
First edition

Assessment Principles

- Assessment based on evidence
- Fully documented
- Using standards
- Assessors trained
- Assessment appropriate to phase of training
- Triangulation of evidence
- Repeatability of outcome

Timeline of assessment



Assessment methods

- Workplace based assessment
 - Evaluation of written work
 - Case discussion
 - Direct observation
 - Multi-source feedback (new on-line tool)
- Formal Examination
 - Written exam (Part A)
 - OSPHE (Part B)
 - On-call assessment

Key area 5: Health Improvement

	Learning Outcome	Direct Observation	Written Report	Case Discussion	Multisource Feedback	OSPHE (Part B MFPH)	Written exam (Part A MFPH)	Link to GPHP	Target training phase
5.1	Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement			X			X	1, 2, 3, 4	1
5.2	Debate the theory of community development and action			X			X	1, 2, 3, 4	1
5.3	Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing			X			X	1, 2, 3, 4	1
5.4	Assess and communicate the need for health improvement in a defined community, presenting a case for action/inaction in response to the presenting health problem		X	X				1, 2, 3, 4	2
5.5	Develop and implement a plan to address a health improvement need in a defined community making clear the theoretical base for a proposal and developing a business case for an activity		X	X				1, 2, 3, 4	3
5.6	Evaluate a health improvement intervention, defending outcomes and methods chosen, identifying strengths and limitations of intervention, communicating findings and making recommendations		X					1, 2, 3, 4	3
5.7	Influence a community development project or action demonstrating understanding of relationships with the community and community development staff including issues of power and politics	Observe in meeting		X				1, 2, 3, 4	3
5.8	Apply the theoretical models of behaviour change for the general population and high risk/ hard to reach groups			X				1, 2, 3, 4	3
5.9	Influence professional groups outside public health in giving advice to and making brief interventions with patients/clients on health behaviour issues.	Observe in meeting		X				1, 2, 3, 4	3
5.10	Play an active role in engaging the public in solving their own health problems	Observe in meeting		X				1, 2, 3, 4	3
	Optional Special Interest Learning Outcomes								
5.11	Contribute to formulation of policy/ legislation having a bearing on population health at a national or regional level		X	X				1, 2, 3, 4	3
5.12	Apply understanding of a range of organisations and their different cultures and perspectives to bring about effective health improvement activity	Observe in meeting		X				1, 2, 3, 4	3
5.13	Lead/make a significant contribution to a major media campaign demonstrating understanding of theory and application of social marketing and mass communication		X	X				1, 2, 3, 4	3

Guide for Assessors

- Takes each LO
- At each relevant phase
- Outlines evidence that can be obtained
- Suggests standard for LO, & extent of work needed
- Still in development

Projects

- Need to cover a range of LOs usually
- Focus on training development
- Clear objectives
- Can be measured

Small Groups

- Focus on LOs 1.9, 2.17, (4.18), (8.6), 9.17. 9.6
- Using frameworks for
 - Presentations
 - Chairing meetings
- What would you expect as satisfactory performance?
- What is essential?
- What is 'higher' level performance?
- Produce a brief framework (30 mins)

Afternoon

Recap

- Reviewed documents outlining Public Health training, & assessment
- Considered guidance on LOs & their assessment
- Developed outline standards for 4 LOs

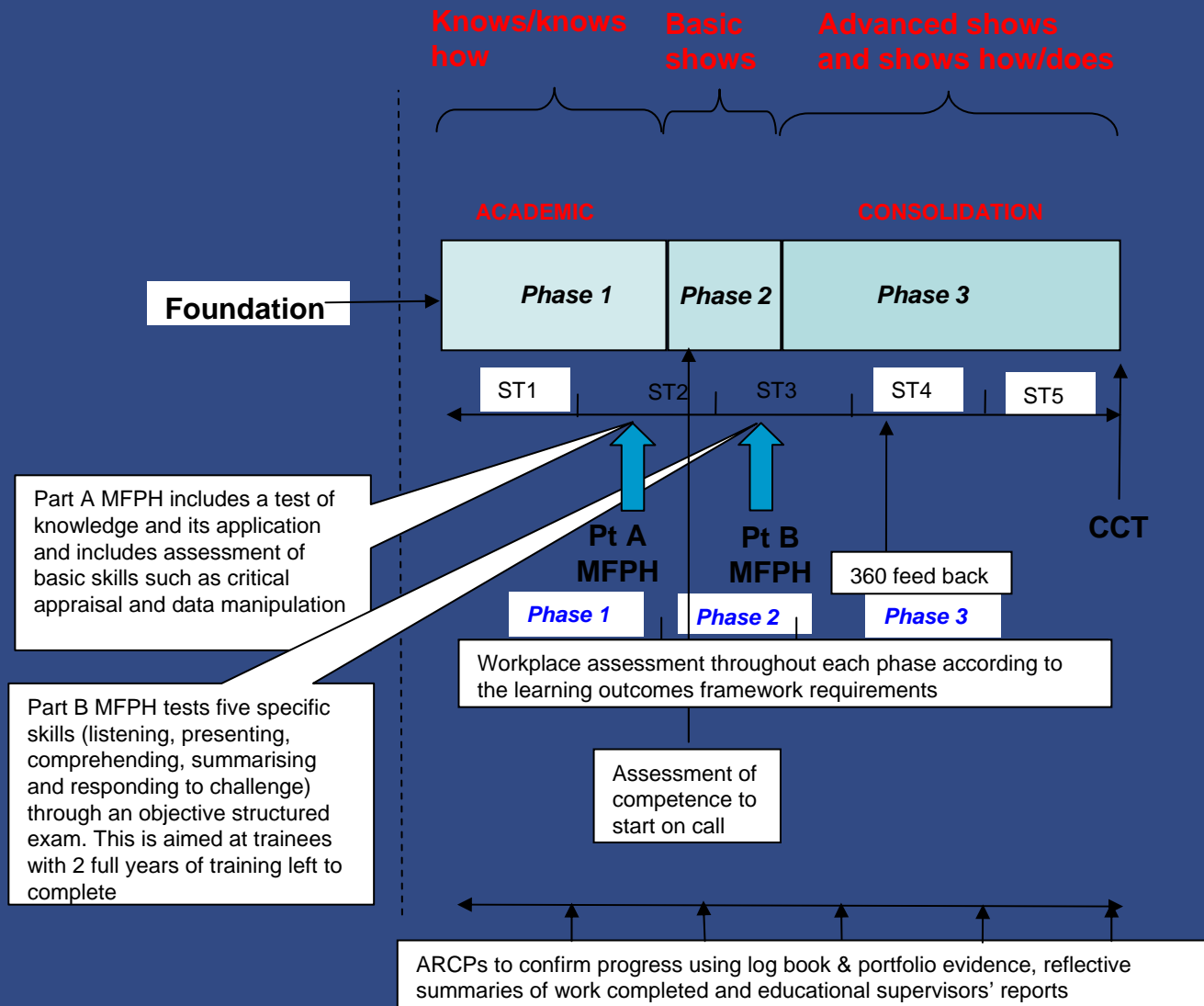
Next

- Gathering evidence
- Assessing it
- Reports on progress
- Annual review

Gathering Evidence

- Assessors need to see evidence
- A record of activity
 - What was done, how, with what resources
- and learning
 - What was the effect, did it work, is there a better way
- Building up to the standard

Timeline of assessment



Workplace Assessments

- Regular reviews with trainees
- Assess projects
- Document assessments
 - Workplace Assessment Record Sheet
- Against consultant standard
- Not all assessments will be to standard first time

Workplace Assessments II

- May be important to show a range of assessments to demonstrate development
- Important to identify the evidence that has been considered
- **And** make comments about assessment
- 'File' in Portfolio

Workplace assessment record sheets

For each of the 119 learning outcomes a workplace assessment record sheet must be completed and signed by the project supervisor. Templates for Phase 1, Phase 2 and Phase 3 learning outcomes, as well as one for the learning outcomes under the Ethical Management of Self (EMS) and optional learning outcomes can be downloaded from the Faculty website at <http://www.fph.org.uk/training/curriculum/assessment/default.asp>

Guidance for assessors for individual learning outcomes is available at: www.fph.org.uk/training/curriculum/assessment/guidance.asp

Example of the workplace assessment sheet

WORKPLACE ASSESSMENT RECORD SHEET

Phase 1

Learning Outcome			
Method of assessment ¹			
Elements assessed ²			
Evidence presented ³			
Project supervisor comments			
Project supervisor signature			
Date			

¹ Direct observation; case discussion; written report; multisource feedback; written exam; OSPHE

² Elements of assessment for each learning outcome are listed in the detailed assessment guidance document

³ Evidence should be identified by reference to the evidence that is described and catalogued in the activity summary sheets

Other Documentation

- Exam results
- Log-book
 - Summaries & other documents
- On-call Log-book
- Multi-source feedback reports
- Portfolio documents

Activity summary sheet

Activity area title			
Personal details			
Name			
Training number		Slot number	
Date		Year of training (WTE)	Phase of training
Training location		Supervisor	
Evidence included			
Description of evidence			Number and letter eg 1a
Learning outcomes claimed			
	Number and brief description of learning outcome	Explanation	Evidence
Activity details			
Background			
Aims and objectives			
Personal contribution/ roles and responsibilities			
Methods			
Involvement of others			
Results			
Outcome			
Academic Reflection			
Backing literature			
Possible publication			
How will you disseminate this work/finding/learning			
Academic supervisor's signature if relevant			Date
Personal Reflection			
Supervisor reflection			
Supervisor confirmation			
I confirm that this work supports the competencies claimed*			
Date		Signature	
Supervisor's name			

* Signature does not indicate satisfactory assessment of competence, merely confirmation that this work contributes.

Portfolio

Faculty of Public Health

Guidance to creating and maintaining a
Professional Learning Portfolio

For Specialty Registrars following
the 2007 curriculum



Development

- Paper portfolio is only a temporary solution
- Plan to move to electronic portfolio
- Work commissioned
- Should be available in summer

Signing-off Learning Outcomes

- When collective evidence for a Learning Outcome is at level of consultant
- Within relevant Phase
- Then Sign-off the LO
- Using relevant Record-sheet

Phase 1 learning outcome sign off sheet*

Name		NTN		Start date of phase 1				
1	2	KA1	KA2	KA3	KA5	KA6	KA8	KA9
1	11		2.1	3.1	5.1	6.1	8.1	9.1
2	12		2.2	3.2	5.2		8.2	9.2
3	13		2.3	3.3	5.3		8.3	9.3
4	14		2.4	3.4			8.4	9.4
5	15		2.5	3.5				9.5
6	16		2.6	3.6				
7	17		2.7					
8	18		2.8					
9			2.9					
10			2.10					
			2.13					
			2.14					
			2.15					

*Where a LO may be gained in either of two phases it does not need

The sign off sheet should be initialled and dated by the assessing educational supervisor on satisfactory completion of a learning outcome. The sign off sheet should be used in conjunction with the assessment blueprint and the guide to assessment

SIGN OFF KEY	Signature							
	Initials							

Small Groups II

- Focus on LOs 1.9, 2.17, (4.18), (8.6), 9.17. 9.6
 - But different from morning
- What would you expect to present as evidence?
- What would you include as essential for LO?
- 10 mins to produce outline

Larger Groups

- Join with other group
- Feedback your outline just produced
- For other group to consider against their framework
- Refine framework
- Reverse roles
- 10mins each group

Multi Source Feedback

- New assessment tool
- Provided on-line
- Being commissioned by Faculty
- Based on Good Medical Practice dimensions (new version)
- Translated to Public Health

MSF II

- A developmental tool
- Educational supervisor will agree assessor list
- Will receive aggregate comments from MSF
- Need to give feedback to trainees

ARCP

- At least annual event
- Outlined in Gold Guide
- Requires reports from Educational Supervisor & Academic Supervisor
- Based on documentation only
 - Sign-off sheets
 - Sample of workplace assessments
 - Sample of log-sheets
 - Other records (MSF, exam etc)

Supervisor Report

This form is for submission to the Annual Review of Competence Progression panel by the StR's current educational supervisor, summarising the StR's learning portfolio since the previous assessment

Name of person submitting report		Position	
StR's name		Training location	
GMC/p professional registration no. (if applicable)		National training number (if applicable)	
PMETB Programme /Post approval no.			

WORKPLACE ASSESSMENTS IN CURRENT PLACEMENT/S since previous ARCP

*The number of the individual learning outcomes should be written here and these will link directly to the individual workplace assessment record sheets for each learning outcome. (Only successful workplace assessments should be included here)

Assessment (as appropriate to training phase)	*Learning outcomes assessed and signed off (only indicate the LO number in this section. Detail on assessment and evidence is contained in the workplace assessment record sheet for each LO)
Direct observation	
Case discussion	
Written report	
MSF (360 degree)	
Written exam	
OSPHE	

OTHER OUTCOMES

Activity	Date/s	Outcomes	Comment
Reported adverse incidents		i.e. resolved/ pending no case to find/accountable	
Complaints		i.e. resolved/ pending no case to find/accountable	
Other			any further comments/observations

COMMENTS Evidence should be given that is linked to the evidence provided by the trainee in their portfolio. (add additional sheets if necessary)

GENERAL	
STRENGTHS	
AREAS FOR IMPROVEMENT	
RECOMMENDATIONS (state where special attention should be given in future)	

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period from ___/___/___ to ___/___/___

Educational supervisor	
Signature:	Date:
Specialty Registrar	
Signature:	Date:

Academic Supervisor Report

This form should be completed by the academic supervisor in discussion with the StR for the period preceding annual review.

Name of person submitting report			
StR's name			
GMC/professional registration no. (if applicable)			
PMETB Programme /Post approval no.			
COMMENTS Evidence should be given that is linked to the ev (add additional sheets if necessary)			
GENERAL			
STRENGTHS			
AREAS FOR IMPROVEMENT			
RECOMMENDATIONS (state where special attention			

I confirm that this is an accurate description/summary of this trainee's learning portfolio, covering the time period from ___/___/___ to ___/___/___

*delete as appropriate

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Evidence presented ³			
Educational supervisor comments			
Educational supervisor signature			

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ARCP Panel

- Consider the evidence presented
- Consider progress against time-line
- Involves lay representation
- Also can involve employers directly
- Decide on outcome form
- Provide feedback

ARCP Outcomes

- 1 – Satisfactory progress
- 2 – Specific development needed
- 3 – Inadequate progress
- 4 – Left programme
- 5 – Incomplete evidence
- 6 – Completed training



Questions