



INTERNATIONAL JOURNAL OF CLINICAL SKILLS



A Peer Reviewed International Journal for the Advancement of Clinical Skills
- 'docendo ac discendo' - 'by teaching and learning'



In this issue:

The ophthalmic surgical simulator

Managing trainee doctors experiencing difficulty
Educational impact of Direct Observed Procedural Skills (DOPS)
Clinical education on the move
Examination of the patient with a brainstem lesion

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Our sincere gratitude for the kind support from Sir Liam Donaldson, the Chief Medical Officer for England, United Kingdom.

The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

Contents

The Executive Board Members	117
Acknowledgements	117
The Editorial Board	118
Foreword	
- Sir Liam Donaldson	119

Editorials

The ophthalmic surgical simulator: integrating virtual training into ophthalmic surgical skills tuition	
- Mark Watts	120
Multisource feedback assessment of medical students' professionalism: who should be involved, when and how?	
- Judy McKimm	125
Accuracy of neurological diagnosis in the emergency department	
- Nikil Rajani	134
Managing trainee doctors experiencing difficulty in acquisition of clinical skills	
- Atef Markos	137

Original Research

Expert clinical examiners' decision processes in Objective Structured Clinical Examinations (OSCEs); is intuition a valid and reliable decision strategy?	
- Simon Cooper	140
Evaluating the educational impact of Direct Observed Procedural Skills (DOPS) on final year medical students	
- Roderick McLeod	147
Clinical education on the move: a survey of medical students' experiences of m-learning	
- Gerard Gormley	153
Video compression and assessment of basic life support skills	
- Kris Haynes	159

Reviews

Examination of the patient with a brainstem lesion	
- Aravinthan Varatharaj	164
Examination of the respiratory system	
- Neel Burton	168
A rare case of spontaneous onset tibialis anterior muscle hernia. Should it always be treated?	
- Zeeshan Khan	172

Book reviews	175
--------------	-----

Correspondence	177
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Clinical Skills Notice Board	178
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Foreword

A Message from the Chief Medical Officer for England, United Kingdom



The systematic and safe acquisition of high quality clinical skills is an essential part of modern medical training as highlighted in my Annual Report published in March 2009. I wish the International Journal of Clinical Skills every success in highlighting research and knowledge in this important area.

A handwritten signature in blue ink, which appears to be 'L. Donaldson'.

Sir Liam Donaldson
The Chief Medical Officer for England

Evaluating the educational impact of Direct Observed Procedural Skills (DOPS) on final year medical students

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Abstract

Introduction: there are several challenges in assessing health care professionals to ensure they are fit for practice. Changes in professional roles and regulatory requirements have identified the need to provide evidence of fitness to practice to ensure standards of care are delivered to patients. In respect to all graduate medical students, the UK General Medical Council (GMC) have identified a number of procedures foundation doctors should be competent in at the time of graduation. A major challenge is agreeing on what competent behaviour in practice is and how it can be measured.

There is evidence to suggest that supervisor evaluations in the past have been unreliable [8] and several reports have identified a lack of rigorous testing of procedural clinical skills [9]. The Direct Observed Procedural Skills (DOPS) has been implemented at postgraduate level in medicine and has been designed specifically for the assessment of procedural skills [10].

Methods: a convenience sample of 15 final year medical students were assessed in relation to procedural skills on their clinical attachments in a simulated practice setting using the DOPS assessment tool. A semi-structured questionnaire, using a Likert scale with a series of open ended questions, was completed by participating students both after the clinical skills session and the DOPS assessment.

The questionnaire was repeated after a 6 week interval to identify how the students' practice had been influenced. Structured student focus groups were held 8 weeks after the skills assessment to explore barriers and perceptions of the quality of performance in relation to implementing standards of practice for procedural skills using DOPS.

Results: themes that emerged from the focus groups identified the impact as perceived by learners of using DOPS to provide evidence of competence. The students believed that there was a high value to being part of this assessment evaluation which was highly praised. They particularly valued immediate, and where appropriate, directive feedback. Content of their discussion also indicated that enhanced assessment and feedback processes could facilitate the benefit that students obtain at all levels of training. The general consensus was that future efforts should be made to introduce DOPS into the clinical setting. Findings suggest that the students considered that expert feedback was important. The positive comments are supported by the observation of the assessor who noted that the students' procedural skills had developed during the sessions.

Conclusion: there are many different approaches taken in the assessment of procedural skills. This paper will provide some insights into the challenges and benefits of using DOPS with final year medical students.

Introduction

There are several challenges in ensuring medical graduates are fit for practice with many reporting being unprepared to start work [1]. With changes in both health care delivery and professional roles [2] there is an increasing requirement to provide evidence of fitness to practice to ensure standards of care are delivered to patients. In terms of procedural skills, Tomorrow's Doctors [3] have clearly identified a number of skills with which graduates should be competent at the time of graduation. The challenge is agreeing on what competence looks like in practice and how it can be measured.

Background

Simulation, according to Spencer [4], is the reproduction of all or part of a clinical encounter through the use of manikins and simulated patients. This allows learners to practice in a safe environment. Simulations are increasingly being used in medical education to ensure that students can demonstrate integration of prerequisite knowledge, skills and affect in a realistic situation [5]. This is acknowledged by Maran and Glavin [6] who state simulation has been shown to be an effective tool for learning in healthcare.

In practice, medical graduates are expected to be able to integrate technical, communication and other professional skills [7]. Historically, competence in procedural clinical skills has been assessed using log books and observation by educational supervisors. There is evidence to suggest that supervisor assessments in the past have been unreliable [8]. Several authors also comment on the lack of rigorous testing of procedural clinical skills [9].

The Royal College of Physicians (England) developed the Directly Observed Procedural Skills (DOPS) tool and report that it is a valid and reliable instrument. It has been designed specifically for the assessment of practical skills [10]. There is little research specific to DOPS but it is built on a large body of work and global ratings of procedural skills.

This study evaluated DOPS as a method of assessment in undergraduate medical education and focused on the clinical skill of venepuncture.

Piloting this assessment in the simulated setting could evaluate strengths and areas for development. The aim was to introduce the DOPS assessment form (see Appendix 1) in order to provide the students with a clear assessment which is structured to improve procedural clinical skills. The DOPS form is a method that has been designed specifically for the assessment of practical skills [10]. An assessor observes a student performing a practical procedure (venepuncture) on a patient, from start to finish, and scores the student against a pre-defined criterion. Medical graduates in their first two years as doctors can be assessed using this process before they begin their specialty [11]. However, this assessment tool has not previously been utilized with undergraduate students.

A key element of using assessment to motivate learning is the effective use of innovative methods. Race [12] examined the rationale behind innovation and assessment and stated that

any new form of assessment should be questioned i.e. does it increase learning? Is it more efficient? Can the new method make assessment more valid?

Innovative assessment techniques could be introduced to reduce the assessment load and furthermore, they could offer better and quicker feedback. Indeed, they could provide a better match between teaching, assessment and learning outcomes. However, the introduction of such assessment methods is not simply about choosing a different way of doing things or saving staff time, instead the driver must be because the particular innovation is best suited to what students are being asked to learn.

Methods

A generic version of the DOPS assessment form was piloted with 15 final year medical students, with their consent and formal approval from University of Dundee Research Ethics Committee (UREC). This assessment was carried out during their practice placements in a simulated setting. Participants were sent information and invited to take part in the project by e-mail on My Dundee Virtual Learning Environment. All students who were invited to participate agreed to take part in the study.

The procedural skill chosen for assessment was venepuncture – i.e. the insertion of a needle into a vein to obtain a sample of blood for diagnostic purposes.

A semi-structured questionnaire (See Appendix 2) was completed by the participating students after their clinical skills session and DOPS assessment. The questionnaire also incorporated a free text response section which related to student perceptions. The questions used to construct the questionnaire had been piloted and are routinely used on similar populations; the questionnaire was used as a guide to focus on the topic at hand which encouraged discussion that would allow opinions and points of view to emerge. After an interval of 6 weeks, the student perceptions of the DOPS tool were obtained by repeating the questionnaire with a view to identifying if their practice had been influenced.

In addition to this, three focus groups were held 6 weeks after the skills assessment. Each group lasted 45 minutes and all students responded to the same questions. Each meeting was designed to capture feedback on the usefulness and appropriateness of the DOPS tool, as well as to discuss whether the tool had met its objectives.

The meetings were tape recorded and transcribed verbatim. Transcripts were analysed by repeated reading and comparison which generated 3 main themes: (1) how the students did; (2) results from questionnaire; and (3) results from focus groups.

Results

Student comments / perceptions

Experience

The students believed that there was a high value to being part of this assessment evaluation which was highly praised. They particularly valued immediate, and where suitable, directive feedback.

“DOPS assessment seems straightforward and easy to apply, not too time consuming and easy to understand.”

“Invaluable, I think it was a good experience as it was an opportunity to receive feedback on my clinical skills.”

“This was a really useful tutorial and good way to address any issues with basic practical procedures.”

“The assessors’ feedback was very useful. I’m not used to this in other assessments.”

Benefits

A frequently voiced advantage related to the benefits of the assessment. These included statements such as:

“A fair method for evaluating clinical skill development. It is a quick method so would therefore be acceptable as a tool to use in the clinical setting.”

“The assessment form will be helpful in allowing you to gauge your progression with a practical procedure.”

Content of their discussion also indicated that enhanced assessment and feedback processes could facilitate the benefit that students obtain at all levels of training.

“Useful for less experienced students in simple procedures. Having to get the DOPS forms completed would also ensure you stay competent at a procedure and don’t introduce bad habits.”

Barriers

While there was overall satisfaction with the assessment strategy, in general the trainees believed certain constraints still exist:

“This would depend on the clinical setting and providing a senior doctor was available.”

“Would probably be more beneficial in the context of a procedure we were less familiar with as more could be gained from feedback, but a good concept.”

Future Strategies

Several suggestions were made regarding the development and implementation of DOPS earlier in the student curriculum; the students felt that future efforts should be made to introduce DOPS into the clinical setting:

“Very useful revision and would be great prior to our medical block.”

“Would be better in the clinical setting on a real patient.”

Students could keep the evidence of their performance in a portfolio. This would enable them to reflect on personal learning needs as well as ensuring the performance data was retrievable.

“Will provide good evidence of your practical abilities on real patients to put in your portfolio”

These comments indicate that the opportunity to assess students using DOPS in a simulated setting were extremely

beneficial. The positive comments are supported by the observation of the assessor who noted that the students’ procedural skills had developed during the sessions. Comments supporting this included:

“I think these assessments should be introduced in our 4th year to prepare us for clinical setting in our final year.”

The simulation exercise:

- Enabled students to practice venepuncture as a core clinical skill, within a protected environment
- Enabled students to be assessed and given feedback without compromising the service offered to real patients in the clinical setting
- Enabled optimum use of assessment criteria

Discussion

This study explores the acceptability and feasibility of the DOPS Assessment Form by final year medical students. The small sample size of this study will inevitably reduce the generalization of the results. However, given the size and range of the study population, with respect to time and resource allocation, it is unlikely that any differences would be detected.

Providing quality feedback has an essential role in learning and professional development in medical education. This refers to the giving of information which describes a student’s performance in an observed clinical situation. The student is given specific, subjective comments on their observed performance in a way that is useful to them to consider and use to improve their future performance.

The DOPS has the advantage of a short time commitment for the procedural observation itself and a ready supply of practice opportunities for the commonly performed procedures. Most clinicians are familiar with the concept of giving feedback but often the value of using feedback as a teaching tool are underused [13].

One of the challenges of teaching health profession learners is being placed in a close working relationship with learners with different styles. Self-assessment of ones own style and the identification of the preferences of learners will allow both oneself and the learner to stretch and expand abilities, resulting in improved clinical and professional skills [14].

Conclusions

The analysis of the questionnaires and themes from the focus groups identify the impact as perceived by learners of the use of DOPS in providing evidence of competence. Most students perceived the DOPS as being fit for purpose and many positive remarks regarding criteria and the provision of more structured assessment were mentioned. Perhaps the strongest area of potential pedagogic advantage is in the provision of rapid feedback in the form of marks and comments. Most students stated that in comparison to previous assessments DOPS provided immediate feedback and clear objectives.

This project provides some insight into the challenges and benefits of using DOPS with final year medical students. Whilst students' exposure to a required experience does not in itself assess clinical competency, documenting and monitoring those experiences remains a major component in the education and accreditation process.

The DOPS assessment tool presents the opportunity to provide immediate and relevant feedback. It fits well into the apprenticeship-type training programmes that are common in medicine. Another consideration that emerged from the feedback could indicate that the DOPS assessment tool could be introduced earlier into the student curriculum. Further research in the use of DOPS assessment is warranted, i.e. exploring the relationship between performance of clinical procedural skills in real and simulated settings, as well as improving the quality and speed of feedback to clinicians.

The provision of a more comprehensive assessment strategy for year 5 students that covers the practical procedural skills has emerged as an important issue that will be key to ensuring quality, reliability and consistency of training assessment. Early focused education, training and assessment of final year students will benefit both doctors and their patients.

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Appendix 1: Direct Observed Procedural Skill (DOPS) form



DUNDEE



NHS
Forthside

DIRECT OBSERVED PROCEDURAL SKILL (DOPS)

Assessor's GMC Number

or surname if NOT a doctor

student name

Procedure being observed: (CAPITALS)

Indication for procedure/diagnosis

Please mark one of the circles for each component of the exercise on a scale of 1 (adequately poor) to 5 (adequately good). A score of 1.2 is considered unsatisfactory, 4.5 satisfactory and 5.0 is considered extremely good. Please note that your score should reflect the performance of the student against what you would reasonably expect of a candidate at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation in the comments box, failure to do so will invalidate the assessment. PLEASE USE BLOCK LETTERS AND CAPITAL LETTERS.

	UNSATISFACTORY					SATISFACTORY					ABOVE EXPECTED				
1. Understanding of indications	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
2. Obtains informed consent	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
3. Appropriate Preparation	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
4. Technical Ability	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
5. Aseptic technique	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
6. Awareness of complications	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
7. Post procedure management	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
8. Communication skills	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
9. Professionalism	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	
10. Overall ability	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	1.1	1.2	1.3	1.4	

Assessor's comments on student's performance (BLOCK CAPITALS PLEASE)

Assessment conducted in a workplace or simulated setting (please circle)

Student's comments on their performance on this occasion (BLOCK CAPITALS PLEASE)


Student's signature

Assessor's signature

Date (DD/M/YYYY)

Date (DD/M/YYYY)

Appendix 2: Direct Observed Procedural Skill (DOPS) questionnaire



DUNDEE

DOPS QUESTIONNAIRE

Do you think the responses are a fair assessment of a medical student's ability?

YES or NO or Don't Know

Were the tutorials utilising the DOPS assessment form effective?

YES or NO or Don't Know

Do you think this assessment method is practical and helpful to a medical student's personal development?

YES or NO or Don't Know

Do you think the practical assessment would be useable in the clinical setting?

YES or NO or Don't Know

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