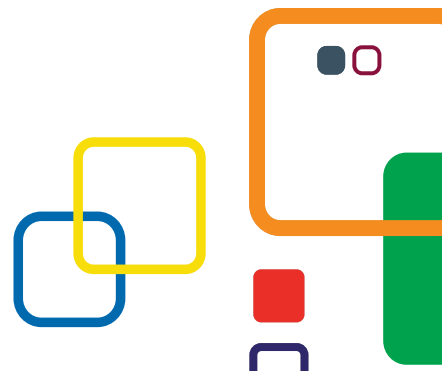


HULL EASI MODEL

Implementation of the Evaluator-
Appraiser-Student-Integration Model

Part 2 - Evidencing learning with tools

Created by Lucy Aldrich
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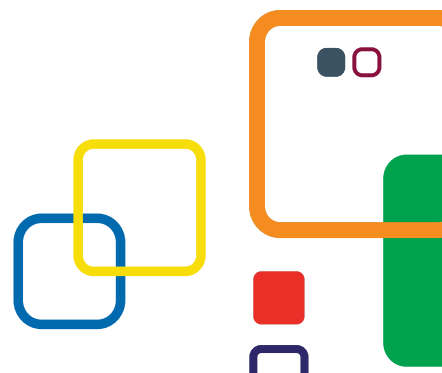


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Introduction

Most of the learning tools have come directly from the clinical workplace and modified where necessary to be appropriate for student use. Others have been created to capture specific learning experiences.

The number and choice of tools can initially seem daunting, but some are only required at the start of a placement, and key ones are repeated. The tools enable students to know themselves and identify their strengths and weaknesses. Some can be used independently, some with a peer.

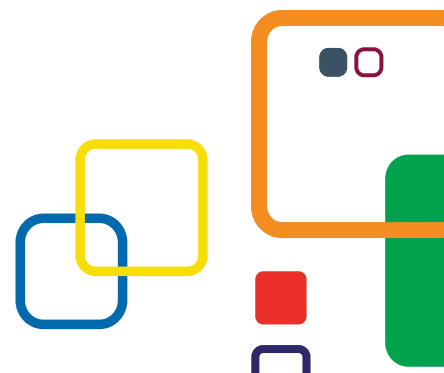
The tools are used at different stages of the placement depending on the student's learning needs. The first two weeks focus on consolidation of basic skills, the remainder focuses on consolidating higher learning. This isn't fixed, but a guideline developed from Blooms taxonomy of learning and Webb's depth of knowledge guide. The wording of some learning tools can be adapted to suit a team's specific requirements.

Time is given throughout the week for completion of the tools. On a weekly basis students review and evaluate their completed tools. From this review, they formulate their weekly goals based on their evidence. This ensures all learning goals are specific to their individual learning needs, and eliminates generic or repeated goals.

The evidence of learning is presented to the clinical educator at the end of every week. The goals are reviewed, sometimes modified, and confirmed by the clinical educator in the weekly appraisal. In the absence of the right evidence the clinical educator will be unable to sign off goals. It is not about number of tools completed, but the quality.

After the first week there will be many completed tools evidencing multiple aspects of learning. This naturally decreases as specific learning needs are identified. Key tools are then used to facilitate this development, and evidence the learning achieved. The clinical educator, mentor, and team, can help identify which tools support each individual's learning needs.

Using the EASI tools can develop confidence in how to evidence a variety of complex aspects in professional practice, placing continued professional development in context. It enables a student to experience the importance, and relevance, of evidencing continual professional development.



Learning tools

The following pages give an overview of each tool. The tools themselves can be downloaded from the web page.

They are ordered as follows:

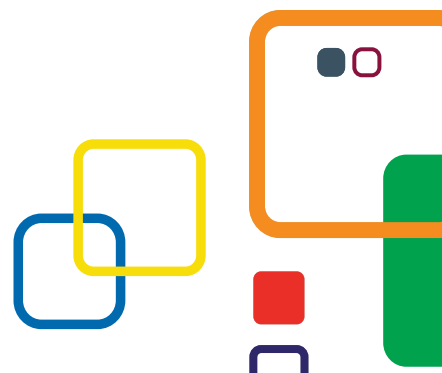
Tools used every week

Tools used from first week

Tools used from second week

Tools used from third week

Tools used from fourth week



Tools used every week

Evaluation of peer communication

Students evaluate their peer communication weekly in order to highlight behaviours.

In the first week students complete independently of each other, and share with mentor/Clinical Educator to receive support guidance of how to approach/manage.

Thereafter students complete together before sharing with Clinical Educator.

Weekly evaluation of peer communication in the workplace Date: _____

Reflect over this last week and evaluate the communication skills of Team Student from **your** perspective below

	Identify two positives observed over the last week	Suggest a different tactic or approach to use, or identify an area for development
Listening skills		
Communication skills		
Collaboration skills		
Respect		

Be specific about what you have observed.

You can give feedback on the impact it had on you, but it is not about your interpretation of their intentions, their personality, or character.

Here is the guide on who to share this document with during your placement.

Week one: Complete this table independent of your peer and share with your Clinical Educator and mentor. This is to support you with developing the skills you need to successfully manage close working relationships.

After week one: Complete this table with your peer so it creates an opportunity to discuss and address issues. Use the guides below. Share with your Clinical Educator at your appraisal.

Explanation of terms used

Listening skills	Active listening is a skill that must be learned and practised. The active listener provides feedback and focusing their full attention on the speaker and responding with verbal and non-verbal clues that the speaker's message is heard and understood . Maintaining eye contact, smiling and nodding are appropriate indicators, as are paraphrasing in your own words or summarizing the speakers' message at the end.
Communication skills	Simply talking to people is no guarantee that your message is getting across. Common barriers to communication are lack of verbal cues; cultural differences; lack of interest or distractions; and jargon or unfamiliar expressions. Learn to think before you speak, and express yourself clearly and carefully. Speak slowly. Stay calm and focused. Control your non-verbal communication – facial expressions, body language, posture, eye contact.
Collaboration skills	Create an environment of cooperation rather than competition. Respect the opinions of others, regardless of their status in the hierarchy. Praise and thank co-workers for their contributions. Treat all suggestions and opinions with respect. If necessary, step in to peacefully settle disputes.
Respect	Underlying all these interpersonal skills are the rules of basic good manners and respect.

Here is an explanation of the terms used. Use this to help analyse your experiences. Be specific.

Here is advice on how to give and receive constructive feedback.

Student Peer Feedback Guide	
5 steps for giving productive feedback	5 steps for receiving feedback with style
1. Create safety	1. Listen to understand
2. Be positive (identify two positives)	2. Try to suspend judgement
3. Be specific	3. Summarise and reflect what you hear
4. Be immediate	4. Try to control your defensiveness
5. Be accurate, not mean	5. Ask questions to clarify

from www.tcd.ie/medicine/physiotherapy/assets/doc/resources/Introduction%20to%20Peer%20Learning.pdf

You don't have to be friends with the people you work with, but you do need to communicate effectively.

By evaluating communication skills, you can consolidate your ability to give constructive feedback. It also provides a forum for disclosing preferences

Tools used every week

Reflections

Reflective practise is key to knowing oneself.

It identifies areas for development, and are used by students to construct their own learning goals.

Initially complete as many as feasible, then a minimum of 3 per week.

Format 1 Reflective practise on placement Date: _____

Modified from "Developing a Portfolio: a guide for CSP members", The Chartered Society of Physiotherapy 2001

Describe the experience:

What did you do... and why?

What went well... ...and what could have been better, if anything?

What (if anything) would you now do differently, faced with a similar situation?

Describe what you learnt from this experience?

Format 2 Reflective practise on placement Date: _____

Description

Feelings

Evaluation

Analysis

Conclusion

Action Plan

In this model, reflections are completed to evidence your learning. However, you may not be familiar with when you are really learning.

Our emotions can guide us - we can feel uncomfortable, uncertain, confused, curious, interested, in awe, as well feeling happy when experiencing moments of realisation. We can feel joy when we get the outcome we want from using a new skill, or guilt when the outcome wasn't what we anticipated.

Format 3 Reflective practise on placement Date: _____

Modified from "Developing a Portfolio: a guide for CSP members", The Chartered Society of Physiotherapy 2001

What did I learn that was new?

How did it deepen my understanding?

What did I find particularly significant?

What did I not fully understand?

What do I need to do now?

Is there anything that I would change?

Completing a reflection when you experience these sensations can connect you with when you are reaching, extending, and crossing, your learning thresholds.

Tools used every week

Meet the team

Encourages students to independently locate and meet all the team.

Promotes development of, and provides evidence of, professional communication skills.

Can be pre-populated with team names, or left blank.

Meet the team

Use this sheet of evidence that you have introduced yourself to the team. Your mentor may set you tasks to find specific information from each member, or request evidence that you are making new introductions every week.

- First impressions count – all these people will potentially be giving feedback on you.
- Networking and introductions are key skills to team working/ MDT working. Get used to introducing yourself at the right time to the right person. Develop your professional small talk skills.
- Appreciate the diversity of working patterns within our team – you may not meet everyone, but jot down why not.

Member of staff	Notes

Write the name of the team member here.

Add a comment that evidences something from the conversation you had.

This tool is used to evidence your interprofessional communication skills. It should demonstrate that you have spoken competently to a variety of people. Every week you should be able to add names and evidence conversations as you continue to form connections with the MDT.

Remember that the team will be sharing their feedback with your clinical educator. Consider how, and when, you approach people, and what you say. Developing professional small talk is a skill.

Tools used every week

Clinic observations – face to face and phone

Used when a student is passively observing or listening to clinical practise.

It allows key subjective, objective and outcome information to be collected.

Clinic observations sheet

Date: _____ Clinic: _____ Lead Clinician: _____

Subjective Assessment
Summarise briefly the history.
Were there any key questions/ responses that stood out for you?
Are there other questions you would like to ask and why?

Document for 3 – 5 patient presentations seen

Management Plan and Treatment
What happened?
If appropriate, what treatments were performed?
What was the recommendation or plan?

Objective Assessment
Summarise briefly the findings.
What tests did you see?
What was assessed?
If voiced, what was the differential diagnoses?
How were the differentials tested for?

Reflection
Give your overall reflection.
If these were your patients what would you do now?

Clinic observations summary sheet

Date: _____ Clinic: _____ Lead Clinician: _____

Identify 3 key points you have learnt from this clinic to share with peer/educator

Key point 1	Details:
Key point 2	Details:
Key point 3	Details:

Summary sheet helps identify 3 key points to feedback to peer and educator.

Phone Clinic Review Sheet

Date: _____ Clinic: _____ Lead Clinician: _____

Phone clinic housekeeping:

1. Locate yourself in a different area to the clinician making the call to prevent audio feedback.
2. Have your phone on appropriate paperwork ready in front of you.
3. Use headphones to keep the call confidential and prevent any distractions.
4. Accept the call when your phone rings and, after introductions, mute yourself.
5. Listen carefully and make relevant notes.

Subjective Assessment
Overview summary
New patient or follow-up?
Diagnosis/ presentation of the patient

Summarise briefly the history.
Were there any key questions/ responses that stood out for you?
Are there other questions you would like to ask and why?

Objective Assessment
Summarise briefly the key findings.

Management Plan and Treatment
What happened?
Examples of exercises prescribed
Any progression/regression
Advice given
What was the recommendation or plan?

Reflection
Give your overall reflection.
What have you learnt?
If these were your patients what would you do now?

Clinic observations summary sheet

Date: _____ Clinic: _____ Lead Clinician: _____

Identify 3 key points you have learnt from this clinic to share with peer/educator

Key point 1	Details:
Key point 2	Details:
Key point 3	Details:

Depending on platforms used, guidance written here may need to change.

Tools used from first week

Peer behaviour observations

Performance based comments by one student are documented to note that a specific peer behaviour was observed.

Completed in the first week as students need to recognise and evidence professional conduct before investing time in developing learning.

This is the only tool that needs to be completed (+/-75%) by the end of the first week.

This column breakdown the aspects of behaviours you need to recognise.

As you may not see everything in one session, add the dates.

This sheet should be completed by the end of first week. If you have not been able to work with a peer, then complete it by observing your mentor.

Peer Behaviour Observations

Peer observed: _____ Form completed by: _____

	Behaviours	Date/ week in placement	Comments on what was observed
Professional Behaviour	Demonstrates an understanding of patient rights and consent		
	Demonstrates ethical, legal and cultural sensitive practise		
	Demonstrates commitment to learning		
	Demonstrates teamwork		
Communication	Communicates effectively and appropriately; verbal and non-verbal		
	Demonstrates clear and accurate documentation		
	Conducts an appropriate patient interview		
Assessment	Performs appropriate physical assessment procedures		
	Selects and measures relevant health indicators and outcomes		
Analysis and Planning	Appropriately interprets assessment findings		
	Identifies and prioritises patient's problems		
	Sets realistic short and long term goals with the patient		
	Selects appropriate intervention in collaboration with patient		
Intervention	Performs interventions appropriately		
	Is an effective educator/ health promoter		
	Monitors the effect of intervention		
	Progresses intervention appropriately		
Evidence Based Practice	Undertakes discharge planning		
	Applies evidence based learning to patient care		
Risk Management	Identifies the adverse events or near misses and minimises risk associated with assessment and interventions		

In this column, write what you have observed, e.g. "on reading peer's documentation observed accuracy and clarity (date, and time, and content).

You can only recognise something that you have knowledge of. This tool helps connect the abstract concepts of professionalism to the reality of clinical practise. By identifying gaps, you can then start conversations with your peer, or mentor, to develop your knowledge.

If you observed a behaviour, be specific about what you saw when writing it in the comments. It will consolidate your knowledge.

Discuss this sheet with your peer to share your interpretations of what these behaviours look like in practise. This can expand your knowledge depth, and affirm your knowledge base.

Tools used from first week

Scripting Sheets

Completed by the observing student in joint sessions.

Information gathered is discussed with leading student to jointly direct the patient's assessment and treatment.

The purpose of this tool is to develop value and respect for each other's

Peer observation – scripting form 1
 Date: _____ Peer Reviewed: _____ Peer Observing: _____

		Checklist	✓	Comment
Pre:	Preparation	Med chart obs nurse Student appearance Environment/equipment Information/HEP		
	Patient welcome – establish a rapport	Introductions Banter Explanation of Ax, Rx session plan		
Communication:	Subjective assessment questions	Appropriate Suitably phrased (tone, vocabulary, empathy) Mandatory Open ended Closed Probed Clarity of speech		
	Hands on: Patient feedback and interaction	Check understanding Responding to cues Verbal Non-verbal (eye-contact, body-language)		

Peer observation – scripting form 2
 Date: _____ Peer observed: _____ Peer Reviewing: _____

Communication	Comment/evidence	Peer Reviewing:			
		YES	PARTLY	NO	N/A
Verbal: clear introduction of self					
	rapport building evident especially at start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	well-being of patient established at start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	clear explanation of plan for session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	volume, speed and tone appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	appropriate terminology & level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	professional language used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	actively listens & responds appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	evidence of adapting to patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	effective questioning (specific, open or closed etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	appropriate & effective teaching methods used (e.g. verbal, visual & written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Verbal:					
	sufficient & appropriate eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	facial expressions appropriate (smile, concern etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	positioning (e.g. on a level with patient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can tick off and place comments what you have observed, and write comments to share.

Use the spaces to script what was said, or capture observations made.

Both students step out of the assessment to discuss each stage and jointly plan the next.

By scripting what has been said, and not being directly engaged with the patient, you can bring a different perspective to the clinical reasoning.

Identify two things that your peer did well. Be specific.

Time management	
Two Strengths	Identify an area for development or suggest a different approach:
★ ★	🌟
Keep original and provide peer with photocopy	

Ensure that your peer has a copy. This sheet demonstrates your ability to observe, and how you give constructive feedback.

Identify something that could have been done differently, or an area for development. Be specific.

Tools used from first week

Clinical Reasoning – pre assessment

Students complete before seeing a patient.

Mentor can see what a student is thinking – are they considering the relevant information, are they prepared for various scenarios?

Format 1

Clinical Reasoning Form

2 pages

DATE:

Part A. Pre-Assessment/Planning:

1. Describe what you expect to investigate in your assessment, based on your reading of the referral.
2. Are there any investigations/ results/ clinic letters/ previous notes available? How they correlate with the patient's referral?
3. Describe any additional impairment or difficulties you might expect based on the patients PMH. Are there any precautions?
4. What are you going to examine today? What will be the most important area to assess? Why?
5. How will the presumed severity of the patients' impairments affect your physical examination? What risks/challenges do you anticipate and how will you manage them?

In the first few weeks complete first page frequently in order to consolidate this thinking pattern.

Tools used from first week

Feedback sheet

A blank sheet for students to use following a triad (mentor and student discussion) to capture evidence of learning.

As more assessment formats move to digital platforms this sheet is becoming increasingly redundant.

A reflection may be more appropriate to complete following a discussion or receiving feedback.

<u>Feedback sheet :</u>	Date:
Clinical Assessor:	Student(s):
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	

Tools used from second week

SNAPPS

Use to develop presentation of verbal clinical reasoning.

Student discusses with peer first in order to reach their threshold of learning. If the question is unanswered together, then the student discusses their mentor.

This is primarily a verbal tool. However, it can be completed to evidence reaching a threshold of learning and the action taken thereafter.

Oral case presentation via SNAPPS

Refer to the SNAPPS reference sheet provided with this tool

S – summarise the case:

N – narrow the differential: limit this to 2-3 relevant possibilities:

A – analyse the differential: compare and contrast each possibility with your findings:

P – probe the assessor: after presenting the above to your peer are all your questions answered?
If not, what will you ask your mentor?

P – plan management: after answering your questions outline a brief plan to your mentor:

S – select an issue for self-directed learning: clarify with your mentor what you now need to read:

Be specific about what you have observed.

You can give feedback on the impact it had on you, but it is not about your interpretation of their intentions, their personality, or character

Tools used from third week

Clinical Reasoning – post assessment

Students complete before seeing a patient.

Mentor can see what a student is thinking – are they considering the relevant information, are they prepared for various scenarios?

Part B Reflection, Post Assessment

1. Did the patient present as you anticipated? Explain:
2. List the impairments found on assessment:
3. What is physio going to work on? Number these in order of importance:
4. Explain why you have numbered in the order you have.
5. For each of areas that physio will work on, list the treatment activities that could be chosen.
6. How will you measure the success of your treatment?
7. Predict how you will progress the treatment activities with time.

Tools used from third week

Peer reviews

Replaces scripting sheets.

Observational student gives feedback at end of session.

Feedback should focus on what happened, and explore what it meant, and what could happen next.

Peer Review Format 1
Peer Reviewed: _____
Date: _____
Peer Reviewer: _____
Assessment Type: _____

Subjective Assessment	Strengths	One Area for Development	Action Plan
Objective Assessment	Strengths	One Area for Development	Action Plan
Management Plan and Treatment	Strengths	One Area for Development	Action Plan

Objective Assessment

Objective Assessment	Strengths	One Area for Development	Action Plan
Management Plan and Treatment	Strengths	One Area for Development	Action Plan

When identifying a strength, explain to your peer why you perceive that to be a strength. It will give you insight into your views and beliefs, and give context for your peer.

Assessment Type	
Date	
Strengths	Areas to enhance

discussed

forwards

An area identified for development is not a failing. As our skills and abilities grow from basic to competent to proficient, we need feedback to help us keep those developments in focus, and understand specifically how they can develop further.

Adapted from Ward and Clough, HUTH 2021

Peer reviews allow those at same level of clinical experience to see what each other does, see how they do it, and ask why they do it. It is of benefit to both parties involved.

Peer reviews give an opportunity for the reviewer and reviewee to discuss the integration of theory with practise, generate an openness to new, and multiple, perspectives; help us to frame problems differently; motivate ourselves to find new ways of working and relating to others; and can give insight to ourselves.

Tools used from fourth week

Complexity-Risk Matrix

Complete with peer for either a single patient's presentation or for a specific condition.

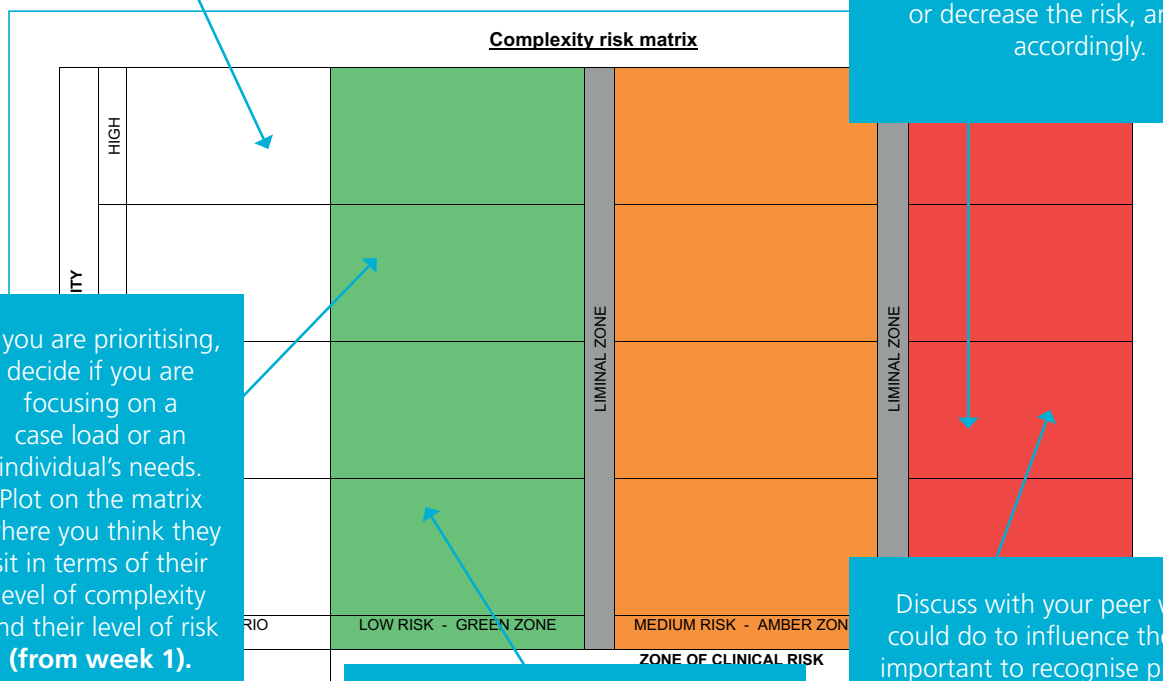
Can be used to develop prioritisation skills from first week.

Use to develop understanding of complex processes that underline routine practise.

Discuss the boundaries of the grey areas and identify what increases or decreases risk. Discuss with clinical mentor.

Use this column if you are identifying different scenarios for a patient or condition **(from week 4)**.

If using from week 4, decide if you are focusing on a presentation or a specific individual. Discuss with your peer what would increase or decrease the risk, and chart accordingly.



If you are prioritising, decide if you are focusing on a case load or an individual's needs. Plot on the matrix where you think they sit in terms of their level of complexity and their level of risk **(from week 1)**.

Discuss with your peer what approaches could influence the level of complexity.

Discuss with your peer what you could do to influence the risk. It is important to recognise problems at an early stage and head them off before they escalate into adverse events. It is equally as important to know what to do when things go wrong.

The distinctions between the zones may be ill defined – true grey areas. The ability to recognise the liminal zones are critical as, timely and effective action can halt progression towards danger, and prompt a return to the green zone of relative safety. Inaction, by contrast, may lead to exacerbation of risk and spiralling danger.

Different clinicians will have different opinions about what to focus on first, because they have all had different learning experiences.

Students preparation for appraisal tool

Students' role:

Time is needed to prepare for appraisal. Evidence needs to be read through and reflected on to identify learning needs. This may take at least an hour. A tick sheet to aid this preparation is available.

Copies of peer's observations/ joint sessions and clinical documentation can also be used

After collating and reviewing the evidence, a student will identify their learning goals and document these in their paperwork before appraisal.

Mentors role:

The mentor completes feedback for each appraisal. This is structured to capture all aspects of professional conduct in a logical layout.

It has a choice of 3 arbitrary sections to write in achieving (green), needs work (orange), failing (pale red). The mentor chooses the box to write in that reflects their overall perception of a student's activities.

These categories were created to give the clinical educator a rapid visual indication of where the mentor perceives a student to be prior to reading the detail. It is what is documented that matters, not the box it goes in.

Clinical Educator's role:

The appraisal should take no more than one hour. The Clinical Educator reads through the mentor and team feedback prior to seeing your evidence. You will then presents your evidence for achieving each goal/ learning outcome.

Where documentation is required from the Clinical Educator they do not need to duplicate what the mentor has written and can write, for example, "goal achieved, see evidence in peer reviews, clinical reasoning sheets" or "goal not met, insufficient evidence provided".

Following discussion of the goals that you have identified from reflecting on your learning and the evidence provided, your goals for the week will be agreed.

You will be given a copy of the team and mentor feedback sheets for your placement portfolio of evidence. It is your responsibility to give feedback to the mentor team regarding your new learning goals.

If the Clinical Educator has concerns that you are struggling to achieve your goals, or that you have the potential to fail, they will contact your mentor that day to discuss the plan.

Students preparation for appraisal tool

This sheet is designed to aid preparation for your appraisal. The tools have been created to structure learning and evidence what has previously been hidden.

The tools can be used in paper format or electronically. The learning needs to be evidenced somewhere for the clinical educator to see it the format of this is irrelevant.

You should have a lot of evidence collected from the first week. Some pieces of evidence need to be shared with your peer.

The tools have been created in a paper based environment. All tools can be shared electronically, or the text cut and pasted into other documents if required.

The terminology will be updated as all areas transition to electronic documentation.

Appraisal prep sheet

Evidence:	Paperwork to consider bringing to assessment:	
Patient notes	Bring evidence of documentation	
Meet the team sheet	Original copy	
Feedback sheets	Photocopy if shared documentation or original if completed on own	
Peer behaviour observations	Your assessment of your peer Copy of peer's assessment of you	
Peer observations scripting sheets	Your assessment of your peer Copy of peer's assessment of you	
Peer reviews	Your assessment of your peer Copy of peer's assessment of you	
Clinical reasoning forms	Photocopy if shared documentation or original if completed on own	
Complexity Risk Matrix	Photocopy if shared documentation or original if completed on own	
Reflection sheets	Photocopy if shared documentation or original if completed on own	
Peer communication sheets	Original copy	
Observations sheets	Own copy Copy of peer's summary sheet and linked reflection sheet	
Feedback sheet	Copy to be printed for the weekly assessment for you to keep	
Communication sheet	Copy to be printed for the weekly assessment for you to keep	

The tools aid evidencing all aspects of learning. However, as the weeks progress your learning shifts from knowledge consolidation towards higher level complex thinking. The variety of tools you use to aid your learning will reduce after the first week.

Whilst collating and reviewing your evidence identify your goals and either pencil these your appraisal paperwork, or type a brief plan for each learning goal. These may be modified during your appraisal.

When achieved:

- Photocopy/ electronically share all relevant peer evidence.
- Include at least **one** set of your SOAP notes and, if applicable, discharge letters.
- Read through the evidence you have collected for the week, and decide which learning outcomes it will best support.
- Collate the evidence in order for each learning outcome to ensure minimal time is lost searching for the right piece of evidence.

Reflecting on your evidence **pencil in your goals for the coming week.**