

Individual Report

Exam board meeting: 20-Jun-2022

Pg Dip in Veterinary Clinical Practice, 2021/22

Dr Mike Cathcart

The Programme

Please comment, as appropriate, on the following aspects of the programme:

1.1 Course content

The PG Diploma in Veterinary Clinical Practice provides excellent structure to the clinical internship programme, giving the PG students (interns) a clear framework and a standardised approach to their PG training, irrespective of the chosen discipline. The modular system works well, both in terms of spreading the assessment burden evenly across the programme, but also affording interns options for selecting modules (where appropriate)

1.2 Learning objectives, and the extent to which they were met

Not directly applicable as not a taught programme, but the aims, objectives and expectations for all forms of workplace-based assessments used in the programme are clearly articulated and allow a level of competency outcome to be evidenced.

1.3 Teaching methods

Not applicable or evaluated

1.4 Resources (in so far as they affected the assessment)

Information provided supported the engagement and completion of the module assessments

1.5 Please provide any additional comments and recommendations regarding the Programme

My only recommendations relate to the use of workplace-based assessments - see section 3.7 for further details

Student performance

Please comment, as appropriate, on:

2.1 Students' performance in relation to those at a similar stage on comparable courses in other institutions, where this is known to you

The quality of the written case reports is consistent with what would be expected of a recent graduate entering into a formal PG training programme.

2.2 Quality of candidates' knowledge and skills, with particular reference to those at the top, middle or bottom of the range

Students who were consistently awarded higher grades in the case reports were evidenced more advance written communication and scientific writing skills with greater level of critical appraisal and evaluation of literature. Similarly, those at the bottom of the range were unable to evidence the same level of critical analysis.

COURSE DIRECTOR'S RESPONSE:

It is reassuring to see that marks reflect the difference in level in critical analysis, given its importance in our profession and in the overall scope of this programme. Self-directed learning is an essential aspect of adult learning and it's a key feature of post-graduate education and of this course, such that students should take ownership of their improvement with the support of specific feedback provided. Candidates are provided with formative feedback and also have examples of previous works (anonymized) done by other students they can consult to have an example to refer and aspire to. Therefore, we feel that the support and guidance provided to the students for the case reports and their development is generally appropriate. Should the students wish they can contact their clinical supervisors to discuss any concerns, especially during their 6 months appraisal. However, over the years, students do not ask for more feedback.

2.3 Please provide any additional comments and recommendations regarding the students' performance

Whilst most students were able to improve their case report writing based on feedback provided, it was evident that weaker students were not responding to, understanding or actioning the very detailed feedback being provided to them. Whilst this example may represent an outlier, a review of the process for remediation in this form of assessment may help to ensure that students who struggle to engage with feedback are given support or guidance where appropriate.

As mentioned in section 1, the performance across the WBAs in the programme is broadly excellent, and it would be useful to explore how this evaluation of competency can be given more credence/weighting in the progression decisions

COURSE DIRECTOR'S RESPONSE:

Thank you for the comment. We are trying to organize a dedicated day for markers to meet and discuss rubric and marking related issues, such that we can render feedback more uniform across the course. If the area of improvement suggested seems to be the level of support of the students that do not seem to be able to address appropriately feedback provided for the formative case report, we can discuss at the future dedicated markers' day about introducing the possibility of a face to face meeting for students that fail a case report with key staff members involved with case reports marking or their clinical supervisors to review feedback received initially (in the formative session) and discuss how they implemented changes for the summative case report. This might provide students with a clearer plan on how to address concerns and identify ways we can support them.

Assessment Procedures

Please comment, as appropriate, on:

3.1 Assessment methods (relevance to learning objectives and curriculum)

Assessment methods are appropriate for this level of PG training, and are particularly relevant for the provision of formative and developmental feedback, which is to be commended.

3.2 Extent to which assessment procedures are rigorous

The marking process for the case reports is clear, robust and rigorous. Moderation of case reports is extensive and consistent with fair and appropriate handling of failed and re-submitted reports (same marker and moderator used in each case to negate any inter-marker variability for re-assessed work)

3.3 Consistency of the level of assessment with the Framework for Higher Education Qualifications (FHEQ)

Level and nature of assessment is consistent for Level 7 studies

3.4 Standard of marking

The standard of marking of case reports is generally good, with a consistently high level of detailed and quality feedback provided to the candidates in every case.

There appeared to be some inconsistencies in the application of the case report rubric, which seems to be born from differing expectations as to the purpose of the case reports. The assessment brief indicates that the objective of the case reports is to demonstrate the clinical reasoning process, and with an emphasis on reflective writing, yet the rubric does not award for these, particularly the latter. This may be driving an unwanted level of inter-marker variability, which is particularly pertinent given the large number of markers who marked across all of the case reports.

It should also be noted that only 3 case reports were awarded a grading of 75% or greater, suggesting some redundancy in the top range of the rubric, or a reluctance of markers to award higher grades at this level.

3.5 In your view, are the procedures for assessment and the determination of awards sound and fairly conducted? (e.g. Briefing, Exam administration, marking arrangements, Board of Examiners, participation by External Examiners)

Yes, all procedures for assessment and associated academic governance are robust and fair and the Board of Examiners was conducted in a professional and proficient manner

3.6 Opinion on changes to the assessment procedures from previous years in which you have examined

Not Applicable

3.7 Please provide any additional comments and recommendations regarding the procedures

It would be good to see the use of workplace-based assessments (Mini-CEX and DOPS) further expanded within the programme to gain a more comprehensive body of evidence as to the competency of the interns. WBA are currently not differentiating between candidates (all are able to meet the relatively low requirement for completion) but neither are they affording a linear or progressive evaluation of learner development. Some of the DOPS undertaken by the interns are verging on more comprehensive Entrustable Professional Activities (EPAs), which would be a more appropriate form of WBA for PG trainees. A small number of EPAs could be developed which focus on core transferable competences and would therefore be applicable to all modules, allowing interns opportunity to accrue multiple observations of the same competency within their discipline, enriching the WBA data collated for each trainee. Opportunities to improve the construct validity of the Mini-CEX by observing the interaction with a real client/case (as opposed to simulated discussion with senior clinician) would also greatly benefit the programme's assessment strategy

COURSE DIRECTOR'S RESPONSE:

This is a very interesting point and something that will need to be look at carefully. We agree that identifying some Entrustable Professional Activities for postgraduate students is a logical next step that might help standardizing and levelling the WPBAs across the students cohort and to allow monitoring progression of the interns over the course of the year for certain skills that the profession would require from a graduate with this level of qualification. Before actioning this, we would need to identify the most common procedures used for DOPs over the year and identify which ones are achievable across the different modules. It will be essential for these DOPs to be achievable for all the interns, if we are making them compulsory.

ACTION:

Actions to be considered to the intern 2023-24 intake.

The comment on the Mini-CEX including the interaction with a real client is an interesting point and we would agree that we will remind the students to use this opportunity to invite the assessors in the room so that a more valid assessment (and therefore more comprehensive feedback) can be obtained

ACTION:

Action for the 2023-24 intake but reminder to be sent in this academic year).

General Statements

4.4 I was able to scrutinise an adequate sample of students' work and marks to enable me to carry out my duties

Yes

Additional comments, particularly if your answer was no:

4.5 I attended the meeting of the Board of Examiners held to approve the results of the Examination

Yes

Additional comments, particularly if your answer was no:

4.6 Candidates were considered impartially and fairly

Yes

Additional comments, particularly if your answer was no:

4.7 The standards set for the awards are appropriate for qualifications at this level, in this subject

Yes

Additional comments, particularly if your answer was no:

4.8 The standards of student performance are comparable with similar programmes or subjects in other UK institutions with which I am familiar

Yes

Additional comments, particularly if your answer was no:

4.9 I have received enough training and support to carry out my role

Yes

Additional comments, particularly if your answer was no:

4.10 I have received sufficient information to carry out my role (where information was insufficient, please give details)

Yes

Additional comments, particularly if your answer was no:

4.11 Appropriate procedures and processes have been followed

Yes

Additional comments, particularly if your answer was no:

4.12 The processes for assessment and the determination of awards are sound

Yes

Additional comments, particularly if your answer was no:

Completion

If you have identified any areas of good practice, please comment more fully here. We may use information provided in our annual external examining report:

5.1 Do you have any suggestions for improvements based on experience at other institutes? We may use information provided in our annual external examining report:

A review of the case report rubric would be warranted to ensure that the grading criterion fully align to the assessment brief, and adjustments made to ensure that there is no redundancy at the higher levels of grading within the rubric for this level of PG training. Where possible, initiatives to standardise the expectation of markers, and their application of the rubric in the case reports would further enhance an already robust assessment process, and also allow wider dissemination of the excellent approaches used to provide feedback, feed-forward and developmental guidance to the interns.

COURSE DIRECTOR'S RESPONSE:

This a good point; we will review the rubric and try to modify the descriptors for the higher categories in order to stratify the distinction students. This will need to be done in concert with exam office and will require some coordination, as the current rubric is aligned to the CertAVP (which also have a reflective component). At the moment we have several marking rubric and some focus on the reflective component whilst others focus on the clinical/understanding component. At the moment we don't have necessarily a specific rubric, but need to check that we don't want to end up using a specific rubric for every single course across the RVC.

We agree about raising the opportunity of inset day on assessment; we can try to raise this with the team at the next opportunity available.

Action:

To be implemented for the new intake 2023-24.

