Marking Criteria at Mentored Clinical Practice.
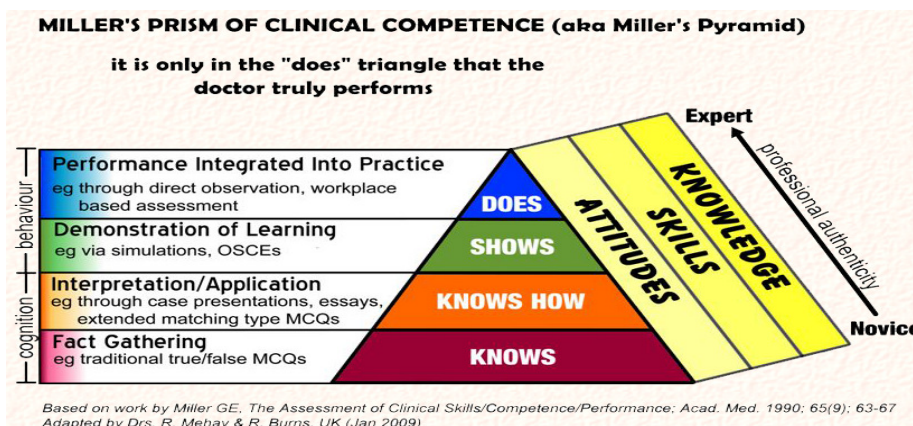
Dr. Ronel Jordaan,

John Langendoen, MSc

Members Standards Committee IFOMPT

Introductory Citations

The only way to assess Level 4 of Millers' pyramid, 'does', is to observe the practitioner at work in the real world: this measures our ability to perform.

Bob Elvey, former IFOMPT President:

„After completion of an OMT program, students are no experts, however realise how to develop expertise"

Nobody is perfect…., no OMT student is perfect….

The following diagram shows the marking of the perfect situation at the end of MCP

Final MCP (120.-160. hr)

Mapping 2008SD vs. Blooms's Learning Phases

Learning Phase / Domain	Recall data, Understand Imitate Receive	Apply Manipulate Responding	Analyse Develop Valuation	Synthesize Articulate Organize	Evaluate Naturalize Internalize	Remarks
Role 1 Clin					A A A	Great
Role 2 Comm					A A A	Great
Role 3 Coll					A A A	Great
Role 4 Man					A A A	Great
Role 5 Health Adv					A A A	Great
Role 6 Scholar					A A A	Great
Role 7 Prof					A A A	Great
Dim 1 EBP					A A A	Really good
Dim 2 Biomed					A A A	Great
Dim 3 Clin					A A A	Superb
Dim 4 Beh					A A A	Fantastic
Dim 5 OMT					A A A	Magnificent
Dim 6 Clin Reas					A A A	Terrific
Dim 7 Comm					A A A	Wow!
Dim 8 Spec Sens					A A A	Incredible
Dim 9 Res					A A A	Outstanding
Dim 10 CPD						(no doubt)
OVERALL					A A A	Wow, never seen this before

A more realistic overview of the level of performance mapping Roles and Dimensions (green: commendation, blue: recommendation, red: must do…) against Bloom's learning phases at some stage of MCP

Learning Phase / Domain	Recall data, Understand / Imitate / Receive	Apply / Manipulate / Responding	Analyse / Develop / Valuation	Synthesize / Articulate / Organize	Evaluate / Naturalize / Internalize	Remarks
Role 1 Clin				x		
Role 2 Comm			x			adopt a communication model e.g. Schulz–v Thun
Role 3 Coll		x				interdisciplinary cooperation is open for engagement….
Role 4 Man				x		adequate clinical case manager
Role 5 Health Adv				x		good ideas for self management
Role 6 Scholar			x			is motivated, however need to develop, more flexibility e.g. for new ideas
Role 7 Prof				x		well organised, good time management
Dim 1 EBP			x			focus on backing up his daily procedures
Dim 2 Biomed		x				pathological knowledge needs update
Dim 3 Clin				x		sound anatomical knowledge, focus on biomechanics
Dim 4 Beh		x				Keep pain behaviour in mind when analysing problems
Dim 5 OMT				x		good understanding of omt conception
Dim 6 Clin Reas				x		Focus on development of self–assessment
Dim 7 Comm				x		Focus on precision, coming to–the–point
Dim 8 Spec Sens				x		Now emphasize development from knowing to doing
Dim 9 Res			x			Think of ideas for an appropriate design
Dim 10 CPD	–		–	–	–	–

How does a mentor come to a mark?

Aim of the Session

To develop objective, clear, consistent, appropriate and transparent marking criteria

for all areas of the students' performance

of patient management

during the mentored clinical practice parts of an OMT programme

Workshop

The following diagram shows Headings for an Initial Assessment at MCP.

Interview / History	Clinical Reasoning	Planning of Physical Examination and Physical Examination	Planning of initial treatment and initial treatment	Planning of follow up sessions and overall management
Main Problem	Development of initial Hypotheses	Planning	Passive Technique	
Body Chart		Active Tests	Active Training	
Behaviour		Neurodynamic Tests	Other	
History		Passive angular / physiological		
Special Questions		Palpation & Accessory Mvts		

The white and underlined chapters are the topics of the workshop

The following diagram shows an example of the marks. This is just an example for this workshop, and may differ in your country.

A	excellent	90–100%	
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	

In groups of 4 persons, the participants are going to work out the marking criteria for each mark for the following topics.

Examples of criteria for A and F are shown.

We would like you to focus on the borderline (D and E):

What would be the criteria for "just satisfactory"(D) and what would be the criteria for "just not passing" (E) in relation to:

1 . Body Chart

A	excellent	90–100%	complete, precise, clear, multiple logical interpretations, perfect interactive communication & integration of evidence…
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	did not make a symptom/ pain drawing

2 . Clinical Reasoning

A	excellent	90–100%	hypotheses focused questioning, during interview, logical follow-up questioning, parallelling, confirmations, …..
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	no thinking process recognizable

3 . Active Tests, e.g. of the Cervical Spine

A	excellent	90–100%	clear instructions, quality observation, adequate… reaction to the patients' pain response, correction of deviation, duration of test, comfortable grip at overpressure, dosage of overpressure, reflective,…..
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	inappropriate, potentially dangerous handling, no communication ..

4 . Neurodynamic Tests

A	excellent	90–100%	choice, explanation, sequence, starting position (pat, pt) , grip, other side first, differentiation, interpretation, duration, reflective, .
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	not considered, not applied, potentially risky handling for sensitised or damaged neural tissue

5 . Passive Technique (Management)

A	excellent	90–100%	Logical selection, empathic communication, adequate set up (position), grip, performance, dosage, reassessment, reflective, eb
B	very good	70–89%	
C	good	60–69%	
D	satisfactory	50–59%	
E	weak	40–49%	
F	poor	<40%	does not consider a specific technique, no treatment at all at Rx1, only local non-specific application with reasoning or reassessment

We did not say it is easy, however it is necessary…

Key Message

Development and application of marking criteria
- objective
- clear
- consistent
- appropriate
- transparent

To ensure
- avoiding misunderstandings
- confusion
- subjectiveness
- unfairness
- discrepancies between mentors etc.,

    …. are essential for an optimal performance and learning experience at MCP

References

Miller GE. 1990 The assessment of Clinical Skills/Competence/Performance. Acad Med 65(9):63-7