UNIVERSITY OF DERBY

A Formulation and Critical Evaluation of an Inter-Personal Communication Skills Objective Structured Clinical Examination (OSCE) in Pre-Registration Occupational Therapy Education

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Abstract

Occupational Therapy is a client centred, holistic allied health profession in which the quality of a supportive, empowering therapist-client relationship is seen as having a key and central role in effective therapy. A minimum of a 1000 hours of practice placement education (PPE) must be successfully completed in pre-registration programmes, which are charged with ensuring graduates are fit for practice and purpose. This Work Based Project focussed on how pre-registration education can best equip students for a first PPE in terms of sufficient inter-personal communication skills.

Primary data collection was conducted between November 2008 and March 2010. The project firstly employed thematic content analysis of data elicited from two rounds of focus group surveys of practice placement educators (PPEds) to identify a baseline of inter-personal communication skills required prior to embarking on a first PPE. This data was used to formulate an objective structured clinical examination (OSCE) checklist of inter-personal communication skills, which was then utilised as a formative assessment and in role play scenarios in taught sessions with one first year pre-registration occupational therapy cohort. This cohort was surveyed via a questionnaire and in addition five students were interviewed. Subsequently a group of third year students, who role played clients for the OSCE, participated in a facilitated discussion on their perceptions of the OSCE. The data on students' perceptions and an analysis and comparison of staff and student ratings of performance in the formative OSCE, were utilised in a critical evaluation of the use of this OSCE as a teaching and assessment tool.

The findings indicate a level of agreement on the content of the OSCE checklist, providing content validity to this particular assessment. PPEds, and first and third year students are positive about the use of an OSCE when it is used as a formative experience. Students recommend that if used as a summative assessment the OSCE is combined with a reflective piece.

Objective structured clinical examinations have long been established in other health care professions such as medicine and nursing. This project has provided evidence indicating that an OSCE of inter-personal communication skills is a valid assessment tool for occupational therapy pre-registration students, and that it can also facilitate student reflection, self-awareness and learning. It has also identified profession specific inter-personal communication skills required for embarking on a first PPE.

Chapter One: Introducing the Project

Introduction

Personal Statement

Introduction

Occupational therapy (OT) is defined by its professional body, the College of Occupational Therapists (COT) as a profession which:

> "assists people of all ages to achieve health and life satisfaction by improving their ability to carry out the activities that they need or choose to do in their daily lives", (COT, 2013, p.2, citing COT Council, 2005).

Qualification to practice as an Occupational Therapist (OTt) is gained via successful completion of a relevant degree course, which has the overarching remit of ensuring graduates are fit for practice and purpose. To meet this, however, there exists a tension between theoretical and practical knowledge and ability, in short, between the academic /tacit and propositional knowledge, and when and how to best develop and assess this. National curriculum (COT, 2009) and standards of education and proficiencies required of health professionals by professional and registering bodies, the COT (2008) and Health and Care Professions Council (HCPC, 2012a & 2013) respectively, guide providers of education whilst still leaving flexibility in course design and delivery. A key element, in line with the requirements of the World Federation of Occupational Therapists (WFOT, 2002) is that each student must have successfully completed a minimum of 1000 hours in practice placement education, (PPE). Higher education institutes (HEIs) also therefore need to consider how best to prepare students for PPE, which can be in very diverse areas of practice.

It may seem an impossibly huge task to prepare students for the specifics of every PPE they may be allocated. However, originally founded on humanistic principles, OT theory and practice, although having evolved over the decades, has continued to retain the relationship with the client as a central tenet of professional practice. This is illustrated by texts and research that acknowledge the importance of the 'therapists use or self' (Mosey, 1986, Schwartzberg, 1988, Hagedorn, 1992, Taylor, et al 2009) the therapeutic alliance (Huss, 1977, Wilson, 1980, Lloyd and Maas, 1992, Lyons, 1994, Wright St-Clair, 2001) inter-personal skills (Roush, 1995,

Fawcett and Strickland 1998) and the practitioner relating on a personal level with the client (McKinnon, 2000, Cole and McLean, 2003, Peloquin, 2003) within the holistic, humanistic profession of OT. All of these can be seen as components of the OT process and in particular the OTt-client communication and interaction.

It seems, then, surprising that Taylor (2008) feels that despite therapeutic use of self being critically important, 'how to do it is somewhat abstract' (Taylor, 2008, p.3). This does, though, reinforce my belief that pre-registration courses need specified discrete aspects which focus on developing students inter-personal skills for practice. Previous unpublished research I conducted as part of my MEd (Rowe, 1993) identified how students felt a taken module which primarily focussed on inter-personal communication was central in how they responded to situations in the clinical setting during their first practice placement education. This WBP evolved from a continuing personal and professional questioning of how and when pre-registration students inter-personal communication skills relevant for OT practice should best be introduced, developed and assessed. The formulation of the project also occurred in relation to team discussions during re-validation meetings for the BSc(Hons) Occupational Therapy course on which I am a lecturer.

The following sections outline my personal journey and stance and then go on to identify and evaluate relevant literature and research to inform the debate around the importance of inter-personal skills in practice and the development and assessment of them.

Personal statement:

My professional path has always been centred on OT, first, on qualifying in 1973 as an OTt, and subsequently, from 1985 to date, as a lecturer on pre-registration OT courses.

This research project was initiated by two of my passions, firstly this being enabling the learning of pre-registration healthcare professionals, specifically OTt's, and, secondly, based on a belief in inter-personal communication as a central tenet of effective therapy, my ongoing desire to ensure these skills are given sufficient and appropriate explicit focus within pre-registration programmes.

Having worked as an OTt predominantly in mental health before taking up a post in higher education as a tutor at what was then a National Health Service School, I found myself assigned to teach anatomy and physiology, albeit also with responsibility for 'teaching' group dynamics. For me, these two areas both had challenges of how to help students make sense of 'theory'. Memories of my own experiences as an OT student were mainly of sitting in one anatomy lecture after another, where tutors dictated notes straight from text books on such things as the position and actions of muscles. So, I came to my new position as a neophyte tutor with a desire to help students and a belief that the way to do this was by using practical and experiential learning, albeit then with no knowledge and understanding of such things as the potential range of learning styles within a group of students. What was already in place was some experiential learning in the parts of the curriculum which focussed on group dynamics, but anatomy and physiology remained mainly lecture format, with seminars being in reality mini-lectures to smaller numbers of students.

Over the ensuing years I have developed my skills via formal qualifications such as the Certificate of Higher Education and a Masters in Education, and through experiences with colleagues and students. I have retained my role in the anatomy and physiology modules, but my interest has rested more and more on holistic, client centred practice and within this inter-personal communication skills. At the time of embarking on my Masters dissertation I chose to focus on how students communication skills might be developed and the role of experiential learning in developing these skills. This was in response to my concern to safeguard the experiential nature of these modules because the staff student ratios and 'contact time ' were being

questioned by management as part of a move to reduce contact time for each module.

During these same years the education of allied health professionals such as OTts has changed and developed. These changes saw the qualification become Honours degree level rather than a Diploma, with some pre-registration programmes being at Masters level, and the move of programmes to reside in higher education, usually universities, as is the case for the programme focussed on in this WBP. Within this shift there has seemed to me to have been an increasing emphasis on academic skills and theoretical knowledge, and for OT this has to some extent mirrored and been in parallel with the profession's seeming continual need to prove its worth by a more scientific, theoretical base. The role of assessment has been devolved to the providing institutions rather than reliance on national examinations. In each quinquennial re-validation the team I am part of wrestle with how best to structure the course to equip students for effective practice as graduates. Central within this is the assessment process. It seemed to me, though, that the theory - practice links in the programme were at risk of becoming diluted, with the 1,000 hours of PPE being seen more and more as the place where skills are developed and assessed. Although these hours are essential, and successful completion of them is a requirement of professional bodies, such as WFOT (2002), there is the concern as to how much responsibility for practical expertise development and assessment should be devolved to practice, rather than feature as an assessed component within a taught programme.

During the time I was considering the focus of my intended WBP, the programme team were in the midst of a re-validation. In these meetings there was a growing concern and debate around the balance of theory and practice and the need for more HEI based assessment of skills, along with recognition of the tension between skills based assessment and the need for academic rigour appropriate for each level of study. As previously stated, the application of theory and knowledge has been seen to reside mainly in the 1000 hours in PPE that all students must successfully complete for

professional recognition and application for licence to practice. However, there is a responsibility to prepare students for this practice placement and the content and balance of this preparation was something the team was debating. During these discussions it became apparent that the majority of programme staff felt that students should be required to demonstrate some competence prior to the first placement in the form of a practical test and the idea of an objective structured clinical examination (OSCE) was raised. With the large range of placement areas students can go to it was difficult to identify a manageable, realistic scope of skills to be included in this assessment that would be applicable across all areas of practice. I, therefore, proposed to the team that as inter-personal communication is relevant irrespective of area of practice it would be appropriate to consider these skills as a focus of pre requisite skills for a first PPE. This suggestion received a positive response from the team.

In the re-validation thus far it had been agreed to retain the one module in the first year of the under graduate pre-registration programme with a focus on the development and assessment of communication skills. The team discussions had resulted in the decision to retain the experiential nature of the module, albeit with more use of role plays versus group work, but the main focus of team discussion now turned to the assessment of the module. This had traditionally been a written assignment which required students to reflect on their experiences and their inter-personal communication. Although the ability to reflect can be seen as a key element of establishing and maintaining effective communication, it does not in itself mean that the person can communicate effectively in practice. I had noticed that students who achieved A range grades in assignments were not necessarily adept at communication in experiential sessions. The team thereby agreed that a practical test of abilities would be more appropriate. Hence this research idea began to be formulated.

As a team we had never used practical tests as a means of formal assessment so there seemed a need to develop an assessment method and tool. Assessment drives learning, so I began to consider that, if the

assessment method is the most appropriate for the learning outcomes, it might also be an integral part of the learning process. The team decision was to investigate the use of an OSCE. What remained then was how an OSCE could be used for this, when usually this tool is utilised to assess more quantifiable tasks with set procedural steps. The team had limited knowledge of OSCEs, so, - and with only a year to go before the validation event-, I decided this was an area on which I might productively focus.

The overall remit of OT pre-registration programmes is to ensure graduates are fit for practice and purpose. My quest became framed around the need to ensure students are fit for their first PPE, specifically in terms of their inter-personal communication skills.

In the following chapter and literature review I go on to firstly strengthen the rationale for this being an important focus for OT educators arguing that appropriate communication is central to effective practice as a student as well as for qualified practitioners. This leads on to a review of the OSCE as a method of assessment and in particular its role in assessing inter-personal communication skills, with an additional consideration of its potential in facilitating learning.

Chapter Two: Literature Review

The WBP in the context of occupational therapy education

Fitness for practice and purpose in a first PPE

Client centred practice

Identification of interaction skills and the assessment of them

Competence

OSCEs

Validity and reliability of OSCEs in assessment

OSCEs for inter-personal communication

The potential of OSCEs in teaching and learning

Conclusions

Aims of the WBP

The WBP in the context of occupational therapy education

My stance and belief in the importance of the therapist's inter-personal communication skills is based on OT being a client centered, holistic profession in which, the client-therapist relationship is an integral (Palmadottir, 2006) and key (Taylor, 2008) factor for an effective occupational therapy process, the desired outcome being that:

> "the client achieves a satisfying performance and balance of occupations in areas of self-care, productivity and leisure, that will support recovery, health, well being and social participation". (Creek, 2003, p.32).

The qualities of a supportive, empowering therapeutic relationship have been shown to have a positive impact on rehabilitation (Cole and McClean, 2003, Palmadottir, 2003, Peloquin 2003, Pellat, 2004, Hall, et al 2010) and authors have researched client experiences of rehabilitation and found that the relationship formed with the therapist can be perceived by clients as more important than interventions and technical expertise (Darragh, et al 2001, Pellat, 2004).

For therapists to establish and utilise this therapeutic relationship they must first have developed inter-personal communication skills, the relationship being:

> "a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual understanding and respect". (Cole and McLean, 2003, p.44).

It would seem, then, that overt focus on developing understanding of, and expertise in establishing this therapeutic alliance would be apparent within pre-registration education. Currently in the United Kingdom, pre-registration programmes are at Honours or Masters degree level and provided by HEIs. Programmes which, on successful completion, entitle application for registration with the Health and Care Professions Council (HCPC) formerly Health Professions Council (HPC) and afford licence to practice, must be

validated by the HCPC and COT and are thereby charged with producing graduates fit for safe and effective professional practice (COT 2008, HCPC, 2013). The curriculum for any programme in the United Kingdom is outlined in COT Curriculum Framework Document (2009) and COT also publishes national pre-registration education standards (COT, 2008). Standards of education and training (SETs) are also set by HCPC (2012a) and each programme of study must meet these in order for its graduates to be deemed to meet profession specific standards of proficiency (HCPC, 2013) necessary for eligibility to apply for admission to the professional register and practice as an OTt.

The curriculum must remain relevant to current practice, and integration of theory and practice must be central to the curriculum (HCPC SETs, 2012a, section 4.4 and 4.3) with the measurement of student performance being objective and assuring fitness to practice (ibid, 6.4 & 6.1). Section 8 of the standards of proficiency, (SOPs), focusses on effective communication (HCPC, 2013) and identifies the need to be able to modify and demonstrate effective communication skills as appropriate to the situation and person(s) involved.

The section of the curriculum framework (COT, 2004) concerned with the philosophy and beliefs, states:

> "Core processes of Occupational therapy are using oneself therapeutically……The person's engagement in the therapeutic process is the most important aspect of intervention, therefore occupational therapy is most effective when it is a partnership between the person and the therapist …. The therapist /person interaction is a dynamic, collaborative process in which choice and control are negotiated". (section 3.2).

The curriculum framework goes on to list five profession specific skills and states that to build and maintain a collaborative relationship with the individual:

> "this skill involves an understanding, development and use of oneself within the therapeutic relationship. Enhanced skills in communication with the individual are paramount within the relationship". (COT, 2004, Section 5.3.6.a.).

However, the document provides no definition of what is considered to constitute 'enhanced communication skills' and interpretation of this could vary considerably. The revised curriculum guidance (COT, 2009) also recognises the need of graduates to be able to build therapeutic, collaborative relationships according to the principles of person centred care (section, 3.i, ii & iii). Both of these documents acknowledge the importance of enabling each HEI team, when designing the programme of study, to have the freedom to decide how and at what point the requirements of the curriculum are met and to have some flexibility in this, in order for the team to be responsive and proactive to changing drivers such as health and social care national policy and guidelines. The Standards of Education (COT, 2008) require that a range of learning, teaching and assessment methods and strategies are used that underpin the professional philosophy of OT (Standard 3.1) and that the assessment design and procedures assure fitness for practice, purpose, profession and academic award (Standard 3.2).

It would seem, therefore, that research into what clinicians and practitioners in HEIs in the UK consider to be 'enhanced communication skills' sufficient to equip students for practice, and the range of how these skills are developed and assessed potentially has national relevance to educators, practitioners and professional regulatory bodies. As previously stated, during pre-registration programmes there is a requirement for students to successfully complete of a minimum of 1000 hours in PPE, and these elements of the programmes are recognised as key times for developing students' professional identity and for their linking theoretical knowledge, skills and values with professional practice (COT, 2004 & 2009), but there remains debate as to whether some skills might best be developed to some extent prior to placement rather than a presumption that placement is the optimum context in which to develop them *per se*. This, therefore, led me to identify that there is scope to focus on the preparation of students for their

first PPE with regards to their inter-personal communication skills, to ensure they are equipped with sufficient knowledge and skills for safe practice, albeit at the level of student practitioner, and commensurate with the stage of the programme they have reached. Literature on practitioner skills is focussed on graduates and qualified staff, so identifying the base line level of skills required and investigating how best to assess that this has been attained prior to a first PPE, is seen as a professionally relevant focus for this WBP.

The following sections consider the balance of the art and science of client centred practice and present a case for effective inter-personal communication as a generic and key skill within professional practice.

Fitness for practice and purpose in a first PPE

Each HEI providing pre-registration programmes is charged with ensuring graduates are fit for practice and purpose as well as for award, the measures of this being to some extent guided by COT and HCPC (op cit). Duke (2004) feels that since the publication of A First Class Service (DoH, 1998) and Meeting the Challenge (DoH, 2000) attention has become more focussed on competence.

There is acknowledgment that PPE is a critical and central component of pre-registration programmes (AOTA, 2003, COT, 2004, WFOT, 2002) and is a means of achieving, 'fitness for award, practice and purpose' (COT, 2004, p.5). Indeed subsequent editions of the standards of pre-registration education in the UK (COT, 2008) saw this integration to be of such importance that they no longer presented the standards for placement education as separate. It is argued that PPE is where theory is applied to and integrated with practice (AOTA, 2003, Mason and Bull, 2006, Tan, et al 2004) and is essential in developing professional behaviour, identity and expertise (Bonello, 2001) and a time when competence is assessed, with a minimum of 1000 hours of PPE needing to be successfully completed,

(WFOT, 2002). It can also be a stressful time for students and placement educators, possibly due to inadequate preparation (Spiliotopoulou, 2007).

This WBP takes this questioning further by focussing attention on whether HEIs need to consider assessing students' fitness for practice and purpose to take on their role as students in a first PPE.

Since the mid 1980's there have been studies on placement education and Bonello (2001) presented a critical review of literature up to the late 1990's, and identified this examined rationale, processes and content of practice learning. Lindstrom-Hazel and West–Frasier (2004) feel that students are increasingly being required to 'hit the ground running' and function at least as an advanced beginner, as defined by Benner (1984) as they begin a level II placement. Recognising the potential need to enhance their students' preparation for PPE Lindstrom-Hazel and West Frasier (op cit) and Knecht-Sabres, et al (2013) utilised problem case–based learning with standardised simulated patient interactions, and both studies found students positively evaluated these methods, feeling an increase in confidence and skills.

A search of indexes for the British Journal of Occupational Therapy (BJOT) between January 2000 and December 2013 identified a total of 31 articles the titles of which included 'practice placement', 'fieldwork', 'practice education' or 'practice educators'. None of these considered preparation for placement, apart from Spiliotopoulou (2007) who considered the role of a delineated preparation for placement in the form of an induction programme. The stance of this WBP is that a more explicit and integrated approach to preparation for placement education is worthy of consideration. With the proliferation of knowledge and expertise, coupled with the diversity of areas of practice that students can go to on placement, the question remains as to what is most useful to equip students with.

Over the years there have been ever changing demands on health and social care practitioners as policy and legislation and the social contexts in which people live have evolved(Higgs and Titchen, 2001).Rapid advances in

technology and medical knowledge also impact on practice and the need, indeed it could be said the demand, for a sound evidence base has increased (Davis, et al 2003, Law and MacDermid, 2008). In addition, the areas in which OTt's work are increasing beyond statutory health and social care sectors (COT, 2009) to include education and judicial systems, the private and commercial sectors and work with homeless and displaced persons groups. So, although the underlying philosophy and premise of beliefs around the inherent occupational nature and needs of people remain constant, the knowledge base is continually changing, as it is expanded, refined and refocused. Whereas historically programmes and curricula were content driven with specified 'facts' to be learnt, there is now a recognition of the impossibility of knowing everything one ever needs to know. Adamson, et al (1998) felt at that point there had not been any large empirical investigation to match the skills required in a rapidly changing health care environment with what is acquired by students during pre-registration education. The curriculum framework (COT, 2009) aims to continue the principles of its predecessor (COT, 2004) in being non prescriptive and flexible to allow for:

> "responsive and proactive changes to take place to reflect the political and educational drivers of the day". (COT, 2009, p.3).

The challenge, then, to HEIs, although guided by COT and HCPC, may be thought to require:

> "a judicious selection of the knowledge, skills and attitudes necessary for effective professional practice…….. an ability to 'read the runes' of future health and social care policy, theory and research for at least the ensuing decade as well as taking account of approaches to education and inquiry". (Blair and Robertson, 2005, p.269).

The question remains as to what guides this 'judicious selection'.

Barnitt and Salmond (2000) summarise the task of educators to be that of equipping students with the skills and abilities needed, but do not include

knowledge base. However, later in the article, when discussing employers viewpoint, they note the expectation that newly qualified OTt's can describe the theory base of practice, but do not specify this further. In their article Blair and Robertson (2005) relate their debate on curriculum development to meeting the seemingly conflicting demands between 'hard' evidence based stance of health outcome measures and 'best practice', and the 'soft complexities' of OT practice, and go on to question and discuss the consequent dissonance between:

> "ontological assumptions, ways of generating knowledge and practice within OT". (p.269).

Higgs and Titchen (2001) have similar concerns when considering practice development, noting obstacles to this include a predominant valuing of propositional knowledge, generated by research, and although they do not limit this to quantitative, 'hard evidence' based they do go on to note:

> "a naïve expectation for research…. to provide certainties in an uncertain world". (p. 527).

Similarly Rycroft-Malone, et al (2004) note how, in health care, evidence has been interpreted in relation to notions of proof and rationality. Using Eraut's (1985, 2000) terms of propositional or codified, and non-propositional or personal knowledge Rycroft-Malone, et al (2004) go on to debate how in order to practise evidence based, person centred care, practitioners need to draw on and to integrate multiple sources of knowledge from both of these categories and to utilise them in the context of the, 'particular complex, multi-faceted clinical environment', (p.83).

Occupational therapy has long been seen as both an art and a science, indeed Mosey (1986) began her definition of OT by saying it is:

> "the art and science of using selected theories,.....and the practice of OT requires skillful execution of personal interactions on the part of the therapist". (p. 3).

However, there has been more focus on science than art, particularly at certain times such as in the 1970's when the profession's emphasis, along with other allied health professions, shifted to seeming to need a scientific, medical, reductionist, evidence base, in contrast with its humanistic values. This shift is indicated, as Peloquin (1989) notes, by, between 1972 and 1981, the deletion of the phrase 'art and science' from the American Occupational Therapy Association's definition of OT. She does not indicate how it was incorporated in subsequent definitions, but on the AOTA website, under 'Facts sheets and roles of occupational therapy', is the following statement available to the general public:

> "Occupational therapy is a science-driven, evidence-based profession that enables people of all ages to live life to its fullest by helping them promote health and prevent—or live better with—illness, injury or disability".
> *http://www.aota.org/Consumers/WhatisOT.aspx, [accessed 3rd June 2010].*

It seems, then, that there is still potentially a higher valuing of the 'science', but I feel it is not as helpful to consider the art versus science of practice, but more appropriately perhaps to consider them, not as opposing polarities, with the science seen as the more important, but rather as how the two are equally important and intertwined for effective practice. As Williams and Paterson (2009) note:

> "we must ensure that the literature accurately reflects all components of good evidence-based decision-making, that is both the 'art' as well as the 'science' of practice". (p. 689)

With the shift in delivery of care to a community health model, and practice becoming more complex and diverse (Overton, et al 2009) this is currently particularly relevant. Certainly in its definitions for the United Kingdom, COT does not focus on the knowledge base, the definition being:

> "Occupational therapy enables people to achieve health, well being, and life satisfaction through participation in occupation". (COT, 2013, p.1)

This document also cites WFOT, which provides a similar definition of OT, adding the client centred aspect:

> "Occupational therapy is a client-centred health care profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life". (WFOT, 2010.)

The technical, rational knowledge of professional health and social care practitioners, of whatever professional base, may seemingly be an obvious necessity and an axiomatic expectation of clients. However, research is indicating that outcomes of treatment and clients' evaluations of service provision are not solely, nor possibly mainly, based on this type of clinical expertise, but on the relationship and inter-personal communication between the client and the health care professional (Williams, et al 1998, Beck, et al 2002, Cruz and Pincus, 2002, Blank, 2004, Palmadottir, 2006). It seems the way in which care is delivered, and indeed a system to evaluate provision from a care versus cure orientation (Ong, et al 1998) is important. From an OT perspective, Deveraux (1984) specified the caring relationship as the art of practice, and similarly, Peloquin (1989) felt the art of practice in OT, as well as being concerned with the meaning of occupation in a person's life, is intrinsically centred on relationships and the qualities that make these meaningful, and equates to the 'soul of practice', (p.219). Even at that time she felt this concept had been under-represented in OT literature in the previous decade.

When considering further the selection of knowledge, skills and attitudes required for effective practice (Blair and Robertson, 2005) it would seem to me that the 'art of practice' is central, regardless of specific areas or specialities within which OTt's work. This is distinct from 'professional artistry', as described by Higgs and Titchen (2001, p.528) as an advanced level of clinical competence, which enables the practitioner to use and apply a blend of propositional, professional craft and personal knowledge; and 'judgment artistry' defined as:

> "the cognitive, metacognitive and humanistic aspects of judgment in professional practice". (Paterson & Higgs, 2001, cited in Paterson, et al 2005, p.409).

The art of practice, I would suggest, is inherently necessary in order to achieve either of these, but it might also be seen as part of preliminary development towards them. Weinstein (1998) feels that it is through the art of practice that therapists empower their clients by forming meaningful inter-personal relationships with them, and she goes on to cite Kielhofner (1983) and Koomar and Bundy (1991) to support the point that, although treatment can be seen as a complex orchestration of 'science and art', 'art' is the major determinant of successful intervention.

Creek (2003) identifies 7 core skills of OTts, these together being the expert knowledge and abilities shared by all OTts irrespective of their field of practice, and one of these is 'collaborating with the client', which in turn entails:

> "building a collaborative relationship with the client that will promote reflection, autonomy and engagement in the therapeutic process". (Creek, 2003, p. 36).

This in essence embodies the client centred ethos of OT, and with that the establishment of a particular therapeutic relationship, which Crepeau, et al (2003) feel in OT is a manifestation of its artistry.

So when considering how HEIs prepare students for their first PPE the elements that comprise the art of client centred practice require explicit attention so that the students might best begin their journey towards ultimate practitioner competence.

Client centred practice

Carl Rogers pioneered and developed humanistic, client centred therapy based on the premise of each individual having inherent goodness and also

their having the abilities, under the right conditions, to provide solutions to their own problems. The phenomenological stance he advocates fits well with OT in its valuing of each individual. Restall et al (2003) writing in the Canadian Journal of OT feel that the values and beliefs in a client centred approach to practice have always been evident in and remain fundamental to the profession and its practice. This is in contrast to Law (1998) who writes that client centeredness has been part of Canadian OT philosophy only since the 1980's, but she is nonetheless an advocate, stating that OT at its best is client centred.

Hong, et al (2000) writing in the British Journal of Occupational Therapy (BJOT) feel that since the 1950's OT has progressively adopted client centred views based on humanistic theories. Gage and Polatajko (1995) go so far as to suggest a change of term to 'client driven', (p.117), to more adequately recognise and address the active and directing role of the client, versus a therapist's focus on a client's needs. In a similar vein Higgs and Titchen (2001, p.527) see the professional as having specialist knowledge, which can be shared with the client in a reciprocal 'working with' versus 'doing to' relationship.

In its Code of Ethics and Professional Conduct the COT states that it is committed to client centred practice (COT, 2000 & 2010) and further that therapists should foster relationships centred on the needs of service users and their family and carers (COT, 2010, 4.2). Yet in 1999, Sumsion identified a need to define client centred practice for the UK and, having surveyed 64 practitioners, produced a draft definition, which she went on the following year to refine:

> "Client centred occupational therapy is a partnership between the client and the therapist that empowers the client to engage in functional performance and fulfil his or her occupational roles in a variety of environments. The client participates actively in negotiating goals which are given priority and are at the centre of assessment, intervention and evaluation. Throughout the process the therapist listens to and respects the client's values,

> adapts the interventions to meet the client's needs and enables the client to make informed choices". (Sumsion, 2000, p.308).

Such a client centred model fits the profession's humanistic origins and re-emerging focus (Sumsion, 2006, Higgs and Titchen, 2001). Some research has been conducted to ascertain links between client centred practice and patient satisfaction (Corring and Cook, 1999, Palmadottir, 2006). Although OT researchers have questioned if OTts do practice in a client centred way (Blank, 2004, Lane, 2000) they are also writing from a stance of advocating client centeredness, and are concerned with identifying what prevents the OTs in their studies, who are based in community mental health and early discharge teams respectively, from working in this way. The factors they identified as potential barriers to client centred practice fit with the categories identified by Restall, et al (2003) and written about in chapters in Sumsion (2006) these being variables of the therapist, the client and the environment. Blank identifies the therapist as the key variable, whereas Lane (2000) is more concerned to highlight external pressures such as resources, fast turn round times and managerial initiatives intended to achieve standardisation of care.

Restall, et al (2003) propose a framework of strategies to overcome barriers to client centred practice. This consists of five categories of strategies: personal reflection, client centred processes, practice settings, community organizing and, coalition advocacy and political action, but these writers appear to pre-suppose the clinicians have the ability to make changes required having identified on what aspects in their circle of influence they have chosen to centre and act on.

With this increasingly established acceptance within OT of the value of client centred practice it falls to HEIs to facilitate students' expertise in implementing it within their practice. Blair and Robertson (2005) questioning the priorities in curriculum development, remind the reader that although research and 'best practice' evidence are seen to rest more within 'hard' versus 'soft' evidence, and an uncontested realism, the ontological

assumptions of OT are person focussed. They go on to consider that the practice of OT is concerned with soft complexity questions around values, perceptions and existential questions concerning doing and being, and on p.273, cite Cusick (2001) on the danger of:

> "losing our 'professional soul' *if*, (sic), spiritual , emotional and humanistic dimensions are relegated to a lesser role". (Cusick, 2001, p.110).

Giving a priority to this aspect of practice may not be in itself sufficient, as, particularly for students, there is a need to identify how this client centeredness is achieved in practice.

The essence of client centred practice is seen as being the particular therapeutic relationship, characteristics of this helping relationship being genuineness, acceptance, via unconditional positive regard, a sensitive empathy – a desire to understand (Rogers, 1951, Rogers, 1967). The task is to communicate these to the client, not merely the therapist feeling them (Rogers, 1967, p.284,) achievement of the best therapeutic relationship being related to good inter-personal relationships (Rogers, 1951, p. 53).

Recognising the importance of the therapeutic relationship, Myerscough (1992) sees communication as the key to establishing this, with this constituting the cornerstone of effective therapy. It has been found that communication can have a positive influence on patient satisfaction (Robinson and Heritage 2006, Sung Soo, et al 2008, Haskard, et al 2009) adherence to treatment (Haskard Zolnierek and DiMatteo, 2009) and improved health outcomes such as symptom reduction and improved function (Roter, 2000).

Writing from an OT perspective, Taylor, et al (2009) feel that although historically the importance of therapist interactions with clients has been emphasized, there is no consistent terminology, and having reviewed literature they conclude that:

> "little is known about how therapists learn about therapeutic use of self and how they experience and manage the therapeutic relationship', (p.200), ...'but commonly discussions address communication, emotional exchange and collaboration and partnership". (p.198).

Tickle-Degnen (2002) sees the development and maintenance of rapport and the working alliance as lower level pre-requisites for the attainment of the higher level therapeutic alliance of client centred OT practice.

Some text books on interaction in a therapeutic context note concepts rather than the specifics of how to attain an effective therapeutic alliance. This is not entirely surprising since there cannot be a prescriptive list of things to do and say, the principles of how to structure and focus each particular interaction being that there needs to be flexible adaptation, based on observation and intuition (Kagan and Evans, 1995, Burnard, 2005) communication being interactive and context related (Koprowska, 2008). However, Burnard (1997) felt there is a recognised set of communication skills, and numerous texts do similarly identify ones those authors feel are key to effective interaction and some also give guidance and ideas on how to 'learn' such skills (see for example, Williams 1997, Kurtz, et al 2005, Donnelly and Neville, 2008).

In relation to OT, Blank (2004) although only surveying seven service users of community mental health OT, did identify some characteristics of the therapist which facilitated a positive relationship. These included personality, behaviour and the client centred skills of the therapist, with a directive, overly didactic approach being seen as a barrier. Client centred skills were seen as when the therapist was non-judgmental, and demonstrated acceptance, respect, trust and empathy. Helpful behaviours were cited as being skilled communication, empowering, enabling, showing concern and interest. However, what constitutes 'skilled communication' is not defined in the paper.

This leads, then, to consider what has already been developed in terms of defining and assessing specific communication behaviours in health care contexts so that these can provide a useful basis on which to focus skill development and assessment and contribute to my thinking about how best to build an OT specific learning and assessment OSCE.

Identification of interaction skills and the assessment of them

Research on identifying the specifics of interaction has been conducted mainly in the area of medicine. The Roter Interaction Analysis System, (RIAS), a method for coding medical dialogue, has been used extensively in medical literature and research on doctor-patient interactions across a broad range of clinical areas (Roter and Larson, 2002). Ong, et al (1995) feel that studying the interactive behaviours of doctors and patients is essential if outcomes of patient care are to be enhanced, and support the use of systems, such as the RIAS, which capture the 'care' or affective, socio-emotional communications, as well as the task focussed, cure oriented aspects. The need for both aspects to be incorporated in communication is recognised by other authors, albeit with different terminology, with Kagan and Evans (1995) denoting these as cognitive, emotional and behavioural, and Bayne et al (1998) as informational and emotional care. Conclusions of the meta-analysis by Haskard Zolnierek and DiMatteo (2009) state that interventions should incorporate affective / psychosocial and instrumental / task oriented behaviours and can positively affect patient adherence.

Although this research has sought to identify and categorise elements that facilitate or constitute communication others have recognised the range of factors that have to be addressed. Amongst these are Williams, et al (1998) who conducted a review of literature published between 1968 and 1997 which focussed on doctor-patient communication and patient satisfaction. Based on this they feel that investigating the relationship between client centeredness and patient satisfaction is problematic and complex, with clients' mood and reason for consultation impacting on the satisfaction rating. Further these authors argue that researchers' measures of how

doctors achieved this client centeredness often had methodological flaws. They did, however, conclude that higher patient centeredness and empathy are associated with increased patient satisfaction. Other aspects they reviewed were the balance of information provision, which varied between contexts and reasons for consultation, and the doctor patient relationship and expressions of affect which they concluded were overall important factors in satisfaction.

Bensing, et al (2003) and Epstein (2006) similarly urge a recognition of the impact of the context within which the interaction takes place, and the bi- or multi – directionality that exists when communication is at least between the clinician and patient, and can be with relatives or friends also present. This reinforces that each interaction is a unique experience as there are the particular and individual needs and focus of the patient and clinician and the context and purpose of the encounter. The question then arises as to whether it is possible, nor indeed appropriate, to define and quantify optimum use of certain verbal and nonverbal responses, since there cannot be a prescriptive set of instructions to follow, and indeed if this is attempted it would negate and proclude true or authentic 'dialogue'. For students, though, the basic skills need to be identified and practised so these can then be utilised appropriately in their response to each particular client and can, according to Fadlon, et al (2004) form a structured model which helps both insecure and over confident students.

It would seem then that for students, whatever formats of learning and assessment are utilised, these need to incorporate these factors and, in the case of the assessment tools, still retain objectivity and parity between and for all students.

The literature and research on OSCEs will now be reviewed to examine the scope for a rationale to be provided for this being a potential assessment method. This will begin with a review of the concept of 'competence', before OSCEs in general and then OSCEs for communication skills are discussed. The potential of OSCEs for guiding learning will then be considered.

Competence

As discussed earlier, OTts are required to develop competence during their pre-registration education in line with national curriculum (COT, 2004) and professional standards, if they are to be eligible to apply for licence to practice. In addition there has been a move towards a competence based career framework (DoH, 2008) and a requirement for evidence of continuing professional development (HCPC, 2102b) to ensure competence is maintained post - registration.

Part of this WBP is concerned to investigate the premise that when considering students' skills development and assessment prior to a first PPE the clear identification of the key abilities required to begin to form a therapeutic, client centred relationship could form the basis of the assessment process and in turn assist students in their learning. This concern is based on assessment being seen as the driving force of student attention and so it has a key, central role in the learning process (Martin and Jolly, 2002, Havnes, 2004, Larsen and Jeppe-Jensen, 2008). So it would seem that it is imperative that assessment is an integrated part of the learning experience and matches competencies being learnt (Wass, et al 2001) and is meaningful and applied consistently (Panzarella and Manyon, 2006).

It must be acknowledged that attempts to systematically define the critical elements in the practice of health professionals at various stages of professional development is one of the major tasks facing assessors today and yet it remains fundamental to good practice (Crossley, et al 2002). However, assessment of clinical performance is complex and controversial (Martin and Jolly, 2002) and one of the most challenging tasks is how to assess it objectively (Walsh, et al 2009).

Higgs, et al (2001) argue for there being three types of knowledge: propositional, craft and personal, and that these come together in clinical

encounters, which means preparation for practice requires a complex interplay of these different ways of knowing. Levels of knowledge have been categorised in Miller's pyramid of competence, as 'know', 'knows how', 'shows how', and 'does' (Miller, 1990) to provide a conceptual framework for defining a clear focus for assessment. Since its original inception the addition of two foundation levels, 'heard of' and 'knows about' have been considered (Peile, 2006). For a[ny] assessment identifying readiness for a first PPE, the 'shows how' level would seem to be most relevant, the 'does' being embodied in PPE itself. There remains a need to define competence and the specific competencies that can be used to measure it. Attention will now turn to this.

Competence is defined by tacit rather than explicit knowledge, and based on a review of literature between 1966 and 2001 Epstein and Humbert (2002) propose a definition of professional competence intended to encompass important domains of medical practice:

> "The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community served". (Epstein and Humbert, 2002, p. 226).

The associated requirement of 'judicious use' is also reflected in proposals by Verma, et al (2006) who consider core competencies for health professionals, and note that competence is more than knowledge. Listing similar domains to Epstein and Humbert (2002) they go on to view competence as behaviours that describe excellent performance in a particular work context, be that in a role, job or function. Eraut (1998) also sees attribution of competence as involving judgments of quality, not solely the acceptable standard delineating between competent and not competent, but also indicating levels of achievement, and so thereby encouraging the attainment of excellence. It seems pertinent then to now go on to review assessment methods that are focussed on measuring such refined understandings of competence.

OSCEs

The OSCE was first introduced into medical education by Harden et al (1975) as a means of assessing clinical competence. The operational basis of this assessment tool being that students rotated round a number of stations, spending a few minutes, usually between five and ten, at each, carrying out a procedure as identified on a written instruction and then answering questions on their findings and interpretations of them. Harden and colleagues continued to refine their work (Harden and Gleeson, 1979, Harden 1988, Harden, 1991) which became recognised as an innovative assessment method which was adopted by other medical educators, who further researched its applications and development. It is utilisation of this assessment procedure which seems of potential value to this project's concerns.

Rushforth (2007) states that within a few years of the introduction of OSCEs other professions began to use them in pre-registration courses. However, she does not fully substantiate this claim, only citing two articles based in nursing (McKnight, et al 1987, Ross, et al 1988) and another two from allied health professions, these being Nayer (1993) in Physiotherapy Canada and Wessel, et al (2003) in Journal of Allied Health. Zraick, et al (2003) based in speech and language therapy, feel little formal attention has been given to the use within that profession, with no published research. Major (2005) also claims there is evidence to support the use of OSCE in OT, physiotherapy and radiation therapy, but again only cites one article from each discipline, the one for physiotherapy again being Nayer (1993) and for OT Edwards and Martin (1989).

A search of CINAHL conducted in 2009, using key words 'OSCE' and 'Occupational Therapy' produced just one article, this again being Edwards and Martin (1989). Key words 'OSCE' and 'Nursing' resulted in 71 articles being displayed. Although not all were research based, this difference in number of publications can be seen as indicative of relative usage of OSCEs in these two professions, with very limited recognition within OT. Searches on Medline resulted in 697 items for 'OSCE', but only one for 'OSCE' and

‘Occupational Therapy’, and this was based in dental practice and referred to OT only in terms of knowledge of that profession being one of the aims of the programme under study. Search terms ‘OSCE’ and ‘Nursing’ identified 52 articles and ‘OSCE’ ‘Nursing’ and ‘Communication skills’ resulted in two, neither of which had these as a main focus.

A repeat of this search in 2014, identified a total of 480 and 1,182 articles for the search term ‘OSCE’ on CINAHL and Medline respectively, and 98 and 99 for ‘OSCE’ and ‘Nursing’. This indicates ongoing research by other professions. However, ‘OSCE’ and ‘Occupational Therapy’ searches only identified four articles on CINAHL and via Medline only one article and this was one of the four found on CINAHL. Of these four one was the piece by Edwards and Martin (1989) and the other three were all by a group of authors based in Japan (Kanada, et al 2012, Hiroaki, et al 2013a, Hiroaki, et al 2013b). These were not solely based in OT, as physical therapy was also included. The articles presented different aspects of ongoing data they were collecting on the potential of OSCEs to standardise clinical skill achievement and make comparisons between university and practical training. The specific ‘clinical abilities’ they were comparing were not identified and none of the articles were clear in terms of methodology, nor findings. The final article did recommend further studies on how OSCEs might enable standardisation of assessment.

This lack of OT specific research indicates the relevance of this WBP. Much of the literature is based in medicine and some in nursing and these now will therefore be utilised in discussion alongside relevant texts from OT and other fields such as counselling, where inter-personal skills are fundamental.

Validity and reliability of OSCEs in assessment

Medical and nursing literature has evaluated OSCEs in terms of the procedure’s reliability and content, context, and concurrent validity. The original use of station specific checklists, seen to remove subjectivity of the examination process, has more recently been questioned in terms of

measuring performance in that this may reward thoroughness over competence (Regehr, et al 1999). Indeed it has been argued that novices can score higher than experts when rated solely by using checklists (Hodges, et al 1998, Hodges, et al 1999) since these do not reflect the complex and hierarchical problem solving or interaction style of experienced clinicians, and checklist marking grids may restrict examiners (Hodges and McIlroy, 2003). Research has therefore considered if global ratings are more valid and reliable (Hodges, et al 1998, Regehr, et al 1998, Hodges and McIlroy, 2003, Park, et al 2004, Mazor, et al 2005) with results providing evidence that global rating scales or a combination of global and checklist scales can be a reliable and valid method of rating. However, this would seem to remove the intended objectivity, with the individuality of each examiner's perceptions having more impact on the process. The work of Cooper, et al (2006) is therefore useful in attempting to identify the key decision making processes of examiners in OSCEs. Based on conceptual frameworks of analytical and intuitive decision making, they conclude that "Recognition Primed Decision-making", also referred to as 'gut reaction', best describes these. This would seem to support concerns around the lack of objectivity, but, even though they found some correlation between checklists and global scores, albeit with global ratings tending to be lower, they do not suggest sole use of global rating, rather a combination of the two, particularly for borderline candidates. What their work adds is acknowledgment of the influence of intuition, particularly in the assessment of the 'softer' skills such as inter-personal communication.

Barman (2005) critiqued OSCEs based on findings published between 1975 and 2004 and concluded that it can be a reasonably reliable, valid and objective method of assessment, but for a comprehensive assessment of clinical competence other methods should be used in conjunction. Caraccio and Englander (2000) reviewed paediatric literature published in Great Britain and United States between 1975 and 1999. They concluded that acceptable reliability and validity can be achieved for the OSCE, and a combination of OSCE, standardized board examinations and direct observations in the clinical setting has the potential to become the 'gold

standard' for measuring physician competence. However, this relates to when the assessment is 'high stakes', that is, it is the final process deciding if the candidate should qualify, whereas the proposed OSCE in this WBP is for one module in the first year of pre-registration education.

Walsh, et al (2009) having reviewed literature between 1968 and 2008 with the aim of describing the utility of the OSCE to measure one form of clinical competence in nursing, note that it may not reflect the clinical reality of holistic practice. Mitchell, et al (2009) similarly discuss if a holistic perspective of competence can be assessed by OSCEs and more generally, the potential to be measuring 'performance' versus 'competence'. They consider the need for incorporating context and the integration of skills, but even then they argue that there may be difficulties in measuring subjective constructs such as caring and empathy. Hatala, et al (2011) similarly feel that potentially OSCEs fragment complex situations and so conducted a pilot study into whether three sequential OSCE stations based on the same patient, but each designed to assess separate content and competencies, could address this and provide a sense of patient continuity. From such preliminary research definitive conclusions cannot be drawn but their findings are indicative of the value of a combination of typical OSCE stations and their modified version.

When wanting to assess competence in inter-personal communication it is how the subjective, complex dynamics, can be measured and assessed that has been the focus of research. Recognising the complexities and individuality of each interaction, the attainment of 'objectivity' in its assessment merits further discussion. Indeed, in the original article Harden, et al (1975) recognise this by reference to Stokes (1974), who writes on the nebulus but crucial area of building rapport, likeability and poise. The following section will therefore review the literature and research in this area.

OSCEs for inter-personal communication

Junger, et al (2005) note the aim of curriculum reform in medical education is to improve students' clinical communication skills. This is seen as a priority, (Yadidia, et al 2003) and in this concerted effort, directed by all medical schools at teaching and evaluating the core skills of communication, these skills are often assessed by an OSCE (Harasym, et al 2008). When OSCEs assess other competences, inter-personal skills scores can be one differential factor affecting overall skill level assessment (Sloan, et al 1994, Colliver, et al 1999, Warf, et al 1999) and are still sometimes reported separately because of their importance (Donnelly, et al 2000) and hence other researchers have developed separate OSCEs or OSCE stations for communication skills.

Competence in the ability to deal with complex, demanding and specialty specific situations as distinct from generic communication tasks is the distinction between expert and novice (Duffy, et al 2004). Indeed in their Kalamazoo II Report (2004) they make the distinction between communication skills, these being the performance of set tasks and behaviours, and the relational process oriented inter-personal skills. Hodges, et al (2002) focussed on identifying the essence and nature of different levels of expertise and whether OSCE measures could be developed that recognise these. They utilised a coding system which categorised the interaction into 'questions', 'summary statements', 'empathic comments', 'articulated transitions' and 'information giving', (p.744). They suggest the use of global ratings with behavioural anchors so as to capture the sequence, type, timing and purpose of different utterances by the clinician.

With regard to this WBP, the proposed OSCE being prior to a first PPE, it could be that the novice level of competence is seen as an appropriate benchmark. However, for inter-personal communication, behavioural checklists may not be sufficient in themselves, since even at novice level the dynamic nature of interaction needs to be taken into account, skilled inter-personal communication being more than the use of a prescribed set of

verbal and non-verbal responses. A number of analysis systems have been developed in medicine to incorporate these nuances, with some building on the RIAS, (already discussed). The Medical Interaction Process system (MIPs) was developed specifically for the area of oncology (Ford, et al 2000) but as the developers state:

> "the communication process is highly complex and there exists no method of analysis that can capture all its dimensions". (Ford, et al 2003, p.557).

Authors from other areas of medicine have recognised the need to incorporate sequential analysis (Sandvik, et al 2002) and the reciprocal, dialogic nature of interaction (Ford, et al 2000, Bensing, et al 2003) into systems of analysis.

There is a need to consider 'what patients notice, need and want,' if we are to:

> "foster mindful awareness……. and appreciate the nuanced realities within which clinicians practice and the uniqueness of each of our patients lives". (Epstein, 2006, p. 277).

These systems have attempted to identify what constitutes effective inter-personal communication, and with recognition of the complexities and individuality of each interaction the attainment of 'objectivity' in its assessment merits further discussion.

Researchers have focussed on developing systems for the assessment of communication skills, such as the Liverpool Brief Assessment System for Communication Skills (Humphris and Kaney, 2001) and the SEGUE Framework (Makoul, 2001) Patient–Centred Communication and Inter-personal Skills (CIS) Scale (Yudowski, et al 2006, Imramaneerat, et al 2009), whilst others have developed their own checklists of skills to be demonstrated. Research on OSCEs focussing on assessing communication skills adds to the debate about the extent of the validity and reliability, and how this might best be achieved, by questioning what skills need to be

tested. The debate tends to be on the basis of whether or not a generic skills checklist is sufficient and appropriate. This has been considered in relation to case content and context specificity (Hodges, et al 1996, Donnelly, et al 2000, Guiton, et al 2004, Baig, et al 2009). Traditionally OSCEs have a number of 5-10 minute stations (Newble, 2004) and a recurring point in literature is that to increase reliability a number of short stations are utilised (Mitchell, et al 2009) but, if for communication the skills are case specific, this in itself is not sufficient, with the checklist and rating system needing to be adjusted for each station. These were, however, concerned with medical interaction and so the impact of the required level and emphasis on the technical as distinct from the emotional aspects and needs may be seen as different to other health professions such as OT. It might be therefore that the WBP proposed OSCE, being on assessing students' skills during an introductory meeting with a client, may have less case specificity.

Although OSCEs offer a framework for assessment, issues of validity and reliability need to be addressed by each development team. This needs to incorporate clear criterion referenced standard setting, and clearly defined procedures of training and implementation. These can affect inter-rater reliability (Hodges, et al 1996, Chipman, et al 2007) and examiner fatigue (Humphris and Kaney, 2001) and the validity and reliability of simulated patients assessing the students (Cooper and Mira, 1998, Donnelly, et al 2000, Rothman and Cusimano 2000, McLaughlin, et al 2006, Ryan, et al 2010). Neither global nor checklist ratings offer a 'gold standard' but with increasing evidence that global ratings are as reliable as checklists a combination of the two is often the chosen option (Wass, et al 2001, Newble, 2004).

The potential of OSCEs in teaching and learning

Increasingly educators are acknowledging the importance of the role of assessment in learning, and indeed Boud and Falchikov (2005) propose that assessment should be judged firstly in terms of its consequences for student learning, with its effectiveness as a measure of achievement being second.

Khatab and Rawlings (2001) feel greater emphasis should be placed on methods which encourage learning of clinical skills and concurrently provide an appropriate mechanism for assessing them.

The profile of strengths and weaknesses that a well designed assessment can reflect back to the learner is a very powerful educational tool, giving a focus to further learning (Crossley, et al 2002). However, although recognising that feedback is a key factor in learning, Quilligan (2007) notes that the challenge is for this to be provided in such a way as to ensure it is useful to the learner and hence effective, otherwise it can be demoralising or conversely lead to 'false confidence', or else to the learner neither assimilating nor accepting it (Henderson, et al 2010). The timing of feedback is also crucial and Rushton (2005) feels the role and importance of formative assessment and feedback has been emphasized by a paradigm shift in assessment culture but questions if this shift has been fully implemented. Alinier (2003) views the use of a formative OSCE as offering a means of enhancing skill acquisition and increasing student confidence, particularly if they are encouraged to reflect on the experience.

Although often feedback is seen as being derived from tutors, self-assessment can have an important role. Research such as that by Fitzgerald, et al (2003) and Langendyk (2006) focus on the accuracy of self-assessment as measured against that of the teacher, rather than its potential as a tool for learning. Other researchers have seen combining feedback with self-assessment as a means of enabling the development of self regulated learning (Nicol and Macfarlane-Dick, 2006) the definition of this they take as being that of Pintrich and Zusho (2002) which is the degree to which students can regulate aspects of their thinking, motivation and behaviour. Perera, et al (2010) feel that self-assessment and peer feedback can have an equally important role as tutor feedback in enhancing learning. This requires the goals to be clear and transparent and the OSCE competencies may provide this, a concept of the standard or reference level being aimed for and a comparison of current performance against this being two of the

essential conditions identified in a key paper by Sadler (1989) for students to be able to benefit from feedback and so be able to 'close the gap'.

Self-assessment of skills also links with reflective practice. Skills of reflection, both in- and on- action (Schon,1987) are recognised as key to effective practice, and so the ability to evaluate within an encounter and make adjustments to the interaction, its focus, pace, etc, as well as the retrospective reflection on action may be facilitated and focussed by the competencies identified on the OSCE form. Indeed the use of these throughout the learning process rather than confined to assessment, whether that be formative or summative, may provide greater support and guidance to students.

Conclusions

In conclusion this literature review has identified the following key points.

As HEIs ultimately prepare students on pre-registration programmes for licence to practice in what are ever changing healthcare environments, the challenge for them is to be responsive and proactive (COT, 2009) and balance propositional and personal knowledge, clinical competence requiring an integration of scientific knowledge and communication skills (Panzarella and Manyon, 2007). Across professions, there is an ongoing and increasing recognition of the importance of the clinician's inter-personal communication skills indicating this as a 'constant' This is particularly so in the holistic client centred profession of OT and is recognised in standards of proficiency (HCPC, 2013) and national curriculum (COT, 2004 & 2009). It falls then to HEIs to equip students with skills for the 'art' as well as the 'science' of practice.

As the 1,000 hours of PPE are a critical central component of pre-registration education it would seem that HEIs need to ensure that they prepare students for this, and as effective therapist – client communication is a key element in all areas of practice this requires particular attention.

There is limited research on this and therefore this WBP aims to identify particular inter-personal communication skills required prior to a first PPE and develop a method of assessment for the extent to which student practitioners have developed these skills.

There is though debate about how inter-personal communication skills can best be assessed, be that by written or practical methods, and whether staff or students, or simulated patients should assess. One issue is that students may not be aware of their 'shortcomings' and over estimate their abilities. The counter argument to this is that assessment is inevitably subjective, be it by staff or students. It is also suggested that the ability to reflect on one's communication and 'self assess' is central to effective communication, otherwise external assessment of skills by others may not be internalised and acted upon by the learner.

Assessment is seen by many to drive learning, so the use of an appropriate assessment procedure focussed specifically on therapist-client communication affords these psychosocial issues the same status as formal knowledge (Fadlon, Passach and Toker, 2004). Equally it must test what needs to be tested, and OSCEs were developed for clinical competence, (Harden, et al 1975). Since then there has been extensive research, albeit based mainly in medicine and nursing, into their efficacy, validity and reliability. In OSCEs students can demonstrate their ability to utilise and apply knowledge in a practical situation, and therefore despite the 'staged' nature, it can still be a more authentic assessment than more traditional written or oral methods and tests. This is not to say that an OSCE is the only method to be used, since, as Talbot (2004) warns a total reliance on a competency model can be reductionist and limit reflection and holistic practice.

There is also potential for OSCEs to be utilised as formative experiences, and to be utilised in a more integrated way as part of the student learning.

This WBP, therefore, seeks to develop descriptors of inter-personal communication skills required prior to a first PPE and to formulate and evaluate an OSCE for first year pre-registration OT students. It also seeks to provide data from which to debate self-assessment and the potential use of an OSCE as a learning tool.

Aims of the WBP

The aims of this WBP are, then, to:

1. identify what practitioners and educators perceive as a base line level of inter-personal communication skills required prior to a first practice placement education

2. formulate an OSCE of inter-personal communication skills.

3. critically evaluate the use of an OSCE as a reflective tool for student learning and as an assessment of inter-personal communication skills.

Chapter Three: Research Methodology

General research methodology and my personal stance

Formulating an OSCE of inter-personal skills with content validity

Trialling the OSCE for student perceptions of its value

- Questionnaires
- Interviews

Evaluating the OSCE checklist as an aid to self-evaluation and assessment of students' self awareness and skills of reflection.

Ethical considerations

Overview of the research design

Summary

General research methodology and my personal stance

This WBP seeks to develop, introduce and evaluate a novel method of assessing the inter-personal communication skills of pre-registration occupational therapy students at a particular HEI located in the UK. To formulate an OSCE, descriptors of elements of effective inter-personal communication, as relevant to OT students prior to a first PEE, need to be defined. These descriptors can then be used as the skill set of the OSCE procedure. The second stage of the research can then move on to critically evaluate this OSCE as an assessment and learning tool.

When embarking on research, the over arching paradigm adopted by the researcher, is recognised by some as the starting point, as this guides their investigation (Guba and Lincoln, 1994). However, it is important to recognise that the researcher's own beliefs will impact on the area focussed on in the research and also on their collection and analyses of data, and there will inevitably be a degree of subjectivity resultant from the influence of the researcher's experience, thoughts and feelings (Speziale and Carpenter, 2007). My belief, born of lengthy practitioner experience, in the centrality of inter-personal communication skills in establishing effective therapeutic alliances, and in conjunction the value of experiential learning has already been recognised in Chapter One. The active engagement and empowerment of students embedded in experiential learning parallels the principles I would hope to incorporate in this WBP.

My belief that student learning about communication relies on their ability to reflect on their experience and go beyond what they consciously knew before they began the process of learning will also have impact. Another key consideration for me was that, if the learning and research processes can be complementary, there is less likelihood of the research process having deleterious effects on the student participants.

Research cannot be value free, but values of the researcher can be made explicit (Greenbank, 2003). This will inform both the reader, bringing the

researcher's self to the forefront of readers' attention (Manias and Street, 2001), and the researcher, to help ensure that the researcher does not merely confirm what they already 'knew' or hoped to find (Burck, 2005) as values not only impact on choice of paradigm and method but also the interpretation of results (Greenbank, 2003).

Therefore, having identified the broad area of focus of my WBP I need to consider my ontological and epistemological stances since philosophical assumptions about the nature of reality are crucial to understanding the overall perspective from which a study is carried out (Krauss, 2005) as this will impact on methodological approach and methods employed to collect data (Grix, 2010, Mack, 2010). In its turn, this can therefore include or exclude different types of data (Bunniss and Kelly, 2010).

The emperico - analytical or scientific paradigm with its concern for objectivity, prediction, replicability and generalizability contrasts with the interpretivist, or constructivist paradigm which instead recognises that reality is subjective and that the research process is value laden. However, Mackenzie and Knipe (2006) noting that research methodology may in some research discussions appear more central and be seen to replace the pre-ordinate role of the paradigm, consider that both paradigms should work together. Onwuegbuzie and Leech (2005) discuss how it may be the objectives which should drive the study, rather than paradigms or methods, asserting that any dichotomy that exists between the two paradigms is essentially false or unhelpful. They make a case for epistemological universality as part of an integrative, interactive, systematic process with methodological pluralism, suggesting a third paradigm of pragmatism.

Fossey, et al (2002) drawing parallels between needs in clinical reasoning and in research to draw on several kinds of knowledge, similarly support not restricting research to a single paradigm, since this could, they suggest, result in limitations to the range and depth of understanding and knowledge. Foss and Ellefsen (2002) similarly argue for the combination of qualitative and quantitative methods based on an epistemological position that acknowledges the need and value of different types of knowledge seen as

along a continuum rather than these being in a hierarchy, and together such combined knowledge providing a richer and more comprehensive picture of that which is researched. Hammersley (2012) recognises that there are conflicting responses to methodological pluralism, but this rejection of 'either-or' is suggested by Tashakkori and Teddlie (2010) as leading to a guiding principle of mixed methods research of methodological eclecticism. Punch (2000) suggests that the research area needs to be refined to research questions before methods can be considered, and Burck (2005) sees this as the most crucial developmental aspect of the research process. As stated in Chapter Two, page 37, and here on page 39, the research questions of this WBP pertain to what constitutes sufficient and effective inter-personal communication skills for a first PPE, and the potential of an OSCE as a summative assessment procedure and as a formative self-assessment and reflective learning tool for students.

My initial response to questioning my stance would be that I feel more affinity with a post - positivist, interpretive paradigm. This is not solely based on an aversion to the use of statistics that many people associate with analytical, quantitative research, as this is a narrow view, and most methods of analysis use some form of number, such as, 'most, few, some, etc', (Gorard, 2002). My stance is one where, instead, I feel it is important to recognise the complexities and subjectivity of experience (Fossey, et al 2002) and this is particularly relevant when the focus is on inter-personal communication. However, I also want to develop an assessment tool that has applicability and relevance across cohorts, primarily in the study HEI, but potentially more widely in the future. Therefore, in my deliberations, it appears to me that there are contrasting aspects to this WBP. On the one hand, the subjectivity of inter-personal communication and the individuality of each student's needs in learning, which have to be balanced, on the other hand, against an aim of developing a valid assessment tool for the appraisal of communication skills, which might also then be an aid to learning for whole cohorts. I feel the students' experiences and perceptions are invaluable, yet also recognise that the formulation of an assessment with content validity requires the knowledge input of experienced practitioners.

Power relationships are inherent in any research situation, but are particularly relevant here, with the additional dynamic of my being in the role of lecturer. So for me it is essential that students do not feel coerced in any way to participate. Another crucial concern is to ensure that my programme involvement and research does not have a negative effect on their learning. Indeed this is the opposite of what is aimed for by the development of the OSCE, as my intention with it is to evaluate its potential as a learning tool as well as one of assessment. As Malin (2003) states, even if you abide by the ethical tenets of informed consent; confidentiality, anonymity and ethical responsibility can still be compromised. So there is a potential tension between what may be perceived as theoretically the most optimum methodology, and that which will obtain sufficient data whilst having least potential for any negative impact or consequence for students in the researched field. The ethical concerns and the measures taken in this WBP to protect students, and other participants, are more fully articulated in the section on ethics, (p. 60-65).

The WBP then has two emerging areas, these being the formulation of an assessment tool of inter-personal skills that has content validity, and then the evaluation of the tool's value and relevance to student learning and assessment. The following sections describe the schedule of the WBP and indicate the theoretical and pragmatic reasoning which led to the selected methodology and methods.

Formulating an OSCE of inter-personal skills with content validity

The starting point for this research was to investigate and identify what constitutes a base line level of inter-personal communication skills for OT students prior to embarking on their first eight week PPE and to identify specific descriptors of these. Although students' experience and learning is central to this WBP, it is also recognised that the establishment of these descriptors cannot be done directly with students. Instead this part of the WBP needs to involve 'experts', that is people with relevant knowledge and expertise to answer the research question (Tashakkori and Teddlie, 2010) who in this instance will need to be qualified OTts with experience and

knowledge of pre-registration education. There is a nationally recognised accreditation programme for OTts to become supervisors of students whilst they are on PPE so these clinicians, or practice placement educators (PPEds) along with OT lecturers at HEIs across the country are suitable to provide a cohort of 'experts'.

However, nationally there is variation in length and timing of first PPEs between the specific pre-registration programmes. So the option of surveying the national population of HEI tutors and accredited PPEds is not as relevant in the particular context of this WBP, which is focussed on a specific programme in the subject HEI, (see p.39). Therefore professionals with relevant expertise were seen as lecturers on the OT pre-registration programme at the researcher's HEI and the qualified OTts who supervise and assess these students when they are on PPE. Recruitment of this constituted 'expert' cohort will provide content validity specific to this programme, the central focus of the WBP. However, as it is hoped that the results may have wider applicability than the HEI at which the researcher is based, the scope of the sample size from which the data is obtained needs consideration. Data which can be generalised does not have to necessarily be obtained by surveys of large numbers. It is more important that it is gained from relevant people and by appropriate methods which do not bias responses and so limit reliability.

The PPEds who are OTts who supervise students from the researcher's HEI whilst they are on PPE, work across the whole of the geographic region of the strategic health authority and a range of clinical areas. One option, for 'expert' cohort recruitment, therefore, was to contact all these PPEds and ascertain who would be willing to participate in the study, so resulting in a self-selected sample (French, et al 2001). These PPEds also attend study days at the study university, at which issues of student supervision and assessment are key issues on the agenda. The numbers attending these days can range from 20-80 PPEds, which gives some confidence that sufficient attendees would be willing to participate in the WBP research to ensure an appropriate range of experience in clinical work and in their own pre-registration education for this WBP. Further, their group presence at the

HEI will enable more face to face methods of data collection without requiring attendance at a separate event arranged solely for the purposes of the research. Arriving at a sample of participants in this way is to some extent then based on opportunistic convenience, but also ensures they have the relevant expertise as is associated with purposive sampling (Burns, 2000, Denscombe, 2010). However, the bias that could be inherent in my selecting individual participants for a purposive sample, is somewhat reduced by my having no control over who attends the PPEd day, and by attendees then self-selecting, by electing to participate, or not, in the research.

Individual interviews would not provide sufficient diversity and range of opinion, as the feasible number of interviews would be small and so may be unlikely to gather the opinions of a sufficiently wide range of clinicians from differing clinical areas, to identify the inter-personal communication skills required before a first PPE which can be located in any of the areas of practice for an[y] individual student. Focus groups enable greater number of participants to be engaged and have the advantage over interviews of using group dynamics to stimulate discussion, gain insights, a greater depth of understanding and to generate ideas which would be less accessible via individual interviews (Morgan, 1997, Bowling, 2002, Flick, 2002).

The use of focus groups is recognised as a means of facilitating participants to share perceptions and points of view without being pressurised to reach consensus (Krueger and Casey, 2009). Therefore, this would appear to be appropriate here when the aim of the research project is to obtain a range of perceptions on a defined area of interest, in short, and as Ivanhoff and Hultberg (2006) state, the collective not individual view. However, there are still potential negative effects of group processes such as censoring and conforming to group views or norms (Carey and Smith,1994) so the skills of the person who facilitates the group, termed the moderator, will be important in maximising the positive dynamics of the discussion, which can be seen as occurring in a specific controlled context (Smithson, 2000).

Focus groups can be structured around an initial focussing statement or a topic guide, also known as the focus group schedule, which is a set of prompts or questions, formulated by the researcher, and used by the moderator (Krueger and Casey, 2009). I developed a schedule based on this principle, (see Appendix 1), and designed to introduce the group to each other and relax the group, to provide a conducive environment for free discussion, before then asking more specifically about inter-personal communication skills of students on PPE to ensure the ensuing discussion centred on the research question. Although the questions utilised and the moderator's input will guide the discussion, they should not control it (Bloor, et al 2001) yet moderators may address dynamics such as dominant voices over riding others (Smithson, 2000) so as to facilitate inclusion of all group members in discussions and gain the multiple understandings and meanings (Ivanhoff and Hulberg, 2006). The focus groups being facilitated by colleagues who have expertise in group facilitation and dynamics was therefore advantageous and removed potential bias inherent by my facilitating a group. Other colleagues attended the groups to act as scribes, whose role is to keep a written record of the discussion as advocated by Krueger and Casey (2009).

Six colleagues were able to assist with the operation of the focus groups so there was potential, dependent on numbers of participants, to run three focus groups each with a moderator and scribe, with myself acting as reserve, in case of absences. Moderators and scribes met with me prior to the groups to discuss their respective roles. As stated above, the moderators, who were all experienced therapists, had the necessary skills to run the groups, but were not necessarily conversant with the requirement of focus groups, so the meeting enabled clarification of their remit here. Each scribe was supplied with a paper copy of the group schedules with space to record discussion resulting from each question, and with the remit to include as much detail as possible.

The suggested number of group members in a focus group ranges between six and twelve, depending on the purpose (Krueger and Casey, 2009) and

multiple focus groups are advocated to enhance confidence in the data (Kidd and Parshall, 2000). As all potential participant PPEds in this WBP research sample would be present at the morning session business meeting of the study day, I attended this to provide information on the focus groups planned for later in the day and to be available for any questions. Written information was also supplied to each person stating the purpose of the research and the role of the focus groups in this, and assurance of individual participant's confidentiality and anonymity, (see also ethical considerations section p.60-65). This schedule allowed for everyone to have time to consider if they wished to participate or not. In the lunch break letters of agreement were signed by those who indicated a willingness to participate. This information along with the information from the register of attendees at the morning business meeting enabled allocation of individuals to focus groups so there was heterogeneity in terms of a mixture of clinical areas in each group and people from the same department could be in different groups. This latter separation from direct work colleagues seemed to be particularly important in facilitating freedom of speech and opinion, especially as line managers were also potentially present.

Returning to all participant PPEds at a later stage to gain verification of my interpretation of data was not feasible, indeed Morse, et al (2002, citing Morse 1998 and Sandelowski, 1993), feel this can be counter-productive as data is by that time decontextualized. Instead, at the end of the group the moderator tentatively presented to the members key points they had identified for their endorsement as accurate, and following this asked if there was anything else anyone felt needed to be discussed (Kidd and Parshall, 2000, Krueger and Casey, 2009).

In addition to the focus group with PPEds, HEI colleagues also participated in one of two focus groups, facilitated by a member of another team within the HEI. The schedule for this is contained in Appendix 2. Focus groups can help to bridge gaps (Krueger, 1994) which, in this instance, could be those between HEI and PPEds expectations of students' abilities and skills required prior to a first PPE.

There is some debate about the varying importance of the dynamics of focus groups (Lehoux, et al 2006) and they suggest three interactive processes at work. These are establishing oneself as experienced and knowledgeable; establishing oneself as being in search of information and advice; and validating or challenging one another's knowledge claims. However, in the context of the focus groups for this WBP, where participants are there as professionals with relevant knowledge and experience, who can assist by providing information, it is only the third which is of potential relevance. This also relates to the strength of focus groups identified by Morgan (1997), that being the ability to observe the extent and nature of agreement and disagreement. Therefore audio recording the focus groups was proposed to enable these factors to be incorporated in the analysis.

In addition to considering how my affinities and beliefs will affect what I deem to be relevant data and the most appropriate way to gather this, I am also aware of the need to have integrity and trustworthiness in how I analyse data. If I am to embrace the principles of having credibility, transferability, dependability and confirmability, which are terms to replace the positivist criteria of internal and external validity, reliability and objectivity respectively (Denzin and Lincoln 2003, Onwuegbuzie and Johnson, 2006, citing Lincoln and Guba, 1985) I must remain open to how my pre-conceived ideas will influence what I 'see' in the data, that is what I select for analysis and presentation, as well as how these will impact during the process of deciding what data is most relevant to answer the research questions. I therefore need to remain open to acknowledging my prejudices and biases and to present sufficiently thick descriptions (Teddlie and Tashakkori, 2009) and to include sufficient quotes from these groups to provide evidence for my systematic organisation of data into a structured format (Liamputtong & Ezzy, 2005). This will thereby enable the reader to gain a sense of the factual accuracy of my account and the extent to which my interpretation of the account represents an understanding of the perspective of the participants as documented by myself, termed 'descriptive' and 'interpretive validity' respectively (Onwuegbuzie and Johnson, 2006 citing Maxwell, 1992). The written records produced by the scribes of the groups, who would

not be in a position to produce verbatum records, but could record as full a record as they found possible and note key points of discussion, were also a means of reducing my bias.

Trialling the OSCE for student perceptions of its value

Once the data from the focus groups has been analysed, this data set will inform the basis of the skills checklist to be used in the proposed OSCE. In order to investigate its potential it needs to be trialled with a group of students. However, it is recognised as imperative that this should not have negative impact on the students' learning or achievement as no harm or deleterious effects must result from research (British Educational Research Association, 2011). I also relate my clinical professional codes of conduct and ethics, aimed primarily at safeguarding service users, to my educational practice, feeling that I have a duty of care (COT 2010) to the students, the service users of the HEI, and should always act in their best interest (HCPC 2012b). My intention in the second part of my research is to illuminate whether or not the OSCE has the potential to be helpful to the sample students. So, whilst ensuring its trialling is able to identify any concerns they may have about it or negative impact of its use so results are not biased, the means by which this data is obtained must concurrently safeguard the students. (For further discussion of these issues see ethical considerations section, p. 60-65).

The rest of the module team of tutors was involved in discussions on how this practical test of skills, or OSCE, which had been proposed in re-validation meetings, (see Introduction, p.5-6), could be incorporated in the module in a way which would not be deleterious to individuals or the programme, yet might provide data by which it could be evaluated. These discussions resulted in a decision to introduce the OSCE as a formative experience, from which the students could gain staff feedback as well as completing a self-evaluation of their inter-personal skills. This would then form the basis of the reflective assignment they were at the time, (2008), required to complete as the module assessment. Additionally the OSCE checklist might then be used in the module as part of the experiential

sessions. The usual means of gaining feedback from students on the efficacy of modules is by a questionnaire, and this could incorporate questions about the OSCE and the checklist, as they would have been integral components of the module.

Questionnaires

Questionnaires can be a vital tool in the collection of data (Verma and Mallick, 1999) and are often the preferred method when wanting to know how widely a view, belief or perception of a situation is held (Arksey and Knight,1999). Yet they are renowned for having a poor response rate, particularly if distributed for completion by post or at a distance (Blaxter, et al 2010) which in turn might then introduce bias dependent on reasons for non-completion and return (Bryman, 2001).

In contrast, Cohen, et al (2011) do not feel that postal response rates are less than for interview procedures. They also note the impact of dynamics created by completion being in a classroom setting and by the researcher or other education staff being present, which can result in students feeling under duress and affect reliability. Other authors feel that even administration in a set time and place can to some extent provide both physical and psychological distance from the 'insider researcher', requiring little or no personal interaction (Clough and Nutbrown, 2007) and eliminating interviewer effects (Bryman, 2001). At the same time they are still prone to subjectivity and may introduce bias as a result of the type of questions asked (Koshy, 2010), with questions being constructed by the researcher unconsciously reflecting their views of what is important, (Heimann, 1998). If the questionnaire is completed at a time and place away from the researcher there is an even greater need for questions to be clear and unambiguous as there will be no means of gaining clarification (Cohen, et al 2011).

These points of debate on the distribution and return of questionnaires led me to feel more assured regarding my not needing a separate means of administering the questionnaire for this project, nor indeed a completely separate questionnaire. The usual method of gaining feedback on modules, and which students are therefore familiar with, is for questionnaires to be

distributed and completed in the final session of the module. This could be seen to increase response rates, by time being afforded in a timetabled session and return of the questionnaires being simply by handing it back, but this leaves the matter of coercion to be examined and accounted for (see also ethical considerations section, p.63-65). This is to some extent alleviated by the anonymity of completed questionnaires, which also allows students to not respond to any, or even all, questions if they do not wish to. The use of questionnaires also 'removes me' to some extent, and decreases the influence I, as an 'insider' researcher, would have on respondents in more interactive or face to face data collection. This is particularly pertinent in this project with student – lecturer dynamics exerting influences and issues such as the perception of power and expectations potentially being even more apparent if this distance and anonymity is not provided (see again ethical considerations section). My attention then turned to the format of the questionnaire and this is discussed below.

A balance of closed questions, which structure answers by providing two or more options to be selected from, and open questions, which leave the respondent to formulate and word the answer, is often used. Closed questions are easier and quicker for respondents to answer, reducing the likelihood of nil response (Ruane, 2005) but do not necessarily afford the exact 'answer' appropriate and accurate for all respondents. On the other hand, open ended questions invite an honest, personal comment (Cohen, et al 2011) in as much detail as respondents wish to provide (Verma and Mallick, 1999). There is then the risk that too many open questions can take too much time to answer properly (Blaxter, et al 2010), and can therefore exacerbate nil response rate (Bryman, 2001). It has also been accepted that closed questions are not necessarily restricted to matters of fact, but can be used to find opinions (Verma and Mallick, 1999).

Closed questions can use itemised ratings scales, such as the Likert scale, designed to measure the level of agreement or disagreement to items related to the topic of interest (Teddlie and Tashakkori, 2009) with the number of scale points typically being five (Malhotra, 2006). A disadvantage of this is the time it takes respondents to complete as they have to read an

entire statement rather than a short phrase. In addition, responses obtained can depend on the direction of the wording of questions, whether they are stated positively or negatively, so a balance needs to be attained using dual statements (Malhotra, 2006). Four forced options, producing a balanced scale, with two negative and two positive options, can also be used, with unbalanced scales being used to address foreseen skewing (Malhotra, 2006).

Recognising the need to make questionnaires as short and pleasant to answer as possible, so as to increase response rates without compromising the quality of the insights from the data, Dolnicar, et al (2011) compared forced binary scales with ordinal multi-category answer formats such as the Likert scale, and found equal reliability, and that if multiple options are not essential or logically required, then the binary answer format, providing just two options, is preferable.

Thus, the questionnaire for this project (see Appendix 3) was designed to begin with closed questions with a forced tripartite scale, as I wanted to encourage a good response rate, yet still attain some greater detail of the student perceptions than a binary yes - no option would afford. When an odd number of categories is offered the mid-point, which can tend to be selected, is generally designated as neutral, but was in this instance not a neutral statement, as it was deemed that students would not feel neutral about a learning method, in that methods will inherently help or not help their learning, and if they feel it had ‘no effect‘, i.e. feel neutral about it, then this might reasonably be understood to indicate that it is an unhelpful learning tool as all learning strategies are intended to impact on learning. However, and in retrospect, it may have been preferable to have four forced options, producing a balanced scale, with two negative and two positive options, as there is no evidence to suggest negative skewing in students’ evaluations of teaching methods. On the other hand, it could be seen that the two ‘positive’ options give greater detail to the extent to which a learning method was helpful without this altering the overall total number of positive responses. If a learning method is seen as unhelpful the relative importance of grading

this is less, as further utilisation of anything that is rated as unhelpful to any extent would be professionally questionable

The second section of the questionnaire utilised open questions asking students what they would retain and what they would change. The use of these questions was intended to provide greater depth as to why students feel certain strategies and methods are helpful or unhelpful, whilst at the same time allowing freedom of choice in the responses. Wording these open questions around the whole module also meant that the focus was not indicatively directed to the OSCE and its associated checklist, so any identification of the OSCE as a key negative or positive element of the module would be from the students' perception, and their consideration of these in relation to other aspects of the module's learning and assessment strategies.

Although Cohen, et al (2011) were focussed on schools when noting the potential negative impact of conducting the survey in a classroom setting, the researcher cannot be complacent that these same dynamics do not operate in an HEI. The usual strategy utilised by the education team at the HEI of this WBP is to complete the evaluation of each module during a taught session, whilst still ensuring the methods used for this provide anonymity of specific respondents and facilitate an ethos of openness on the part of the tutors to all feedback. As the module is focussed on inter-personal communication and is one in which the learning methods are mainly experiential and in groups of approximately 18, there is the intention on the part of the team that a collaborative and supportive environment be facilitated, with a more egalitarian relationship between students and tutors being aimed for. This ethos is then intended to be carried forward to the rationale of feedback on the module being a means by which tutors gain the students' perspective so as to more effectively meet their needs. Although the questionnaire is usually distributed in the classroom it is made clear to students that they can still decide to not complete the feedback.

The issue of anonymity was also addressed by not asking for personal details of each respondent, such as gender or age, as these could increase

the possibility of identifying individuals who, for example, were members of minority groups. So, although this information could have enabled further analysis and identification of similarities and differences in perception, between respondents, such preferences and needs between demographic groups was not seen as essential nor appropriate.

Despite my feeling that this utilisation of questionnaires would provide some understanding of the students' perspective, this being a main source of critique of the OSCE I still felt that a greater understanding of students' needs and how these can be met might be gained by a combination of questionnaire with individual interviews. The following section therefore provides more detailed consideration of why and how interviews were incorporated into my research design.

Interviews

Questionnaires can provide a broad picture of experiences or views, but are unlikely to reveal depth and rich detail of those views (Clough and Nutbrown 2007) although data from questionnaires can be used to formulate interviews (Blaxter, et al 2010). Since I wanted to gain a balance of both breadth and depth, a combination of questionnaire and interviews might well achieve this and provide a means of between-, or across-method triangulation of data (Thurmond, 2001) which is a means to counterbalance any deficiencies and biases of one method with the strengths of another as:

> "methodological triangulation has the potential of exposing unique differences or meaningful information that may have remained undiscovered with the use of only one approach or data collection technique". (Thurmond, 2001, p.255).

The use of interviews alone would not have not enabled the possibility of generalising the findings to a wider population, although even with the use of methods such as a questionnaire it still has to be recognised that this wider applicability is limited, as this is in essence a single case study of this particular cohort. However, I felt that interviews with individual students would enable me to gain a greater appreciation of students' needs, albeit from a smaller number of the module cohort.

Interviews in particular need to be recognised as a unique event which is impossible to replicate because of the interactions between interviewer and interviewee. This applies to interviews whether they are structured, semi-structured or unstructured, with interviewees perceptions of the interviewer affecting how they respond (Denscombe, 2010). This will be particularly relevant here when I will be interviewing students, because, and inevitably, their perceptions will be influenced by past experiences of education, as well as their interactions with me at other times in their studies on this programme. They also of course know that I am involved in this module. These dynamics are discussed further in the ethical considerations section, (see p.64).

However, the recording of the interview to enable the researcher to concentrate on the interview process can result in anxiety and stress for the interviewee (Koshy, 2010). At the same time the perception of why a researcher might be making notes can also impact on the interview and be perceived by the interviewee as indicating that what they are saying is either significant or not worthy of note (Blaxter, et al 2010). It is therefore important that, as Kvale and Brinkmann (2009) suggest, I remain open to these dilemmas and conflicts throughout the data gathering process, and also assure that I maintain my professional code of ethics. There is a need for each individual researcher to have what Murray and Lawrence (2000) term an ‘ethical posture’, and to continuously monitor the ethical aspects of their own actions. This is also seen by Small (2002) as more relevant than formal procedures and standards, as this monitoring concern recognises the complexities which cannot be addressed in a single procedure or compliance.

The aim of the interviews is to gain a greater understanding of the students’ perceptions of the OSCE, and so are not overtly focussed on personal data and yet will still be asking about their individual responses to experiential learning of inter-personal skills which can evoke strong reactions. The interviews must therefore be conducted in a sensitive manner with a clear option for the interviewees to opt out at any point or not answer a particular question. The use of semi-structured interviews, with set questions, the

sequence of which can be fixed or flexible, which theoretically at least are seen as a means to gain greater depth by having the latitude to ask further questions (Bryman, 2001) might also assist in affording the opportunity to respond to the interviewees' needs and support them.

The use of semi-structured interviews, rather than unstructured interviews, conducted by the researcher themselves might be seen to achieve some consistency, but equally then issues of reliability might arise in so far as semi-structured interviewing can still permit a researcher to introduce personal bias and concerns. Evans (2002) coins the term 'suggestibility' in relation to the data collection phase, whereby even the title of the research or information given about it can influence the research participants, along with the researcher inadvertently communicating something of the nature of what they anticipate. This can be via either in the dynamics of the interview, the questions they ask or the responses they give. I therefore bore this in mind when formulating the information I circulated to students when asking for participants in the interviews (see Appendix 4). This needed to provide sufficient information for respondents to make an informed decision, whilst minimising this 'suggestibility' factor. Likewise the questions to be asked need to focus sufficiently on the topic, whilst not biasing responses (see Appendix 5). I decided to begin with a general question which asked about all the modules they had studied prior to their first PPE before going on to be specific about the one which is the focus of this WBP. This might then provide an indication of which modules the students feel are most helpful in their preparation for PPE without my pre-empting a consideration of the communication module and its associated OSCE. I then used open questions as it is suggested that these provide a truer assessment of what the respondent really believes and engenders an ethos of co-operation and helps establish rapport (Cohen, et al 2011).

Conducting the interviews after PPE could mean that the affective component is diminished and rationalised, but it might also be helpful in that having been on a PPE students are able to reflect on what was useful learning for this component. As the relevance of the OSCE to the skills needed on PPE is a key element of the WBP, the gaining of students'

perceptions of its efficacy is important and desirable data for collection. The timetable (see Fig 1) being that students complete their first PPE between Easter and the end of June meant that they were then on summer vacation until September, which again extended the time span between experience and the interviews. This was unavoidable as students could not be expected to participate in interviews outside of the academic year when, on health funded programmes, this is already extended because of the PPE modules.

Fig 1: Proposed schedule of events during the research process

<table>
<tr><td>Focus groups with HEI tutors
November 2008</td><td></td><td rowspan="2"></td><td rowspan="3"></td><td rowspan="4"></td></tr>
<tr><td rowspan="4"></td><td>Focus groups with PPEds
Dec 2008</td></tr>
<tr><td rowspan="3"></td><td>Trialling the OSCE and questionnaire survey of first year cohort
Jan–March2009</td></tr>
<tr><td rowspan="2"></td><td>Students on first PPE
April– June 2009</td></tr>
<tr><td></td><td>Interviews with first year students
September 2009</td></tr>
</table>

Evaluating the OSCE checklist as an aid to self-evaluation and assessment of students' self awareness and skills of reflection.

As identified in the previous sections my epistemological stance of valuing students' perceptions, and of not seeing quantitative measurable data as a superior model of effective research, still recognises the balance to the evidence base that can be provided by both, adding strength to the research. The content validity of the OSCE as an assessment of students' inter-personal skills will have been addressed by the focus groups with HEI colleagues and PPEds. However, other types of validity of the OSCE have not so far been addressed in this account of my methodological design.

Concurrent validity, is a specific type of convergent validity, where measurement outcomes are correlated with results of other measurements

(Teddlie and Tashakkori, 2009). To establish concurrent validity of an educational assessment the method employed might be to compare student achievement in the proposed assessment method with that in the one in current use. In the instance of this WBP I would question this, since to date the assessment has been a written reflective assignment through which students can demonstrate self-awareness and skills of reflection. In this assignment students can chose any aspect or session of the module and indicate what personal learning ensued from these experiences of interacting with others. This assessment method can provide evidence of each student's ability to reflect and how, by doing this, they gain greater understanding of how their values, attitudes and beliefs and life experiences impact on their inter-personal communication. I recognise that these are important elements of the skills mix needed to interact effectively in a therapeutic context. The current assignment does not, however, provide opportunity to assess the accuracy of their self-evaluation of their inter-personal skills, nor does it assess the students' actual inter-personal communication skills. So as the proposal of the OSCE as an assessment method is based on a desire to develop and evaluate the efficacy of an assessment focused on different skills to a written assignment, a comparison of achievement in the two formats, the formative OSCE and the summative reflective piece, would not seem appropriate.

This leads me to consider what the data that will be produced by the staff and students completing the OSCE checklists could offer in terms of greater understanding of the potential value of the OSCE and the checklist.

The impact of the checklist and the OSCE on the students' learning of inter-personal skills will be gleaned by obtaining the students perceptions via the questionnaire and interviews. The abilities that could be measured by use of the checklist are those of self-awareness of the strengths and limitations of their current inter-personal skills, as this –together with the ability to reflection in and on action (Schon, 1987) thereby integrating personal action with theory - are important aspects of therapeutic interaction. If students self-evaluate, by using the skills descriptors of the OSCE, this will provide specific detail of how they perceive their abilities. It will in turn enable specific

and direct comparison of the student self-evaluation with that of their tutors, if this self-evaluation of inter-personal communication skills is focussed on the formative OSCE experience. The OSCE therefore could enable demonstration and assessment of inter- personal skills and be a reflective tool, and a useful means of enabling tutors to also assess students' abilities of self-evaluation.

Analysis of data can be conducted for both individual students and across the sample group to indicate if there are any trends across the cohort such as, for example, what skills students have more difficulty with. The module team could then be enabled to focus on those areas which each cohort of students is finding difficult, rather than them simply presuming which skills these are likely to be.

The number of students in the researched cohort will be approximately 110 so initially I intended to include all students in the sample. However I also had to consider how manageable handling this amount of data would be, whilst still retaining sufficient sample size to be able to identify trends. The question then arose of how to identify a sample that was sufficiently large and representative of the research study population of 110 students, and was yet not inadvertently biased because they were chosen by myself. Therefore a probability sampling procedure was decided upon, by which the units, in this case the self and tutor evaluation forms, are randomly selected and so would eliminate any bias.

The aims of this WBP do not require that data be analysed to see differences between individual students or sub groups in terms of age, gender, etc, so at first a simple random sample seemed appropriate, as this would eliminate my conscious or unconscious bias in selecting participants, (Babbie, 2013). The size of this sample also needed to be determined. One of 40 seemed to be manageable, but I returned to text books and research method journals to gain an understanding of how representative this would be.

'Stratification', where the sample is selected in proportion to one or more of the characteristics of the population (Gorard, 2003, p.20) is usually done in

relation to participant characteristics, such as, gender, or age to ensure a greater degree of representativeness. For my WBP, with slightly different concerns, I considered whether or not a pertinent factor to incorporate would be the differing tutor groups, in that there are five tutors on the module, each of whom will have taught and assessed a particular group of students. There is therefore scope and perhaps need to utilise a sample that included students from each of these groups. Again, this WBP does not compare tutors, but rather is designed to gain some overall indication of students' self-evaluation, whilst having to recognise tutors as having the required knowledge and expertise to assess students. Yet, if the sample did include mainly those students which only one or two tutors had evaluated, this may not be representative, and may introduce some skewing. I also had to consider if it would be possible or necessary to obtain a proportionate stratification, that is one in which the students were evenly distributed between these five groups,

To obtain the sample I determined that students' self-evaluation OSCE checklist forms will be used. Firstly, any that had not graded each descriptor, would be removed as these would not provide the data required. Also any of the tutor completed OSCE forms on which there were omissions would result in the self-evaluation form for that student to be removed. Those remaining would then be separated into groups according to each tutor, the forms shuffled and the first 8 taken from each group. Because of the potential for some students, and some staff, to not complete all the required descriptors on the OSCE form it was accepted that there may not be a completely even spread across all tutors, but yet each tutor group would be represented in the final sample by this procedure.

The intention, then, was that data analysis would be conducted on this stratified random sample of 40 students, this being approximately 36% of the total number of the cohort. I recognise there are methods of analysis and computer software to perform calculations, produce charts, etc. However, I felt I would not, by using these aids, gain a sufficient sense and immersion in the data as I would by working more directly with it. Although this is more often associated with qualitative research I felt that it would be of value here

and had the potential to lead to additional understanding of the research concerns. The section of the Findings and Analysis Chapter (p.122-146) therefore presents my data analysis with a commentary of my reflections as I progress along this iterative process

Ethical considerations

In any research it is essential that ethical issues are at the forefront of decision making throughout the research process. This is particularly so when people are involved in, or may be affected, by the research. All such research must abide by principles of respect for all who are involved (British Educational Research Association, 2011) and maintain their dignity and rights and safeguard their well being (Medical Research Council, 2012). These adhere to the unifying ethical principles for all human subject research identified by the Belmont Report of 1979 (cited by Nolen and Putten, 2007) of respect for persons and beneficence, that is the intention at all times to do good, and in addition non-maleficence, the intention at all times to do no harm (Georgetown Mantra, cited by Beauchamp and Childress, 2001). My intention was to develop a more relevant assessment method, which it was then hoped would also facilitate student learning. However, although my intentions seek to better the student experience, I must ensure no harm is occasioned. In particular this relates to two areas of concern, firstly how data would be collected, and secondly how this was then interpreted. I first address my reasoning and strategies in relation to the data collection, with PPEds and then with students, and then my presentation and analysis of the data.

The first stage of data collection involved PPEds who were attending a planned PPEd day at the HEI. Although the research is concerned with student education, which is the over-arching purpose of PPEds and these educators' days run by the HEI, data collection for research is outside of their usual scope of activities. It was important, therefore, that they were made aware of the research and its remit and enabled to make informed consent to participate. Therefore, having introduced my research in the preliminary session of the morning, I then provided written detail for them to

study over the course of the morning and breaks (see Appendix 6) to allow time for them to internalise the information before making a decision about participating.

During the focus groups, although the topic of interest in the focus groups was students, there may still be some personal disclosure as participants illustrate their points with examples from their experiences of supervising students. Maintenance of confidentiality and anonymity was therefore essential, along with the maintenance of a non-judgmental mutual respect during the focus groups, especially as the groups were to be recorded. Participants and all the moderators of the focus groups were qualified, experienced therapists, and so were well aware of these principles, but the moderators had responsibility during facilitation of the groups to overtly state that confidentiality and anonymity would be assured by the researchers and request confidentiality be maintained by participants. Additionally, in the pre-focus group discussions with moderators their role in engendering these supportive dynamics was stressed.

Similar considerations were given to HEI colleagues, when ascertaining if they wished to be involved in a focus group. Obviously there are implications resultant from my having a closer working relationship with HEI colleagues than with PPEds, and so they may have felt under more obligation to participate. To ameliorate such risk they were informed via a staff meeting of my intention to arrange focus groups to gain their valued opinions on the proposed OSCE, and as this was recorded in the minutes this acted as a reminder to those present and also served to inform anyone who was not able to attend the meeting. Alternate times and dates were offered, with the option of replying via e-mail or in person if they wished to attend a group and to indicate which group was more convenient for them, with no requirement to reply if they did not wish to attend as this removed the need for explanations. This along with my wording the request in such a way as to indicate my understanding of there being many reasons for choosing not to be involved, did I hoped provide a more amenable opt out.

The second stage of data collection involved students by including the OSCE in one of their modules, and by requesting their feedback on these experiences, be that by the questionnaire or by interviews, and then utilising their OSCE self- and tutor- assessment forms to provide a data set for analysis.

At the time the module was based on experiential learning, this being mainly in the form of role plays, with students in groups of three being, in turn, in the role of client, therapist and observer. The assessment was a written reflection on one of the role plays, each student selecting which one of these to focus on, provided this was one in which they had been in the role of therapist.

For parity of educational provision, all students in the cohort would need to experience the same learning and teaching, and so the ways in which the assessment strategy being developed was introduced into the module and subsequently evaluated would have impact on the whole cohort, and so had wider implications and responsibilities for module staff as well as for the researcher.

In any year of programme operation, changes may be made to the educational provision as part of the evaluation and development of the module that normally occurred outside of this WBP. In addition, as stated previously in the Introduction (p.5) at the inception of the WBP the team were in the midst of planning changes as part of a scheduled re-validation. During these discussions it had been agreed that students should be required to demonstrate some competence prior to the first placement in the form of a practical test and that an OSCE focussed on inter-personal skills should be investigated as a possible assessment tool for this. Resultant from these module meetings was the decision that, in order to evaluate the OSCE, for the forthcoming cohort, about to attend the current module, the OSCE and associated skills checklist would be utilised as a formative learning experience, but not as an actual assessment. The experiential nature of the module would be retained, as would the existing reflective assignment. The only amendment made was that rather than students

reflecting on one of the role plays that are a key part of the module learning, they would reflect on the formative OSCE. This could be seen as a particular role play in which they were interacting with an 'actor' rather than one of their peers, and the feedback they would then receive from a member of staff was seen as additional support. To try and alleviate any concerns and anxieties students might have about the experience of engaging in this more structured and controlled 'role play' of the OSCE it was decided that the skills checklist should be made available to students throughout the module and utilised during other role plays, and for feedback to each other and for their personal reflection on these learning events. This use of the checklist during the module might also indicate how useful it was in the learning process and is commensurate with the intention that assessment ought properly to be an integral part of the total process, not a separate entity.

The question still remained as to the methods to be used for data collection. Methods must be such that ethical codes of conduct, which in this case, and as cited previously, were those related to education (BERA, 2011) and clinical practice (COT, 2010, HCPC,2012b) guide the selection and need to be adhered to (Pring, 2001) so there is emphasis on doing good, not harm (Rowan, 2000).

In addition to the ethical issues of informed consent, anonymity and confidentiality there is in my WBP the particular ethical issues around perceptions of power. Mindful of the power relationship which inherently characterises those between student(s) and lecturer, I did not want the students to feel in anyway coerced into participating in the research. At the same time my Project demanded that I gain the perceptions of as large a number of students as possible and also attain some in-depth understanding of their perspective.

Each module team conducts a summative evaluation of the module by surveying the cohort using a self-completion questionnaire, distributed and completed during the last session of the module. Therefore, if this was used to collect data from the students it would not be outside the bounds of usual

collection procedures utilised for improvement of the learning and teaching provision, and as part of the reflective practice of the HEI team.

For the purposes of this WBP, although the usual feedback mechanism was to be used, and within this the opportunity to not participate is made clear, it remained imperative that students were also aware that the data was to be used as part of the WBP and that they could chose for their feedback to not be utilised for this, whilst still providing it for the more routine HEI module evaluation. At the same time it was important that this information on the research did not bias the feedback they were to give. All students were, therefore, informed that a member of the team wished to utilise the data as part of their WBP for an EdD, which was focussed on this module's learning, teaching and assessment processes, and the students' perspectives on these. If they did not wish their feedback questionnaire to be included they could indicate this by writing 'No' on the top right hand corner of the questionnaire (see Appendix 3).

When considering the use of interviews with students, it is recognised that power issues are equally embedded in any interview situation (Carmody, 2001) but are especially important here when I held the dual role of lecturer and researcher interacting with students on a programme I am involved in as a tutor. I do not want students to feel coerced into participating in an interview and, for those who did, I had to be mindful of how such dynamics might influence the interview. Dynamics of interviews, such as feeling a need to please, impress or agree with the interviewer or their stance are documented (Murray and Lawrence, 2000) and could well be exaggerated in this WBP.

Students were therefore contacted via the university's electronic communication system, to provide information on the continuing research and to ask if they would be willing to be interviewed for approximately half an hour. In this way there was no pressure to participate as might have been felt during a face to face request for volunteers, even if such a request were to be made when the whole cohort was present. Students who did contact me were additionally made aware that they could withdraw at any point

during the interview or choose not to answer any of the questions posed to them.

Overview of the research design

It was therefore with an awareness of the demands of my particular research questions and the conduct of the research process to be aimed for, along with a recognition of the impact I would have on the decisions and processes, that I formulated my proposed research strategy.

However, there were during the implementation unforeseen events which impacted on this plan. A full account of these is documented and incorporated into the Findings and Analysis Chapter which follows. A summary of the research schedule is presented here in Fig. 2 (p. 66) in which the proposed schedule is indicated by black type face and the red sections outline the additions to this. Together these elements constitute the overall research process which provided the data for this WBP.

The original schedule was to utilise data from focus groups, conducted in November and December 2008, to formulate an OSCE checklist of OT specific inter-personal communication skills for pre-registration first year students. Once this checklist had been used as part of a module and a formative OSCE the students' perspective was to be obtained by questionnaire survey of the whole cohort, in March 2009, and by five individual interviews in September 2009. In March 2009 it would also be possible to compare and analyse the self- and staff evaluations on the OSCE checklist forms which had been completed for each student who participated in the formative OSCE.

These stages were implemented, but as indicated in red in Fig 2, there were additional elements, the first amendment being a second round of focus groups with PPEds. This was necessitated by the failure of the recording devices in two of the original focus groups with PPEds. A basic analysis of the first round of focus groups, based on the written record produced by the scribes, was still possible. Therefore, the focus groups with HEI tutors and PPEds enabled the formation of the OSCE checklist. Time

Fig 2: Summary of research process: Schedule, methods, rationale and analysis

Time Line	November 2008	December 2008	January – March 2009	September 2009	November 2009	March 2010
Methods	Focus Groups with HEI tutors.	Focus groups with PPEds.	i)Questionnaire survey of first year cohort of 110 students who have experienced use of the OSCE checklist in role plays and a formative OSCE. ii)Checklists completed by staff and students.	Individual interviews with students who had experienced use of the OSCE in a module which ran from January – March and had subsequently been on a PPE.	Second round of Focus groups with PPEds	Third year students facilitated group discussion – requested by students who had role played the clients when the OSCE was used in this term.
Sample size	2 groups with HEI tutors – 5 & 4 respectively, giving total of 9.	3 groups PPEds, 11, 12 & 12 participants respectively, giving total of 35 participants.	i)84 respondents. ii)Student and staff checklists for 40 students, (55% of usable forms).	5 participants.	53 PPEds viewed a staged OSCE and rated the student using the OSCE form, after which there were 2 focus groups of PPEds, 12 & 13 participants respectively, giving total sample of 25.	12 students.
Rationale	Individual interviews would have provided too narrow a range of data. Focus groups enable collective view to be obtained. Opportunistic, yet purposive sample of 'experts'.		i)To elicit perspective of students, - breadth of responses, how widely a view is held, with open questions providing some depth and detail. ii)To evaluate students ability to self- evaluate their skills, identify student learning needs across cohort, evaluate checklist in assessment process.	To gain data with depth and richer detail of the students' experience and perspective provided.	Practical use of the OSCE form stimulated debate grounded in application. Focus groups again enabled collective view to be obtained.	Group discussion can enable de briefing for those who have role played and, in similar way to a focus group can provide a breadth of perspective and a collective view, at same time as rich detail from the discussion.
Method of Analysis	Content analysis based on written records produced by scribes.		i)Collation and summary of data from questionnaires. ii)Comparative and descriptive statistical analysis of data from checklists	Thematic content analysis of the transcripts of the audio recordings of the interviews.	Thematic content analysis of the transcripts of the audio recording of the groups.	Thematic content analysis of the transcript of the audio recording of the group.

constraints meant that this OSCE form was trialled with first year students in the spring of 2009. However, an additional round of focus groups was conducted in November 2009, to enable greater scrutiny and validation of the checklist. The timing of these, although predicated on the problems with the recording devices, did in the event, enable these focus group discussions to be based on practical experience of using the form which gave greater realism and depth to the debate. A fuller consideration of the rationale and processes of these additional parts of the research is incorporated into the Findings and Analysis Chapter which follows (p.70-74).

The second additional data gathering process was initiated in March 2010 by an unsolicited offer from some third year students who wished to contribute to the WBP. This group had, as the research was being written up, been involved in some OSCEs in the role of simulated patients. They then asked to participate in a discussion about their perspectives on the use of the OSCE and their part in them, and so were in effect an opportunistic, informed participant sample (Teddlie and Tashakkori, 2009). This provided another source of important data from students and added another dimension as this group were further along their journey to qualified practitioner.

Summary

This chapter has reviewed research methodology and considered the impact of the researcher in all stages of the research process. It has provided a detailed account of the range of methods used and the rationale underpinning this. Thus the research has sourced data from people central to the research question, and from the OSCE checklist forms themselves.

The following chapter firstly considers the data from the two rounds of focus groups, and then the perspective of first year students who experienced a formative OSCE. It goes on to analyse data available from the student self-evaluations which were done by filing in the OSCE form, and those completed by staff. It concludes with the key themes which emerged from the third year students' group discussion.

Chapter Four: Findings and Analysis

Introduction

Formulating a valid OSCE of interpersonal communication skills required for a first PPE- First round of focus groups with PPEds

Second round of Focus groups with PPEds

Face validity of the OSCE

Summary

Student evaluation of the OSCE and the module
- Questionnaires
- Summary
- Student interviews
- Views on OSCE as the assessment
- Summary

Evaluating the OSCE checklist as an aid to self evaluation and assessment of students' self awareness and skills of reflection.

Summary

Third year students' perspective on the OSCE
Summary

Concluding remarks

Introduction

The data will be presented using a range of formats including tables and bar charts. These graphic representations are intended to facilitate the reader to view a summary of the data, which will then be expanded upon and explored further within the accompanying text. Qualitative data will be structured within themes and illustrative direct quotes provided as evidencing of responses.

The chapter will first present the findings from focus groups with PPEds and HEI staff on which inter-personal skills are deemed necessary for first year OT students prior to a first PPE and provide the draft OSCE checklist form developed from this data set. The original intention was to conduct thematic content analysis from transcripts of these groups. However, technical difficulties occurred in two of the three groups with PPEds. Despite the trust of the researcher being placed with the technician organising and supplying equipment, one recording devise did not work at all and, with the members of the focus group sitting waiting to start, there was not time for the moderator of the focus group to request and obtain another piece of equipment. In the other group the power of the microphone was not sufficient to adequately pick up the interaction. This lack of audio recorded data resulted in the need for other means to be employed. Therefore this section will also detail amendments made to methodology and present analysis of the data obtained by these additional methods which were utilised as a result of difficulties in recording the original focus groups.

The chapter will then go on to critically evaluate this OSCE. Firstly its usefulness as an aid to reflection and learning will be examined. To do this the students' experience is seen as central and their evaluations and comments on the module and in particular the use of the OSCE and the OSCE checklist form will be the basis of this section.

The second aspect to be critically analysed is whether the OSCE enabled students to self-evaluate, the premise being that the ability to reflect on one's

'performance' and to evaluate it is a key part of effective communication skills and their development. The critique of the usefulness of the OSCE and the checklist form as tools for this will be based on a comparison between staff and students' ratings of their performance in the OSCE presented in this chapter. The data on the OSCE forms completed by staff was also considered to be useful in considering if any of the skills listed on the form seemed less well developed by the cohort. If so this might indicate which skills are found to be more difficult for the students to acquire and develop, which might then be given more focus in the learning and teaching in future.

An unplanned and unsolicited offer, (indeed a request), by the third year students who role played the clients in the subsequent first utilisation of the OSCE (in Spring of 2010) to have a discussion about their experience, afforded another source of data from the student perspective. The students offered that their data could be utilised in this research and agreed that the discussion, facilitated by another member of the team, and attended by myself, could be audio recorded. Key points arising from listening to and transcribing the tape are presented.

Formulating a valid OSCE- First round of focus groups with PPEds

The initial data gathering was conducted in the autumn of 2008 utilising focus groups with lecturers at the chosen HEI and the programme's associated PPEds during one of the scheduled educator days they routinely attend during each academic year. The focus group schedules are contained in Appendices 2 & 1 respectively. There were two focus groups with HEI lecturers, with 5 and 4 participants respectively, and three focus groups with PPEds, with 11, 12 and 12 participants, who had been allocated to groups, (as noted on p.46), to ensure heterogeneity of clinical areas being represented in each focus group.

It was planned to audio- tape the focus groups (Krueger and Casey, 2000) to ensure more complete and accurate data (Robson, 2002). In the event the audio recorders did not work during two of the three groups conducted with

the PPEds, but in addition to the moderator each group had a scribe, as advocated for the running of focus groups (Kruger and Casey, 2000). Since the problem with taping was identified immediately after the focus groups, each of the facilitators and scribes were asked to revisit the notes within the next 24 hours, whilst the material was fresh in their minds, to check for accuracy and to see if more detail was remembered, the quality of notes where taping is not feasible being very important (Robson, 2002) and to add notes to indicate any emphasis on points, dominant members, etc, because the interaction within the group might affect data elicited (Casey, 1995).

The written notes from all the focus groups were therefore used to obtain information on what communication skills were seen as ones to be developed prior to a first PPE. Any mention in a group by anyone led to that skill being included in the list and Table1, (p. 72), lists these skills and an * indicates in which of the focus groups each skill was identified.

Although greater detail in terms of the number of participants citing a skill or the length of discussion on each could have been obtained from transcripts of the focus groups the main aim was to identify items to be included in the OSCE skills descriptors and this was possible by the method outlined above.

This data then formed the basis for the OSCE form to be trialled during the spring term of 2009, (see Appendix 7). Two items were not feasible to include since they cannot be assessed in a one off session with a client these being; maintenance of confidentiality and self-awareness. The latter could be seen as part of the reflective assignment which was currently the assessment method for the module and this reflective piece was now to be on their formative OSCE. As this in turn was to be based on the students' self-evaluation of their skills using the OSCE form checklist, the students' self awareness in terms of their ability to self evaluate their skills is part of the focus of the analysis of the use of the OSCE checklist, (see p.123-141).

Table 1: Skills to be developed prior to a first practice placement

	HEI Focus group 1	HEI Focus group 2	PPEd Focus group1	PPEd Focus group 2	PPEd Focus group 3
Inter-personal communication skill					
Introduces self		*			*
Starts & closes conversation	*				*
Uses appropriate language	*	*		*	*
Paralanguage			*		
Students non-verbal communication (NVC)	*	*	*		*
NVC of others	*	*	*	*	*
Maintains appropriate eye contact		*	*		*
Maintains appropriate personal space			*	*	
Uses both open + closed questions	*		*		
Demonstrates listening skills		*	*	*	*
Uses paraphrasing			*	*	
Obtains full information	*	*			*
Gets client's story, understands how feel	*	*			
Develops rapport		*		*	*
Demonstrates empathy	*	*			
Is self-aware	*		*	*	*
Maintains interest					*
Appears confident	*		*		*
Intonation of voice / how say things			*		
Uses appropriate self-disclosure			*		
Respects confidentiality			*		
Responds appropriately		*		*	
Paces conversation	*				

However, I felt that although time limitations did not allow for further validation of the OSCE checklist by PPEds before it was trialled it was nonetheless important to ascertain this before any long term use of it was contemplated, particularly if it was to become the summative assessment for the module.

An additional stage of data gathering was therefore implemented to test the OSCE checklist in terms of its validity and reliability. I did not want to merely repeat the process of focus groups, believing this would merely replicate data, and the opportunity to return to PPEds after the OSCE form had been formulated opened up other possibilities. Although the descriptors had been developed from focus groups with HEI lecturers and PPEds the questions remained not only as to whether the list of skills was comprehensive and valid, but also if these were specific enough to ensure consistency when the OSCE is the actual assessment for the module.

I decided that the opportunity for PPEds to actually use the form would stimulate debate amongst them and would be grounded in this experience and may highlight issues that might not be raised by 'theoretical' discussion. In order to do this a DVD of a supposed OSCE was developed and filmed with an HEI colleague from another programme taking on the role of simulated patient /client and an actual third year student playing the role of the student being assessed by the enacted OSCE. An outline of the information given to the student and the person role playing the client is provided in Appendix 8. This 'student' was then rated by PPEds.

The DVD was viewed by 53 PPEds currently working in a mixture of clinical areas when, in November 2009, they were attending a PPE day at the chosen HEI. Some of these may have been members of the original focus groups, but there would also be other PPEds present. They individually graded the student using a hard copy of the OSCE form. The technology of 'Turning Point' was then utilised, as this enables each person to 'vote' electronically. In this instance the Turning Point system was used for each PPEd to indicate the grade they had awarded for each descriptor and this

was then summarised on the screen as percentages of PPEds who rated the student as ‘poor’, ‘adequate’ or ‘good’. A sample of the pictorial pie charts which Turning Point produced for PPEds is contained in Appendix 9. To identify any differences between different areas of practice they were asked to indicate if they worked in either physical or mental health setting. This categorisation can be seen as simplistic, since areas of practice are quite diverse, but for ease of viewing summary results the time taken to make any more specific delineation was judged likely to have been too long. A more succinct summary of their evaluations of the ‘student‘ are presented in Table 2, (p.75), with an indication of percentages of those in mental health and physical rating the student as poor, adequate and good for each descriptor.

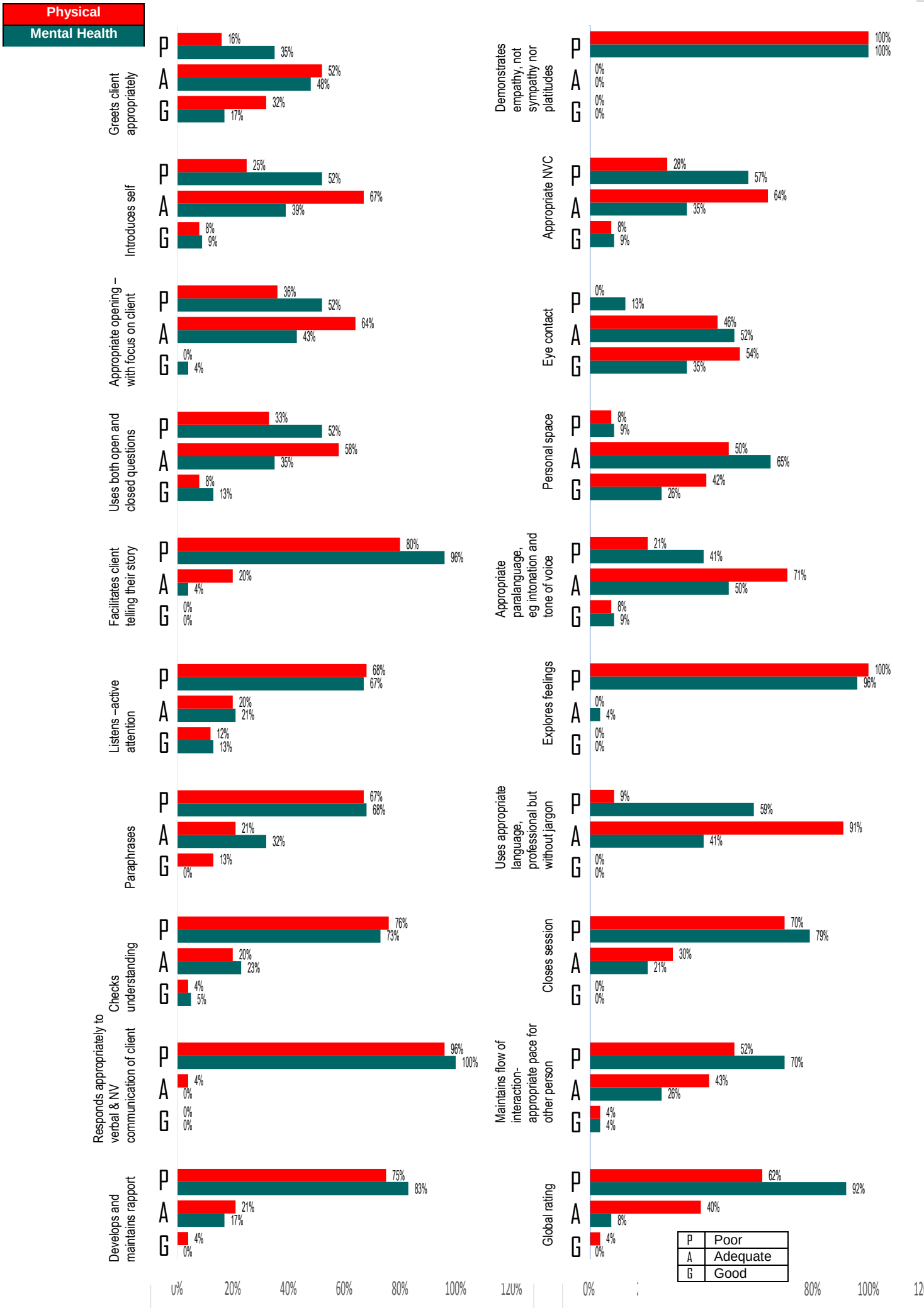
Following this process, whereby having graded the ‘student’ individually they then viewed the overall ratings for each descriptor from the physical and mental health based PPEds, the PPEds who were able and willing to stay and participate were then divided into two focus groups so they could discuss issues emerging from the viewing of the DVD. The focus group schedule is contained in Appendix 10. The two groups consisted of 12 and 13 participants respectively and the following section presents key points raised and discussed by these groups.

Formulating a valid OSCE-Second round of Focus groups with PPEds

Although the questions used to structure this discussion are identified in Appendix 10 the focus of the discussions reported here are more wide ranging, including responses developed to spontaneous exploratory questions and responses within the group. This section therefore identifies key points and themes raised at any time in the total discussion.

The PPEds were placed in two groups, one of which, (group 2), was moderated by the researcher. Mindful of how I might inadvertently influence the discussion a distinction between the two groups will be made by use of different type script, Calibri for group 1 and Times New Roman for group 2, and

Table 2: PPEds grading of DVD role played OSCE



I have included moderator input so this is overtly acknowledged in the presentation of data. When quotes are from sequential parts of the interaction single line spacing is used, with double spacing used to indicate when these are from a different section of the discussion. The use of three full stops denotes a pause as the person was making their point, and underlining or bold indicates an increasing degree of emphasis the person placed on those words.

Consistency and reliability within the HEI team when grading student performance is a long term central goal. The use of Turning Point with a group of PPEd's gives an indication of reliability across a wider population, but is used here, in this WBP, mainly to inform more exactly what expectations PPEds have of students and hence strengthen the content validity of the OSCE form. Thereby the OSCE acquires the capacity to inform and direct what the HEI team should be setting as standards for students to achieve prior to a first PPE.

As can be seen from the breakdown of grades attributed to each descriptor by the PPEds, (Table 2, p.75), some were more contentious than others. There was some comment on this diversity in group 2:

"I was surprised at the difference between physical and mental health responses to the, erm, was it exploring feelings. It's probably my own bias, erm, but it…I think it came out that the, erm, people from physical settings marked harder on that one."
"Moderator: I think it was like 100% or something wasn't it ?"
" Mm".
"Moderator: One was 100% and one had a few that thought it was…"*tapers off* **.** Did you, do you think, it might be the other…that, that physical might, might be not quite so demanding as …"
"That was probably my bias yea, that it would be the other way round ."
"Mm."
Silence – 5 seconds, then another person speaks:
"Trying to remember it, there were so many differences, I can't remember the… <u>so</u> much difference. Whether it was the two sides or within...We're always trying to think well, whereas most people would say that, or if you thought, oh well, why is everyone else thinking it, do you know what I mean, it's like …especially some of the bits like exploring feelings, which it seemed completely poor to me but other people thought it was adequate."
"Moderator: Mm."

"She didn't respond to them in anyway shape or form and some people think that was adequate. That was **my** surprise."

"Burst into tears but didn't let her talk about it, y' know, and then distracted her with the photograph."

One factor in the diversity of grading specific skills was noted by one participant in group 2 as being unfamiliarity with the OSCE form. Another may be the particular requirements of the PPEd's own clinical area, as distinct from the setting of the OSCE. This was illustrated in both groups, when they were considering the balance between getting information and how to do this, a 'tick box' approach, versus the flow and pace of conversation:

"I think it would be really interesting though to add in the dimension of learning disabilities. I think it misses a big chunk, where we…..In terms of how we analyse the…,"
"Yea."
",…results."
"Yea."

These comments were made because the Turning Point analysis was split into just two areas of physical and mental health. Differences in other areas of practice were also noted as of potential significance:

"It might be difficult though because if you work in hand therapy some of this might not be as important. You've got a client coming in that's, you know, looking to have a splint providing for them after an operation and that's your setting, the weighting might not work in that setting."
"Yea I kind of agree with you on that, 'cos something like explores feelings. Some people might avoid doing that because it can open a can of worms and you know, people qualify people and that might just not be in their comfort zone to do that."
"Plus in hand therapy workshop, you've got loads of people around you haven't you as well."
"Haven't got a lot of time as well."
"Plus that yea."

"So there's all sorts of differences."
"Mm."

Despite this it seems the PPEds were able to adjust their assessment of students in relation to the setting of the OSCE as 100% of the physical based OTs and 96% of those working in mental health areas of practice graded the student as poor on 'exploring feelings'. However, grading of this and 'demonstration of empathy' might have been skewed by the manner in which

the ‘student’ in the OSCE did at one point markedly distract from the ‘clients’ expression of distress. In the other group, group1, the following points, relating to the setting and pace of work, were also part of the discourse:

“And there’s certain service pressures in that though isn’t there. You know it depends your pace in the unit. If we’re quite a quick paced unit you know we haven’t got an hour for them to sit and tell a story we need to get information and get on with it, you know, and my student will be, you know, I will say you need to find this out, you need to find it out kind of **now**, ‘cos we need to work on it and so they haven’t got time to be sitting with them and saying well you know 5 years ago this happened and this and this and this…I don’t want to know…*(chuckles)* ‘cos we haven’t got time and as harsh as that is, you know, we’re a quick paced unit so it does depend on your service as well I think.”
“Yea.”
“Do you come from physical setting?”
“We’re neuro, we keep stroke, so er, through A&E and then straight stroke unit so it’s fast and it’s quick turnover and that’s service pressure in that because of time limits and things on everything “
“Yea.”

And later one PPEd returns to this:

“Is there anyway you’ve built into it that makes it sensitive to the setting. I mean I know you’re doing the role plays in university but obviously on placements, it’s, erm, placement sensitive, because, sorry I don’t know the young lady’s name, was saying it has to be quick paced. Well it’s totally the opposite in mine, I’m probably going to be working with the same family for 15 years plus.”
“Mm.”
“Can’t rush then can you”
“So , so…” *(others talk at same time*)“…it’s a very, very, different thing. So what might acceptable in <u>your</u> setting wouldn’t be in mine and someone might have the personality where they automatically are quite short and curt and they’d do Ok in that, and so they’d get a good mark on this, but if got a placement with **me** they’d get a very bad mark …”
Throughout other person is saying, “Mm.”

It might not seem surprising then that 52% of the physically based OT ‘s graded the student as poor compared to 70% of those in mental health setting on ‘flow of interaction at an appropriate pace’, when this part of the discussion seemed to indicate more acceptance of ‘tick box’, ‘find the facts’ approach in faster paced physical settings. However, this has to be set against a lot of the discussion which identified concern about the student remaining at ‘arms

length' and giving the impression of 'ticking things off her list' rather than her using skills to get the client's perspective.

This is one aspect of the process of the interaction, versus an emphasis on the product, (that is the information gleaned). So it is the 'how' that is recognised as important by these PPEds. Discussion also seemed to indicate that some items on the OSCE checklist may be more prominent in people's minds when evaluating an interaction, and this greater importance allocated to these may affect the overall global rating:

"But I think for me erm yea I think I was bit too harsh for some of them but the overall impression was she came in talking to Mrs Smith as a patient at arm's length and kind of, 'I've got to tick these things through'. Rather than just talking as a person and you know talking to your grandma or something there was none of that. If she'd done a bit more of that I could have forgiven loads of it, but for me it was just not interested, not bothered, don't care."
"I think in our placement we wouldn't have a student do an independent interview with someone anyway… so they'd be doing it with support. But I think the listening, listening to the story is an important one, erm, and I suppose in a way allowing them to speak and acknowledging the emotional side of the grief. I think that was kind of missed out quite a lot in that scenario. But, erm, it's a lot to expect of a first year on first week of placement to do an independent interview anyway from my perspective."
"I scored them quite poorly and I think a lot of it was like, a lot of the interview like, wasn't like really complex, like rocket science or anything it was … felt like she was being quite rude at times so the client was trying to tell her all these things and like you said she'd got a list of bullet points so she wasn't actually exploring things that the client was bringing up quite often. But anybody can do that, it doesn't necessarily need to be somebody that's like a really skilled OT you know it's just common sense and it's kind of basic conversational skills..."
"Yea."
"...that you know most people should **have."**

This point, of whether or not, it is a lot to expect of a first year student was not returned to by the group, but is one which needs to be borne in mind when considering the level expected in the OSCE, because discussions of both groups, and indeed the PPEd who raised this point, did expect the student to have the skills to be 'with' the client and listen and respond to them on an affective as well as cognitive level.

" There was no depth at all was there. There seemed to be, erm, it… and in another section where she asked a variety of questions, but then didn't follow anything up so it was… And I think we saw that with our student in that she could stick to the assessment and ask the questions, but couldn't then ask the next question, dig a bit deeper, and then get to the real root of things."
"Mmm".
"I didn't think she actually listened to what the person was saying either really…give her time to answer and talk, she was more telling her what the problems were ."
"I think that's, you know, common, what you've just said. It's common with lots of students it's almost as if they've got a tick list in their head and they've **got** to fulfil it and they don't think of, maybe it's anxiety, lack of experience, they don't get beyond that. And see that there's something important behind, just ticking off all the things that they think they should ask".

This concern about the student having a 'tick box list approach' to interaction also relates to points raised about the flow of the interaction being seen as key to client centred practice and these issues were commented on a number of times.

"And it's about the agenda isn't it. It felt very much forced by **her** agenda and what she needed to do rather than the agenda of the patient, client. Whatever service areas she's working in, finding out what's really important to them, or what the real issues were , that just seemed to be completely missed."
"Mmm"
"I think though of all the headings on the, on the sheet, the one facilitates client telling their story is in a way the most useful, everything almost flows from **that** one. When you're giving your feedback, you know, I'd be saying let's look at **that** one. How well do you think you facilitated the client telling **their** story and then almost everything else would flow from that, so that's a **very** useful heading to have."
*Other saying "*Mm, mm, yes," *as he speaks*
"Yea."

"It was quite disempowering wasn't it cos actually at the end of the time the patient, client actually said, 'Well you know best'."
"Mmm."
"It was completely devaluing her own knowledge about herself and shifted significantly over to the therapist and person talking to her about well you know, you know better than I do about..."(*tapers off)*
Other saying "Mm" *throughout*
"Really worrying , because now that, that relationship's damaged, this woman's probably not going to speak to an Occupational Therapist again, she's not going to get support she needs and …."(*tapers off)*

"I think also there's the pressures that students have, and we touched on this, of **getting** certain information Wanting to come back to your educator with 'I've got all

the boxes ticked, I've found out about this, this and this', and people will, you know, they, they want the conversation to meander all over the place, they want to tell you what's important to them , and I think it's difficult sometimes for students to feel that that's Ok and you know to a certain point that's Ok because they are telling you what's important to them."

This view seems in contrast to the point cited earlier, but which in the discussion immediately followed the above dialogue, and related to fast paced services not having time to hear "their story, and sit with them whilst they say, well you know five years ago", but no further debate or questioning was entered into by the group.

To gain a sense of empowering the client and attain some of the egalitarian nature of client centred work requires more than merely saying the words as was noted in both groups by:

"Student did actually say you're the expert."
"Yea."
"But it was as if, 'Yea, this is the right phrase to say', rather than (mm, Mmm from others) I believe this, I'm saying this to you so really believe it there's some substance behind this phrase I've just said to you sort of thing. It wasn't really. She could say to you, 'W-well I told the client that they were the expert', but there, there was nothing to really back that up..."
"Mm."
"...you know substance."

"But what I'd like to add on to this though, is that, er, has the interviewer, has the student, gained an understanding of the underlying issues. You know, I mean the reason why the, that person came into the service in the first place. Because at the end of it I think that gives us an idea of how they interacted and got information. But, er, the next thing I focussed on was the person didn't really get to the bottom of anything".

"But it's that… it's about communication skills isn't it, and I think the danger we're in is thinking about the bigger picture, about what our jobs are and what we want to know rather than the how - How you get to that point."
"Yea.Without that understanding, how do you then move on?"
" 'Cos I was thinking do we need anything more under 'facilitates client telling the story' which notes something about the depth and wanting to get to the bottom of it, but it could come under facilitates client telling their story, once you know the form better."
"Yea, yea."

Facilitating the client telling their story was also noted by group 2 when asked if there were any of the descriptors on the OSCE that were so important that it might merit considering a student not going on PPE until these had been addressed:

"To me there are some of these things that you can be taught - …the greeting, the introduction, there's a certain learning in that. You can have phrases that you use, but, like you say, I think there are some things that are…fundamental, that if you haven't got those you're not going to get any of the others. I mean can you narrow it down to a certain number that if you can't meet those then there is a kind of issue…" *(tapers off)*
Moderator: "Any particular ones that stand out in people's minds that …"
"Listens, listens is a good one."
(Other person says "Yes," *at same time)*
"Facilitating the client to tell their story that's another one I think."
"Empathy is quite good."
"Mm."
"Personal space."
"And empathy, is quite, er, well, struggled with. If you've got *(giggles*) the ability to empathise. It's really difficult to teach somebody that ability."
"And two things for me would be about exploring feelings and being able to close sessions, because hard things to do and people struggling, worried about their own anxiety and not necessarily going to take on someone else's worry, Erm and I think being able to end a session."

Later in the discussion there was some noting on two occasions of how these might influence staff's overall rating of the student and relate to the interplay between checklist scoring and global rating:

"I went on my gut reaction, but actually adding it up it wouldn't marry, so it would be difficult."

Moderator: "And do you think that is because some things, even if we haven't verbalised it as yet, are ingrained in us as being more important, that will shift our overall perception of how ...that went."
"There is a sort of weighting that goes on, particularly big ones like facilitating client telling their story. We, we put more emphasis on things like that, so if they didn't do that, you know…weight it...whether it's objective or not."

This relative importance of the different skills on the checklist had also been mentioned earlier in the discussion when one participant said:

"Depending on how important the type of information they <u>omitted</u> is towards, you know, the overall evaluation. Because what this doesn't provide is if you just took it

as most in each column doesn't necessarily say the importance of each element to the…what we're evaluating."

Another group member then raised a query about weighting:

"Is it weighted at all ?"
Moderator: "Should we weight it do you think? Are there some of these descriptors that are so crucial that if they get a poor on those and good on everything else they should still not be deemed to be competent."
"You could use a score of one to ten for each one with one being very good and ten being poor and do it, work it out that way. It's one way of looking at it."
Silence
"I suppose, yea, it just brings back that complicated angle again doesn't it."

Later another person expressed the opinion that adding up scores is necessary:

"I think to make it fair you'd have to mark on that way other wise it would be subjective."

Face validity of the OSCE

Analysis of the notes of the initial focus groups with PPEds led to the formulation of the OSCE checklist. This face validity, was further tested by asking these groups of PPEds if they felt any other descriptors were needed, or if any should be changed or omitted.

The number and specificity of the checklist items was noted as good, not only to aid grading, but also to provide a framework so as to give more effective and relevant feedback to the students.

"I think one other thing I liked about it, I think there are quite a lot of headings actually, but it really breaks down exactly what they are doing. So like obviously we observe our students all the time, but this gives you a real framework of breaking down the communication, so it could just be that there are a couple of issues that they need to work on, rather than obviously with this student, I found a lot, but it really can make you focus and actually then you can add the evidence and say well, the reason why I didn't think your non verbals were very good was because you yawned, or whatever it was, so you can be really specific with this form."
"Mm, yea."
"I think I'd agree with that. We used…devised something very similar for a failing student who had no insight and for us to just say, 'oh, you need to work on, erm, your non-verbal, erm, communication', wasn't good enough, she needed to be told

it's your eye contact, or it is you know, something very specific. So to have something like this for her, she'd fed back about this in university, hadn't gone well, but then we used something similar on placement, but to have things really broken down I think is really useful."
"I think that's what we were talking about earlier about professionalism. I imagine some students will need it to be broken down."
"Yea, definitely."
"Very, very specific."
"I like it, I think it's good."
"Yes."

"I think they are, well most of them are definitely good, because they can be sort of applied to different things, say thinking about personal space, yes when you come to do assessments that can be carried over, erm,… like closing a session, after you've done an assessment you need to know how to close that assessment session , erm …and the again, like the introduction, before you do the assessment. So…yea, lots of things can be carried over to…I suppose different things within the first practice placement."

"So you know it's…be a good tool for, erm, evaluating a student and actually being able to identify quite clearly and show to the student the areas in which they need to improve and you know the areas they can improve to become more competent interviewer because that's, y'know, the skills they need to develop of course."

"Regardless of what setting these skills should be the same"
"Yes."
"It's a basic skill isn't it?"

"I think if you put too many descriptors on it becomes then too complicated."
"Mm."
"Yea."

"From a point of view that that interview… from my point of view is quite negative experience really and I think what it did is that the descriptors that you have, actually just, erm, I suppose justify why it's not like right. Just sort of, you know, rather than say thinking, 'That's, no, that's not a particularly good interview' actually you can say because of this, this, this, and this and it pulls out some of those things that are so important that I think some of them we do so regularly that we forget what the skills are."
"Mm."
"You know in an interview, so…" tapers off
"So if I was observing a student that kind of interview wouldn't necessarily surprise me. If someone was actually doing that, as a first year student, I wouldn't be surprised by that. I suppose this, rather than us trying to, scratching our heads, try and decide well what, you know, explain to a student what it is they need to improve on. At least this gives us a framework in which they can actually build on, -which is a good advantage."

"I think that you know generically the, the, all these things are really, really important for students to understand. It doesn't matter what type of placement they go into, but I think to, for the university to use this it would be a good, better template to just, you know, do the whole grounding whereas, you know, in, in the setting where they might enter, it's up to **us** then to adapt, make sure they adapt it appropriately."

Group 2 did not offer any additions to the descriptors they would wish to see, but did suggest the following changes to existing ones:

"I was looking at the order and I was wondering why 'closes the session' isn't the last thing on the list."

"I'm just wondering how, why you've put appropriate non-verbal communication and then separated off 'eye contact' and 'personal space' for sort of special attention. Is that 'cos they're particularly important things?"

Despite the facilitator of group 2 asking the prompt question regarding the descriptors three times, on each occasion the conversation was taken in a different direction or was focussed as illustrated by the above excerpts and the quotes cited in the previous section. This is interpreted as indicating that they had no other concerns about the descriptors not being comprehensive and relevant.

Group1 made the following suggestions for additional descriptors.

Moderator: "What about the descriptors then on the form. Are they specific enough? Would you like to see something else?"
"More."
Moderator: "More?"
"Yea, It's, it's… there were some things, I'm not sure I can tell you exactly what they were, some things I wanted to score, but they're not…there *(last word is tentative,)* like, the fact that it started off, I don't know how you'd write this down, it started off not <u>as</u> bad, but it got worse, and <u>worse</u>… By the end the lady was just like, 'Do what you want..' (*Another person says,* "Yea," *at same time).* But I don't know how you'd put that."
"Is that about the flow? The flow…"
"It wa-a-a-s, but I think specifically to be able to say that it got worse, if you can…"
"Mm."
"Possibly."
"Yea, 'flows' a good word."
"May be."
Silence

“One thing that was mentioned earlier was confidence. That could be like added on.”
“Yea.”
“Yea.”
Silence
Moderator: “Do you feel any other descriptors of skills should be included, relevant to skills prior to a first ppe. So we’ve said confidence, we’ve had flow. Anything else that we feel prior to a PPE want ...”
“Would professionalism come into it? Or is whether they say it’s covered in…conduct selves as a therapist.”
Silence 5 seconds
“But are you *(sic- uni)* saying it’s almost more basic than that. Trying to get at, you know, the basics.”
Moderator: “I think we’re just looking at their basic communication skills and then developing them further.”
“Mmm.”
“Mmm.”
Moderator: “But I think that might be covered in using appropriate language, professional but without jargon, might be way of covering that.”

Some discussion then ensued around the notion of ‘effectiveness’:

“I mean how, how would something about effectiveness, because you’ve got an aim into your interaction and sort of rate how much, obviously this one’s a bit harder, because it was just really a greeting, and er, get to know, er, get an understand… of the perspective, but some way of having targets, what you should be able to get out of that eight minutes and if you’ve done it at all. Because you might be the nicest person on earth, but not actually gain anything from it.”
Moderator:”Although interesting you, *(referring back to previous speaker),* said that, although she only had eight minutes, she managed to get up the patient’s nose.”
“Yes, sorry, so in this one you would have had building a workable rapport with the patient and she’d have failed terribly on that.”
Moderator: “Hhmm, yea.”
“But having that built in somehow as well… and then on later ones you’d say, you know, you need to find out about this say and then.”
“Yea.”

“Maybe linking in with like using appropriate language, so not specifically about kind of, like, giving long, long words or short words, kind of like using… <u>effective</u> language so you’re kind of not using a hundred words where you could use six or seven. I know I found that was one of the issues that came up with <u>my</u> student whom, especially working with cognitively impaired patients, using lots and lots of words in a sentence just didn’t look like an effective use of communication.”
“Mmm.”
“But don’t know how that… what sort of…”
Moderator: “Something about effective to the… for that patient needs.”
“Yea for that patient needs.” *(said at same time as moderator)*

It was intended that for all students the OSCE would be based on an introductory session with a particular client, so the transition to 'later ones' as suggested by the first contributor could not be incorporated. However, these points do have a similar theme to the earlier discussion on process and product, in terms of noting the aim, (or product), of finding out some set information, needing to be by the process of appropriate communication for that individual client. It may also be that the instruction to the student to establish a rapport may be useful and in itself sufficient guidance to students completing the OSCE in that this inherently involves finding out information.

When asked if there are any descriptors or skills which are not appropriate it was the importance of the wording of some descriptors, which provides the level to which a certain skill needs to be met, that was identified as needing further clarification, rather than the skill itself.

"I think the 'explores feelings' can be a bit difficult for er, a student. It could perhaps be acknowledging feelings, instead of explore because I think that would come with more experience. Exploring the emotional state of the person, so it's probably acknowledging their feelings or the, more of the empathy, than actually kind of exploring their particular feelings about grief or loss or whatever within that. I think that's quite hard for week of a first years placement to actually think about exploring feelings."
"Whether it's just worded differently –like 'patient's perspective', or something… more so than feelings."
"Mm."
"I think a lot of students would find, you know, talking to a client who starts to… cry difficult and that's in their (*someone sneezes so cannot tell exact words here),* training but,…know, but they could respond and you could expect them to respond better than she did on the video. So you would acknowledge that it is difficult you know to be talking to a client and see how upset they are but…not just change the subject onto something else …'Ooh what about your children?' Oh, you know it's not the best way."
"Mm. Or at least give her a tissue, that would have been… 'cos that's an acknowledgment isn't it ?"
"Yes."
"Mm."
Silence

At one point a contributor raises the issue of 'paraphrasing', but ensuing discussion with one other participant seems to indicate agreement that this is

appropriate to expect if the ability to paraphrase is taught and included in the module teaching

"Paraphrases, I don't know…I don't know if they should paraphrase or not. Not sure."
Silence-3 seconds.
"It's worth checking out that what you think you've heard is what they think they've said."
"Yea, but as first year I don't know..."
"It depends what they're studying in the course I suppose, 'cos I know we had…can't remember what stage it was, but we had that session where we got into couples and did videoing and develop interview skills and things like that, so if they've already done that, it is reasonable to expect it, but if not maybe not."
"Yea."
Silence.

The grading of student performance was also discussed when considering the three point scale and checklist as compared to the use of an overall global rating.

"Think if you add any more, you…it just gets a bit too much then and you're sort of wrangling over is it good, or is it very good or is it poor, is it very poor."
"Yea."
"Whereas here you know, if they're scoring mostly adequate you know, well they're adequate, good enough to go on placement."
"Yea it's kind of less subjective isn't it, or…"
"Mmm, Yea."
"Decreases that a little bit."

What was also raised was the importance of this OSCE being a positive learning experience:

"I'm wondering as well about the, going back to the language, because you know if you're looking at students they've obviously got to learn and got to be supported to do that and maybe something like adequate and not adequate might be a bit less judgmental than saying poor and adequate. I mean if you think about poor as being a failure well… all right it is that they haven't done as well as they could do, but to call them, you know, saying well that's a fail might, might give the impression that…you know, not disappear into some black hole, but if they see it as being not adequate it might be that it gives them that encouragement to actually think that they can get out of it."
"Moderator: So 'not adequate', 'adequate' and 'good', rather than poor. (*talking occurs at same time-*
"Yea, so it's more of a learning experience, rather than a defeating experience."
"Mmm.

It was not only the grading scale which was discussed, but also the ability to make comments to the student to explain the grade allocated, that was seen as useful:

"There's some in between 'cos there's some things I felt she did but didn't do…she was doing them…but to varying degrees, and not…and then that led on to something else that she wasn't doing particularly, I'm not explaining myself very well, but it, it wasn't…without further comment about what you actually mean the mark itself didn't reflect what you were actually seeing."

The usefulness of the detail of feedback given by using the form was linked to enabling the student to have a specific record they could refer back to and use to structure future learning, and formulate this as what is termed 'a learning contract':

"I think it gives a clear sort of idea of the person being assessed as to what to expect and also as an assessor it's quite clear what you're doing so I think, I mean obviously it's always nerve racking being assessed, but I think it is…you can look at that and think right I…these are all the areas that I'm going to be assessed on."
"Yea and then you, they can look back and think oh well I'm not so good at that, that's what I can work on. Whereas if you don't have this it's difficult for them to remember what they weren't so good at, what they didn't do so well on, cos they're nervous as well aren't they, you know, and I think it's difficult then to remember what you did wrong and how to improve, whereas if they've got something written they, you can feedback to them properly."
"And it's useful to think about that in terms of building that into a learning contract."
"Yea ,Yea absolutely."

Interesting points were raised about whether the form could be used by them during the PPE, and for the selection process of applicants for jobs, and whether the descriptors should be tied into the ones used on PPE:

Moderator:"Anybody need to say anything else that you felt that might help or inform P's process or …"
"Will we be able to use it as educators as well?"

"We've started using an initial interview scenario role play within our interviews in the last couple of years and it's really interesting to see that , that we've had some worse than that. *(other laughs)* That's the thing, this might help to quantify the scores we've given in some kind of format like this as to <u>why</u> arrived at that, at the moment its more erm 0-5 grade that we give, but there's no specifics about what if's and how we mark down."

"Would there be a way you could, erm, sort of do it round the wording of the report you know the report format that you use. I don't know if they're too… erm, if that would be too difficult, but you know that obviously we use those numbers that we currently use and we've got satisfactory and if that's changed we've got good and very good, I'm just wondering whether or not that that would link in then with what you're scoring."

And later this is returned to when considering if feedback can be given during an interaction:

"Well I'm just thinking if I'm sitting in on that sort of interview perhaps wouldn't have continued it without writing something...but, I'm just thinking that would highlight those minimum guidance, guidance things that you, we use currently and that actually at that point...continue in that way because I would have been wanting to get more information but and also not ruin the chance of having a continued rapport with the lady so, erm, whether there's anyway you could link those. Might be quite difficult to do that, but I just..
Moderator:What link the staff coming in and saying don't do that in the OSCE ."
"Well I'm just wondering whether the poor adequate and good whether or not you link that with the erm report descriptors, the satisfactory and good, but also the things about what that means, that means they need minimal guidance, they need guidance, you know and actually somebody, at the point that they have been quite poor, with a little bit of minimal guidance does the interview then pick up, or with, that they needed complete guidance, does that make sense."
"Yea."
"Is there that option in an OSCE to have someone involved?"

Although not a prompt given by the facilitator, the use of the OSCE as an aid to learning was raised in other parts of the discussions in both groups with regard to the potential for self-assessment by the students, and in group 1 in relation to the use of video.

"It might be good to have…have erm, some…something where they could, the student themselves can grade themselves at the end of ..." (t*apers off.)*

"Is there something that the student could score themselves on as well?...you know, like, you know, just, rather than, you know just doing it. They might well be aware of that, it was an awkward situation, and Oh, I didn't,, I didn't know what to do because I've never come across that before or… I just thought it would be interesting to see whether they would be able to score it themselves as well…and see what they identify."
"Mm."
Moderator:"Because this is live unless we videoed them."
"Yea."
Moderator: "Video and see it back...And at minute this is only formative, so is only to inform the student, but could be sorted."

This mention of video was picked up in the next section of discussion, as already noted on page 88, (when in relation to the group considering if the descriptor of paraphrasing might not be appropriate, someone shared their experience of being videoed), but it was not discussed further at that point in the group discussion. However, the value of being videoed is returned to later:

"So would…when they're having this in their training, would they be filmed each time they do it or not? 'Cos I think that's really useful too, because you can get this form and…someone can feed that back to you and you can in your head be thinking, no I disagree with all that, but faced with actually seeing it, then pointing out, look this is where you yawned, this is where you just introduced yourself and said 'hello Elizabeth', and that kind of stuff, I think is really useful."
"Mm."

The videoing of interactions was also discussed in group 2, but had been noted by the facilitator prior to this part of the interaction. However, the group seemed keen to consider its merits, which were again seen as increasing self-awareness and internalising feedback:

"I think to see themselves as well because a lot of people I think have some of the worst communication skills, but will not recognise it. So, just…they will have insight for like that, yes, that's fine, that's fine, but they won't see it in themselves if they were to do exactly the same thing and that's again some of issues we've had. So, as horrible as it is, I think, the same as everybody else, that if they **can** see what they are actually doing **hopefully** that would start to address some of the issues that do exist in, in most difficult situations. Because unless they see that they will deny that they do those things."
"And doing that in your pre placement sessions would be quite good preparation."
"Mmm."

Some in group1 noted a need for students going on placement being prepared to be watched, and it was this point which led to the query cited above about whether students would be filmed:

"Sorry. It's just good for them to just ,be watched I think doing something, because… erm, two of students we've had have both said I didn't think you'd just watch…you'd actually be there, right there, while I'm doing it the first time."
"Yes my student said that."
" *(At same time)* - while you're here can you go and, erm, you have to go through basics of we **have** to see you do something or, and… that's what we're there for, and I think they've just got to get over that. And it's horrible, and nobody likes it… but for them to do it before they come out and know what sort of things we're going to be

looking at and have that as a bit of security of…and I've got that sort of tick list in back of my head… I think is quite useful 'cos if we, we always just sort of protect them and allright, well you don't like it, it's not very nice , we'll never do it, then when they come on placement, it's even more of a shock for them. But it's a **real** person, in a **real** setting and there's **loads** of people around… My student didn't want anybody to be in the same room as her. Other than her and the person she was seeing and it's just not possible, especially in a hospital setting. I mean do you clear the ward? *(Chuckles, other says mm)*. So no one could hear her. I think you need to expose them to a bit of those insecurities of…in the nicest possible way. This is safe isn't it? – can't do anything wrong…It's not real."

and being prepared for receiving feedback:

"As long as they get some constructive criticism before they come out on placement, because often they get out on placement and the first time they get that is in their supervision session and they're not prepared for that and don't know how to deal with it. Whereas if they've had a dummy run before they come out it might, y'know. "
"Especially if they've had a situation where it's not gone to plan and they've been thrown by a comment or somebody being upset and then rather than ignoring it and carrying on to the next one actually having the skills to actually, the confidence to actually explore that option, explore that issue, ask more questions. 'Cos, that's, that's going back to what V was saying, what we struggled with, with our student."
"Mm."
"Just wanted to ignore the problem, *(laughs nervously)*, if it wasn't already on the list, you know, on the list of things…" *(tapers off).*

Points were raised about what type of situation and client reactions might be appropriate for first year students to encounter, and this is useful when developing role plays for the module and the OSCE, in terms of the degree of difficulty of the scenarios and how the client is role played:

"I think as well from my point of view if I looked at it from the client it wasn't the easiest interaction for the client, arms folded , there was no eye contact, and I think a student who goes into that wouldn't necessarily know how to deal with it…'cos there was **nothing** coming back from the client. There was no eye contact…you know when you've somebody sat there like that and you're trying to interview them, it's not the easiest one to do."

"I know when we trained we had an exam and it was just set out like this and we went into the room and we had to sit and it was a client and one cried and one, you know, was angry and you didn't know what to expect and you just went in and that's how it was and you had to… and it's exactly the same. And it really did give you confidence for, you know, the placement, because you'd think, oh that could happen and that's how I dealt with it and they said, 'oh perhaps you should have done this,' and it was really useful and I know that every… we all found it really helpful where…when I did my training."

Summary

In summary the key points gleaned from these two focus groups were:

- there are no additional items PPEds feel are needed on the OSCE checklist, but some amendments to wording of items and the order in which they appear on the form are suggested, along with terms for the grading, (for amended version see Appendix 11)
- the process and flow of the interaction are important, as is the need to be client centred, and these influence the assessment of student performance
- the items on the form are useful for detailed feedback, if used in conjunction with direct feedback comments, and to inform global grading of a[ny] student's performance
- there may be differing expectations in different clinical areas.
- the form is seen as useful for student self-assessment, and the value of this could be further enhanced by use of video recording and review of their interactions.

As noted in the literature review the identification of checklist items has been recognised as a central part of the development of OSCEs (Harden, et al 1975, Harden and Gleeson, 1979, Harden, 1991), and the two rounds of focus groups have enabled the formulation of a checklist which is valid for the OSCE in this WBP. In addition this checklist has national relevance since there is sparse published work on the use of OSCEs in OT pre–registration education and none which focusses on OT specific inter-personal communication skills, (see p. 27-28).

However, the role of the checklist in the assessment process has been debated, particularly when the OSCE is focussed on inter-personal communication (Donnelly, et al 2000, Guiton, et al 2004, Cooper, et al 2006) and the view of the PPEds in this WBP concurs with this. This is specifically identified here by the PPEds stressing the importance of the reciprocal flow of the interaction which relates to the process oriented aspects, which in turn delineate inter-personal skills from the more task and information based

communication skills identified by Duffy, et al (2004). It is these factors which are difficult to quantify or measure (Sandvik, et al 2002, Bensing, et al 2003), even with complex systems such as the RIAS and MIPS, and have led to the use of global ratings as well as checklist scoring (Wass, et al 2001, Newble 2004).

The PPEds also recognised the potential of the checklist to inform feedback and increase its usefulness by giving specific detail, as well as providing a tool for students' self-assessment. This dual use of the checklist could facilitate the self regulated learning which Nicol and Macfarlane–Dick (2006) found resulted from combining feedback and self-assessment, and also increase the integration of the assessment with the learning process. These aspects are ones for which the students views are particularly pertinent and it is their perspective which the next section focusses on.

Student evaluation of the OSCE and the module

As discussed in the research methods chapter it was important that the module format in essence remained the same so that the research would not adversely effect the quality of the student learning experience and so inclusion and utilisation of the OSCE was in line with module amendments that are made each year by module teams. The programme team had discussed in re-validation meetings the inclusion of an OSCE in the equivalent of this module in the revised programme, feeling it would be a more relevant assessment method and give greater potential to prevent students embarking on PPE with inadequate skills. It was these discussions which led me into identifying the OSCE as part of the focus for the WBP. I felt that an OSCE may have added benefits for the students in terms of helping them direct their learning, and in addition the module team felt that, if students were to have an OSCE, they should know the criteria for this. It was therefore decided to incorporate the OSCE into the existing schedule for the module; firstly, as part of the sessions by using the OSCE form to guide role plays and interactions, and, secondly, as a formative OSCE that would provide a focus for the assessed reflective assignment.

In the scheduled sessions of the module the OSCE checklist form was utilised within the role plays which students were involved in during weeks 4-7. In these sessions students worked in three's, one being the client, one the therapist and one an observer, and each student took on each of these roles in turn for a different client scenario. The OSCE form was there to help them reflect on their own and their peers 'performance'. The assessment for this module is a written assignment, requiring students to reflect on their inter-personal skills, and to do this they can chose any session, or part of it, from the module. This year the students participated in the equivalent of an OSCE during the last two weeks of the module, but this pilot OSCE was not the assessment, the change to the module being that their reflective assignment was on this experience, rather than students selecting any session from the module. After the formative OSCE students self-evaluated and then used this and the staff evaluation, along with their weekly reflective diaries to inform their summative assignment.

Questionnaires

All modules in the subject HEI are evaluated by students so that this important feedback can inform staff as they plan further improvements. This is usually by means of questionnaires. The questionnaire asks students to evaluate each aspect of the module therefore, this time it included asking students to rate the OSCE, (see Student Questionnaire, Appendix 3).

There were 110 students on the module and 84 completed questionnaires were received. The section of the questionnaire which asked for a grading of each aspect of the module is summarised in Table 3, (p.96), and the comments students made regarding strengths of the module and potential changes are then listed and discussed. The section on the questionnaire and Table 3 are structured so the different learning and teaching strategies are shown in the sequence that students experience them in the module.

It is interesting to note that the first five elements on the questionnaire, although part of the module, are not related to the OSCE and there is a

noticeable shift from these early items, to a more positive rating of the eight elements which ask about the OSCE and the associated role plays. All 84 students rated the self-evaluation via the OSCE form and the reflection on the OSCE as either helpful or very helpful, and only one rated the actual OSCE as not helpful, (with one not answering this question). This is particularly surprising considering the anxiety many students felt as they arrived for, and participated in, the OSCE, even though it was not the actual assessment for the module.

Table 3 Students' evaluation of the module

	Unhelpful	**Helpful**	**Very helpful**	**Nil response**
Large workshops	**n=26** 31%	**n=54** 65%	**n=2** 2%	**n=2** 2%
Viewing video of large workshops	**n=31** 37%	**n=37** 44%	**n=14** 16.6%	**n=2** 2.4%
Life road exercise & link to values, attitudes & beliefs	**n=26** 31%	**n=45** 54%	**n=12** 14%	**n=1** 1%
Mini lectures	**n=16** 19%	**n=45** 54%	**n=21** 25%	**n=2** 2%
Set reading	**n=10** 12%	**n=54** 64.2%	**n=20** 24%	
Role plays	**n=1** 1%	**n=19** 23%	**n=64** 76%	
Use of OSCE form to reflect on role play	**n=2** 2%	**n=21** 25%	**n=60** 72%	**n=1** 1%
Weekly reflective diary	**n=5** 6%	**n=40** 48%	**n=39** 46%	
The OSCE	**n=1** 1%	**n=28** 33%	**n=54** 65%	**n=1** 1%
Self evaluation on OSCE using the OSCE form		**n=35** 42%	**n=49** **5**8%	
Immediate reflection on the OSCE		**n=24** 29%	**n=60** 71%	
Staff evaluation /feedback on the OSCE	**n=2** 2%	**n=24** 29%	**n=58** 69%	
Reflective assignment	**n=2** 2%	**n=43** 51%	**n=35** 42%	**n=4** 5%

What students would keep the same if designing the module:

The comments students included on the questionnaire are presented in order of the most frequently mentioned to the least number noting that aspect.

Role plays

42 students included this in things to keep the same, and another three stated 'triads', and nine indicated small group work, for example: 'small practice groups'/ 'small group learning'/ 'work in smaller groups' which could well mean role plays since these were the only aspect of the curriculum content experienced in small groups of three. This would therefore indicate that 54 out of the 84 would keep the role plays. Comments made were:

> "Use of role play before the OSCE allows practice and preparation",
> "Practising role plays before the OSCE but with a bit more guidance",
> "Having several weeks of role play practice before the OSCE helped you prepare for it ".
> "Role plays as they helped me to prepare for the OSCE".
> "Role plays help for OSCE".
> "The role plays as it enables us to prepare for the OSCE"
> "Role plays and OSCE were good practice".
> "All of the work in smaller groups, very fulfilling, useful and enlightening",
> "Role plays were great, essential practice".
> "Focus to remain on practical participation- I feel more is learnt and enables a better understanding, e.g. role plays, reflection via formal observation".
> "The role play practice was especially useful to consolidate the areas we were learning".
> "As much as I dislike role play I feel that theory alone is never enough and you have to actually participate to fully understand why you do what you do!"
> "Being able to be the therapist, client and observer in the role plays and following the same scenario through".
> "Role plays, Self evaluation form and staff evaluation/feedback – these helped me to evaluate and see what needed to be improved".
> "Role plays and the reflective accounts at the end the role plays".
> "All of the weeks set for role play and all the feedback".
> "I would keep the role plays the same but give more of an understanding to the students of what is expected".

The weighted influence of the inclusion of the OSCE on how important the students perceive the role plays cannot be specifically delineated from this

response data. Of the 54 who noted role plays as something to keep the same, only 17 made comments, as listed above, and of these seven actually mentioned the OSCE, but some of the other comments focussed on the part role plays have in developing 'better understanding', by, 'consolidating learning*'.*

Reflection

This was noted in various forms:

i) Reflection n = 11
ii) reflective diaries n=10
iii) reflection (OSCE) forms n=8
iv) reflective assignment n=3
v) immediate reflection after OSCE n=1

This means a total of 33 points were made to keep reflection in one format or another. Since reflection involves some self questioning and evaluation this is important to consider in relation to the development of inter-personal skills, but only three overtly named the reflective assignment, which is the current assessment, rather than reflection.

OSCE

21 noted this as something to keep the same and comments made by some respondents were:

> "OSCE and role play helps with confidence and how to deal with range of situations",
> "The OSCE did make you think about how you may come across and areas to improve",
> "OSCE I feel it helped me realise I do better on communicating than what I thought ".
> "I would keep the OSCE but perhaps with actual actors".

OSCE forms

Of the nine students who wanted to keep this the same two made comment on why:

> "The evaluation forms on the OSCE were very helpful as I could compare my views to the lecturers".
> and the student who included three elements in one comment (as cited on role plays above)-
> "Role plays, Self evaluation form and staff evaluation/feedback – these helped me to evaluate and see what needed to be improved

Set reading

Four students identified this, with one making comment:

> "Well chosen and gave enough info to make me want to read more".

Staff evaluation

Three students noted this and one indicated it in connection with the OSCE, and one in terms of feedback at end of each session

Everything

Two students noted they would keep everything the same and another two said everything except the large workshops though one commented:

> "The large workshops and video were quite daunting but I think this helps the person realise how confident they are".

Large workshops and videoing of these

Two students noted the large workshops, one said workshop and video and one stated the workshop:

> "Large workshop even though I didn't enjoy it, it was useful"

Teaching and learning strategies

Two would retain these, citing:

> "Focus on practical participation ->more learning and better understanding"
> "Mixture of teaching /activity styles"

Lectures

One student felt they would retain the lecture sessions

What students would you change if designing the module

There was smaller proportion of the respondents noting similar things to change than there was for things to keep the same.

Large workshops

19 students would change these**.** Comments were made by 13 students and these were:

> "Start as small"
> "Was not helpful"
> "I do not see how it worked and what positive results can be gained from it."

> "Clearer explanation as to the purpose of the large workshops
> "It went on too long"
> "Condense the large workshop session into a shorter period of time"
> "I faded into the background but they were enjoyable".
> "The larger groups I feel are less useful in that the smaller or one to one exchanges are better for learning and relationship building with other students".
> "I thought being in a large group was not so helpful, as it was nerving and I didn't enjoy it."
> "Not necessarily on the video for long ".
> "Not use video say (sic) little value other than embarrassment"
> "Making the video was worrying and intimidating because of being in large group".
> "Didn't really understand why the first few sessions were so long, felt like they dragged didn't get much from the large group

These large workshops and the review of the video of them are offered with the aim of facilitating students to focus on, and hence increase, their self-awareness in terms of how they interact. It may be, from comments, that more explicit explanation of this is needed. It may also be that students would find being videoed in a role play more helpful, - as one commented, (see point on p.102), that the OSCE could be videoed, but this would enable summative versus formative opportunity to review their inter-personal skills.

OSCE not to have tutor as client

Three students noted this and each commented:

> "I found the OSCE beneficial but I would change the lecturer playing the client I think it would be better having another student (possibly drama student) playing the part because it would be more realistic To see your lecturer cry/ be loud , can be quite funny, but if this was a stranger I doubt it would have the same reaction."
> "Have another person (a stranger towards student , maybe a lecturer from another dept?) to be client for OSCE, felt for me unnatural and fake 'cos I know tutor "
> "Having people/actors you don't know in the OSCE It was a little uncomfortable having to interview a lecturer"

So, although three noted they would change the OSCE, comments indicate that this would not be to eliminate it, but rather to make changes so it would be more accessible to engage in. The lecturers 'playing' the client is not something which the team intend to continue with – it was purely the logistics and finance of this first trialling, which meant that this year, this not being the actual assessment, 'actors' could not be utilised.

More reading

Three students would add more reading:

> "More reading on therapeutic role and relationship to put learning into context ".
> "More reading from journal articles".

OSCE weighting

Although the OSCE was not part of the assessment grading two students felt it should be, with weighting between this and the assignment being suggested by one as 50-50 and the other as 40-60.

Another student felt that there should be either an assignment or the OSCE, not both.

Change groupings for role plays

Three students noted this with two commenting:

> "Rotate groups in role plays to create different pairings. My client I felt was played poorly and this reflected on how well I could emurse, (sic), myself in the role play".
> "Make it so that group was changed each week in role play".

More role play

Two students would include more role plays

> "More role play work on service users with different conditions and age ranges – teaching on how to adapt communication according to need "

One further student did not state role plays but did say:

> "More case studies, bring in service users".

More feedback in role play

Two students noted this commenting;

> "More guidance from staff rather than peers or staff demonstrating a good OSCE and a bad OSCE"
> "Would have liked more direction in role play sessions with perhaps specific areas to focus on e.g. in the next role play consider your…..Rather than trying to do it all, all of the time."

OSCE case scenarios have same challenge level

Two students felt this should be changed:

> "Unfair that some had very challenging situations whilst others did not ".
> "OSCE giving such diverse characters for different people".

Verbal feedback on OSCE

Two students noted this but neither added further comment.

Feedback form

Two would make changes to this:

> "Too little detail on feedback form made you feel quite negative about yourself".
> "Section of OSCE form – 'Introduce role of OT' (if appropriate)"

Nothing

Two students would change nothing.

Fewer role plays

One student noted this, but this student had marked these as helpful in the grid.

Self evaluation:

One felt this should be increased:

> "More self evaluation may be verbal".

A practice OSCE

One student would include this

> "In conditions of an OSCE, may be 3 of them so that the observer could see progression (Instead of three roleplays we did in class)".

Video the OSCE

This was suggested by one student:

> "Possibly videoing the OSCE to watch it back to give a clearer idea of where you went wrong /could improve".

Change round of lecturers

One student suggested this, but no reason was given.

Summary

In summary the questionnaires indicated that for this cohort of students:

- The vast majority:

  -positively rated the OSCE and role plays and the use of the OSCE form in their learning and reflection

-found the staff feedback which used the OSCE form helpful
-valued the reflective assignment

- All students valued the immediate reflection and self-evaluation on the OSCE which utilised the OSCE form
- Students indicated they would recommend retaining the role plays and OSCE, and made suggestions for further improvements

The students being so positive about the OSCE and its associated processes of self and tutor evaluation is very interesting. Initial consideration of any examination is often focussed on the associated stress, as for example identified by Rushforth (2007), which could lead to an assumption that students do not rate examinations positively. However, the students in this WBP seem to have identified more with the feedback and learning aspects of the experience. This supports the use of the OSCE as a method that can encourage learning of clinical skills and be an appropriate assessment as advocated by Khatab and Rawlings (2001). Although the potential impact here of the OSCE being used as a formative experience has to be recognised, research has found that students are similarly positive about the value and relevance of summative OSCEs (Barry, et al 2012, Yap, et al 2012), and even those students who have failed the OSCE perceive it as fair (Syme-Grant Johnson, 2004).

Research has focussed on the development of the checklist as a tool within the assessment process. Here though the students have recognised its value in enabling and structuring self-assessment and tutor feedback for role plays as well as the OSCE. The timing and format of feedback is key to its usefulness, and relating it to specific behaviours is one aspect of ensuring feedback is effective (Quilligan, 2007). The checklist is therefore one means of giving a more focussed and specific indication of strengths and limitations and enables a direct comparison of self and tutor evaluations, which can result in future learning and better performance (Crossley, et al 2002, Perera, et al 2012).

To gain a greater depth of understanding of the students perspective five students were interviewed. The following section presents the finding from these interviews.

Student interviews

The students' perspective on the use of an OSCE as an assessment method and as a learning tool was ascertained as summarised in this preceding section, by the whole cohort filling in the amended module evaluation questionnaire and then, subsequent to the first PPE, five students were interviewed to gain an understanding of how they viewed the module and the OSCE at this point. Students are identified as St A, StB, StC, StD or StE, and myself as the interview facilitator as Fac.

To gain an indication of how they rated the module in terms of their preparation for PPE they were asked which modules they felt were helpful to them. This general question was also a strategy to reduce the influence of the students potentially being aware of my research interests. One of the students did not mention the communication module in response to this question although she did acknowledge a potential impact of her age and prior experience:

> **St A:** "That can come from erm, several angles because it depends what your first practice placement ends up being. Erm…Biological perspectives was obviously a good one 'cos pretty much no matter where you are, erm, that came into it. Erm, and…certainly I suppose a great amount of, er what, what was in Common Learning One was, er, very much needed as in health and safety aspects and, and all that kind of thing. Erm. Er, er,some of that though, was, as said at the time, was a lot more, er, useful to your, like your 18 year olds who've never been in a workplace to your more mature students who might have been in a workplace you know 10, 15 years plus. Erm, so I don't, I don't think there's any of the erm…because yea, we did the basic psychology, didn't we, so I think they were <u>all</u> appropriate. I can't think of anything that was…erm, out-outrightly sort of <u>missing.</u>"

Four out of the five students noted the communication module first, this being called Communication and Self Awareness, and within this the role plays and the OSCE were mentioned by two students, before they were asked the specific questions relating to the communication module:

St C: ”Probably er, Communication and Self Awareness actually. Erm. I think it was quite hard for the lecturers to do that because it was a false environment. But…there isn't really any other way of doing it. We can't practice on service users can we. (Fac No) So, although it was false, and it felt a bit…pretend, but I still felt that it helped…because when I think back to the first time we did the role plays, I was a wreck, my stomach was churning and I could feel the lecturer sort of looking over my shoulder and I was completely tied up and had no idea what to say and then by the last one to actually feel comfortable (Fac: mm) and it came a lot more natural than first. So that one definitely helped although, yes, it was false, and you were aware of that."

St D: "I think for me a lot of it was the more OT specific stuff because, erm, because, erm, things like 'Communication and Self Awareness' were really useful because they, erm, because I've done that kind of stuff before so it kind of refreshed that. But the OT specific and the, erm, and the anatomy and physiology, because that was things I hadn't done before. But I think it was all useful really."

St B:"I suppose aspects of the Communication and Self Awareness module were useful in terms of like the role playing and things like that I thought were quite useful. I'm not sure about the very first bit, you know when we all dressed up and stuff."
(**Fac:** "Mmm," in support)
St B: "And that was the beginning of Communication and Self…That might just be me not liking it rather than it not being useful. Erm, I'm not sure…I can't remember the point of that. Was that to kind of…desensitise us a bit. To see how our own communication skills, or…?"
Fac: "Yea, it was just to let you get a chance to see yourselves, and hopefully relax, how you chat to other people, in different situations, and a getting to know you session as well."
St B: saying "Yea, yea," throughout, then, "I think it's just me, I just don't like video cameras." (nervous laughter)
Fac: (to try and reassure her -)" I don't think you're the only one."
St B: "No, that's true."
Fac: "Did you notice all the staff sort of standing behind the camera?"
St B: "Yea, yea, (as laughs nervously again). But, erm, but yea, in terms of the role playing, I mean that was quite useful. I could see how it could potentially be…depending on who you were working with, some people could be a bit more critical, rather than constructively critical. Erm, but, erm, so perhaps if you were perhaps a bit younger and bit less experienced you might take things a bit too personally. And, erm…but generally, yea, I did find that quite useful. I can't remember what else we did in that module, erm…"
Fac: "You did those big workshops, we talked about reflective practice, er, response modes and then did the role plays,"
St B: ”Right,OK."
Fac: "- and you did the OSCE."
St B: (*immediately says*, *partly talking over the fac)"* Oh the OSCE,oh yea."
Fac: "..and then you reflected on that in the essay."
St B: "Yea. Actually the OSCE was quite useful I felt. Erm…yea in terms of making you reflect on how you are and stuff, and think of things that you could perhaps work on on placement and stuff. Erm…But, yea…can't think of other modules, erm…"

> **St E**: "Did we do the Communication and Self Awareness? That was the role play one."
> **Fac:** "Yea."
> **St E**: "I liked that one. That was probably the best one before placement."
> **Fac:** "Why, why do you think that?"
> **St E:** "I don't know, because I think I liked the role plays. Even though I know they weren't…they're so different to how you do them anyway…like in practice like. And I just think it gave me a bit of, I was really worried at first 'cos when I come out and I did it, I thought, 'Oh my God, I've done that awful', and when I got my feedback back it was actually really good. So it made me feel a bit more confident, so when I went on placement I wasn't…When I did my first initial interview I didn't think, 'Oh my God, maybe that's awful', because, like it gave me a bit…then my educator said it was actually quite good so that's why I liked that I think."

This student is talking about tutor feedback which was given, 'when they came out', and so it seems most likely the student is actually talking about the OSCE rather than about the role plays which were done in the taught sessions and feedback given in the small groups.

The value of role plays and the OSCE are perhaps understandably intertwined, the former being seen as preparation for the OSCE, even though this was used as a formative experience, and to some extent this perhaps meant that students viewed the OSCE more as a learning experience. Parts of the distinction between role plays and OSCE that students identified were the value of working in three's in role plays and so having the opportunity to observe peers:

> **St D:** "I think being the observer was a good position to be in actually because you could see, erm, you know, how other people worked. And that was a good learning experience and I think in terms of being out on placement that helped with interviewing patients."

and the staff involvement, both as more realistic clients and as sources of feedback. Although one student still felt very strongly that realism was still lacking and could only be achieved on PPE:

> **St A:** "Erm. Unfortunately this is an easy one to answer, but I'm not sure it gives you what you need. Inter-personal skills again are a thing I think you actually get with maturity and with experience. I don't think they're something that can just be learnt in a module. As with empathy. I really doubt that you can actually learn it in a module. So…er, as I'd been working over 20 years and had clients I didn't really…and my placement proved that I didn't really

have any problems with inter-personal skills because it's, it's where I come from…Maybe if I'd been a few of the 18 year olds…erm…my answer would be, I'm sure, really, really quite different coming from their perspective…And I'm, I'm not sure, erm, how well they could have learnt inter-personal skills from the modules because I really do think they're a hands on experience . So that's difficult to…"(*tapers off)*
Fac: "Mm. And do you think that hands on experience has got to be hands on with a client?"
St A: "Yes, to be honest, yes, yes…but I do think it's very difficult to get that true experience from a classroom situation…But I can't see…you can't avoid it, you need to do it. It, it is the only way of teaching people who, in a module classroom scenario…but unfortunately for most, as with the current ones that we're doing on group activities, they…it doesn't feel realistic. It is very much a scenario. I would never behave in an actual therapeutic group session the way we do in those classrooms and, and there's a number of us who've said that. You can't somehow get beyond this thing that it's…not real. And you're, you're not the same as you would be…in the actual…But I, I can't see a way you get round that. It needs to be taught and you can't do it in real life situations."

Other students were more positive, yet still recognised the dynamics of role plays with peers:

St E: "Erm, I thought they (*sic- role plays)* were g-o-o-d, but they were so different. I think when we did 'em like when, with the you the educators were the st…the…patient it was better, because when you're with your friends you're like laughing, joking whereas when you do it with like an educator you don't laugh and joke. But I did like it, because I did say something to T and he couldn't stop laughing and he said, he was like, 'You can't say that to me'. Because I didn't know what to say, that was just, quite, so it helped me to think about what I said, before I said it. And it also highlighted that I don't like silence. So it went silent for a couple of minutes, I'd just burst in with a question even if he hadn't finished what he was saying. So I think it was good in some ways, but then other ways it wasn't so good."

St C: *(talking about role plays)"*I think were useful…erm, they got you thinking about different situations you might come across. Erm…when you did it with your peers I think everyone's conscious of not…being too challenging, 'cos you don't want to be horrible to the person. Whereas when we were in the OSCE it's different. So…I don't know how practical it would be to always have a lecturer playing the part of the patient, how practical…but…if people are constantly **nice** to the group members…But it did get you thinking."

St D: "No, I think they are a useful learning tool. I think OSCE's, especially if they're with, erm, if they're not with your peers, if the person who's pretending to be the patient, the client whatever, isn't…because, erm…even if you've had lots of experience there's still going to be certain client groups that you haven't worked with before, erm, and if that can be kind of erm, replicated in an OSCE. Obviously everyone's individual but you can get a general idea of somebody, somebody who's got, you know, a learning disability, who's going to react differently perhaps than somebody who's very emotionally distressed,

> or whatever, so I think, yea, that would be more useful than the, than the role plays.''

It seems here the student is thinking of the OSCE more as a 'modified role play' or as a replacement for these, but it also may be that the key aspect for her, as for the other two students, is consideration of who plays the client, as illustrated again by an earlier comment of hers;

> **St D: "**I think the OSCE was more, was more beneficial than the, erm, role plays because…erm, it wasn't run doing it to each other, because it's hard to take it seriously I think when you're sort of acting a part…and it depends who you're with doesn't it. How good they are at acting and how well you know them, that kind of thing. Erm, I think it would have been…the OSCE would have been improved if we'd had somebody we didn't know at all doing it. Erm, because, erm, having a tut...a lecturer do it. It was still good, but I think it would have been, improved it, had it been, I don't know, a student from another course, or something like that."

Although tutors more active involvement as clients in the role plays is identified as being preferable, tutors being the clients in the OSCE is similarly not seen as ideal by other students:

> **Fac:** "So, do you think there are any other teaching and learning methods we could use that would be more useful than ones we used? You talked about the affect simulations – the picture on the screen, and the role plays, not feeling real."
> **St A:** *Begins before fac is finished* – "I think that one was **particularly** weak. Erm, may be, I don't know, whether you got some, erm…some volunteers… er, do you have any drama students round here who would like to volunteer to be the, erm, you know the, the actual person. I mean it could may be do them, it could, maybe be useful for them and certainly far more useful for, for you because, yes the picture on the wall is, not, it, it, it doesn't work. It definitely needs to be something far more…"
> **Fac:** "So do you think to use the drama students to…to role play the client, is that what you mean? "
> **St A:** "Yes, yes. And the same with the, but that's difficult, because I think in this scenario, erm, the exam for common awareness where you've got the observer and one of, one of the tutors is acting as the client. Again in a great many ways, because we know all of you as…tutors…again that's very unrealistic. If, if the client was actually again a drama student or somebody on that occasion, and I don't know whether maybe it would need two observers, because may be it does take the two, the two lecturers to, to actually draw their conclusions on your performance, but again it would probably be more, more realistic if it wasn't one of yourselves actually being the client. "
> **Fac:** "Yea…yea."
> **St A:** "Because you then utterly would not know…that, that person's foibles or…whereas we're coming to…to one of you and you're familiar and..."

The importance of feedback, its timing, it being constructive and whether or not it was from peers or from the tutor, was another issue raised by the students. During the module students had been working in trios and provided feedback to each other as part of the role play exercises, during which they had access to the OSCE checklist. Verbal feedback had been given by tutors during taught sessions using role plays, but this was limited by one staff supporting up to 22 students working in trios at any one time. Following the formative OSCE, once students had completed their own self-evaluation using the OSCE form as a basis, they were also given the tutors written feedback on an OSCE form.

> **St D: "**I thought your feedback was lot better than the feedback we gave each other, because I don't think we're always honest with each other and you tend to, erm, give platitudes really. Erm, so I think it's constructive feedback. Yea."

The dynamics of students giving each other feedback were identified as problematic by other students:

> **St E: "**You don't want to hurt their feelings."

> **St C:** "I think there was this thing about being nice and not criticising…because it's hard to criticise your peers…"
> **Fac:** "Yes."
> **St C:** "Erm…so, you did…it wasn't necessarily the feedback I got that…that was needed…'cos everyone was nice about it."

This student also suggested that students in later stages of their course could perhaps be involved:

> **St C: "**I think doing the thing in three's is good, because you're not in a big group it's less intimidating. But…again, it's practicalities, but whether maybe…second or third year students ought to be able to help. Because they don't know you, they don't have to be like…nice and they've…been there and done that and had at least one placement, maybe that might be a help. And if they criticise they could sort of say **I** used to be like that and then I went on placement and it's…a bit more of a similar level…maybe that would be, more comfortable…perhaps also rather than a lecturer."

Feedback from tutors was seen as helpful by other students, especially if it was constructive:

> **St E**:"It was more the tutor feedback. 'Cos when…I automatic come out and I was writing all these really negative things. There was a few things I did do right…but not, what I wrote was a really long list and mine was all like 'don't agr'…was it 'don't agree' the end column, or something?"
> **Fac** "Yes."
> **St E:"**Most of mine were that, and when I got 'em back they're mainly…eith… there was a couple don't agree…the middle column had a few and then most were good. I think it helped me see that…don't be so negative about things 'cos they're not always as bad as what you think they are."

> **St A**:" I think it probably, erm, good in as much as then…you can learn from feedback from, from the OSCE. You can learn from the, from the feedback of the two lecturers, the one playing the client and the one doing the observing, because there are so many things that without filming and watching yourself you're not aware of. Erm…so yes…you know a lot of non verbals especially. Erm…you can learn from the, from the comments from that. Erm, and then you can actually, 'Oh yea, yea I do do that, don't I', and…that sort of thing. Erm…Again for me I don't recall particularly, erm…feeling nervous about that because I've had clients for, for a while so…erm…not over, over worried about my inter- personal skills but I understand."
> **Fac:** "Yes, so despite it not being as real as it could have been…the actual, the actual feedback from the experience (St: 'Yes.') was what was…made it useful in terms of your inter-personal skills (St:-'Yes.') development, that feedback?"
> **St A:** "Yea I think that's what, erm…Yea. And the er…feed…yea…feedback especially, erm, yea, needs to be done in a…erm, constructive way, erm. Certainly one of the issues I think we had with quite a lot of the feedback, not just the feedback from that, is…very demoralising and very, very…disheartening. Erm, and although all the points need to be said, there needs to be er, some sort of constructiveness on the end of it that doesn't leave people feeling…oh well I was absolute rubbish…and that's it…sort of thing."

In terms of providing feedback the checklist was to some extent valued, but particularly if explanatory comments were added and, recognising practical constraints, the opportunity to discuss with tutors was seen as something to aim for:

> **St D: "**I think they're all clear really. And I guess that's why they're, they're clarified aren't they if you're not sure…when you ask…and there are certain…I know some people don't like asking, but then that's, if you have feedback from tutor think that would be helpful."

> **St D:** "For the OSCE. Erm…I think it would have been helpful to have had verbal feedback."
> **Fac**: "So you could ask…and clarify?"

> **St D:** "Yes, you can clarify points. And I think that…generally that's helpful anyway, because when you get something in writing you can't ask questions about it."

Student C, when, as cited earlier, she noted the tendency 'to be nice', went on to say she felt that the comments on the checklist could also facilitate more honest feedback by peers:

> **St C**: "Erm…so, you did…it wasn't necessarily the feedback I got that…that was needed…'cos everyone was nice about it. Whether you could have maybe a comment box, would be easier, 'cos if can, rather than ticking a box saying you didn't do something very well, you know, you can really then think, 'Ooo, that's not very nice', whereas if someone put 'You could do this better by…doing this', or , 'It wasn't great, because'…if you haven't got an explanation of things…that's not constructive, whereas the tick box…er, with explanation as to <u>why</u> someone's graded you that way, would be better."

Ways in which the students feel the practice OSCE could be made more effective were also offered. One point was about the practising of going into a room during the role plays, but then this student, like Student B, focussed on feedback:

> **St D:"**I think…I think making, erm, the, either using role plays with each other…but…kind of literally walking into a room. It sounds a bit silly, but actually opening the door and going into the room, it makes all the difference, because you don't know what you're going into. Erm, and that's what you're going to do in real life. Erm, and…and I think having feedback from the tutor is, is good. If that, if that can happen more regularly. I know it's not possible for you to have that every single week, but if you can get that quite regularly I found that really useful."

and more feedback from a tutor was also seen as of value by Student B:

> **Fac:** "Do you think the way we gave feedback was helpful?"
> **St B:** "Erm. I think perhaps possibly having <u>more</u> feedback might have been useful perhaps. And perhaps having, because it was just literally poor, adequate and fair, wasn't it, or was it good?"
> **Fac;** "Yes, poor, adequate and good."
> **St B:** "Poor, adequate, good. Perhaps more…what do you call it, more levels perhaps, erm, might have been helpful, erm…yea and perhaps a little bit more feedback, but then I know obviously you were doing loads, all in one go."
> **Fac:** "Yes, but that's useful, and important…and we can, we can make facilities for that to happen."
> **St B:** "Mmm, Yea."
> **Fac**: "And perhaps."
> **St B:** "Oh that's. Or perhaps you could even have like a debrief afterwards, with the individual, and just talk to them, and say…how did you think that felt, and they could say it…and you could say how you felt…I don't…perhaps that might be a bit intense."

The possible future use of students being videoed was raised by the first student to be interviewed, (previously quoted on p.110), when she said:

> **St A:** "Because there are so many things that without filming and watching yourself you're not aware of. Erm ,,,, so yes ,, you know a lot of non verbals especially."

This idea was then put to the other four interviewees. As might have been reasonably predicted they noted their reticence towards being videoed, but also saw the potential as a means of learning, and that this outweighed the negative aspects of fear and anxiety. The student who suggested recording interactions noted the following, in terms of student reactions, but also about its potential benefits in terms of de- sensitisation, and making more sense of feedback:

> **St A:** "We'd **all** hate it. Every student would hate it. I…I'll guarantee it. Nobody wants to be filmed, do they, nobody wants to see themselves. You don't like the sound of your own voice over a tape recorder, over, over any other medium…er, so yea everybody…**but** I really, really do think that could actually help in so many areas because it's the one thing we are all scared of - watching ourselves, seeing ourselves. If, if there's one thing that a great many of us are nervous about, it's things like the up and coming presentation standing in front of all the people. So it could also be acting as, erm, a form of de sensitisation…couldn't it, from…from, from much earlier on, erm. And you know back in the first year if that de sensitisation to those appearances was happening, no matter what the appearances were for, to actually seeing yourself and noting your habits, and…that could actually really be a very good thing 'cos I do, I do think it's…it's a social phobia that a lot of us are very aware of and, and have all got…and all…and the more nervous you get about it without anything constructive being done about it, you know, it doesn't actually help it, it still becomes an absolute…hook every year when you think Oh no…viva, OSCE, whatever… "(laughs nervously).
> **Fac**:" So what…if, if we did use the video…so that students then can watch it back themselves, at what point…and in what way do you think the staff feedback would be most useful?"
> 5 seconds pause
> **St A**: "Probably before seeing it. So that then you could, erm, you'd have the points, the remarks in mind and when you're thinking, 'What do they mean by that?', 'Do I do that?', then when you're actually watching yourself…you could link the two, and, 'Oh', you know, and it would really then mean something. Erm….and then probably the best thing then to follow that through, because that could still leave somebody just sort of up in the air, 'Well Ok, I was doing that. But what do I do about it,' it then needs something constructive at the end, to show ways of…maybe changing that behaviour or, or alternatives or, or something that would be useful in the situation."

One other student raised the use of video but in this case in relation to how they had experienced it in the module, which was the recording of a group workshop:

> **St E :** "Erm. Was that the one where we did the feedback through the fashion show and we got recorded and watched it back? Is that the same module?"
> **Fac**: "Yes…that's right, and then you did the role plays and you were therapist for three weeks and then you did the OSCE."
> **St E**: (speaking at same time) "Yea I liked that one."
> **St E**: "I think it helped because, on that video we got paused, to bite my nails, and I do it all the time and don't really realise I'm doing it and I noticed on the video, like she, I think N paused it on me, but yea, it looked horrible and it made me look really uncomfortable and, I would probably normally sit there and talk to you and bite my nails not thinking, and it really made me like…and now when I do, I'm self aware. I think, 'Oh God, that looks awful', and… 'cos that's what I thought was really good. I felt really paranoid when I seen it, but after like, when I went back and like thinking about it, it did make me come and think,'Aah'. I think it did make me uncomfortable doing it."
> **Fac**: "So, do you think, erm, we ought to use video more in the module?"
> **St E:** "I wouldn't say l-o-a-ds, but what we used it as, I think, what we did it for was really good. Because it did affect me…when she said you get recorded I was just like thinking oh my gosh I going to hate it,
> **Fac;** "Yea."
> **St E**: "But I liked it for the one we did it for, in the end."

The three other students commented on the suggested use of video:

> **Fac:** " Some students have talked about being videoed."
> **St D:** "Mm"
> pause
> **Fac:** "How do you feel about that?"
> Pause
> **St D**: "Mmm, I think, to be honest I did find that quite useful when we did that at the beginning of term. Erm, I didn't like it. But as a learning experience I think it was good 'cos you see yourself and you don't…how you see yourself in your mind's eye is completely different. So that, that was good. I think that was part of that module as well. "
> **Fac:** "Yea, we did big workshops. So, what about being videoed in the role plays or videoed in the practice OSCE, not the actual OSCE itself."
> **St D:**"Yea. I think that would be useful. I don't, I don't think I'd like it. I don't think anybody would, but I think it would be useful. And also it's something that, erm, that does happen as well. People are going to watch you…so…you know you're going to have to present and do different things and people are going to watch you do things when you're on practice, so it kind of will get you used to that as well I guess."

Student B, who had in answer to the first question of the interview noted her aversion to video, when asked her thoughts about the use of video in role

plays now responded**:**

> **St B:**"Yea probably…You see my…when we actually did the video, you know for the very first bit, when I saw myself come on I actually looked away . Because I think it tells you something doesn't it about yourself. Erm , so actually, yea, could see how that could be useful 'cos I've been on courses before, you know like doing presentations and being videoed and erm, it does help to see yourself and sometimes it can be beneficial in that you might feel like you look really nervous or are really nervous and sometimes you can actually see that actually perhaps you weren't as nervous as you thought you were. So it could be positive but then it also could be quite anxiety provoking, I guess for people. So. Perhaps if you had the choice. But then perhaps people wouldn't take you up on it. Erm, (laughs). Erm, I don't know…yea. That's an interesting point. Erm, I suppose logistically that might make it quite difficult in terms of videoing and everything. But that's your problem. (Laughs)."

> **St C:** "Erm I think it's a good idea but my initial reaction to that is, oh panick… But then I think everybody's reaction would be the same. I know when we did the,.,the…"
> **Fac:** "We did the big workshops didn't we, we did some activities and then we watched…"
> **St C:** "Yea, that was dreadful to watch back, erm…but, I think maybe if you were in smaller seminar groups and you all get to know each other…may be that would be Ok, but having that video showing the whole cohort working I hated that…Think it would be good if it was in the **little** groups, like we just said, because you get to know each other quite well over the term, erm…and watching yourself could be quite uncomfortable, but it's good because it gets you to actually see what you do 'cos there are some things you know you do but you forget you do. I know I sit like this quite a lot…and in front of a client that perhaps wouldn't be very good. I might look uninterested – it's not- I'm just…it's a gesture. So, it would be go-o-od, but again that anxiety would kick in, so maybe if you could…you know one week maybe be videoed, but then not the next week, and gradually introduced to become more comfortable with it. Maybe that might, rather than just first time you do it be videoed that… Perhaps if you did it gradually it might help…"
> **Fac;** "Yea."
> **St C**: "You desensitise."

The impact on their first PPE was seen by one student as changes in how they communicated with clients:

> **Fac**: "If you think about your experience of the OSCE, and then practice placement and your inter-personal skills. Can you think of any specific examples of how that experience of the OSCE perhaps changed how you were or…"
> **St E:** "Where you sit was one as well, 'cos when at first I went in and I seen all these chairs I thought 'Ooh, wonder if they're trying to trick us', *(laugh together)* and automatically sat in the one with a table between, and I sat in the one in front rather than behind the table. But in that…If I just went into a hospital and chairs are just there I probably wouldn't have moved one

specifically , but 'cos I knew I was getting marked on it I probably paid more attention, so that definitely helped, where I sat…A-n-d…I've noticed as well when I, I can leave gaps. I think it might have been you said like you talk really, you don't let somebody talk, you, 'cos you rush in if it goes quiet, which it did and that helped me sit back, give a couple of seconds, before I did, well I'd say five seconds, before I did burst in and ask another question…of the client sort of thing. They were the two main things."

Others felt that it was not so much changes in how they communicated that resulted from the module, but rather that it potentially increased their confidence:

St C: "Erm I think the module did help, erm, I saw sort of how my confidence grew during the module, so I could sort of think I know I'm going to be dreadful on first day of placement but I imagine that will get easier. But…it's sort of, you know, people say you don't learn to drive 'til you've actually passed your test. It's kind of a bit like that. Nothing can prepare you for being on the ward, having to talk to doctors, nurses…patients who have accents you can't understand, patient who don't want to see you…You know it's kind of impossible to completely prepare you. Erm…but it did certainly help, yea."

and later she says:

St C:" Erm…I don't think doing it effectively…changed the way I did things particularly, but…it helped, er, seeing that I can improve in confidence."

Similarly Student E, as quoted earlier, (p.106), noted an increase in confidence, whereas Student B was more tentative, also noting being self-conscious:

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Fac: "Do you think your communication skills changed because of the module?"
St B: "I think it did make me…there was a tendency…it did make me slightly…I mean it did help in terms of reflecting…and thinking about the areas that I do need to improve, but it also did make me feel a little bit self-conscious I guess, even more than usual, about say your communication skills and stuff. So it kind of put, made me feel a little bit like…on edge in a way. BUT then I think it was still useful. Laughs."
Fac; "Yea, yea." (in support of what saying)
St B: "Yea."
Fac: "It's like it sort of feels more difficult to communicate, but that's perhaps because you're more aware of expectations?"
St B: "Yea, yea," (during this statement), then: "Yea, definitely. And I was like, because I think, you did my OSCE actually, I know I find…like…I think the good thing about my placement my educator was really good. and I know she was observing me, but she did it very subtly, whereas that was obviously very forced and you were there to observe us and that made me feel quite paranoid and quite, erm, (nervous laugh), self-conscious, erm. But then it was good, because all these sort of experiences are kind of, they challenge you

and they stress you out a bit, but then obviously you do them and then you feel a bit better, (laughs again)."

Student A felt she had not changed as a result of the module, but had earlier recognised how her previous knowledge and experience would impact on her needs:

St A: "Erm, I can honestly say no I didn't make any changes, Erm…I can't even remember what the specifics were. I remember a couple of…My, my feedback was very good, and I got a very high grade, feedback, so I can't, I can't recall anything, anything particular that I thought, 'Ooh'. Erm…erm, so I think my answer to that just has to be, for me personally, erm, no, because I just didn't…It, it was a good experience."

Views on OSCE as the assessment

These interview sample students were asked their views on which assessment methods they felt were best for the communication module. They valued the OSCE as an appropriate method for its relevance to the reality of practice, but also considered that the OSCE should be combined with a written reflective piece:

St C: "Yea…I think it's important to have both, erm. So although OSCE wasn't assessed you knew it was part of the assignment so I think it's important to have both. To do a communication module and have it purely on theory seems a bit pointless really, if just writing."
Fac: "So we got the balance of the two right? Or do you think we ought to tweak something, or…?"
St C: "I think it's a good balance. I think maybe that the added pressure if the OSCE was assessed, then the role plays become even more important then, but again that would be anxiety provoking…I would feel that, but you'd be aware that OSCE would involve even more pressure. But whether, I know a lot of my friends at uni have modules where this is worth 50%, this is worth 30%, and when I say to them everything I do is 100% they go, 'Oh my God'. So whether maybe an OSCE could be worth 50% and the essay 50% that'd be fairer given that people have an assessed OSCE."
Fac: "Do you think you get different things out of the OSCE than a written piece. Different bits of learning…different skills, or...?"
St C: "Yea, because the OSCE makes you, you sort of have to be on the ball and…you are totally focussed and imaging it to be real. I did sort of get in character and forget it was…Whereas an essay, some people say, I don't know, you can come back to it, erm. But it was also quite nice to do a reflective piece and I think I'm perhaps quite…in the minority when say I quite

like reflecting, bit it is nice to think about how you can help, what you'd do differently and things."
Fac: "Does it…do you think…OSCEs, I mean traditionally used for assessment, so I think we've talked about how you think it is a reasonable means of assessment, and perhaps not the 100% on that, because you want that balance and everything. Do you think the OSCE is also perhaps useful as part of your learning?"
St C: "Yea, definitely. Erm. Because again, it's, it's putting you on the spot and…you're put on the spot a lot on placement. And you get into the room, you read the paper, the piece of paper and you just have to get on with it in a couple of minutes. There's no time to think about it, faff about…And that happens a lot on placement. The OSCE gives you that, 'do it now'."

St D:"I think, I think perhaps if it was split between the two. So if you got assessed partly on how you actually performed in the OSCE, I think it would have been good to be assessed on that. Erm, but then I feel quite confident in that area so maybe that's why. Erm, and then reflected on it as well, because I think it's important to learn reflection. Erm, and you certainly use that in practice. So I think the two together if it was sort of split half way so you're assessed in the OSCE and then your essay to back it up."
Fac: "So what sort of…do you think there should be weighting or do you think you should you have to pass both bits?"
St D: "I think you should have to pass both with about 50 50 weighting. I think they are equally important."

Student E also felt that the reflection on the OSCE was important:

Fac: "What do you think about the OSCE as the means of assessment?"
St E: "It would have been good…but then I wouldn't have reflected on it in an assignment so I wouldn't have learnt from it. 'Cos also I was, 'cos when we'd, not long after we did it, erm, a really close family friend passed away and 'cos the person who, 'cos I think you were my, erm, person, and it was an old man who'd lost his wife and I think I didn't ask questions about that because I didn't want to bring up the family friend dying which would have made **me** upset then, so I think…it wouldn't have helped me realise that, if I didn't have to reflect on it. 'Cos I know you say go away and reflect on it, but you don't always do…so that's why I like…reflected on it after.
Fac: "Yes."
StE:"And it got my head round the Gibb's cycle properly before I went on placement and how to use it. So that was good."
Fac: "So do you think.. What do you think would be the **best** way of assessing that module?"
St E: "I liked it how it was with the OSCE and then reflect on that. I personally liked the…I know people say differently, but I liked it how it was".

but, although she states a preference for the OSCE and reflection, it has to be acknowledged that, 'how it was', did not involve a grade being awarded for the OSCE itself.

Another student was, similarly to Student E, concerned about the potential effects of life circumstances, but, whereas Student E noted this as an opportunity for reflection, this student focussed on the potential impact in terms of negative impact on performance, and is concerned mainly with nerves and performance anxiety:

> **Fac:** "So…Er…from your experience, the OSCE was there as a formative experience. How would you feel if the assessment for that module **was** in the form of an OSCE?"
> **St A:**"I always worry about things like that because…you don't know what's going on in people's lives and nerves on the day or emotions on the day or just something on the day. And I speak from experience especially with nerves on the day. I'm not good with public, erm…appearances and it's something I am trying to do something about and work on…I would feel very, erm…aggrieved if I failed purely on that, because I know there is so much more to me and I know everybody who actually knows me, knows that that would be a wrong conclusion to draw of, of my actual skills. Erm…I never get like that working with real life clients, it's the whole thing about it being a staged performance…that…so…I really…yea…I don't, I don't think that that would be fair to…to…" (V*oice tapers off).*

Another student (Student B) appeared ambivalent about having the OSCE as the assessment:

> **St B:** "Erm…yea I think it was useful. I thought it was good in the sense that we weren't actually marked on it. Partly because I didn't do very well (nervous laugh), But no, not just because of that. But just because I think at this stage that we're at, it could have knocked your confidence quite a bit and also it could have stressed you out more, whereas I think…using it as a tool to enable us to then reflect on was good and I think it was erm…yea it was useful. Yea, erm…yea."

but then, acknowledging her own potential bias, favoured a 25% weighting if it was used as the assessment:

> **Fac:** "Do you think…I mean usually OSCEs are the assessment, that's what they're called, the objective structured clinical exam. Erm, so do you think there's some merit in keeping them as part of the learning rather than the assessment or as well as the assessment, or do you think there are other ways we could help you learn?"
> **St B:** "I think…Because it was a first year module then bearing in mind the different backgrounds people have had and stuff, I think just, rath…I think just having it as a learning tool rather than assessment is probably better. Erm, but yea…I don't know if I'm just being a bit biased. Erm, I suppose you could have had it as a relatively small, like 25 % of the mark or something, because then that does give people credit who do do well in it

and…so…but…yea, I was quite happy that it wasn't .....
(giggles)…erm…yea…yea…"

and when asked about writing a reflection on the OSCE or students having the choice to provide a written reflection on anything from the module, she preferred the focus to be on the OSCE:

St B: "Personally I think I prefer it doing it how we did it and that you did have something concrete more to focus on. Erm, and particularly obviously for placement that that was more erm…important erm…Yea, Yea."

The mix of an OSCE and reflection on it seems then to be favoured by these students and their experiences in the OSCE were judged by them to be the most useful focus for the reflection.

Although the OSCE checklist, as noted on pages110 - 111, was not felt to be in itself sufficient for feedback, it was seen as helpful guidance:

St B: "I think the actual doing it, so like I say kind of, reflecting before you go on placement, seeing yourself in that situation, erm…and also obviously having that evaluation sheet, you knew kind of what to look for a bit more, what, er, you know what areas you could work on."

St C: "Erm, it was good to have it there, because…it made you aware of things you should be doing during the role plays. Erm, and you knew you would have in the actual OSCE. It wasn't…you didn't see it on day as a surprise."

The notion of assessment driving learning is recognised by all the when they comment on how participation in reflection and the module sessions was affected even though the OSCE for them was formative:

St D: It did focus it and having the same form when you were doing the role plays meant you that you were focussed, you were very focussed which stud…we are naturally focussed on the assignment at the end and that was part of the assignment. So, erm, although we weren't being assessed **on** the OSCE it was part of it wasn't it so, yea, I think it did focus, focus minds."
Fac: "Because in the past we've just let students write about anything, reflect on anything from the module. Be it the big workshops or the role plays or any part of their learning. So last year was the first time we'd said you'd got to reflect on the OSCE."
St D: "I mean I prefer that anyway because I…if someone says reflect on anything I'd spend half the time thinking what to reflect on, whereas if you've

got a specific thing to reflect on then you actually know you're going to reflect on it so you're keeping that in mind as well."

and later she says:

St D: "Yea, because people still want to do their best even if they're not being formally assessed, don't they?"

Fac: "Do you think the fact that we've got that OSCE, much as it wasn't the assessment, do you think that influenced your participation in the role plays in the module?"
St B: "Probably I guess. It did make you…'cos otherwise perhaps you could just, not…you know, you could have easily just sat there and just not bothered, but because we knew it was kind of preparing us for the OSCE then bit more motivated I guess to do it, I would have thought. Yea, yea, definitely, because even though obviously not being assessed on the OSCE you still want to do as well as can don't you and, erm…so…yea."

St C: "Yes, people probably took it more seriously knowing would have to actually do this in the module otherwise could have just been a bit just get through this module, sort of quite into it more knowing had to actually do it."
Fac: "Would role plays have felt different if not got OSCE"
St C:"Yea…think, would just have sat in class. Whereas knowing had to do it…"

St E: "I think it made me want to like…practice more because I knew was doing it with my tutor. So…I…I really liked the OSCE. I know some people come out and was like…I was really nervous before I went in and I knew I wasn't getting marked but I did feel sick, but I feel like that with anything that I've got to do, but once I'd done it I think it was really useful and I really enjoyed it."

St A: "Erm…Y-e-s, yea, erm…people that needed to do it and it kept and it did, it did keep…Your motivated and your worried people, the ones who are concerned and want to do well, you know…it, it kept you coming and kept you wanting to practice because you were aware you'd got this OSCE coming up and it kept you thinking, 'Oh, I need to do this, and I want to,'…but I'm not sure is…that your losing in the process the ones who actually really, really need it…because they're sort of…slightly can't be bothered in the first place they…That didn't, that didn't seem to worry them and it was just, 'Well can't see point in this, got more important things to do', you know, 'We'll just erm… come in on the day'. I don't know…it's, it's that usual scenario isn't it, whereby…the people that really need the extra are very often the ones who don't sign up for it. It's already your more motivated ones who do sign up for something."

This student, although she had expressed concern about the use of an OSCE as the assessment, when asked what she felt would be the most appropriate assessment, made a suggestion on using an OSCE formatively at the start of the module:

> **St A:** "May be if you did an OSCE at the beginning, well not sort of the final OSCE obviously, but if you did one at the beginning and you took that as a baseline to work on, 'Right, so here's what you did well, here's what you didn't do so well,' and then you do it again at the end, but it's the result of, of something you've been able to, to learn from and improve your skills. I'm sure the learning there would be of a lot more…of a lot more practical use…to the student."

Summary

In summary the five first year students who were interviewed who had participated in a formative OSCE and then been on their first PPE felt that:

- a combination of OSCE and a reflective piece on this should be the assessment, with two out of the five specifying equal weighting and one preferring 25%-75% for the OSCE and reflective piece respectively.
- inclusion of being videoed in formative OSCEs in training sessions would be useful
- staff feedback is valued, if constructive and supplemented by explanatory comments and if possible by discussion with tutors
- staff should be involved as clients in training sessions but not the OSCE
- third year students could be involved in the role plays and OSCE's
- a practical test or use of skills with a tutor, such as in a formative OSCE, is valued by the students and focusses and motivates student learning in the module.

Assessment plays an important role in learning, with the impact of an assessment process on student learning being seen by Boud and Falchikov (2005) as primary, with its effectiveness as an assessment method being secondary. It seems that motivation to engage in the process for these students was in part the knowledge that they will participate in a practical test of skills, albeit that for them this was a formative experience. However, the students who were interviewed also recognised the importance of applying theory in practice, be that in role plays or the OSCE, and with this the formalised opportunity to reflect on this and receive feedback is for them a key aspect. Alinier (2003) recognises that reflection can enhance skill acquisition,

and the combination of the self-assessment resultant from this, along with feedback from tutors can positively affect students ongoing self regulated learning (Pintrich and Zusho 2002, Nicol and Macfarlane–Dick 2006).

The opportunity to extend and deepen their reflection by watching a recording of their interaction is also indicative of the students' commitment to learning, not withstanding their reticence to be videod. This iterative process provides tangible examples of strengths and weaknesses (Zick, et al 2007) a point raised in this WBP by PPEds (p.91-92) as well as the students. It can then facilitate the feedback from others being understood and accepted (Anderson and Stickley, 2002, Barratt, 2010, Paul, 2010) and acted upon (Duffy and Holmboe 2006). In turn this internalisation of the feedback can positively affect the self regulated learning which then ensues.

The preference of the students for a combination of OSCE and a written reflection might at first seem surprising in that this requires them to undertake two assessments rather than one. The performance anxiety associated with OSCEs and effects of life circumstance on the day were noted as reservations about OSCEs. Cartney (2006), when working with social work students on developing their inter-personal communication skills, found that the 'high stakes' element of the OSCE, which engenders the anxiety, can be reduced by including a reflective written piece. In addition she feels that this adds a dimension of students demonstrating their understanding of 'why' alongside the OSCEs focus on 'shows how'.

The suggestion by the students interviewed that third year students could take on the role of clients is interesting, particularly when in relation to the OSCE, be that as a formative or summative experience. Further discussion on the potential of third year students taking on this task is presented later in this chapter when the data from the group with third year students who took on this role is considered, (p.147-158).

Evaluating the OSCE checklist as an aid to self evaluation and assessment of students' self-awareness and skills of reflection.

Each student self-evaluated the inter-personal skills they demonstrated during the OSCE in addition to staff completing the OSCE evaluation form. As identified in the preceding chapter, this data was seen as potentially useful in informing the research question as to the effectiveness of the OSCE as a teaching and learning strategy as well as a means of assessment. The following sections present analysis of the data obtained from these completed formative OSCE forms.

To begin this process a comparison of staff and student evaluation of skills was conducted for 40 students, (Tables4 a,b,c&d, p.124-127). In these Tables the students are numbered 1-40, as indicated across the top of the Table, each Table presenting data for ten students. The vertical columns represent the staff – student evaluation for each student, with staff rating first compared with the student's own, for example P-A indicates where staff grading was 'Poor' and students' self-evaluation was 'Adequate' for that particular skill, as listed in the left hand column. The colour coding is used to highlight as follows:

- blue where staff and each student's evaluation matched,
- red where student self-evaluated higher than staff,
- green where a student's self-evaluation was lower than that of staff.

As presented in the following sections, this was then used to identify any overall trends amongst this cohort, as well as focus on individual students.

Firstly, the data set was used to gain an overview of students' ability to self-evaluate. As can be seen in Table 5, (p.128), students matched the tutor assessment of their skills on a total of 342 out of 760 items (40 students sampled with 19 descriptors for each OSCE form / student). What this also indicates is that for the global rating, although 20 students self-rating matched that of the tutors, 20 of the 40 did not agree with tutor assessment, but of these only three over rated their performance. There was a greater tendency for students to under rate their performance be that for global rating, with 17

4a Comparison of staff - student ratings for each student for each skill descriptor

Student:	1	2	3	4	5	6	7	8	9	10
Greets client appropriately	G-G	G-G	A-G	G-A	G-A	G-A	G-G	G-A	P-A	G-A
Introduces self	G-G	A-G	A-A	A-A	G-P	G-A	G-G	G-A	P-P	G-A
Appropriate opening with focus on client	G-P	G-A	A--G	A-A	G-A	A-A	G-A	G-A	P-A	G-A
Uses both open and closed questions	A-P	A-A	P-A	G-A	G-A	G-P	G-A	G-A	P-A	G-G
Facilitates client telling their story	P-P	A-G	P-G	A-P	G-A	G-A	G-P	G-A	P-P	G-A
Listens - Active attention	A-A	G-A	A-G	A-A	G-G	P-A	G-A	G-G	P-A	G-A
Paraphrases	A-P	A-P	P-A	A-P	G-A	P-P	A-P	G-A	P-P	G-P
Checks understanding	P-A	A-P	P-G	P-A	G-A	P-A	A-P	G-P	P-P	G-G
Responds appropriately to verbal and NVC of client	A-P	G-A	A-G	P-A	G-A	A-A	A-A	G-P	A-A	A-A
Develops and maintains rapport	A-P	A-A	P-G	A-A	G-A	A-A	A-A	G-A	P-P	G-A
Demonstrates empathy	P-P	A-G	P-A	G-A	A-A	P-P	A-A	G-P	P-A	A-A
Appropriate NVC	G-P	G-P	A-G	A-A	G-A	A-A	G-A	A-A	A-A	G-G
Eye contact	G-A	G-G	G-G	G-G	G-G	A-A	G-A	A-G	A-P	G-G
Personal space	G-A	G-G	G-G	P-A	G-A	A-A	G-A	G-A	A-A	G-G
Appropriate paralanguage , eg, tone of voice	G-A	G-A	A-G	G-A	G-A	A-A	A-A	G-A	A-A	G-A
Explores feelings	A-A	A-A	P-A	A-A	P-A	A-P	P-A	G-P	P-P	A-A
Uses appropriate language, professional, but no jargon	G-A	G-A	A-A	A-G	G-A	A-P	P-A	G-G	P-P	G-G
Closes session	A-A	A-G	G-G	A-A	G-A	P-P	P-P	G-A	P-P	P-P
Maintains flow of interaction appropriate pace for client	A-P	G-P	A-A	A-A	G-A	P-A	A-P	G-A	P-P	G-A
Global rating	A-P	G-A	A-A	A-A	G-A	A-A	A-A	G-A	P-P	G-A

4b Comparison of staff - student ratings for each student for each skill descriptor (continued)

Student:	11	12	13	14	15	16	17	18	19	20
Greets client appropriately	G-A	G-A	G-A	G-A	A-A	G-A	G-G	A-A	A-A	G-G
Introduces self	G-P	G-A	G-P	G-A	A-P	G-G	G-G	A-A	A-A	G-A
Appropriate opening with focus on client	G-A	G-A	G-P	A-G	P-A	A-A	G-A	A-A	A-A	G-A
Uses both open and closed questions	A-G	G-A	P-A	G-G	A-A	G-A	A-P	A-P	P-A	A-P
Facilitates client telling their story	P-A	G-A	P-A	G-A	P-P	A-G	A-G	P-P	P-P	P-P
Listens - Active attention	G-G	G-A	A-A	G-A	A-G	P-A	A-G	P-A	P-A	A-A
Paraphrases	A-A	P-P	P-A	A-P	P-P	A-P	P-A	P-A	P-A	P-P
Checks understanding	A-G	P-A	P-A	G-P	P-P	P-A	P-A	P-P	P-P	P-A
Responds appropriately to verbal and NVC of client	G-A	A-A	P-P	A-G	P-A	A-A	A-A	A-P	P-A	P-P
Develops and maintains rapport	A-A	G-A	P-A	G-A	G-A	P-A	A-A	P-A	P-A	A-A
Demonstrates empathy	A-A	G-P	A-P	P-P	P-P	P-A	A-P	P-P	P-A	P-A
Appropriate NVC	G-G	G-A	P-A	P-G	G-A	G-A	G-A	A-A	P-A	G-P
Eye contact	G-G	G-A	A-A	A-G	G-G	G-G	G-G	A-A	A-A	G-A
Personal space	G-G	G-A	G-A	G-G	G-G	G-G	G-A	A-A	P-A	A-P
Appropriate paralanguage , eg, tone of voice	A-A	G-A	A-A	A-G	A-A	A-G	G-A	A-P	A-A	A-P
Explores feelings	A-G	A-P	P-P	G-P	P-A	A-A	A-P	P-G	P-A	P-P
Uses appropriate language, professional, but no jargon	A-A	G-G	P-A	A-P	P-P	A-A	G-A	A-A	A-A	G-A
Closes session	P-P	G-A	A-A	A-A	A-A	A-P	G-P	G-G	A-A	A-A
Maintains flow of interaction appropriate pace for client	P-A	G-A	A-A	G-A	A-P	P-A	A-A	A-P	P-P	A-P
Global rating	G-A	G-A	A-A	G-A	A-A	A-A	G-A	A-P	P-A	A-P

4c Comparison of staff - student ratings for each student for each skill descriptor (continued)

Student:	21	22	23	24	25	26	27	28	29	30
Greets client appropriately	G-A	G-A	G-G	G-A	G-A	G-A	G-G	G-G	G-G	A-A
Introduces self	G-A	A-P	G-G	A-G	A-A	A-G	G-G	A-A	G-G	A-P
Appropriate opening with focus on client	P-A	G-P	G-A	A-G	A-A	G-A	G-G	G-G	G-G	A-A
Uses both open and closed questions	A-G	G-A	G-P	G-A	A-G	A-P	G-A	G-A	G-A	A-A
Facilitates client telling their story	A-A	A-A	A-G	A-A	G-G	A-A	G-A	G-A	A-A	P-A
Listens - Active attention	G-G	A-P	G-A	A-G	A-G	G-G	G-G	G-A	G-G	G-G
Paraphrases	P-P	A-P	A-P	P-P	P-A	A-P	A-P	A-P	G-A	A-G
Checks understanding	A-P	A-P	P-P	P-P	P-A	A-P	G-A	A-P	A-A	A-A
Responds appropriately to verbal and NVC of client	G-P	A-P	P-A	G-P	A-A	A-A	G-G	A-G	G-A	P-G
Develops and maintains rapport	A-A	A-P	A-P	P-P	G-G	G-P	G-A	A-A	G-G	P-A
Demonstrates empathy	P-P	A-A	P-A	P-A	G-A	A-A	G-A	A-A	G-G	P-P
Appropriate NVC	G-P	G-P	G-G	A-A	A-G	G-A	G-A	G-G	G-G	G-A
Eye contact	A-G	G-A	G-G	G-G	A-G	G-G	G-A	G-G	G-G	G-A
Personal space	A-G	G-A	G-G	G-A	A-A	G-G	P-A	G-G	G-G	G-A
Appropriate paralanguage , eg, tone of voice	G-A	A-P	A-A	A-A	G-A	G-A	G-A	G-G	G-G	A-A
Explores feelings	A-A	A-A	P-P	A-P	G-G	P-P	P-P	P-P	A-A	P-G
Uses appropriate language, professional, but no jargon	G-A	G-P	G-P	P-P	A-A	A-P	G-G	G-A	G-A	A-P
Closes session	A-A	A-A	G-A	A-G	A-A	A-A	G-A	G-A	G-A	P-A
Maintains flow of interaction appropriate pace for client	A-A	P-P	G-P	P-A	A-G	A-A	G-A	A-A	G-A	A-A
Global rating	A-A	A-P	A-P	A-A	A-A	A-A	G-A	G-A	G-G	A-A

4d Comparison of staff - student ratings for each student for each skill descriptor (continued)

Student:	31	32	33	34	35	36	37	38	39	40
Greets client appropriately	G-G	G-A	G-G	G-A	A-A	A-G	P-P	A-G	A-A	G-A
Introduces self	G-G	G-A	G-G	G-A	A-A	A-G	P-P	A-G	A-A	A-G
Appropriate opening with focus on client	A-A	A-G	A-A	G-G	P-P	A-P	P-P	A-G	A-A	G-A
Uses both open and closed questions	G-G	A-A	A-G	G-A	P-A	A-A	A-P	A-G	P-P	A-A
Facilitates client telling their story	G-G	A-G	A-G	G-G	P-P	P-A	P-A	A-A	A-P	A-A
Listens - Active attention	G-G	A-G	A-G	G-G	A-A	A-G	P-A	A-G	A-A	G-G
Paraphrases	G-G	P-P	A-A	P-A	A-A	P-A	P-P	G-G	P-P	A-A
Checks understanding	G-P	P-P	A-A	G-A	P-P	P-A	P-P	A-A	P-A	A-A
Responds appropriately to verbal and NVC of client	A-G	A-A	A-A	A-A	P-P	A-G	P-A	A-G	P-A	G-A
Develops and maintains rapport	A-G	A-A	A-G	A-A	P-P	P-A	P-P	A-A	P-A	G-A
Demonstrates empathy	A-A	P-P	P-G	G-A	P-P	P-A	P-P	G-A	P-P	A-A
Appropriate NVC	A-A	A-A	G-G	G-G	P-A	G-G	A-A	G-A	G-A	G-A
Eye contact	A-G	A-G	G-G	G-G	P-A	G-G	A-A	G-G	G-G	G-G
Personal space	A-G	G-G	G-G	G-G	A-G	G-G	A-A	G-G	G-G	G-G
Appropriate paralanguage , eg, tone of voice	A-G	A-A	A-G	G-A	A-A	A-A	A-A	A-A	G-A	G-G
Explores feelings	A-A	A-G	P-A	A-A	P-P	P-P	P-A	P-A	P-A	P-A
Uses appropriate language, professional, but no jargon	A-P	A-A	A-A	A-A	A-P	A-A	A-P	A-G	G-A	G-A
Closes session	P-P	G-G	A-G	G-A	P-A	A-P	P-P	A-G	A-A	A-A
Maintains flow of interaction appropriate pace for client	A-G	A-A	A-A	G-A	P-P	P-A	P-P	G-G	P-A	A-P
Global rating	A-G	A-A	A-A	G-A	P-P	A-A	P-P	A-G	A-A	G-A

under rating, or on specific skill descriptors, where students under rated on a total of 252 out of 760, (33%), compared with over rating on 166, (22%).

What is of note is that students self-evaluation of each skill matched with that of tutors on 342, (45%), occasions. Skills for which students self-evaluation matched the tutors, and ones for which they are, therefore, more able to self-evaluate seem to be the more concrete skills of eye contact and personal space, but also include closing the session and the complex skill of empathy.

They seem less able to self-evaluate their ability to use open and closed questions, with half the students under rating their ability in this. Greeting

Table 5 Totals for each descriptor where student self-assessment over rated, matched or under rated compared with tutor ratings

Skill Descriptor	Total number of students who Over Rated self	Total number of students who Match Rated self	Total number of students who Under Rated self
Greets client appropriately	4	18	18
Introduces self	6	19	15
Appropriate opening – with focus on client	8	16	16
Uses both open and closed questions	10	10	20
Facilitates client telling their 'story'	12	17	11
Listens –active attention	15	17	8
Paraphrases	9	16	15
Checks understanding	13	15	12
Responds appropriately to verbal & NV communication of client	13	16	11
Develops and maintains rapport	10	18	12
Demonstrates empathy, not sympathy nor platitudes	10	21	9
Appropriate NVC	6	17	17
Eye contact	7	25	8
Personal space	6	23	11
Appropriate paralanguage, e.g intonation and tone of voice,	5	18	17
Explores feelings	14	20	6
Uses appropriate language, professional but without jargon	4	17	19
Closes session	6	23	11
Maintains flow of interaction-appropriate pace for other person	8	16	16
Totals	**166**	**342**	**252**
Global rating	**3**	**20**	**17**
Totals including global rating	**169**	**362**	**269**

the client and using appropriate language are similarly indicated as being most often under rated by students. When looking at the skills that are most often over rated by students these are listening with active attention, and exploring feelings, followed by checking understanding and responding appropriately to the client's communication.

Further analysis is presented in Table 6, (p.130), which gives a more specific breakdown of the comparison of tutor and student grading, by providing the comparison for each skill. In Table 6 the columns are again presented with staff rating first compared with the student's own, for example the column headed P-A presents numbers for each descriptor where staff grading was 'Poor' and the student's self-evaluation was 'Adequate'. Similar colour coding as in Tables 4 is again used to highlight as follows:

- blue where staff and students' evaluation matched
- red where student self evaluated higher than staff
- green where students' self evaluation was lower than that of staff.

Table 6, (p.130), provides a more detailed analysis of the 252 instances of students under rating their performance and indicates that of these there were 31 instances where students under rated their performance by two grades, that is where the tutor felt they were good and they evaluated themselves as poor in a[ny] particular skill. There are no particular skills on which students more consistently under rated their skills by two grades. The highest was five students, for appropriate non-verbal communication, followed by checking understanding which was one of four skills on which a total of three students under rated their performance by two grades, the others being introducing themselves, appropriate opening and responding appropriately to client's communication. As can be seen from Table 7, (p.131), these 31 instances were from a total of 19 students, with 11 students under rating by two grades on only one skill, five on two skills, two on three, and one on four skills. Therefore, instances of this under rating by two grades are very limited amongst my student sample.

Table 6 Staff–student grades comparison for each descriptor

	P-P	P-A	P-G	A-P	A-A	A-G	G-P	G-A	G-G
Greets client appropriately	1	1	0	0	6	3	0	18	11
Introduces self	2	0	0	3	8	6	3	9	9
Appropriate opening – with focus on client	2	3	0	1	10	5	3	12	4
Uses both open and closed questions	1	5	0	6	6	5	2	12	3
Facilitates client telling their 'story'	7	5	1	2	7	6	1	8	3
Listens –active attention	0	6	0	1	6	9	0	7	11
Paraphrases	10	8	0	11	4	1	1	3	2
Checks understanding	9	11	1	6	5	1	3	3	1
Responds appropriately to verbal & NV communication of client	3	6	1	3	12	6	3	5	1
Develops and maintains rapport	4	7	1	3	12	2	1	8	2
Demonstrates empathy, not sympathy nor platitudes	11	8	1	2	9	1	2	5	1
Appropriate NVC	0	3	1	0	9	2	5	12	8
Eye contact	0	1	0	1	5	6	0	7	20
Personal space	0	3	0	1	5	3	0	10	18
Appropriate paralanguage, e.g intonation and tone of voice,	0	0	0	3	15	5	0	14	3
Explores feelings	9	10	2	4	10	2	2	0	1
Uses appropriate language, professional but without jargon	3	2	0	7	10	2	2	10	4
Closes session	7	2	0	2	13	4	1	8	3
Maintains flow of interaction-appropriate pace for other person	5	6	0	6	10	2	2	8	1
Totals	**74**	**87**	**8**	**62**	**162**	**71**	**31**	**159**	**106**
Global rating	3	1	0	5	16	2	0	12	1
Totals including global rating	77	88	8	67	178	73	31	171	107

Table 7 Skills for which students self under- and over- rated by two grades

	G-P	Student	P-G	Student
Greets client appropriately	0		0	
Introduces self	3	5,11,13,	0	
Appropriate opening – with focus on client	3	1,13,22	0	
Uses both open and closed questions	2	6,23	0	
Facilitates client telling their 'story'	1	7	1	3
Listens –active attention	0		0	
Paraphrases	1	10	0	
Checks understanding	3	8,14,31	1	3
Responds appropriately to verbal & NV communication of client	3	8,21,24	1	30
Develops and maintains rapport	1	26	1	3
Demonstrates empathy, not sympathy nor platitudes	2	8,12	1	33
Appropriate NVC	5	1,2,20,21,22	1	14
Eye contact	0		0	
Personal space	0		0	
Appropriate paralanguage, e.g intonation and tone of voice,	0		0	
Explores feelings	2	8,14	2	18,30
Uses appropriate language, professional but without jargon	2	22,23	0	
Closes session	1	17	0	
Maintains flow of interaction-appropriate pace for other person	2	2,23	0	
Global rating	0		0	
Total	31		8	

The majority of the 252 instances of a student under rating themselves were in the category of student self-evaluation being adequate when the tutor perceived their skill to be good. This potential tendency to self rate as adequate may also have impacted on the numbers who over rated, with 87 self rating as adequate versus a tutor rating of poor. However, there were also 71 instances of students over rating themselves as good when the tutor grade was that they were adequate.

There were only 8 instances of students over rating by two grades, (Table 6), that is seeing their competence as good when tutor assessment was that they were poor, and these were from a total of five students, (Table 7, p.131). One student over-rated on three skills; one on two; and the other three students over rated by two grades on only one skill each, (see Table 7). As can be seen in Table 7 there were seven skills in total for which students over rated their ability by two grades, and all these seven skills were also ones for which others under rated themselves by two grades.

This led to an investigation of whether or not there are some skills which students find more difficult to self-evaluate and also if there are some skills which a greater number of students in this sample have not developed as well, potentially indicating these are more difficult and perhaps that more emphasis is needed on these within the learning environment.

As listed in Tables 4, (p.124-127), and Table 5, (p.128), skills for which students matched more often with tutors were perhaps those more concrete behavioural skills such as eye contact, (n=25), and personal space, (n=23), and of these 20 and 18 respectively were matched on rating these skills as good, (Table 6, p.130). However, the next highest matched ratings were for the more complex skills of closing the session, (n=23), demonstrating empathy, (n=21), and checking understanding and exploring feelings, (n=20). These matched ratings were across the poor, adequate, good categories, (Table 6), demonstrating that students graded as poor by staff did have some awareness of their limited abilities in these skills. Indeed 55%

of those graded poor on empathy, (11 out of 20), and for paraphrasing, (10 out of 18), and 43% of those graded poor for checking understanding and exploring feelings, (9 out of 20), were aware of their need to develop these skills as they also graded themselves as poor.

It is the students who were perceived as poor by tutors, but who felt themselves adequate, or good, who are of most concern when considering the HEIs responsibility to develop students to be 'fit for practice'. Those five students who over rated by two grades have already been summarised in Table 7, (p.131). Of the 87 who self rated as adequate compared to tutor rating of poor, (see Table 6), there are five skills out of the 19 on the OSCE form which account for 44 instances of student over rating. These are: checking understanding (n=11); exploring feelings (n=10); paraphrasing and demonstrating empathy (for both, n= 8); developing and maintaining rapport, n=7). Checking understanding and exploring feelings can be seen as components of the complex concept of empathy, and rapport as a pre-requisite for this. It is interesting that, as identified in the previous paragraph, the skills of empathy, checking understanding and exploring feelings were also ones which students, including some students who were rated poor by staff, were able to accurately self evaluate.

This begins to identify those skills which students find more difficult to self-evaluate. This leads on to a consideration of if there are any particular skills for which more students achieve a good standard and any which seem more difficult for students to develop, large numbers being rated as poor. This may well assist the lecturers in knowing which skills need greater focus in the module. It also is useful as a basis for debating the centrality and importance of self-evaluation as part of developing effective inter-personal skills.

The number of times each particular skill was rated as poor adequate or good is summarised in Table 6, (p.130). Based on this data, on listing skills hierarchically, with highest number of ratings first, it can be seen in Table 8,(p.134), there are similarities between the staff and student evaluations. Also as can be seen from the listings there are similarities both between

tutor and student listings in each category; and between equitable categories, as highlighted in red and green.

It is those skills which could be considered as more concrete or behavioural skills which students are achieving more consistently. Greeting clients has basic elements of social skills and language, and the amount of eye contact perceived as being at an acceptable level, rather than being too little or in excess, is quite a wide range. Personal space is again a skill within the area of proxemics, which has a set range of the 'norm' and one which is easily learnt, and can be achieved and maintained by positioning of seating as well as of self and the client.

Table 8: Skills which most predominantly rated good or poor

Rated as poor most often:			
Tutor		**Students**	
Explores feelings	21	Paraphrases	22
Checks understanding	21	Checks understanding	18
Demonstrates empathy	20	Demonstrates empathy	15
Paraphrasing	18	Explores feelings	15
Rated as good least often:			
Tutor		**Students**	
Explores feelings	3	Paraphrases	3
Paraphrases	6	Checks understanding	3
Checks understanding	7	Demonstrates empathy	3
Demonstrates empathy	8	Maintains flow of interaction	3
Rated as good most often:			
Tutor		**Students**	
Personal space	28	Eye contact	26
Greets client appropriately	29	Personal space	21
Eye contact	27	Listens–active attention	20
Appropriate NVC	25	Introduces self	15
		Greets client appropriately	14
Rated as poor least often:			
Tutor		**Students**	
Eye contact	1	Eye contact	1
Greets client appropriately	2	Greets client appropriately	1
Introduces self	2	Listens-active attention	1
Personal space	3	Personal space	1

At the same time, it is the more complex skills which students are struggling with and not achieving and it is the same four skills which are highest on both tutor and student listings, and on staff evaluations 50% or over (20 and 21 out of 40) are rated as poor on three of these four skills.

Thus far, the overall trends of the researched cohort have been considered, but it is also important to look at individual students and the impact that they may have on overall frequencies. In addition, it is of interest to see if there are any indications that a student's achievement might relate to their ability to self-evaluate; that is, are students who are rated as good by staff more able to self-evaluate than those who are rated as poor. As noted earlier, indications in Tables 4 and 6 were that matched ratings were generally evidenced across the poor, adequate and good grades when looking at each skill, and also for global ratings.

In Tables 9 a,b,c & d, (p.136-139), data from Tables 4a,b,c & d, (p.124-127), are collated to present staff student comparison for students who were globally rated by staff as poor, (Table 9a), adequate, (Tables 9 b&c), and good, (Table 9d). There were only four students for whom staff gave a global rating of poor, (students 9, 19, 35 & 37), so only limited data are available for this category. Three of the four students assigned themselves an overall rating of poor, with the fourth grading themselves as adequate. In Table 10, (p.140), it can also be seen that their self-evaluations matched staff ratings on a total of 49 out of 76, (64%), checklist items and three of the four students matched with staff ratings on 13 of the 19 items. This indicates a good level of self-awareness amongst this group apart from the one student, (student 19), who over rated themselves on the global grade, and over rated themselves on 9 of the 19 items.

There was a total of 13 students globally rated by staff as good. This group matched on 96 out of 247, (38.8%), of checklist items, (Table 10, p.140), but there was a wider spread between students. Matched number of skills ranged from three (n=3 students) to 13 (n=1 student), and 6 students matched on 10 or more items. Good students tended to under rate their

Table 9a Comparison of staff-student ratings for each skill descriptor for students globally rated as poor

Student:	9	19	35	37
Greets client appropriately	P-A	A-A	A-A	P-P
Introduces self	P-P	A-A	A-A	P-P
Appropriate opening with focus on client	P-A	A-A	P-P	P-P
Uses both open and closed questions	P-A	P-A	P-A	A-P
Facilitates client telling their story	P-P	P-P	P-P	P-A
Listens - Active attention	P-A	P-A	A-A	P-A
Paraphrases	P-P	P-A	A-A	P-P
Checks understanding	P-P	P-P	P-P	P-P
Responds appropriately to verbal and NVC of client	A-A	P-A	P-P	P-A
Develops and maintains rapport	P-P	P-A	P-P	P-P
Demonstrates empathy	P-A	P-A	P-P	P-P
Appropriate NVC	A-A	P-A	P-A	A-A
Eye contact	A-P	A-A	P-A	A-A
Personal space	A-A	P-A	A-G	A-A
Appropriate paralanguage , eg, tone of voice	A-A	A-A	A-A	A-A
Explores feelings	P-P	P-A	P-P	P-A
Uses appropriate language, professional, but no jargon	P-P	A-A	A-P	A-P
Closes session	P-P	A-A	P-A	P-P
Maintains flow of interaction appropriate pace for client	P-P	P-P	P-P	P-P
Global rating	P-P	P-A	P-P	P-P

Table 9b Comparison of staff-student ratings for each skill descriptor for students globally rated as adequate

Student:	1	3	4	6	7	13	15	16	18	20	21	22
Greets client appropriately	G-G	A-G	G-A	G-A	G-G	G-A	A-A	G-A	A-A	G-G	G-A	G-A
Introduces self	G-G	A-A	A-A	G-A	G-G	G-P	A-P	G-G	A-A	G-A	G-A	A-P
Appropriate opening with focus on client	G-P	A--G	A-A	A-A	G-A	G-P	P-A	A-A	A-A	G-A	P-A	G-P
Uses both open and closed questions	A-P	P-A	G-A	G-P	G-A	P-A	A-A	G-A	A-P	A-P	A-G	G-A
Facilitates client telling their story	P-P	P-G	A-P	G-A	G-P	P-A	P-P	A-G	P-P	P-P	A-A	A-A
Listens - Active attention	A-A	A-G	A-A	P-A	G-A	A-A	A-G	P-A	P-A	A-A	G-G	A-P
Paraphrases	A-P	P-A	A-P	P-P	A-P	P-A	P-P	A-P	P-A	P-P	P-P	A-P
Checks understanding	P-A	P-G	P-A	P-A	A-P	P-A	P-P	P-A	P-P	P-A	A-P	A-P
Responds appropriately to verbal and NVC of client	A-P	A-G	P-A	A-A	A-A	P-P	P-A	A-A	A-P	P-P	G-P	A-P
Develops and maintains rapport	A-P	P-G	A-A	A-A	A-A	P-A	G-A	P-A	P-A	A-A	A-A	A-P
Demonstrates empathy	P-P	P-A	G-A	P-P	A-A	A-P	P-P	P-A	P-P	P-A	P-P	A-A
Appropriate NVC	G-P	A-G	A-A	A-A	G-A	P-A	G-A	G-A	A-A	G-P	G-P	G-P
Eye contact	G-A	G-G	G-G	A-A	G-A	A-A	G-G	G-G	A-A	G-A	A-G	G-A
Personal space	G-A	G-G	P-A	A-A	G-A	G-A	G-G	G-G	A-A	A-P	A-G	G-A
Appropriate paralanguage , eg, tone of voice	G-A	A-G	G-A	A-A	A-A	A-A	A-A	A-G	A-P	A-P	G-A	A-P
Explores feelings	A-A	P-A	A-A	A-P	P-A	P-P	P-A	A-A	P-G	P-P	A-A	A-A
Uses appropriate language, professional, but no jargon	G-A	A-A	A-G	A-P	P-A	P-A	P-P	A-A	A-A	G-A	G-A	G-P
Closes session	A-A	G-G	A-A	P-P	P-P	A-A	A-A	A-P	G-G	A-A	A-A	A-A
Maintains flow of interaction appropriate pace for client	A-P	A-A	A-A	P-A	A-P	A-A	A-P	P-A	A-P	A-P	A-A	P-P
Global rating	A-P	A-A	A-A	A-A	A-A	A-A	A-A	A-A	A-P	A-P	A-A	A-P

Table 9c Comparison of staff-student ratings for each skill descriptor for students globally rated as adequate

Student:	2	5	8	10	11	12	14	17	27	28	29	34	40
Greets client appropriately	G-G	G-A	G-A	G-A	G-A	G-A	G-A	G-G	G-G	G-G	G-G	G-A	G-A
Introduces self	A-G	G-P	G-A	G-A	G-P	G-A	G-A	G-G	G-G	A-A	G-G	G-A	A-G
Appropriate opening with focus on client	G-A	G-A	G-A	G-A	G-A	G-A	A-G	G-A	G-G	G-G	G-G	G-G	G-A
Uses both open and closed questions	A-A	G-A	G-A	G-G	A-G	G-A	G-G	A-P	G-A	G-A	G-A	G-A	A-A
Facilitates client telling their story	A-G	G-A	G-A	G-A	P-A	G-A	G-A	A-G	G-A	G-A	A-A	G-G	A-A
Listens - Active attention	G-A	G-G	G-G	G-A	G-G	G-A	G-A	A-G	G-G	G-A	G-G	G-G	G-G
Paraphrases	A-P	G-A	G-A	G-P	A-A	P-P	A-P	P-A	A-P	A-P	G-A	P-A	A-A
Checks understanding	A-P	G-A	G-P	G-G	A-G	P-A	G-P	P-A	G-A	A-P	A-A	G-A	A-A
Responds appropriately to verbal and NVC of client	G-A	G-A	G-P	A-A	G-A	A-A	A-G	A-A	G-G	A-G	G-A	A-A	G-A
Develops and maintains rapport	A-A	G-A	G-A	G-A	A-A	G-A	G-A	A-A	G-A	A-A	G-G	A-A	G-A
Demonstrates empathy	A-G	A-A	G-P	A-A	A-A	G-P	P-P	A-P	G-A	A-A	G-G	G-A	A-A
Appropriate NVC	G-P	G-A	A-A	G-G	G-G	G-A	P-G	G-A	G-A	G-G	G-G	G-G	G-A
Eye contact	G-G	G-G	A-G	G-G	G-G	G-A	A-G	G-G	G-A	G-G	G-G	G-G	G-G
Personal space	G-G	G-A	G-A	G-G	G-G	G-A	G-G	G-A	P-A	G-G	G-G	G-G	G-G
Appropriate paralanguage , eg, tone of voice	G-A	G-A	G-A	G-A	A-A	G-A	A-G	G-A	G-A	G-G	G-G	G-A	G-G
Explores feelings	A-A	P-A	G-P	A-A	A-G	A-P	G-P	A-P	P-P	P-P	A-A	A-A	P-A
Uses appropriate language, professional, but no jargon	G-A	G-A	G-G	G-G	A-A	G-G	A-P	G-A	G-G	G-A	G-A	A-A	G-A
Closes session	A-G	G-A	G-A	P-P	P-P	G-A	A-A	G-P	G-A	G-A	G-A	G-A	A-A
Maintains flow of interaction appropriate pace for client	G-P	G-A	G-A	G-A	P-A	G-A	G-A	A-A	G-A	A-A	G-A	G-A	A-P
Global rating	G-A	G-A	G-A	G-A	G-A	G-A	G-A	G-A	G-A	G-A	G-G	G-A	G-A

Table 9d Comparison of staff-student ratings for each skill descriptor for students globally rated as good

Student:	23	24	25	26	30	31	32	33	36	38	39
Greets client appropriately	G-G	G-A	G-A	G-A	A-A	G-G	G-A	G-G	A-G	A-G	A-A
Introduces self	G-G	A-G	A-A	A-G	A-P	G-G	G-A	G-G	A-G	A-G	A-A
Appropriate opening with focus on client	G-A	A-G	A-A	G-A	A-A	A-A	A-G	A-A	A-P	A-G	A-A
Uses both open and closed questions	G-P	G-A	A-G	A-P	A-A	G-G	A-A	A-G	A-A	A-G	P-P
Facilitates client telling their story	A-G	A-A	G-G	A-A	P-A	G-G	A-G	A-G	P-A	A-A	A-P
Listens - Active attention	G-A	A-G	A-G	G-G	G-G	G-G	A-G	A-G	A-G	A-G	A-A
Paraphrases	A-P	P-P	P-A	A-P	A-G	G-G	P-P	A-A	P-A	G-G	P-P
Checks understanding	P-P	P-P	P-A	A-P	A-A	G-P	P-P	A-A	P-A	A-A	P-A
Responds appropriately to verbal and NVC of client	P-A	G-P	A-A	A-A	P-G	A-G	A-A	A-A	A-G	A-G	P-A
Develops and maintains rapport	A-P	P-P	G-G	G-P	P-A	A-G	A-A	A-G	P-A	A-A	P-A
Demonstrates empathy	P-A	P-A	G-A	A-A	P-P	A-A	P-P	P-G	P-A	G-A	P-P
Appropriate NVC	G-G	A-A	A-G	G-A	G-A	A-A	A-A	G-G	G-G	G-A	G-A
Eye contact	G-G	G-G	A-G	G-G	G-A	A-G	A-G	G-G	G-G	G-G	G-G
Personal space	G-G	G-A	A-A	G-G	G-A	A-G	G-G	G-G	G-G	G-G	G-G
Appropriate paralanguage , eg, tone of voice	A-A	A-A	G-A	G-A	A-A	A-G	A-A	A-G	A-A	A-A	G-A
Explores feelings	P-P	A-P	G-G	P-P	P-G	A-A	A-G	P-A	P-P	P-A	P-A
Uses appropriate language, professional, but no jargon	G-P	P-P	A-A	A-P	A-P	A-P	A-A	A-A	A-A	A-G	G-A
Closes session	G-A	A-G	A-A	A-A	P-A	P-P	G-G	A-G	A-P	A-G	A-A
Maintains flow of interaction appropriate pace for client	G-P	P-A	A-G	A-A	A-A	A-G	A-A	A-A	P-A	G-G	P-A
Global rating	A-P	A-A	A-A	A-A	A-A	A-G	A-A	A-A	A-A	A-G	A-A

Table 10 Summary of skills match ratings for poor adequate and good students

Student	Number of skills over rated self on	Number of skills match rated on	Number of skills under rated self on	Global rating staff-student	Global rating by staff
9	5	13	1	M	P
19	9	10	0	O-R	P
35	5	13	1	M	P
37	4	13	2	M	P
Totals/average	23 ave=6	49 ave=12	4 ave=1		
1	1	7	11	U-R	A
3	13	6	0	M	A
4	4	9	6	M	A
6	3	10	6	M	A
7	2	7	10	M	A
13	7	7	5	M	A
15	4	11	4	M	A
16	7	7	5	M	A
18	4	11	4	U-R	A
20	2	8	9	U-R	A
21	4	8	7	M	A
22	0	5	14	U-R	A
23	3	8	8	U-R	A
24	6	8	5	M	A
25	7	9	3	M	A
26	1	9	9	M	A
30	6	8	5	M	A
31	6	11	2	O-R	A
32	5	12	2	M	A
33	8	11	0	M	A
36	10	7	2	M	A
38	9	8	2	O-R	A
39	5	10	4	M	A
Totals/average	117 ave=5	197 ave=9	123 ave=5		
2	4	6	9	U-R	G
5	1	3	15	U-R	G
8	1	3	15	U-R	G
10	0	10	9	U-R	G
11	5	10	4	U-R	G
12	1	3	15	U-R	G
14	5	4	10	U-R	G
17	4	6	9	U-R	G
27	1	7	11	U-R	G
28	1	11	7	U-R	G
29	0	13	6	M	G
34	1	10	8	U-R	G
40	2	10	7	U-R	G
Totals/average	26 ave=2	96 ave=7	125 ave=10		

abilities, with 125 out of 247 items, (50.6%), being under rated, with a range of four (n=1 student) to 15 (n=3 students) items per student being under rated, and an average of 10 out of 19 items for the group. Obviously with this group being graded as good by staff there is more potential for under rating and less opportunity for over rating of skills by the student.

The group of 23 students, who were in the staff adequate global rating, matched on 197 out of 437, (45%), of items on the checklist, (Table 10).The number of instances of matched ratings ranged from five (n=1) to 12 (n=1), with seven students matching on 10 or more items. The average number matched was nine versus 12 for the students in the poor category, and seven for those rated good overall by staff. However, 54% of the matched ratings were in the A-A category so if there is a tendency for students to select adequate, this may have skewed the results.

When considering the remit of ensuring that students are fit for PPE, if students graded by staff as poor are aware of the limitations of their abilities and can accurately reflect on their communication this would indicate that they do have an understanding of what constitutes effective and appropriate inter-personal communication but are not yet able to apply this in their own communication. This self- awareness could enable them to be more effective in focussing their learning.

In both the reported focus group discussions of PPEds who had used the OSCE form, and in secondary literature, there is the question of whether numeric calculation of a global rating should be used instead of a more ‘intuitive’ one. However, it may be that some skills might be seen as more essential and therefore have greater weighting, either in the actual scoring of an OSCE or in the individual assessor’s intuitive process, whereas others skills may be seen more as distinguishing between adequate and good for this stage of training. Certainly it was the case in this research sample that all four students rated overall as poor by staff, were rated as poor on 6 items, these being facilitates client telling their story, checks understanding,

develops and maintains rapport, demonstrates empathy, explores feelings, and maintains flow of interaction, (Table 9a, p.136).

This issue of the use of global and / or numeric calculation based on scores for each descriptor is debated in literature, as indicated in Chapter Two, (p. 29). It seemed pertinent then to explore this further in relation to the process used in this sample, where tutors marked each checklist item as either poor, adequate or good, but then assigned an overall global grade informed by this, but without any numeric calculation. A comparison was therefore made of the global grades awarded by staff with the grade which would have been awarded using checklist scoring and this is presented in Table 11, (p.143). It is acknowledged that this can only be indicative, since the OSCE utilised a 3 point grading scale and the HEI uses a 24 point scale, with 10 out of 24, equivalent to 40%, being the borderline pass mark. With 19 items on the checklist, if each is awarded 0 for poor, 1 for adequate and 2 for good, a maximum score of 38 could be attained, and taking 40% as the baseline for a pass, a score of 15 then would be needed. If the demarcation point for a grade of 'good' is taken as 70%, this equates to 17 out of 24 on the HEI scale, and 27 on the checklist scoring.

As can be seen in Table 11, (p.143), for the 40 students in this sample, when the above criteria are used, the global grade would have matched the numerically calculated grade in 36 of the 40 instances, which equates to a 90% match.

It is the students who are borderline between pass and fail that are of key concern in ensuring parity and fairness to all in the cohort. Table 11 indicates that four students who would have scored the base line of 15 if the numeric calculation was made, were passed by staff when they were awarding a global rating. Two students, (13 & 18), were given a global grade of adequate, whereas their respective numeric scores amounted to only 14 and 13 respectively. When looking at the actual OSCE checklist form completed by staff, student 18 did have two ticks placed on the grid on the line between poor and adequate, and two on the line between adequate and

Table 11 OSCE Staff checklist scores versus global ratings

	Checklist scores			Checklist total score & grade	Numeric rating grade
	P=0	A=1	G=2		
Students Globally rated as Poor					
9	14	5	0	5	P
19	12	7	0	7	P
35	12	7	0	7	P
37	13	6	0	6	P
Students Globally rated as Adequate					
1	3	8	8	24	A
3	7	9	3	15	A
4	3	11	5	21	A
6	6	9	4	17	A
7	3	7	9	25	A
13	9	6	4	14	P
15	8	7	4	15	A
16	5	8	6	20	A
18	7	11	1	13	P
20	6	7	6	19	A
21	3	9	7	23	A
22	1	11	7	25	A
23	4	4	11	26	A
24	6	8	5	18	A
25	2	11	6	23	A
26	1	10	8	26	A
30	6	9	4	17	A
31	1	11	7	25	A
32	3	12	4	20	A
33	2	12	5	22	A
36	7	9	3	15	A
38	1	12	6	24	A
39	8	6	5	16	A
Students Globally Rated as Good					
2	0	9	10	29	G
5	1	1	17	35	G
8	0	2	17	36	G
10	1	3	15	33	G
11	3	8	8	24	A
1	2	2	15	32	G
14	2	7	10	27	G
17	2	8	9	26	A
27	2	1	16	33	G
28	1	7	11	29	G
29	0	3	16	35	G
34	1	4	14	32	G

good and it might have been that these influenced the tutors overall appraisal of the student. If these are taken as the higher rank then this student would have five poor, 11 adequate and three good which would add up to a total of 17, which is an adequate grade overall. Similarly, for student 13, staff had placed six of the ticks in the poor grading on, or very close to, the line between poor and adequate, and adjustment of the score to accommodate any of these six as additional adequate grades would result in a total of between 15 and 20.

The ability to delineate between adequate and good can also be debated when looking at the instances of scores near the 27 cut off point. As can be seen in Table 11, of the 23 students globally rated as adequate one student, (26), has a score of 26, and three students, (7, 22 & 31), have a score of 25. However, in the students who were overall rated as being in the good category, the numerically calculated scores of two students, (11 & 17), would have resulted in a grade of adequate. Again, the checklist form for one of these students, (17), shows staff marked close to or on the line between adequate and good, on three items, and if anyone of these were adjusted into the good category this student would have a total of 27. However, this is not the case for student 11, where this member of staff had placed two poor grades close to adequate and all the ticks in the good column close to the line between good and adequate, along with four of the adequate being placed close to good, and the other four adequate ratings being clearly in the box for this grade.

This comparison of the different processes by which a global grade is decided has indicated that a numeric calculation based on the checklist form would not necessarily add greater accuracy to the grading process. Indeed it could be said that it detracts from the ability to recognise the range and complexities of the students' performance. It would seem that using the checklist as a guide and possibly having a continuum with demarcation points along it, rather than three separate boxes, might provide a more specific and useful basis on which to base a global grade.

As noted on pages 32-33, there is also some debate as to the impact of the case scenario on students' achievement. This is outside the remit of this WBP, but merits further discussion and consideration if the OSCE were to be used as a summative assessment. This would still be relevant as, even though the OSCE, being focussed on an initial interview, does not require knowledge of conditions and treatment, it might still be that some scenarios provide more opportunities or challenges to students for demonstrating some skills, such as exploring feelings or empathy. What was noted in this WBP was that staff, who were free to select from the 6 case scenarios for the formative assessments, had a tendency, possibly due to individual preferences or other unidentified factors, to use some case scenarios more than others. So, even when the total number of OSCE checklist forms which were available were reviewed there was a wide range, of between 8 and 21, in the number of times each case scenario had been used. Therefore, there is limited potential to identify if there is a difference between cases in terms of difficulty. In addition, as this WBP did not have this as an aim, the data available would only enable this to be done by identifying and comparing the overall grades awarded to each case, and as it may be that by chance weaker students were allocated these cases, this would not provide an appropriate method.

Summary

In summary the key points arising from this analysis are:

- Students tend to under rate rather than over rate their skills level
- Students are more able to accurately self-evaluate their abilities in the more concrete behavioural skills, such as eye contact and personal space, but also the more complex skills, such as empathy and exploring feelings.
- Students with a poor level of skill development are aware of their limitations
- It is the more complex skills of empathy and exploring feelings, along with paraphrasing and checking understanding, which are most commonly poorly developed

- Students are more able in basic skills such as eye contact, personal space and the introductory aspects of an interaction
- Global rating of performance, using the grading of items on the OSCE checklist form as a guide, correlates with ratings produced by numerical calculation of scores.

In this WBP the students' ability to evaluate their skills in both basic and more complex skills is notable. Contradictory to these findings, research such as that by Langendyk (2006) and that noted in the literature review by Davis, et al (2006) have investigated students' abilities to self-assess and suggested that students with poor levels of ability are less able to self-assess. It may be that in this WBP the incorporation of self evaluation and reflection in the teaching and learning strategies has impacted positively on students' abilities as it did in the study by Tiuraniemi (2011). However, in this WBP the number of students was small, particularly in the category of those rated as poor, so this can only be taken as indicative, and worthy of further investigation.

Analysis of the data from the completed checklists has provided specific detail of the skills levels of this cohort. This use of the checklist to inform tutors of the learning needs of students by giving specific data on their skills development at both individual and group level is an original idea. Although it could be presumed that the basic more concrete skills would be attained it is important that this is verified, and, even seemingly concrete skills such as eye contact and personal space need to be adjusted to the particular individual client and situation.

The use of global and checklist scoring has been researched with neither being seen as the 'gold standard', but a combination of the two is often used (Newble, 2004, Wass, et al 2004). The checklist in this WBP was not numerically scored. However, when numeric values were assigned to the poor, adequate and good ratings, and scores calculated, (as summarised in Table 11, p.143) there was a 90% match between the grade awarded by this

checklist scoring and the global grade awarded by staff. This brings into question the need for numeric calculation versus the checklist being used as more detailed behavioural anchors for the global intuitive mark and is a point returned to in the discussion chapter.

Third year students' perspective on the OSCE

Actors or trained members of the public have been used to role play clients in OSCEs and act as simulated patients and indeed to also assess the students (Guiton, et al 2004, Mazor, et al 2005, McLaughlin, et al 2006). For the OSCE, which is the focus of this WBP, third year OT students on the same programme were informed about the need for a number of people to role play clients. Students who volunteered were invited to attend preliminary training and were then involved in the OSCE. Afterwards they were keen to participate in a discussion about the experience. Key themes from the discussion group are presented below with illustrative quotes.

The third years felt the OSCE was a valid method of assessment, albeit recognising that it may feel quite difficult for the students being assessed:

*"Part of me feels sorry for them, 'cos you think what a horrible thing to go through, but then the other part of me thinks, yea, but you can learn quite a lot from it and then by the end of the day it's been a really **good** process to do. (Someone else talks at same time in agreement – saying "Yea"). It's great for self-awareness."*

"In first year that's your biggest issue – how you're going to talk to people And you don't lead anything, you're just observing, whereas third year I didn't worry so much about my communication with people it was more what I was actually doing and what...what I was… what the intervention was going to be."

And much later in the discussion another person says:

"I do, I do…think it will benefit the first year. Well, personally I think if I'd done it in first year, although might have been terrifying at the time, I do think it would have benefitted me."

They also suggested ways in which the stress might be reduced, whilst also recognising the reality when on placement:

*"I was just thinking if you could you erm, instead of just sitting there watching them, could you have the person doing the role play, **the** role play…erm, switch on a camera and then, maybe that would make it more **natural** than having two people sat watching, and then you could take them away and have longer to mark them."*
Pause
(Two people talk at once so is indiscernible what is said before next comment:)
*"But it's natural in a way though, 'cos when you do it on placement and you're doing something and your educator's sitting there **staring** at you and you know you're getting marked on this, this, this and this…"*
"But they don't sit there with a dashboard."
" No."
"No, but you might have someone in the bed next door and you know the doctors seeing a per…you know. Yea, ideally… it's all confidential and everything, but the reality is that quite <u>often</u> you're communicating…or you're in the MDT, you're communicating with everybody aren't you. Your communication skills aren't just always in private one to one, quite often you're up against the wall. Especially when the whole family turn up when you're trying to do an initial interview and you've got about five people standing around."

The group of PPEds also recognised the potential ways in which the dynamics of the OSCE might prepare students for placement, however, the third years extended this by noting their reactions once on PPE as, unlike one of the PPEds who felt an initial interview was too much to expect of a first year, two of this group felt it was a positive to be given the opportunity:

"I just remember on my first placement I was just thrown into an initial interview on my second day. And I was just like terrified like, at the thought of how I was going to do it, but it did me the world of good and I just think that…it was from then I just really think it helped to just throw me in there and just do it so I can see how…"
(next person begins to speak as this person's voice faded and slowed)
"We had, we were having that conversation during the OSCE and X said how you'd grown into it, and I feel I would have benefitted better from that treatment, because they were very careful with me and didn't let me do much and because of that I didn't grow as much as I would have done if they'd just said, 'Right go in there and do it', so I think it's a good thing."

The third year students also considered the balance between an OSCE and an assignment. There was some consideration of the balance between an OSCE and a reflective assignment, and the dynamics of the inter play between these two elements, but also some concerns about the impact of

anxiety, particularly if the OSCE had implications for progressing onto placement, and the difference once on placement:

Moderator: "So do you think the OSCE itself is a…an appropriate assessment then, in that module and at that stage?"
"I think them, them going home and reflecting and then getting more feedback as well, and comparing and…the whole… the chance to reflect on their abilities is a good thing as well, rather than just going and then… them going…and then you telling them how they did at the end."
"Can they fail then just on the role play?...Think that would frighten people the most, would frighten me, the thought that… it's all very well and good writing an assignment, but when you're actually having to be in there I think, ***I*** *would think, oh, if I fail it, obviously....then my career...like… you know… this is meant to come naturally to me."*
"There was one girl who came in and…I don't know what she was…but she cried and she didn't know what she was talking about, and I don't know how she would have the motivation to go away and write an assignment, how she could do it. I couldn't."

"They've not done a placement yet, have they?"
Another person talking over her "That's what I thought was quite hard as well."
"And then have to go out on placement after doing terribly you'd ruin all their confidence wouldn't you. I don't know."

Moderator: "What would your thoughts be if…it's ***not,*** *but if we had the idea that if someone was not able to pass the OSCE they were not ready for placement."*
Few talk at once :
"It's exam conditions."
"Nerve racking."
"It's different."
Silence
"I think when you're in real life practice the adrenaline takes over and completely different person when you're actually out there ***doing*** *it."*

"It takes time as well. It's like…when I did my initial interview on my second day it wasn't like it, it was no where near like, very good probably, so, you know it takes that, that bit of time to, you know, practice it and although they've been doing it in…you know, the…like module, it's actually, to like in a real setting, it does take time. It's not going to come naturally…straight away."
"And now you've said, if you say if don't pass this you're not going on placement, the pressure on you then would be like ***huge.*** *" (Giggles nervously)*
Moderator: "Hmm."

"You could argue out that it might…you could argue that it might be that you are going to go on and really struggle in a placement which is quite a costly business for all the people. I don't mean cost in money, but costly in energy, time, commitment, placement…Think it is quite a big deal to put on people , but…(very quiet and hesitant), I just… think that is a big deal.."
Others encourage and moderator says of course
"-because…",
"Do you think it's because you've been there like."
"Yea, because it is nerve racking and it's not a real situation and you can't judge how good a person will be."

At the end of the group, when the moderator asks if there are any closing remarks the use of an OSCE and a written piece is returned to:

"And I feel that at first if they're going to be able to fail on the role play I think that if do the role play, you can't fail on it, because if you reflect on it, you can only improve so as long as they're...what they're saying in the reflection adds up to what they've said went wrong, why they went wrong, I don't think they should be able to fail it."
Silence – 4 seconds
'Cos then it's really testing their reflection skills as well, if they can say why they went wrong…"

The third years who acted as clients for these OSCEs also considered the relevance of the OSCE to practice and the dynamics of role plays with peers rather than with people you do not know, raising similar points to the first years interviewed:

"Thought that the process was a really good way for students to actually recognise what it's like to be in that initial interview sort of situation, erm, not to actually know the person that you're talking to, because it's all well and good doing role play but then you, the people you're doing it with are generally people that you know and are familiar with and if you're doing it over a period of time you just get to know them and then it just isn't, it's not so bad, whereas we'd never met them before and then to come in and speak to us, I'm sure that's more realistic of how you'd be feeling when you're actually in the situation on placement."
"I think when you're learning it in the first year when you're in groups doing role play, that there can be that temptation to not do it quite so realistic as you might, or for people to just laugh, you're relying on other people in the group performing for you to get maximum experience. So suppose in that situation is more difficult than you think…"

The third years noted their feelings of responsibility and showed they had an understanding of assessment principles and issues such as parity, this

potentially being affected by how they responded as the clients in the role plays and their knowledge of some of the first year students:

"You start putting yourself...sometimes you're in the student and then sometimes you put yourself more as a sort of lecturer. It's when you're marking them in your own head and sort of saying what you think is good and bad."
Silence 5 seconds
"It's, it's really difficult I felt. In a way, you s-s- sort of…'cos we did a bit of 'marking'…I sort of felt like I was more… like I was involved in the assessment as well, like, on the lec…rather than a student, I was more on the lecturer's side of things, 'cos the whole...process, you don't want to be too studenty with them…'cos at end of the day, you're, although you're not assessing them personally you are part of the assessment process."

"Consistency want to try and be the same with everyone..."
3 seconds silence
"I was little bit concerned sometimes, some of people I had…they were struggling quite a lot where…and I found myself sort of trying to prompt them. I would mention new things to try and get them to say more and I wasn't sure if I was supposed to be doing that, whether I was supposed to just leave them to it, which was a little bit nerve racking for me. Didn't know if I was giving them too much help or…giving them, you know, a fair chance."
"Yea I found it difficult at one point. One stopped half way through, and was like, 'I don't know what I'm doing,' and I just had to…just sat there like. Because they weren't asking me any questions I couldn't give anything back. And it's just…it's a bit…"
"You can imagine though, if it was a real client and somebody said in the middle, 'I don't know what I'm doing', what…what would the client say."

Then a short while later another student returns to this:

"It's like F said, with one of hers she sort of paused and then F didn't say anything. I was…I would sort of…think of something like, 'Oh, and the other day this happened,' …and try and move it on, but I didn't know when I was supposed to…I didn't know if that was too much help. If they were struggling, whether you should help them or not."

"I personally thought it seemed like a decent thing to do…a test to do, but I wasn't quite sure about the way we sat outside and had chance to talk to the students, because some of them talked to us and others didn't which seemed a bit unfair."
Moderator: "Mm."
"Well if we were sat outside while one person was doing the role play and then sometimes the next one would come along, and get chance to chat to them… although, not talking about the OSCE, they got chance to get to know us and that might put them at ease and then we were their patient."

"And when we were there…"
"So even though not talking about OSCE putting them at ease more than others."
"Guess you could argue that made it harder for them to imagine you as the patient."

"I found erm, people that…came and spoke to me when I was sat outside, the people who didn't make conversation tended to be not quite so strong in the role plays."

"The mature students would talk to you and ask you questions, whereas the younger er, students would tell you how scared they were."
Moderator: "Mmm."
"I was told before I was about to do a role play erm, the lady couldn't have like one, like a couple of the scenarios, because of erm, like circumstances, personal circumstances. So, erm…I felt like, even though the role play didn't relate to any of her situation, I still felt like a bit like bad, like I couldn't play the role properly because I knew of her…"
Moderator: "That there something that was possibly traumatising."
"Yea. And I didn't want to be too harsh so…You know what I mean."
Moderator: "Mmm."
"So I was trying to be fair, but I didn't…I was quite wary of the fact that I knew and had to be careful what I was saying."
"I felt same, kind of. It's probably me being very naïve but also erm, I felt similar to that when there were students where English was their second language and I didn't know how, how I should speak to them. If I had, I don't know…I just didn't know, I haven't really come across very many people where English isn't their first language. I don't know if I could… I just…I felt like…Not that I made it easier but I just felt like I was a little bit more on guard, I think that's just me though, that's just me not knowing how to communicate."
"One lady related she was an OTA and she'd got years more experience than me and proceeded to tell me all about it. I kind of…I kind of went kind of went, relaxed a bit…more into the role got more information."
Silence 3 seconds
"But things can't be controlled because every single one of us will all look at it from different aspects. Like when you said younger student, you got into role, mature students put you off a little bit."
"It's interesting even if you did it for every person,if everyone sat outside the door so when came for the role play it's their opportunity outsid , so if they want to get to know you they can. Be interesting to see how that affected…I know it wouldn't be quite consistency. But then if you've got someone who tries to make conversation with you, they use their initiative and if they want to make conversation with you. It's like on placement when you see someone for the second time they stop with you and chat with you for ages."

They felt it would be helpful if each third year student was allocated one role play and then had the opportunity to develop this with their peers:

"If we'd been given a sample of role plays, given it to take it away, just look at it together, I think if we had it…we'd have a better, next year, how to do it. Then that then changes the sort of dynamics. If you just have one, so you've got chance to familiarise yourself with it, talk about how you could do it, you can go away with other peoples' ideas… talk to each other, say what would you do."

The students demonstrated knowledge of effective inter-personal communication, as would be expected of finalist students. What was interesting was they had noted similar points on how the first years interacted with the 'clients' to the ones noted by PPEd's in their focus groups after they had watched the DVD. These centred on the need to establish rapport and warmth, not ask a set list of questions, but pick up on the points raised by clients, and in addition third year students noted the need to be aware of personal space:

"I think it's a great way to…like be able to like show off your communication skills though. Because like for example, from the viva, and like the presentation, you forget…if you forget what…you're meant to be… practiced, then you can easily just like forget the rest, whereas with, with the OSCE, even though…you may need to sort of remember what you're going to ask, it's sort of like a natural sort of question…sort of process, so it's not, it's not so much pressure on that remembering the actual information, it's more on just like being yourself and. .."
"Like I said it's more just build a rapport."
"Yea."
"It's just simple feedback and like you said just make conversation."
Other person is saying "Yea", in agreement as she speaks
"But I think that's because you're third year. If you're first year and got to… build a rapport and say that…in…you've got to do an initial interview, like the whole, find out information. I had to write… for my first presentation I had write….like little flash cards to remember everything I was supposed to ask..."
"But on the other hand they came in and introduced themselves, do you know what an OT is, they could do that bit, but as soon as soon as you came in with something else they…they, (giggles), there isn't really a script."(giggles again).

"I found there was one particular person who was quite fresh and quite…and I, I did wonder if you would take into account… like, little things like how… like their warmth, because this one particular girl, she didn't show any warmth at all and…I just thought if I was a, if I was, er…someone who sort of just said, 'I didn't trust anyone,' and then someone just barged in, and, and they didn't look as if they cared."

Moderator: "That was taken into account."
"Do you know what I mean?"
Moderator: "Oh yes."
"And it kind of put me off a bit 'cos I was bit surprised, 'cos I was like, mm…'cos…like all, 'cos like all the OT's I've met are lovely and thought…you were meant to be."
"I had that same sort of experience. I felt quite mean. 'Cos some of them would come into you and, not that was instant dislike I took to them, but some of them you just couldn't…get anything with, and I was thinking…like…I took it personally and suddenly I thought no, but, as a patient, from a patient point of view, if they're doing that to you and you're acting, it must be…"
"Which is what we were saying wasn't it, about why we wanted to feel rapport. Because it's all well and good the observer saying what they saw, but also as a patient."
"Yea."
"To say how you felt as a patient, they way they were talking to ***you."***

"That's what I meant 'cos, I was, 'cos you go in there thinking you're a student, but then when I started to feel the sort of person's feelings towards something, I thought, I really don't like way they're talking to me. I don't, you know, I don't know what you're on about…I felt like some of them were…You'd say something, then they'd ask you the same question, and I was like, 'I've already told you that', but you kind of, can't obviously say that…"
"But it's interesting, I think that's a view point that is quite interesting. If, if you know, you take the role play sort of…idea to its full, you would start to react in that way, going on. I mean I was surprised at one of my reactions with, with someone…'cos I just felt like, 'Actually I'm sick of feeling really patronised'…"
"Yea, that's it."
"And, 'I'm feeling really pissed off'."
Lots of reaction – agreement and laughter over her talking

"Try and sit, not on your lap, but,'Go away!'…Just like…some people just wanted to lit…like sit and…most of time I had my legs crossed and people didn't even realise that putting the chair… because I just…putting chair next to me. Although they felt it was the right thing, because I had my legs crossed, they'd, they'd sit down and then knock their legs like…right into my legs, or like knock them out the way. And just things like that, just realising that, yea, you might want the chair moved on. Some people just stating fact they not comfortable, that's not really how I wanted to share the information."
Moderator: "Sometimes the proximity, distance was too close."
"Yea, some people were sitting just in front of you, and just staring."
At same time another said –"That was mine."
"I think as well it…for me was when they put the chair ***straight*** *in front of mine, (another person –"Yea), and really close and it was just like this…and a few people did that and I really, really didn't like that at all..."*

"I think when…erm, I don't know if this is just experience or no , but…the last thing I would do…if I had a patient who was paranoid, was like, erm, plonk a chair straight in front of them, so directly at them, so I think maybe if…if in a learn…classes, they have got a bit of help with that."

"Starting off by like…starting like…one lady said to me, 'So tell me about your accident', and I was just like,'I don't want to talk about this', sort of thing, even though I had been, and then, erm, and another lady said to me, erm, 'So your parents have just divorced', or something like that or, 'Sseparated then', it was really like…just took me off guard completely. She just went…dived ***straight*** *into it and just…and I was just, made me feel really like, ' Ohh'."*

"I found a lot of them had like a set script in their head and no matter what you said to them they would just...if it was something that they didn't know about, they would ignore it and go ***straight*** *back to what* ***they*** *wanted to talk about."*

"You'd say something about work, they'd ask you about work and you'd say, 'Oh I'm a bit worried about going back to work actually', and they'd just be like, 'Yea, so what about the stairs,' and you're sort of like… 'So can you get on and off the bed?'…" (others begin talking in agreement trying to give their examples.)

"Yea, asked straight away about, 'So how do you manage the stairs', and I kept changing back to bungalow, but the…they don't expect anything like that. They're straight away…I think they're drummed in about, you know, stairlifts, physical things, stairlifts."

They also considered the dynamics of future cohorts who had been assessed by this method, role playing clients in the OSCE:

Moderator:" Just to go back to the OSCE, yea, because, no, no it's fine, because…but if we stay with using this process and we make modifications one of the differences would be…is that if we use next years students they will be in same position as you of not having had the experience,e but in two years time, the first years who you've just worked with will actually have had the experience of having gone through the process. I wonder if you have any thoughts about that."
"Think it would be good because they can reflect back on themselves, how they were."
"You'd make…you'd have to make it so no-one could talk to anyone, because otherwise you'd get carried away with how I did it, but…"
"But do they know anyone. I don't know anyone apart from our year."
"No, I know, but they would have done the exam, so they might tell the first years-."
" Oh."

"-When I did this, I said this..."
"Oh."
"But, I think if you make it clear the expectations of the, the third year student…Obviously your preparation of what you want from them and, and how, you know, how hard you make it and…things like that, then I think that will help…to make it fair. 'Cos if they've been in that situation then they're more likely to make, know how they felt, and…they could make it easier."

This group found the experience useful for themselves in terms of helping them realise the level of their own knowledge and skills:

"From a personal point of view it really showed how much I'd grown from the first year to the third year because, in first year, I would never have sat and done that, but then it's not just about doing role play, it's about the knowledge of the area of… like a client of mine with psychosis… 'cos I've got massive interest in psychosis, doing…having that experience and knowledge…to do the role play's really helpful and obviously got three placements…"

"I think, though, I think somebody mentioned it being actors, but I think you should definitely use students, third year students, because I gained so much from it, I really have. So I think, worth…worth it for the students who are doing it and worth it for the third years."

"I think as well you look at ***first*** *year and see how far you've come. I think you can't get that sort of opportunity by doing an assignment. Like you can look at your first year assignment, but it doesn't, doesn't show you how much you've improved. But then to see what they're like and to see what you're like now. I'm…"*
"Yea, yea. It's really strange 'cos even though you're in third year and you know you've improved, and you know you've learnt so much, it doesn't quite… you don't quite understand how much you've learned until you've seen the first years and realise how far you've come."
"I don't know how the first years see this…about this, but I felt as a third year, obviously it's not the same module anymore, but we've been through similar experiences in that we've had to do like similar modules, so we've like been there ,done that, and we're still here now and I think…I don't know whether it would help them knowing that you know... that's where they could be. Something positive rather than...or something..." (voice fades)

They felt that this involvement of third years should continue and possibly the links between third and first years could be extended. In fact one student noted that:

"With what I've learnt from it I would give the money back for that experience."

Summary

A summary of the points arising from third year students' discussion is:

- the students felt:
  - the OSCE was a valid means of assessment and prepared students for PPE
  - the OSCE should be combined with a reflective piece
  - each student should have one scenario /client to role play and more time to prepare for taking on this role
- they made similar observations to ones made by the PPEds about aspects of inter-personal communication of the weaker first year students
- third years students had the skills required of those taking on the role of simulated patients
- third year students felt they benefitted from the experience of being involved as simulated patients.

These students were seen then to hold similar views to the first years regarding the efficacy of an OSCE and an associated piece of reflection. They were also raising the same points as the PPEds in the acknowledgement of the importance of the reciprocal nature of interaction, this being based on an awareness of the responses and cues given by the client.

The potential of the OSCE to engender self evaluation of skills seems to also extend to the third years, in that they note that by being present in the OSCE process they were aware of their increased skill level.

The first years students interviewed suggested that students could take on the role of clients. From the points raised and discussed by them, this group of third year students demonstrated a sound understanding of the

requirement of taking on this role. Actors or actual patients have been trained to be simulated or standardized patients and there has been research on them even being involved in grading the students (Rothman and Cusimano, 2000, Zraick, et al 2003, Guiton, et al 2004, McLaughlin, et al 2006, Ryan, 2010) so finalist students on the same professional programme could be considered to have very relevant knowledge. At the same time their skills in 'acting' may need to be developed, along with the consistency with which this role is performed. If this suggestion of third year students being involved is to be taken further, then consideration will also need to be given to the dynamics of students being involved in an assessment process.

Concluding remarks

This chapter has presented the results and data analysis from the different components of the research process. It has incorporated direct quotes to illustrate the basis on which points have been made. At other times graphical formats such as tables and bar charts have been used to give a clear summary of data, which has then been commented on and explored further with the text. The accumulation of evidence from a range of sources has strengthened the basis on which some summative points can be drawn and these are outlined below.

The OSCE that has been developed has content validity for this particular module based in the pre-registration programme of the researcher's HEI, as evidenced by the input from two rounds of focus groups of PPEds. It also has wider relevance in that there is no published work on inter-personal communication skills OSCEs for OT or research that has considered the inter-personal skills required in preparation for a first PPE. The national curriculum recognises the importance of developing inter-personal communication skills for client centred OT practice and the central role of PPE in student pre-registration education (COT, 2009) so this WBP contributes to the profession specific knowledge base.

Students perceive the OSCE to be a helpful learning experience and a valid method of assessment if it is combined with an element that incorporates reflection into the process. Research based in other professions such as nursing and medicine has similarly found that students are positive about the use of OSCEs. The students in this WBP added to this that they felt there is particular value in reflecting on the experience, and this reflection has potential to increase self-awareness and learning.

The OSCE checklist form can be a helpful basis for assessment, learning and feedback. This WBP has added to the debate on students' abilities to self-assess and the data in this particular WBP has enabled some further questioning of checklist scoring versus global rating of inter-personal communication skills OSCEs.

The key findings will be returned to in the next chapter where more detailed discussion considers the findings in relation to published work referred to in the Literature Review and draws on other literature as points of debate identify additional aspects.

Chapter Five: Discussion

Introduction

The Content Validity of the Proposed OSCE

The Role of the Checklist in Assessment

The Students' Perspective

The Potential Impact on Student Learning

The OSCE in feedback, formative self-assessment and reflection

Summary

Introduction

Occupational therapy is an holistic client centred profession and the therapeutic relationship between client and therapist is a central tenet of effective practice (Darragh, et al 2001, Palmadottir 2006, Taylor 2008) and is recognised nationally in the pre-registration curriculum (COT, 2009) and standards of proficiency (HCPC, 2013). HEIs have a responsibility to ensure fitness for practice and purpose (HCPC, 2012a) with a focus on the integration of theory and practice. The choice and rigour of assessment methods are key issues in education, and particularly for pre-registration programmes, since the wrong choice can potentially result in fitness to practice not being tested and learning being driven away from that which is valued (Wilkinson, 2007).

The previous assessment for the module focussed on in this WBP tested the ability to reflect on experience so as to identify future learning and development needs. However, 'theoretical' self-assessment of performance has been found to be a poor predictor of actual performance (Eva, et al 2004, Davis, et al 2006), and there is no proven association between written tests and actual communication skills (Humphris and Kaney, 2000). If then this module is to equip students with sufficient inter-personal communication skills for students to be fit to embark on a first PPE then the assessment needs to test their ability to actually apply theoretical knowledge. Hence the WBP aimed to gain a greater clarity of what constitutes a base line level of inter-personal communication skills and use these to formulate an OSCE, with its associated skills descriptors. The development of an OSCE and its subsequent evaluation in terms of it being a valid assessment tool and a tool for student learning were the main aims of this WBP (see p.37).

At the inception of this WBP my initial thoughts were that a practical test would be a more relevant assessment method, but the term objective seemed to me to be somewhat of a misnomer in this context. This is because on the one hand, recognising the complexity and individuality of inter-personal interactions and communication, objectivity seems

problematic, yet in assessment there is a need for parity to attain fairness and rigour and this is predicated on objectivity.

There is also the question of whether an OSCE in itself is sufficient to build and demonstrate skills for practice as reflection is identified as an important aspect of learning and clinical work. If students are to be equipped for placement then the ability to self-monitor, reflecting both in - and on - action (Schon, 1987), needs to be developed.

This WBP has obtained data from key sources these being the first and third year students, PPEds, and in addition the proposed OSCE checklists completed by staff and students when the draft OSCE was introduced as a formative experience. The findings from these data sets will now be integrated and discussed in relation to the intended aims of the WBP. This will be focussed on the use of the OSCE and its associated checklist for assessment and then on its potential as a learning tool.

Firstly discussion will focus on the content validity of the OSCE, its checklist being based on the collective view (Hultberg, 2006) obtained from two rounds of focus groups with a purposive sample of relevant experts (Burns, 2000) these in this case being the PPEds. In this and the following sections of the discussion it is the checklist which seems central in the quest for validity and in the OSCE being a tool for learning, so the sections are framed around the checklist. The discussion culminates on the students' perspective based, as noted in Chapter 3, on my belief in the importance of their empowerment and active, collaborative engagement, so that their voice can be heard.

The analysis of data in Chapter 4 enabled the identification of some key points worthy of further consideration (see p. 93-94,102-104,121-122,145-147 & 157-158). Specific cross referencing will be made here to the particular data and findings on which this discussion is developed so as to enable particular strengths and limitations of the supporting evidence from this WBP to be recognised and incorporated. The original literature will be returned to, but other work has been sought either as data was found which raised new points or to extend the debate.

The content validity of the proposed OSCE

The first stage of this WBP aimed to identify the baseline level of inter-personal skills students need to develop prior to a first PPE. A survey of PPEds at two different points in this WBP enabled the initial formulation of the checklist skill set, followed by later testing and discussion of this to enable refinements to be identified. The initial survey of PPEds and HEI tutors via focus groups resulted in a list of skills, (Table1, p.72), which were formatted onto the trial OSCE form, (Appendix 7), which was subsequently utilised on a later PPEd day for educators to assess a student on a recorded staged OSCE, (Table 2, p.75). Some of this group then met to discuss the process of using the form, (p.74-92).

The initial list produced from the first round of focus groups was not in itself surprising in that it reflected the skills identified in texts on effective inter-personal communication in therapeutic contexts (Myerscough, 1992, Kagan and Evans, 1995, Burnard, 1997, Dickson, et al 1997, Williams, 1997, Burnard, 2005, Kurtz, et al 2005, Silverman, et al 2005, Egan, 2010) albeit these are not specifically based in OT. However, the second round of focus groups with PPEds, being based on actually using the form with the recorded staged OSCE, provided more detail in relation to the development of skills in pre-registration OT students prior to a first PPE. The key points were on refinement of the skills checklist, but perhaps more importantly on the centrality of the establishment of a client centred ethos. These will now be discussed further.

In this second survey of PPEds no further items were identified as being needed to be added to the original checklist, as although professionalism was raised as a potential item, it was subsequently noted that this was incorporated in the other items such as, appropriate language, (see p. 86). There was no indication that any items should be removed from the checklist, however, some items were considered to need refinement, such as ‘explores feelings’ being amended to ‘acknowledges feelings’,see p.87). The broad range in how this was graded by the group of PPEds, (Table 2, p.75), perhaps links to how this item was interpreted in terms of the depth

and length to which the affective component should be addressed in a first encounter with a client and in different areas of practice. It also raises the question of how, if students are only expected to acknowledge feelings, they can demonstrate empathy. This therefore may need further clarification and the complex concept of empathy is discussed further on pages 178-180.

The importance of attending to the affect of the client and the relational process aspects of therapeutic interaction are well established (Kagan and Evans 1995, Bayne, et al 1998, Haskard Zolnierek and Di Matteo 2009) and need to be delineated from task oriented communication (Duffy, et al 2004). The discussion by PPEds from different areas of practice demonstrated a range of views on how much time can be afforded to these aspects (pages 77-78) but recognised the need for both elements (p.80-81). As client centred practitioners it is how this is done that is acknowledged by the PPEds, and the pace of units, noted by Lane (2000) as a barrier to client centred practice, does not necessarily prevent attainment of what Gage and Polatajko (1995) termed a 'client driven' focus. It is both verbal and non-verbal communication skills that are important and the items on the checklist and the illustrative points of discussion by PPEds in relation to these elements will now be discussed.

One participant (p.85) questioned the details of NVC, with for example a separate item for eye contact. NVC, eye contact, personal space and paralanguage were included in the checklist, being items from the original focus groups, (Table 1, p.72). All these can be considered as aspects of NVC, so what is being assessed by the checklist item 'NVC' could be presumed to be everything else, but the rationale of having a checklist is to provide clarity. The format of how these items are included in the checklist therefore merits further discussion by the HEI team to ensure clarity and provide guidance to students and assessors. In addition it is useful to consider how the students' ability to focus on the emotions of the client and the students NVC may be inter-related. The data from this WBP indicated students were skilled in NVC, (see Table 6, p.130), as there were very few instances of students being rated as poor on items related to this, (NVC, n=4 eye contact, n=1, personal space, n=3 and paralanguage, n=0). This is in

contrast to the ratings of poor for exploring feelings, (n=21), and demonstrating empathy, (n=20). So it may be that the students are able to appreciate and connect with the affect of the 'client', but were not able to respond verbally.

NVC is recognised as having impact on any interaction and research has focussed specifically on the impacts of it during medical encounters. NVC has been associated with better health outcomes (Ambady, et al 2002) greater patient satisfaction across a variety of clinical encounters (Griffith, et al 2003) and with establishing rapport (Tickle-Degnen and Rosenthal, 1990) and rapport and subjective aspects of the patient illness experience (Duggan and Parrott, 2001).

In particular the affective and socio emotional aspects of interaction are communicated non- verbally, and of this 55% of affective communication is transferred by visual cues such as eye contact (Ong, et al 1995). Marcinowicz, et al (2010) found eye contact was the second most noticed aspect of non-verbal behaviour and indicated to patients the focused interest and commitment of the practitioner. This is not dissimilar to findings of previous work. Indeed thirty years ago the pioneering work of Byrne and Heath (1980) indicated eye contact and body movements as extremely important factors. Ishikawa, et al (2006) found higher ratings of communication when practitioners looked at patients equally when talking and listening, whereas Ruusuvuori (2001) considered the importance of the timing of gaze and maintaining this at critical points in the interaction, such as when the patient is trying to describe and disclose crucial information, as, even if looking away was to perform activities such as recording or reading medical records, this was still perceived by patients as problematic.

This provides some evidence for a separate item on the checklist for eye contact and gaze, but does not address what detail of other aspects of NVC should be delineated versus encompassed in the overarching item of NVC. Facial cues and gestures are associated with improvements and perceptions of caregivers (Ambady, et al 2002) and Collins, et al (2011) found that adequately expressive facial expression and few or no hand gestures

needed to be culturally sensitive and had a consistent strong effect on standardized patients' evaluations of interview quality.

The inclusion of every aspect of NVC in the checklist would make it very cumbersome, and the space provided on the marking sheet for comments would enable specific elements of the students NVC to be noted. However, the addition of greater detail has to be balanced with the potential that too many items may increase the students' difficulty in maintaining the flow of the interaction and responding to the client. This additional detail therefore needs to be discussed by the HEI team in terms of what elements to focus on and whether these are indicated on the form or on a supplementary sheet used in the learning process.

The discussions of the PPEds also seemed to centre around certain items on the checklist such as 'explores feelings', 'facilitates client telling their story' and 'pace of the interaction', and also the process aspects of conducting the interview, as if by a preconceived list of questions, which detracted from the flow and ability to respond to the client. It is interesting that some of these were the ones which from both tutors and students evaluations students had difficulty in attaining in the formative OSCE, these being 'explores feelings', 'checking understanding', 'paraphrasing', 'demonstrates empathy', (Table 6, p.130). The third year students also noted the importance of listening and responding to the client rather than merely seeming to ask a list of set questions and noted the need for warmth and rapport, (p.152-155).

One of the inter-personal skills identified by Duffy, et al (2004) in the Kalamzoo II Report is that of 'eliciting the patient's perspective on their illness', which is comparable to 'facilitates client telling their story'. The word elicit is defined as 'to get or produce something', whereas facilitate is to 'make something possible or easier'. It therefore seems that facilitate is more apt, in that it embodies a more helping and supportive stance, than merely 'getting' their perspective. This is noted by the PPEds in their discussion on it being important that the student does not use a 'tick list' approach, and actually listens to the client and gives them time to answer.

Without hearing the client's story it is questionable that it is possible to establish the collaborative therapeutic relationship of person centred care recognised in the pre-registration curriculum (COT, 2009) and as a core skill of OT practice by Creek (2003). It is then the art of practice, the tacit knowledge which enables the individual to go beyond the mechanically applied technical rationality noted by Schon (1987). The delineation between communication skills, these being concerned with the tasks and 'facts', and the socio affective inter-personal skills, has been made in some systems of assessment, yet surely 'how' even the tasks are accomplished is important.

The PPEds' and the third year students' points indicate the importance of the reciprocity of responses. It is these sequential, dialogic elements that have been the focus of complex interaction analysis systems such as the RIAS and MIPS and researchers such as Sandvik, et al (2002) and Bensing, et al (2003). Such detailed written analysis is not possible within the time limited situation of an OSCE. So although systems such as the SEGUE Framework, (Makoul, 2001), the Liverpool Brief Assessment System for Communication Skills, (Humphris and Kaney, 2001), and the Patient–Centred Communication and Interpersonal Skills (CIS) Scale, (Yudowski, et al 2006, Imramaneerat, et al 2009) have become established, they cannot encompass the nuances and dynamics of each specific and unique interaction. Indeed the SEGUE framework, the most widely used system in North America for assessing medical communication tasks, even though it provides 32 items, is intended to be used as a flexible framework rather than a script, indicating the need for the assessor to incorporate their own judgments. It is interesting that the acronym, intended by the author to connote the transition or flow of the interaction, places understanding the patient's perspective as fourth in the order, this being Set the scene, Elicit information, Give information, Understand the patient's perspective, End the encounter, yet he also notes the need for the process elements to be behaviours that must be present throughout the encounter (Makoul, 2001).

Therefore although the OSCE checklist, having been reviewed by these two rounds of focus groups, has content validity there still remains debate on the role of the checklist in the assessment process and in learning. Points raised

may indicate that some items on the checklist are skills required for a basic level of competency, and others are ones which demonstrate greater expertise along the continuum from novice to expert, or are seen as key aspects of client centred practice and might therefore impact on the assessor's evaluation of the student's performance. The role of the checklist in enabling objectivity therefore merits further discussion.

The Role of the Checklist in Assessment

Objectivity, when used in the term OSCE, was originally intended to relate to the standardisation of both the task and the scoring (Harden and Gleeson, 1979) and this was based on checklist type rating forms. Since the inception of OSCEs the use of checklist scores versus global rating has been debated in literature, (see here p.28-33). Analysis in this WBP of the HEI tutors' gradings of students was conducted whereby global ratings and summation of scores for each checklist item were calibrated with the HEIs 24 point grading scale and then compared, (Table 11, p.1423). This provided an indication that there was considerable parity as global ratings, which were given without summating scores based on checklist ratings, matched with ratings that would have resulted by a mathematical calculation in 90% of instances. Indeed the use of intuitive expert rating can be seen to be more relevant, especially in the field of inter-personal communication as indicated by PPEds and third year students' comments on the process and responsiveness to the clients' communication being a central tenet of effective communication, and this is not necessarily captured in the breakdown of interaction into the separate tick boxes of the checklist. Even though some items on the checklist note some process aspects, such as the flow of the interaction and responding to the client's communication, any relative importance of these has not been identified on the checklist.

The use of binary scoring of checklists versus a more process oriented global rating have been compared, and global ratings appear to have psychometric properties that are as good or better than checklists (Regehr, et al 1998) and are more able to assess higher levels of competence such as empathy and rapport (Van der Vleuten, et al 1991, Norman, et al 1991,

McIlroy, et al 2002) and distinguish between novice and expert performance (Hodges and McIlroy, 2003). As noted previously research has been conducted to develop systems such as the RIAS and MIPS, that can capture the nuances of sequential, reciprocal dialogue and the dynamic processes of interaction (Ford, et al 2000, Sandvik, et al 2002, Bensing, et al 2003) but recognition is given to the impossibility to capture all its dimensions. It may then be that the expert intuitive judgement of assessors can more effectively encompass and integrate these and assess 'mindful awareness' (Epstein 2006).

There is then a tension between the objectivity that is associated with OSCEs and the checklist and the subjectivity of inter-personal communication. The use of binary scoring on the checklist seems particularly reductionist when applied to inter-personal communication. It may mean that the internal consistency and inter-rater reliability are found to be high, as in research on the SEGUE framework (Makoul 2001), but this does not necessarily mean that the intricacies of the art of practice are achieved, and even basic competence is not defined solely by the presence or absence of specific behaviours (Schirmer, et al 2005). It may be the emotional dimensions are particularly mis-represented and the systems could be measuring what Roberts, et al (2003) termed 'rapport *words* rather than rapport *work*' (p.194) and 'trained empathy' (p.198).

Other systems such as the Liverpool Brief Assessment System and the CIS utilise 4 and 5 ordinal rating scales respectively for each of the 12 and 18 items on the respective checklists to provide some indication of levels of achievement. The use here in this WBP of Poor Adequate and Good goes someway to distinguish levels, and retains some consideration of a balance between ease of use (as noted by PPEds, p.88) and relevance and utility in the attempt to gain parity in the assessment and give a more specific indication to the students of their strengths and limitations (PPEds, p.89-91). The use of the checklist may also act as a basis for the recognition primed decision making process identified by Cooper, et al (2006) and the allocation of a global score. The atomistic nature of the checklist may therefore make it more useful as a tool that with descriptive anchors delineating between

ratings such as poor, adequate and good, might make criteria explicit to assessors and students, rather than using it to give quantitative variables for a subjective phenomena.

Although the aim of this WBP was to draft an OSCE that has content validity there is still the question of how case specificity may impact on the assessment. The proposed OSCE being in the first year of the pre-registration programme it could be seen as not a high stakes examination such as those which determine final decisions on licence to practice. However, standard setting is still important, in what is a criterion referenced examination, it being to assess the competence of each individual, yet the outstanding challenge still remains how to set the pass mark (Smee, 2001) all approaches to standard setting having drawbacks and producing different results (Kilminster and Roberts, 2004). The use of the OSCE form with the DVD was to provide understanding of the process to PPEds and stimulate debate about the content and use of the checklist. However, in addition it did indicate a potential difference in the competence levels required in mental health versus physical settings, and a lack of inter-rater reliability of the checklist when used by PPEds, (see Table 2, p.75). Further work is therefore needed to identify if the HEI team attain consistency and parity. Utilising one method of standard setting, such as the Angoff, where expert judgments about imagined performance of minimally competent performance are used, is one means by which greater reliability might be achieved.

OSCEs usually utilise a number of stations, but these normally test different skills, whereas this WBP, focussing on inter-personal communication skills of an initial interview, utilised just one station. Thus each student interacted with just one client, the particular case being selected at random by the tutors from a batch of six. This rationale for this decision was also based on the premise that the OSCE was being trialled as a formative experience as part of the development process. It was therefore not practical, nor deemed necessary, at this stage to assess students in more than one case scenario, as this one experience could provide more focus for the assessed written reflection. The decision was also based on literature and research that provides evidence that although case specificity has been found to have

impact on student performance when the medical, task oriented aspects are the focus of the OSCE (Hodges, et al 1996, Donnelly, et al 2000, Guiton, et al 2004, Baig, et al 2009) it may not have the same impact when inter-personal skills are the focus. This latter point though is made with a recognition that there are differing challenges dependent on the aims of the interaction and the type and amount of information that needs to be communicated.

In this WBP the proposed OSCE is focussed on competence in the process oriented aspects of inter-personal communication and the socio-affective domain, as related to an initial meeting with a client, the aim being to ascertain the client's perspective of their situation and needs. It would therefore seem probable that the impact of the specific details of the case scenario would not have such impact as it would if treatment options and interventions were the focus. However, each student's life experiences and individual values, attitudes and beliefs will mean that some scenarios will have a greater resonance and impact.

The number of times a particular case scenario was used in the formative OSCE ranged between eight and 21. Therefore the data in this WBP were not sufficient to indicate if some scenarios were more challenging than others. In addition the format of the module the students were studying only required them to participate in one formative OSCE, so there is no comparative data for each student across different cases. The intended aims of this WBP included establishing the inter–personal skills required prior to a first PPE, to be used in an OSCE checklist and so did not lead to a research methodology that would obtain data for investigation of the impact of case specificity. The potential impact of different case scenarios is however an aspect which merits further consideration when developing the OSCE for use as a summative assessment.

The Students' Perspective

The original work by Harden, et al (1975) and the ensuing developmental work (such as that by Harden and Gleeson 1979, Harden 1988, Harden 1991, Hodges, et al1996, Donnelly, et al 2000) was primarily conducted from

an educators stance. Although such work, being focussed on key factors such as the reliability and validity was important, it is only comparatively recently that research such as that by Syme-Grant (2004) and Barry, et al (2012) has begun to seek the views of students. This WBP gained the views of the sample cohort and a more in depth perspective from five students who were interviewed. In addition twelve third year students who were involved as 'clients' volunteered their thoughts on the use of an OSCE. Key points from this data will be summarised and discussed in relation to other research that has sought the students' perspective.

Overall the students viewed the OSCE positively, the relevance of a practical assessment being recognised and valued in preparation for PPE. However, some reservations were indicated, by both first and third year students, especially if it was to become part of the summative assessment. These reservations were around the associated anxiety and stress and lack of realism. This in part affected their preference for a reflective piece to be part of any summative assessment process, but reflection was also seen as an important skill for practice and continued development. These points will now be considered in more detail.

The first year students indicated they valued the formative OSCE and reflective assignment. This was by positive ratings of the OSCE, (82 out of 84), and the reflective assignment, (78 out of 84), as recorded in Table 3, (p. 96), and three of the five students interviewed indicated their preferred weighting between the OSCE and the reflective piece, these being either 50-50 (n=2) or 25-75 (n=1). In the questionnaire, when given the opportunity to identify what they would keep the same, as recorded on pages 98-99, 21 out of 84 noted the OSCE, and 33 stated reflection, although only three of these indicated this being in the form of the reflective assignment versus reflection, (n=11), reflective diaries, (n=10), reflection on the OSCE forms, (n=8), or immediate reflection on the OSCE, (n=1). No students noted that they would remove the OSCE, although some suggested ways to improve its usefulness, (p. 100-102), such as not having the tutor as the client, which would not be recommended should the OSCE become a summative assessment.

The ethos of the change in assessment being to provide a more appropriate assessment process which might also be an aid to learning, it is interesting that students were also positive about the OSCE in terms of providing a vehicle to increase self-awareness, self-evaluation, and confidence, (see section on what students would keep the same, p. 97-99). The positive ratings of the use of the OSCE form to reflect on performance in role plays, (n=81), and the opportunity for self-evaluation on the OSCE, (n=84); and also the desire for staff feedback, (n=82), (see Table 3, p.96), could also be related to students wanting to improve their skills, steps in this process being reflection and increased self-awareness. This is returned to later in the section which considers the potential of the OSCE in learning.

Students who were interviewed also noted an increase in confidence resultant from the OSCE (St E, p.106) or the module, (St C, p.115), but Student B thought an OSCE may reduce confidence for those who do not do well in it, (p.118), although this student had also recognised the benefits of the experience, (p.115-116). This divergence of opinion was also present amongst third year students, with some noting the potential benefits despite the pressures, and others noting the potential impact on confidence. Alongside this the importance of skill development before PPE was noted, and in particular the central importance of first year students developing inter-personal communication skills, (p.147-150).

Other research has also sought students' perspective on the use of OSCEs and found similar positives in terms of students feeling more confident (Alinier, 2003) and prepared for placement (Brosnan, et al 2006, Barry, et al 2012) and that it is a comprehensive and fair and authentic form of assessment (Duffy and Spencer, 2002, Pierre, et al 2003, Brosnan, et al 2006, Yap, et al 2012) that gives students a sense of achievement (Walters and Adams, 2002). Syme-Grant and Johnstone (2004) found that even students who have failed an OSCE still perceive it is as fair, however, this was based on surveying a very small sample. Bagri, et al (2009), had contradictory results, with survey data indicating the OSCE was seen as fair, but themes from interviews demonstrated a questioning of validity because of a perceived lack of relating to real world competence, a concern also

identified in data of Anderson and Stickley (2002) Rees, et al (2002), and Alinier (2003).

The qualitative data in this WBP does also demonstrate some divergence of opinion, with four of the five students interviewed being positive about the OSCE, but it has to be recognised that one, (St B), was more reserved than the others. She acknowledged her potential bias was resultant from feeling she did not do well in the OSCE, which she related to feeling self-conscious, because the observation was less subtle than on PPE, (St B, p.115-116). However, she still noted that afterwards you 'feel better', and early in the interview had noted the OSCEs usefulness in identifying things to work on, (St B, p.105), despite a potential impact on confidence for those who did not do so well. She did though feel that it was good that the OSCE was not marked, but suggested that if 25% was allocated to the OSCE this gave credit to those who did well, (p.118). Other first year students interviewed, (p.116-119), and the third years who role played clients, (p.148-150), also indicated a preference for a combination of OSCE and assignment, noting the pressures of examination conditions, but recognising the importance of a practical assessment, as opposed to the sole use of a written assignment.

Thus it seems the students recognise the importance of the integration and application of theory into practice, the 'shows how' as defined by Miller (1990, p.63) before the 'doing' on PPE. They indicated an understanding of the importance of reflection on experience as a means to increased self-awareness and the development of the tacit knowledge on which the art of practice is embedded. The third year students' comments (p.148) resonate with those of Lindstrom–Hazel and West-Frasier (2004) on students being required to 'hit the ground running' (p.239), and the preparation for PPE needing to adequately address skill development.

Although the OSCE was used as a formative experience in this WBP, albeit linked to the summative assessment by being the basis for the reflection, the students still noted the potential impact of performance anxiety and lack of realism. The need for realism was commented on by first year students in the interviews in relation to the role plays and the OSCE, (p.106-109), and

although suggesting that, where possible, ‘actors’ unknown to the students should be used, they also recognised the practical constraints, and still felt the experience was beneficial. Students’ involvement as clients was a suggested strategy, (St D & St A, p.108, St C, p.109), and the third year OT students certainly they felt they gained from the experience as well (p.156-157).

The impact of nerves and associated stress noted by students in this WBP has been identified by other research (Rushforth, 2007) yet despite this OSCEs are felt by students to be the fairest and most useful and relevant form of assessment (Pierre, et al 2003, Furlong, et al 2005) and seen by some to give more realism and congruence with the pressures of practice (Duffy and Spencer, 2002). Any examination can carry a potential effect on confidence and cause anxiety; and may occur on a day when life events are causing extra stress, yet the requirement for a ‘live performance’ in the interaction of the OSCE seems to hold additional difficulties. Despite this it is still seen by some students in this WBP as preparation for the stressors of PPE, (first year students-St E, p.106 & St C, p.117; and third year students, p.147-148). It is this recognition, along with understanding the importance of reflection, that seemed to lead both first and third year students to indicate a preference for the OSCE to be combined with a reflective piece, (p.116-119 & p.147-150 respectively). Indeed the importance of the ability to recognise one’s own strengths and weaknesses was seen by one third year as compensating for a poor performance in the OSCE, (p.150), albeit that another student felt it would be really difficult to be motivated to reflect on a really poor performance, (p.149).

Data in this WBP on student evaluations of the use of an OSCE was when it was a formative exercise, but since they used this as a basis for the assessed reflective assignment this may have made it seem more like an actual assessment. Certainly students felt anxious prior to it and considered role plays as useful practice in preparation for it, as demonstrated by their comments, given on the questionnaire, as to why they would keep the role plays (p.97). Their evaluation of role plays may have been different if the OSCE was not utilised in the assessment, as students in interviews noted

they felt more motivated in developing practical skills because of the OSCE. However, the comments on why students would recommend keeping the role plays do indicate the value is more than just preparation for the OSCE, as the importance of 'doing' in enabling theory and practice links is also recognised.

This lack of separation between role plays and the OSCE are apparent in the student interviews where one student talks about role plays, but is seemingly referring to the OSCE (St E, p.106). The overwhelming positive ratings in this WBP may relate to the students seeing the role plays as preparation for the OSCE, even though it is formative, as steps taken in preparation for OSCEs are seen as valuable learning tools (Barry, et al 2012). This was indicated by students in interviews, where they also noted the motivational aspect of a practical assessment, (p.119-120). Despite the positive rating of role plays by students in this WBP there were also concerns expressed about the realism of characterisation and feedback, and student engagement, (p.106-108 & 109). This latter effect, of student resistance, is a common difficulty found with the use of role plays (Lane and Rollnick, 2007) and may also relate to prior experiences (Nestel and Tierney, 2007). Students in this WBP identified the possibilities of staff on the module, or students on other courses, such as drama, being more effective than fellow students in role-playing the clients, but although this may overcome some of the dynamics and difficulties they noted, it would also remove the element of potential student learning from being the client, where, as noted by Bosse, et al (2010) an appreciation of the inner perspective of the patient might be gained. An awareness of this learning from being in role was not apparent from the first year students' data, but the third year students who role played the clients certainly felt they benefitted for this experience, (see p.156-157).

The students' perceptions of the value of peer role plays will impact on their participation in them and in turn this cyclical dynamic can have positive or negative consequence. Some students prefer experiential learning with simulated patients versus peer role playing, as in their view it gives greater realism and they perceive it to be more effective (Bosse, et al 2010) but the

actual effectiveness in terms of improvements in communication skills is questionable, with little research investigating this (Lane and Rollick 2007), and with limited (Schlegel, et al 2012) or no significant difference (Mounsey, et al 2006, Lane, et al 2008) being found in favour of simulated patients. Indeed a randomised control trial by Bosse, et al (2012), which built on earlier work (Bosse, et al 2010), recommends the use of role plays as their findings indicate peer role playing fosters a more empathic approach, by entailing an appreciation of patient concerns.

Despite the recognition of the difficulties they noted, 64% of the first years wanted to keep the role plays and these were seen as 'essential practice', as 'theory alone is never enough, and you have to participate to fully understand why you do something' (p.97).

Hence, with the overall positive rating by students in this WBP to peer role plays it would seem that continued use is advocated, but ways in which students can be enabled to use it more effectively need to be investigated. Some of the factors that help maximise benefits of role play that are identified by Nestel and Tierney (2007) are already part of the module, these being working in trios and alternating between the role of patient, therapist and observer. Their indication of the need for adequate preparation, leaves the question of how to define what constitutes as adequate, and it may be that detail of the patient's life and issues may be helpful, but preparatory warm ups for dramatic enactments may also be needed to help reduce self-consciousness. Similarly, to fully implement the more 'structured feedback guidelines' (Nestel and Tierney 2007, p.7) students need to have developed trust in each other that this feedback will be communicated constructively and in turn will be received in a positive, not deleterious, way.

The potential impact on student learning

The checklist certainly enables staff and students to see attainment in specific skills and areas and by summating all the forms staff can gain an overview of skills that students in general need more help with, as indicated by those most often rated as poor and least often as good, (Table 6, p.130, and Table 8, p.134). It is not surprising that these include the more complex

skills of exploring feelings and demonstrating empathy, but ones which seem more concrete and easier to attain are also amongst the skills most often graded as poor by staff, these being checking understanding and paraphrasing. This may be resultant from students being so focussed on deciding the next question to ask that they do not listen attentively enough to the client nor explore issues sufficiently.

Empathy is a complex multi-faceted concept and therefore one might presume is more difficult for students to achieve and demonstrate. It is also important, given this complexity, that tutors are consistent and clear on what it is they are assessing. This one item on the checklist might therefore benefit from greater detail of what constitutes a demonstration of empathy in order to aid student learning and assessment parity. This suggestion might seem surprising given the apparent consistency of rating of this item by the PPEds, (Table 2, p.75), but this consistency is questionable since the manner in which the student on the DVD responded to the client's tearfulness was blatant and exaggerated in distracting focus away from her emotional need.

Literature has identified empathy as a key factor in therapeutic work, and in OT in particular, being noted as a critical component (Abreu 2011) and is part of the art of practice (Peloquin1989). The question then is how might students be helped to attain this complex skill. The skills of paraphrasing, checking understanding and exploring feelings can I feel be seen as pre requisites or composite parts of a demonstration of empathy. These items on this WBP OSCE checklist are similar to behavioural components of empathy identified by Dickson, Hargie and Morrow (1989) and Shapiro (2002) but they also included non-verbal elements such as eye contact and facial expression. There is certainly a recognition of the importance of the ability to communicate the therapist's understanding to the client (Winefield and Chur-Hansen, 2000, Hojat, et al 2004, Kurtz, et al 2005, Berg, et al 2011). The tutor can only 'measure' the observable responses be these verbal or non-verbal, but this evaluation may also incorporate a pre conscious intuitive level, which integrates the aforementioned components into a sensing of empathy.

A definition which encompasses a combination of verbal, non-verbal and paralanguage may be more comprehensive since the mere use of the 'correct words' may seem mechanistic, formulaic and insincere, and as PPEds, (p.79-82), and third year students, (p.153-155), noted this mechanistic following of set 'tasks' detracted from the sincerity and flow of the students' interactions. To respond appropriately the therapist must first gain some sense of the other person's perspective. These cognitive and affective components of empathy are noted in definitions, there being a need to recognise the undercurrents within an interaction and then analyse and respond appropriately to the evolving communication (Lim, et al 2011). Emotion recognition, affective responsiveness and emotional perspective taking (Derntl, et al 2010) seem to me aspects of emotional attunement (Halpern 2003) attained by focussed attention.

In this WBP most students were rated as able to listen and give active attention, (Table 6, p.130), as only six were rated as poor on this. However, it may be that they were not paying attention to the emotional content versus the more factual information being communicated. Conversely it may then be that, if there is a discrepancy between self and tutor evaluation, this may be because the student 'felt' empathy, but was not able to convey it. It was certainly the behavioural skills dimension of empathy which students in other research have felt needed more emphasis in training (Afghani, et al 2011). So it might be that the students do gain this affective sensing, but avoid and distract from the emotional content because of fear of not knowing what to do or say.

The complexity of empathy as a concept and the expression of it adds to the debate of not only how to assess empathy, but also whether empathy can be taught or learnt by everyone. It may be that indicating these other skills as a sub set of the more complex ones may help students progress their learning and skill development. Communication skills workshops addressing behavioural dimensions of empathy have the most quantitative impact (Stepien and Baernstein, 2006), and the initial phase of gaining insight into the patient's concerns feelings and sources of distress has been found to be a teachable skill (Benbassat and Baumal, 2004). The items on this WBP

OSCE for ‘facilitating the client telling their story’, equate to gaining this insight and could then be seen as a component of establishing empathy, and this item on the checklist was certainly seen by PPEds as a key aspect of the interaction, (p.79-80 & 82-83).

The students were very positive about the checklist in terms of its relevance to their self- evaluation, learning and reflection, (Table 3, p.96), and saw the OSCE checklist as more helpful than the weekly reflective diary. Student interviews identified that it helped give specific identification of strengths and areas for improvement, but was not in itself sufficient feedback, (p.109-111). PPEds also commented on ticking items on the checklist, by students and staff, as also needing explanation or comment and that any feedback needed to be constructive so that it was a positive learning experience, (p.88-90). They did though feel that the checklist is potentially useful as it enables specific identification of what the student needs to work on.

In contrast the attainment of a natural flow of conversation may be prohibited by the students growing knowledge of the requirements of effective inter-personal communication in professional practice, as they are not practiced enough for this to be more than a mechanical application of theory using technical rationality (Schon, 1987). This results in students reverting to a pre-conceived list of questions. In turn this will affect their ability to respond to the client and explore feelings and hence limit their level of understanding of the client’s perspective. In this respect the OSCE checklist may be seen as unhelpful. Despite this, as summarised in Table 3, (p.96), students in this WBP reported the checklist as being very helpful, for both reflection on both the role plays, (n=60), and the OSCE, (n=60), and for self-evaluation, (n=49), and feedback, (n=58), one student’s comment noting its value for specific feedback and comparison between self and tutor evaluation. In the early stages of the learning process of skill development an indication of what is aimed for is required. This fits with some students finding the form helpful as it provided a means of direct comparison with tutors evaluations, but other students identifying a need for more detailed and regular feedback, possibly to help them move from a position of, ‘Not knowing that they do not

know‘ (Langendyk, 2006) as otherwise how can they know what they do not know (Eva, et al 2004*).*

A *‘*mindful awareness’ (Epstein, 2006) would I suggest develop with experience and skills of reflection in action as described by Schon (1987). A pre-cursor of this is reflection on action and the form was found to help with immediate reflection on the role plays and OSCE. This may have been seen in relation to supporting them in formulating the written reflective assignment, which was rated as very helpful by 35 students, (Table 3, p.96), and of the nine students who noted they would advocate keeping the OSCE form, two of these indicated the value of the form was in facilitating greater self-awareness of their skills and areas for improvement, (p.98), which again demonstrates a commitment to learning and development.

The third year students also felt they gained from participation in the OSCE as simulated patients. They became more aware of how their skills had developed. It was noticeable that they were raising similar points to the PPEds on how the dynamics of the student–client interaction were key. As they are in the final stages of their pre-registration education this demonstrates they have a sound grounding not only in the principles but also in the art of client centred practice.

How much students on the same programme should be involved in an assessment process is debatable. There could be concerns about the confidentiality of the specifics of the OSCE case studies if they were to have these in enough time to prepare their enactment of the role, or about them knowing some of the first year students. I would question these concerns as these students are about to qualify from a pre-registration course that equips them to be responsible, moral and ethical practitioners. This confidence in them is substantiated by them having raised issues about the logistics of the OSCE to ensure they were not influenced by ‘meeting’ candidates outside of the examination room, and by them recognising the importance of parity in how they role played the client .

Actors have been used as simulated patients in OSCEs, be these for the assessment of physical examination skills (McLaughlin, et al 2006),

professionalism (Zanetti, et al 2010) or communication skills (Mazor, et al 2005, Ryan, et al 2010) as following training they can be more consistent than actual patients, and hence are termed standardized patients. With this intensive training and experience in the role, some standardized patients are then involved in teaching and learning. Some research has included standardized patients in the actual marking of the students (Finlay, et al 1996, Cooper and Mira 1998, Donnelly, et al 2000) but there remains conflicting evidence as to their reliability and accuracy (McLaughlin, et al 2006). Therefore although this might seem apt as, as the third years noted, it is when you are on the receiving end that you are actually experiencing and feeling the impact of the communication style of the student being assessed, it is not being suggested here that they are involved in marking the OSCE.

What is of note is that these third year students, with their knowledge and experience as soon to be qualified OTs, have an understanding of the therapeutic alliance and client centred practice to meet the needs of clients, possibly more so than actors. However, training in how to portray the role consistently would still be essential. In addition to this crucial training on consistency OT students might also need help to develop their acting ability, yet students were noting that they had engaged in the role sufficiently to feel as a client would.

With the enthusiasm of these third years to be involved, and the potential for them to benefit as well as the first years, considering how this might be extended is worthy of further consideration. It could be that first years feel less threatened by third year students than tutors and might therefore be more open to the feedback which third years could provide from a formative OSCE. Hence third year students could be involved in the learning and the assessment processes, some in a formative OSCE and others as standardized patients in a summative OSCE.

The OSCE in feedback, formative self-assessment and reflection

The initial idea of developing an OSCE was based on the premise of it potentially providing a more authentic assessment, but also to offer a means of guiding student learning in areas of reflective practice and inter-personal

communication. An element of this is the ability to self- assess both during and after an interaction, as part of reflection in- and on- action. Hence it is important to consider the potential of an OSCE not only as a summative assessment, but also as a formative experience for identifying students' strengths and difficulties and for developing and assessing the ability to recognise one's own limitations, particularly in terms of knowledge and skills.

As noted in the previous section the checklist certainly enables marking to be allotted to designated skills, and students found this helpful for their own reflection and self-evaluation after role plays and the OSCE, (Table 3, p.96), and rated staff evaluation and feedback on the OSCE as very helpful, (n= 58) or helpful, (n=24), and as this was mainly via the checklist this could further support its use. However, students comments on the questionnaire, and the students interviewed, indicated a need for additional feedback, be this verbal, or written on the form. PPEds also felt the checklist could be useful in informing and verifying constructive feedback.

Feedback needs to be useful to the learner (Quilligan, 2007) but how to make it useful is key. Although students requested more feedback from tutors this may not necessarily result in greater improvement in performance, nor ability to self-assess (White, et al 2009), yet without this feedback Langedyk (2006) questions how students can accurately be aware of their needs and skills level. Similarly Roberts, et al (2005) feel training in self-assessment needs to contain external feedback and strategies to help students integrate feedback from themselves and others into their practice.

The students' suggestion of being recorded is a potential means of facilitating this, as it can enable acceptance of the feedback (Anderson and Stickley 2002, Barratt 2010, Paul 2010). The use of video recordings in education has been documented since the 1950's, but is seen as particularly pertinent in the area of communication, in fact Kurtz, et al (2005) describe it as the gold standard. It affords an opportunity to literally view oneself 'from a distance' and gain a realistic picture of one's skills which encompasses verbal, paralinguistic and non-verbal aspects (Hargie and Dickson 2004). However, it was not until the 1970s that the use of video was refined to

ensure that it was a positive and empowering experience, by being based within a structured learning context (Fukkini, et al 2011). In this the role of targeted feedback is particularly important and can be based on observation lists (Huhra, et al 2008) which can be provided here by the proposed OSCE checklist, as noted by PPEds and the students. It still requires this feedback to be given in a constructive way and one strategy is that any negative feedback is not directed at the person so as to not decrease their self-worth (Kluger and De Nisi 1996) and alternatives to less effective behaviours and responses are offered (Hattie and Timperley 2007). Video recordings can then provide tangible examples underpinning the feedback (Zick, et al 2007) and be effective for improving interaction skills (Fukkini, et al 2011).

Self-assessment has been recognised as enabling students to reflect on practice (Boud, et al 1985, Schon, 1987, Gould and Taylor, 1996) and can be seen as a central part of students' developmental understanding of the iterative process of learning (Baldwin, 2000) and a central tenet of safe and effective practice and continuing professional development. If assessment is to aid learning, and extend beyond the immediate outcomes, self-assessment skills are required (Hanrahan and Isaacs, 2001) and teaching, learning and assessment need to be coherent and authentic, that is relating to professional tasks; and in this reflective self-assessment is recognised as an important factor (Boud and Falchikov, 2005).

Students in this WBP were more inclined to under rate their abilities than over rate, (see Tables 4, a,b,c,d and 5, p.124-128). So when considering preparation for a PPE the students having an awareness of concerns about their inter-personal skills means they will be safer to practice at this level. There was some tendency for students to gravitate to allocating an adequate grade, (Table 6, p.130), or regress to the mean as noted by Ward, et al (2002) but as can also be seen in Table 6, 162 'adequate' student self-assessment gradings matched the tutors rating. This has to also be considered in relation to the students overall matching on 343 of 760 items, and 20 out of the 40 students matching tutors evaluations on global rating, and only 3 of the 40 over rating their abilities, (Tables 5, p.128 and Table 6, p.130). This ability to self-assess may be due to the teaching and learning

strategies building in a reflective approach (Tiuraniemi, et al 2011) and the opportunity during learning for structured self and peer assessment followed by tutor feedback, which can result in better performance (Perera, et al 2010).The structured guide used in this research contains similar items to the one used in this WBP OSCE, including sections on style and structure, building rapport, listening skills, and language.

Some authors suggest low performing students have limited ability to assess the quality of their own work (Eva, et al 2004, Davis, et al 2006, Langendyk, 2006). However, indications in this WBP are that students in the poor category were as able at self-assessing their abilities as those graded adequate or good, (Table 10, p.140). Indeed the average number of skills for which their self-evaluations matched the tutors was higher, but in contrast they over rated their abilities on average for one more skill than those in the adequate category. That said the 4 students rated as poor overall by staff had good ability to self-evaluate their performance, as three out of the four rated their overall performance as poor with one rating themselves as adequate, (Table 9a, p.136). Of the three, all of them matched on 13 out of 19 checklist items, and two students only over rated their skill level on five items and one on four. The student, (student 19), who over rated her performance overall, did not under rate on any of the items and over rated on 9, resulting in a total of three poor and 16 adequate self ratings versus staff grading of 12 poor and seven adequate. This data is insufficient for any generalisation or identification of any distinct patterns emerging, as there are only four students in this category, but they all matched on self and tutor assessment on introducing themselves, checking understanding and maintaining the flow of interaction, and they were all rated as poor by tutors on 6 items these being facilitating the client telling their story, checking understanding, developing and maintaining rapport, demonstrating empathy, exploring feelings and maintaining the flow of interaction. They were also able to identify which skills they were adequate in, with 20 of the 50 matched ratings being in this category, so it was not merely that they saw themselves as being poor and awarded a blanket grading across the skills. This self-awareness is important in reflective practice but also for these students

having an awareness of their learning needs as they embark on PPE, and this conscious acknowledgment can in turn facilitate safer practice.

Comparison of date in Tables 9a,b,c,d, as summarised in Table 10, also indicated that the students with an overall staff rating of good were the least able to self-evaluate, (Table 10, p.140). This seems surprising, but for the good students this may have been skewed by a tendency to a mid-point evaluation of adequate and for the adequate students this could have potentially increased their matched ratings. In addition recognition is given to the methodological limitations of this being a single cohort case study and variance between tutors in their ratings not being addressed as the OSCE in this WBP was used as a formative learning experience.

Although tutors may recognise the importance of reflection and the need to develop skills for reflective practice, traditionally in this HEI students' self-assessment has not been utilised in formal or summative assessments. Indications from this WBP of the ability of students to self-assess at this early stage of the programme, in a key aspect of practice, is a finding worthy of future research and may assist in self-assessment having a more recognised role in the assessment strategy. However, the self-awareness that students demonstrated might be more relevant in this WBP when investigating if the OSCE and its checklist form can assist students in their learning. Certainly first year students reported in the questionnaires, (Table 3, p. 96, & student comments, p. 98), and individual interviews, (p.111 &119), that they felt it impacted positively on their learning. The first year students who were interviewed and the focus groups with PPEds noted the benefit of the specific nature of feedback using the form, in that the particular skills are demarcated, but also that this should be used to inform and illuminate constructive feedback, versus being sufficient in itself. The form being incorporated in the module, not just in the formative OSCE, was also seen by students as very helpful, (Table 3, p.96), and may have impacted positively on students learning in a similar way to those in the study by Perera, et al (2010) as well as increasing the accuracy of self-assessment. The provision of immediate and specific feedback following a recorded OSCE has been found to be seen by students as helpful (Anderson and

Stickley, 2002, O'Sullivan, et al 2008, Paul, 2010) and one of the most powerful and memorable teaching sessions (O'Sullivan, et al 2008). The use of recording students' role plays or formative OSCEs and then students and tutors utilising the checklist, may facilitate students internalising feedback, and add to the sources of feedback, a factor which Brinkman, et al (2007) found positively impacted on inter-personal communication skills. Discussion based on the completed checklists would also incorporate principles of good feedback practice as identified by Nicol and Macfarlane-Dick (2006).

Summary

This WBP has provided data from which an OSCE of inter-personal skills prior to a first PPE can be developed and have content validity.

First and third year students recognised the value of the OSCE for learning as well as assessment, despite its potential associated anxiety and lack of realism. This is similar to other research, but the students involved in this WBP also noted the advantages of other students role playing the client(s), and the importance of incorporating reflection.

The skills students found most difficult to attain were, as could be predicted, the more complex, less formulaic ones. The items on the checklist may be helpful in identifying elements of these more advanced skills.

PPEds and third year students had a similar stance on the importance of the flow and process of the interaction and the client centred focus. The checklist was found by all three groups, that is first and third year students and PPEds, to be a useful basis for further feedback and guidance. First year students found its use, both during role plays and the OSCE, had a key part in their learning. This use of the OSCE checklist throughout the learning process is not a common point in literature and research on OSCEs. In addition students in this WBP were able to self assess their skill level, and there was no evidence to suggest weaker students had less abilities in self-assessment.

Checklists can be used as a source of numeric calculation of assessment grades, but in this WBP there were indications that it might be effectively utilised as an informative guide to intuitive global rating.

Chapter 6: Reflections, Conclusions and Recommendations

Introduction

Reflections on the Research Process

Conclusions

Recommendations

Concluding remarks

Introduction

This chapter will consider the new knowledge and evidence which has been identified through the implementation of this WBP. Initially reflections on the WBP will be presented. The proposed aims of the study will then be revisited to demonstrate that these have been achieved followed by consideration of the overall findings which provide new knowledge for practice. Recommendations drawn from this WBP are then made.

Reflections on the research process

Reflecting on the extensive literature review in Chapter 2 reaffirmed that it demonstrated there is strong evidence of the central and key importance of inter-personal skills and the therapeutic alliance in health care provision (Ambady, et al 2002, Beck et al 2002, Robinson and Heritage 2006, Haskard Zolnierek and DiMatteo 2009). It also recognised the specific relevance of these to client centred OT (Cole and Maclean 2003, Palmadottir 2006,Taylor 2008). However, whilst there has been significant research by other professions on the use of OSCEs to assess inter-personal skills, e.g. nursing and medicine, there is, as noted on page 28, very limited literature or research on the use of OSCEs in OT, and none which directly considers inter-personal communication skills.

This WBP sought to develop descriptors of inter-personal communication skills required prior to a first PPE and use these to formulate an OSCE. It then evaluated this OSCE from a student and PPEd perspective. It also sought to provide data from which to debate students' self-assessment of inter-personal skills and the potential use of an OSCE as a learning tool. Having undertaken the study the particular things of note arising from this were reflected on and this is outlined below.

The use of an OSCE has been recognised in other professions for a number of decades, be that for concrete procedural clinical skills (Martin and Jolly 2002, Mazor, et al 2005, Hatala, et al 2011) or inter-personal communication

(Hodges, et al 1996, Yudowski, et al 2006, O'Sullivan, et al 2008, Imramaneerat, et al 2009). Recognising the importance of the art of practice in the client centred profession of OT, as discussed here on pages 9-23, it is surprising that there is such a paucity of published work from an OT perspective. This WBP has therefore focussed on developing an OT specific OSCE of inter-personal communication skills and investigated the potential use of such an OSCE in pre-registration education prior to a first PPE.

The different stages and methods of the research process, decisions at time albeit being pragmatic, (Onwuegbuzie and Leech, 2005) enabled me to attain different types of knowledge, so I could recognise the complexities and subjectivity of experience (Fossey, et al 2002) yet also gain a wider applicability. The limitations of the generalisability of the findings are acknowledged when this was a single case study (French, et al 2001). However, it did draw on the opinions of three distinct groups, the PPEds, first year and third year students, who thus provided a more comprehensive consideration than would be obtained from the HEI team alone. This enables some conclusions to be drawn for this particular group linked with the researchers HEI, but other OT courses may have different programme schedules with a first PPE occurring at a different point and lasting for a longer or shorter period than the eight weeks PPE that occurs for this WBP group. However, as noted in Chapter two, all programmes adhere to the national standards for pre-registration education (COT, 2008) and curriculum (COT, 2009) and standards of proficiency (HCPC, 2013) and education and training (HCPC, 2013) and all require successful completion of hours in PPE. Therefore, this WBP will have relevance in informing other programme teams' reasoning when applying the findings to their students' inter-personal skills development and assessment.

The two samples of PPEds, albeit being a self selected sample (French, et al 2001) based on the opportunistic convenience of availability of those with relevant expertise required for a purposive sample (Burns 2000, Denscombe 2010), were representative of different areas of practice. The sample was comprised of sufficient numbers, being 35 and 25 respectively, to provide confidence that the data obtained were comprehensive in representing views

of PPEds associated with the WBP HEI and its schedule of learning and assessment. The use of focus groups enabled the collective view (Ivanhoff and Hultberg, 2006) to be gleaned. The use audio recording was deemed sufficient as these groups were professionals with relevant knowledge, and so the additional data on the dynamics of the groups which could have been gleaned from visual recordings was not central here (Lehoux et al 2006).

The failure of the recoding devises in the initial round of focus groups was initially felt to detract from the quality of the data. However, the implementation of the second round of focus groups provided opportunity for PPEds to apply the draft OSCE checklist prior to discussion, and this actually strengthened the depth of the debate and hence the data (see p.70-94).

The whole of one first year cohort was surveyed to ascertain their perceptions of the use of an OSCE and its checklist. This provided mainly quantitative data, but also gave scope for comments which provided some additional depth to understanding the students' perspective and needs. Only five of these first year students were subsequently interviewed, so they may not fully represent all the issues experienced (Teddlie and Tashakkori, 2009). The timing of the interviews was pragmatic, but was useful in that these students, having experienced a PPE were better placed to reflect on the relevance to practice, albeit the distance from when they were involved in the module could have affected their memories and feelings around the module and the OSCE.

All twelve third year students participated in the discussion around their role as simulated patients. These were the students who had volunteered to be involved in the OSCE, so these students may have a different perspective to those who had not been sufficiently interested to be engaged with this.

In mitigation of these limitations resultant from sample size and self selection to participate, the study did obtain a range of perspectives on the development and suggested use of an OSCE of inter-personal communication skills prior to a first PPE. This triangulation of data increased the trustworthiness, by obtaining multiple perceptions of a single reality by

using several data sources (Healy and Perry, 2000), these being the perspectives of first year and third year students and PPEds. It has also used data afforded by the actual utilisation of the draft OSCE, to both stimulate debate amongst PPEds about the skill descriptors, and investigate the potential role of an OSCE in learning, self evaluation and reflection. However, the first year students had only experienced the OSCE as a formative not summative assessment, albeit they indicated its usefulness as a learning tool and along with PPEds and third year students considered it of value as an assessment.

My involvement in the research process was a factor which was addressed in a number of ways. The researcher's role is important, as it affords insider knowledge, but can also impact on data collection and interpretation (Winter 2000).The impact of my being the moderator of one of the second round of focus groups was minimized by the other group being led by a colleague, and presentation of data clearly indicated which group was led by the researcher (Manias and Street 2001). The provision of detailed quotations from the groups as advocated by Liamputtong and Ezzy (2005) and Teddlie and Tashakkori (2009) assured descriptive and interpretive validity (Onwuegbuzie and Johnson 2006).

Another aspect of my insider researcher role pertained to my awareness in the interviews with first year students, that they knew my involvement in the module, but did not necessarily know my preference or resistance to the use of an OSCE. With this in mind the first question I asked in the interview was intentionally worded from a generic stance of asking about their preparation for PPE. This was to give some indication of their perceived value of the communication module and its learning methods. On reflection I noted that the phrasing of questions might have given a positive slant, in that I asked how useful they felt the role plays and the OSCE were. However, the fact that students did raise points which could be felt to criticise the module and the OSCE indicate they felt able to voice their opinion to me. In addition to the wording of the questions for the semi-structured interviews possibly having an element of suggestibility (Evans 2002) I was aware during the interviews and when transcribing them of my impact on the process. It was

paramount that students did not feel coerced in any way to participate, and that, once in the interview, I engendered a non-judgmental stance and ethos of co-operation (Cohen, et al 2011). Listening to and then transcribing the tapes, and hearing the students voice their reservations and concerns about the proposed OSCE reassured me that sufficient trust had been established.

During my analysis of the data I considered that I might inadvertently search for material, such as quotes, which would be supportive of my stance (Burck, 2005). I was therefore mindful of this during listening to and transcribing the tapes and feel that I actively searched for a balance of opinion, and returned to the data over a period of time to see if any differing categories or themes emerged (Patton, 1980) and chose to present a 'thick description' (Cresswell and Miller, 2010) of data to enable greater credibility. The section which utilised the student questionnaires partly used numeric data, and is therefore potentially less prone to being influenced by my subjective perspective.

The third year students asking to have the opportunity to discuss their experiences of being simulated patients was to facilitate their need for de-briefing, but I was also heartened by their wish to assist in my research. The group was mainly facilitated by a colleague, with my presence taking a secondary role, but the colleague was another member of the module team. The group though were very honest in their feedback on the experience and gave some useful insights into the needs of future groups who might take on this role, as well as adding to the debate around the use of an OSCE.

Having reflected on the process and considered the limitations, it is still evident that this WBP has added to the knowledge base of the profession. No other work has been published on this topic from an OT perspective, so it adds to the profession specific evidence base. It does this in two ways. Firstly it has identified the specific inter-personal skills students need to develop prior to embarking on a first PPE. Secondly, it has sought to find ways in which skills for practice and the important tacit knowledge can be given greater recognition and how learning and assessment processes can be integrated. This WBP has also identified how pre-registration OT students have a desire to work actively to increase their skill level, and although

assessments have a key role in focussing learning, these students are not driven purely by assessments, but by the responsibility they feel as developing practitioners.

Conclusions

The aims of this WBP were to:

- identify what practitioners and educators perceive as a base line level of inter-personal communication skills required prior to a first practice placement education. This was addressed by conducting two rounds of focus groups (p.70 - 94).

- formulate an OSCE of inter-personal communication skills. The OSCE checklist was developed in two phases – after each round of focus groups (see Appendices 7 and 11 respectively)

- critically evaluate the use of an OSCE as a reflective tool for student learning and as an assessment of inter-personal communication skills. This was based on data obtained by student questionnaires, individual interviews and a group discussion; and on data available from utilisation of the OSCE checklist in a formative OSCE experience (p. 94-158).

Having conducted the varying elements of the research process the following conclusions can be drawn for the particular instance of this WBP:

The use of an OSCE is seen as a valid assessment method by all three groups involved in the WBP:

The cohort of first years who experienced a formative OSCE overwhelmingly considered it helpful or very helpful, (Table 3, p. 96), and the five students interviewed noted its relevance to practice. The cohort noted how helpful the reflective piece was, and this is acknowledged further by the students interviewed, who felt the OSCE should be

combined with a reflective written piece, (p.116-121), noting how a test of practical skills such as the OSCE focusses and motivates learning.

The third year students who participated as simulated patients also felt the OSCE was a valid assessment method, (p.147-148), and that a combination of OSCE and reflective assignment was preferable, (p.148-150).

PPEds saw the OSCE as preparation for PPE in terms of preparing the students for being observed and assessed in situ, (p.91-92).

The OSCE developed has content validity as on two separate occasions PPEds were surveyed, and with changes to the wording of some descriptors having been made, as suggested in the second round of the survey, no further amendments were identified as necessary.

The OSCE checklist does enable and structure students' self-evaluation and reflection, (Table 3,p.96 & p.98), and hence facilitates increased self-awareness.

The OSCE checklist does enable specific feedback to be formulated, (PPEds p.83-85), but it does not in itself provide sufficient feedback to students, (PPEds p.89-90, students p.110-111, & p.119). It is important that this feedback is constructive and timely, (PPEds p.88-89 & student interviews, p.109-110).

The relative importance of some items on the checklist is not identified, and responding to the client versus a pre-conceived list of questions is crucial, (PPEds p.79--83 & third year students p.153-155).

Although outside of the remit of this WBP the variation in PPEds expectations merits further investigation and may be indicative that the checklist is not sufficiently robust to be reliable across markers, (Table 2 p.75).

The OSCE checklist can provide a means of identifying collective learning needs of a cohort, (Table 6, p.130).

First year students demonstrate an ability to accurately self-assess their abilities, with a greater tendency to under rate rather than over rate their skill level, (Tables 4,a,b,c&d, 5 & 6, p.124-127, 128, & 130).

Role plays are viewed as a useful learning strategy, (Table 3, p. 96), but students recognise there are limitations in realism and peer feedback when peers act as clients, (student interviews, p.106-109).

There is potential value in recording role plays and the OSCE, as reviewing these recordings is a means of facilitating students to internalise feedback, (student interviews, p.112-114, PPEds, p.90-92).

Third year students, with their experience and knowledge base, can appropriately take on the role of simulated patients in OSCEs, but sufficient preparation time and guidance should be ensured and the logistics of the day managed so as, on the day, to avoid placing students in contact with those being assessed outside of the actual assessment time, (p. 150-153).

Recommendations

The OSCE is utilised as an assessment method in combination with a reflective piece.

The form is reformatted so there is a greater facility to provide feedback, based on the tick box checklist, (see Appendix 11).

The reliability of the OSCE checklist, and global versus checklist marking is further investigated and developed to ensure parity between assessors.

The impact of case specificity on student performance in conducting an initial interview is investigated, along with determining if more than one station is required.

The checklist is used within the learning and formative experiences.

Role plays, formative OSCEs or other learning experiences are recorded so as to facilitate student self-awareness and internalising of feedback.

HEI staff collaborate to ensure parity and reliability across the HEI marking team.

Third year students are involved in the assessment process as simulated patients.

Concluding remarks

Despite recognition of its centrality to effective practice a national survey by Taylor, et al (2009) identified that practitioners did not feel pre-registration courses sufficiently prepared them in the skills required to establish a therapeutic alliance. This WBP has provided evidence for what in OT is an innovation in assessment in pre–registration education and focussed on an under investigated area of how HEIs equip students for a first PPE in terms of their inter-personal skills. The OSCE that has been developed has national relevance in student learning as well as assessment processes, but how the findings from this particular HEI can be specifically applied to the distinct schedules of other pre-registration programmes will need to rest with those teams.

My belief in the importance of inter-personal communication skills remains, and indeed feels strengthened by this WBP, along with a desire to work collaboratively with students as they begin their journey as autonomous reflective, client centred practitioners. It is the students' contribution to this WBP that will stay with me the most. I felt honoured by their willingness to share with me their perceptions and thoughts, and am proud to record their desire to develop skills for safe and effective practice, integrating theory with practice, and acquiring that tacit knowledge inherent in the art of practice.

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Appendix 1

Focus group schedule for PPEds

1.We want to begin with introductions in terms of names, which clinical area(s) you have experience in and where you currently work.

2. Have you had any first year students?

3. Think back to students you have had and describe what they were like in terms of their inter-personal communication skills (may here talk about 'good' and 'bad' examples of inter-personal communication, if struggling with this could prompt to talk about any students who stick in their minds because of lack of inter personal skills)

4. What inter-personal communication skills do you feel students need to demonstrate :

-On commencing a first PPE

-Are there any changes to these skills or additional skills you would expect by end of the PPE

5.Once group have discussed and 'listed' / identified 'skills' – ask if they can re visit and indicate/ give examples of what students would do or say to demonstrate they have these abilities /skills

6 Do you think there are any skills without which you would not want a student to come on PPE /how concerned would you be if a student was not able to demonstrate these skills on commencement of a first PPE

7. All things considered what do you feel is most important thing for the university team to bear in mind

Appendix 2

Focus group schedule for HEI Lecturers

1. Which area(s) of practice do you have experience in and did you supervise any students.

2. Thinking back to when you were in clinical practice can you describe inter personal communication of students you had (if that seems too long ago to remember describe inter personal communication you felt was necessary for students to demonstrate. If anyone in group stated in question one they did not have any students - just ask to describe inter personal communication skills of students)

3. What inter-personal communication skills do you feel students need to demonstrate :

On commencing a first PPE

Are there any changes to these skills or additional skills you would expect by end of the PPE

4.Once group have discussed and 'listed' / identified 'skills' – ask if they can re visit and indicate/ give examples of what students would do or say to demonstrate they have these abilities /skills

4. Should students have to pass an assessment of inter-personal skills before embarking on first PPE, or is the learning experience sufficient preparation so students' skills can develop during PPE

5. In validation meetings we have considered assessment methods and amongst these the use of an OSCE-
How valid do you think OSCE's are
How viable is this assessment process
Should we consider their use as a summative or formative assessment
What other assessment methods do you feel we should consider
Should a combination of types of assessment be used

6. All things considered what does each of you feel is most important point we need to bear in mind

Moderator to summarise and ask if this is accurate representation.

Appendix 3

Student Questionnaire- Evaluation of the module and OSCE

Communication and Self Awareness Module Evaluation Questionnaire 2009

Completion of this form will provide the staff team with useful information on your perspective of the teaching, learning and assessment methods, and will inform adjustments that can be made in the future to better assist students in their learning.

In addition on this occasion a member of the module team would also like to use this information as part of a research project being conducted for a doctorate. If you do NOT wish your questionnaire to be included in the data being used for this research please indicate this by ticking the box. All the questionnaires are submitted anonymously and data will be treated in confidence. Your decision for your data to not be included will not affect our studies in anyway.

Please place a tick in this box if you do NOT want your questionnaire to be used in the doctoral research

Please rate each of the following in terms of how helpful it was in enabling you to learn about communication skills and develop your own interpersonal communication skills as a therapist.

	Unhelpful	**Helpful**	**Very helpful**
Large workshops			
Viewing video of large workshops			
Life road exercise & link to values, attitudes & beliefs			
Mini lectures			
Set reading			
Role plays			
Use of OSCE form to reflect on role play			
Weekly reflective diary			
The OSCE			
Self evaluation on OSCE using the OSCE form			
Immediate reflection on the OSCE			
Staff evaluation /feedback on the OSCE			
Reflective assignment			

If you were designing the module:

what would you keep the same:

what would you change:

Appendix 4

Information to first year students requesting participation in interviews

Dear students

As part of a work based research project I am conducting as part of my EdD I would like to canvas students' opinions and views to gain an understanding of your perspective on the ways in which the course prepared you for your first practice placement education. To do this I intend to conduct individual interviews with any students who would be willing to be involved. I estimate these interviews would last approximately half an hour. They will be audio taped, but anonymity will be ensured and maintained in the writing up of the project and participants can decide to withdraw at any by point in the interview.

If you feel able to assist in this by being interviewed, please contact me either by email, phone or by calling in to my office.

Yours,

Pauline (Rowe)

Appendix 5

Student Interviews

Thinking about the modules you studied before your first PPE and the PPE prep - Do you think there were any modules which particularly assisted you in your preparation for your first PPE

Thinking about interpersonal skills how prepared do you think you were for the demands of PPE Can you give any specific examples from PPE

How do you think your participation in the Communication and Self awareness module affected your i-p skills

How useful was participation in role plays in developing your i-p skills

Did the use of a formative OSCE influence your participation in the module

How useful was the OSCE in developing your i-p skills / as a means of assessment

Did the use of an OSCE affect your view of role plays as a learning tool

Did your experience(s) in the OSCE influence you /your i-p skills on PPE in any way?

Did feedback make you aware of any i-p communication issues
Did you make any changes because of the OSCE and feedback

Appendix 6

Practice placement educators' letter of information and consent

11th December 2008

Dear Practice Placement Educator

As an additional part of this Practice Placement Educators Day we are running focus groups from 1:00 to 2:30 in the afternoon. Your contribution to these will inform the decisions we make in the re-validation of the programme and therefore, in turn, enable us to further prepare students for PPE. The area we wish to consider is the development and assessment of students' inter-personal communication skills.

I also wish to use the discussions in a work based research project being conducted as part of my EdD. I am therefore writing to request if you are in willing to participate in these focus groups.

The groups will be audio taped. All information will be treated in strictest confidence and anonymity assured in the project. You are free to withdraw at any point in the discussion, but any contribution made up to that point cannot be deleted and will need to be included in the data.

The results of my work based project will be available to you when completed. If you have any queries or reservations about participation please feel free to contact me during the lunch break prior to the focus groups.

Please sign this letter and return it to me if you are willing to participate in the focus groups.

Yours faithfully,

Pauline Rowe FHEA, MEd, Dip COT, CertEd, ITECDip
Senior Lecturer on BSc(Hons) Occupational Therapy.

Appendix 7

OSCE – Communication Skills Checklist

Please tick in ONE COLUMN for each statement /skill, compared to a first year student on first week of first PPE

	Poor	Adequate	Good	Comments on performance
Greets client appropriately				
Introduces self				
Appropriate opening – with focus on client				
Uses both open and closed questions				
Facilitates client telling their 'story'				
Listens –active attention				
Paraphrases				
Checks understanding				
Responds appropriately to verbal and non-verbal communication of client				
Develops and maintains rapport				
Demonstrates empathy, not sympathy nor platitudes				
Appropriate NVC				
Eye contact				
Personal space				
Appropriate paralanguage, e.g intonation and tone of voice,				
Explores feelings				
Uses appropriate language, professional but without jargon				
Closes session				
Maintains flow of interaction at appropriate pace for other person /client				

Please indicate a global rating for this candidate:	Poor	Adequate	Good

Appendix 8

OSCE DVD case scenario information

DVD OSCE Scenario - Student instructions:

You have two minutes to read the following information about your client. You then have eight minutes to conduct an initial interview with the aim of gaining an understanding of this person's perspective on their current situation. We do NOT want you to attempt to identify treatment aims/ interventions or solutions.

You are about to visit Mrs Smith, in her home. She is a 75 year old lady, whose husband died 3 months ago. She has just been discharged from hospital following admission for pneumonia.

DVD OSCE Scenario - staff information for client role play:

In addition to the above info provided to students the following notes provide an outline, but will probably not cover all you may be asked so please feel free to 'ad lib'

Mrs Elizabeth Smith

You are anxious about being on your own.
You have never lived on your own, having moved straight from parents to married life. You are concerned about what would happen if you were taken ill again and could not contact anyone or needed to stay at home and had no one to 'nurse' you. You feel the days are long and 'empty'.

Husband used to do shopping and gardening(large garden), you did housework and cooking. You still have 'his' car, but you don't drive. Hobbies were going out with husband to listen to Brass bands, and visit friends, cooking meals for the two of you and sometimes entertaining.

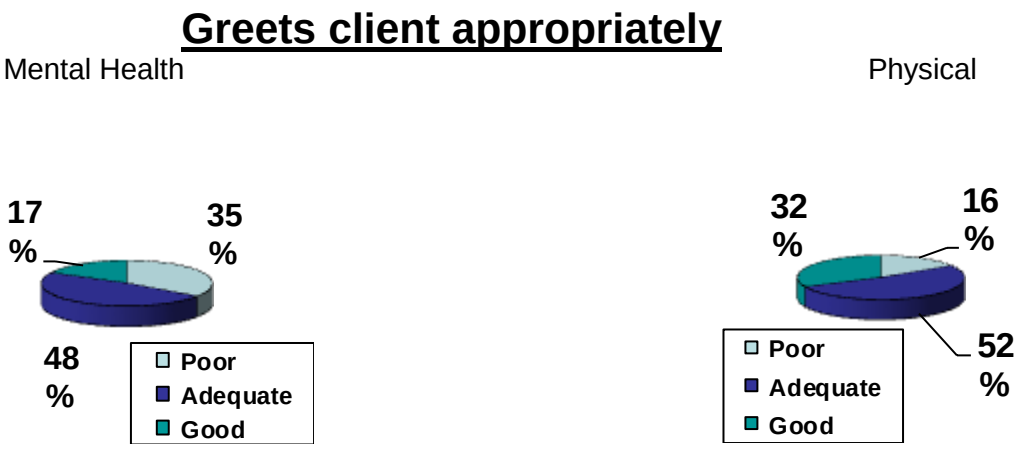
Your nearest supermarket is 3 miles away, with only a little village shop with limited goods within walking distance. You do not feel you could carry heavy items and on walking any distance you become breathless.

You are independent in personal ADL.

Your only son, aged 50 lives 15 miles away, with your two lovely grandchildren, aged 16 and 17, and their mother who you have never got on with. Your son works full time as a electrician and his wife has just returned to part time office work having been full-time mum since children were born

Appendix 9

Sample of Turning Point grading of the role played OSCE



Appendix 10

Focus group schedule - second round with PPEds

As a group share some of the grades you each allocated the student and discuss reasons why you allocated these.

Do you feel the descriptors on the form were specific enough?

What is your opinion of the 3 point grading of each descriptor?

Do you feel there are any other descriptors/skills which should be included as relevant to skills prior to first PPE?

Do you feel any of the skills on the form are not appropriate to expect prior to a first PPE?

How useful do you feel:

OSCE format is to assess communication skills

the OSCE form is in enabling assessment of inter-personal skill

Appendix 11

Revised OSCE Communication Skills Checklist

Please tick in ONE COLUMN for each statement /skill, compared to a first year student on first week of first PPE

	Needs improvement	Satisfactory	Good	Very good	Comments
Greets client appropriately					
Introduces self					
Appropriate opening – with focus on client					
Responds appropriately to verbal and non-verbal communication of client					
Develops and maintains rapport					
Facilitates client telling their 'story'					
Uses both open and closed questions					
Listens – gives active attention					
Paraphrases					
Checks understanding					
Demonstrates empathy, not sympathy nor platitudes					
Acknowledges feelings of client					
Maintains flow of interaction at appropriate pace for other person /client					
Uses appropriate language, professional but without jargon,					
Demonstrates appropriate paralanguage, e.g intonation and tone of voice					
Demonstrates appropriate NVC					
Uses appropriate eye contact					
Establishes and maintains appropriate personal space					
Closes session					

Please indicate a global rating for this candidate:	In need of improvement	Satisfactory	Good	Very good
Additional comments				