

**Working in Partnership:
ALPS and the Professional, Statutory and Regulatory Bodies**

**Tuesday 11 September 2007
University of Leeds**

This report is intended to capture discussion points made at the seminar for those who attended. The substance of the discussions will be fed back and used by the various ALPS workstreams.

Welcome

Professor Trudie Roberts, ALPS Director

Trudie welcomed delegates to the second annual seminar hosted by ALPS in consultation with the Professional, Statutory and Regulatory Bodies (PSRBs) and colleagues from practice. She talked about the need to respond to the views of service users and students which are influencing the way in which health and social care was being delivered and taught. Many of these stakeholders are very comfortable with technology and see themselves as “digital natives” whereas those involved in delivering the care and education are less conversant with the technology and are more “digital immigrants”.

ALPS update

Peter Gray, (ALPS York St John Partner Lead)

Peter outlined the aims for the day which included reporting back on progress made in relation to issues raised by the PSRBs at last year’s inaugural seminar. Delegates were also invited to identify potential challenges to interprofessional assessment and to contribute to the discussion on developing a framework to interprofessionally assess students with multiple codes of ethics.

[Peter Gray’s Presentation](#)

A question and answer session followed:

Q: What are the issues about the use of mobile devices within the NHS?

- In May 2007 the Department of Health issued guidance ‘Using Mobile Phones in NHS hospitals’ dispelling some of the myths around the use of these technologies.
- The student groups who will be using this have been selected across a range of cohorts. At a conference at the University of Huddersfield practice assessors from paediatrics expressed concerns around consent and the use of images; this pilot will attempt to test these issues.
- Service users may help in pushing the use of mobile technologies forward as they are pressing to use their mobile phones in hospital.
- The challenge is also: who owns the images captured in mobile devices? ALPS is pushing the boundaries.

Q: From a social care perspective what are the issues about using mobile technologies in a sensitive area?

- Issues of confidentiality are across the board not just in social care.
- It might not be appropriate to use the recording facilities in all situations but immediately afterwards the device can be used to capture the instantaneous self reflection.
- It may help to make the student more aware of confidentiality issues and sensitivity.
- We do need to look at how we work through the process if the student makes a mistake and what we do to stop it going further.

Q: Is ALPS' intention to block the use of the camera?

- Students and service users often have cameras on their own phones which they use.
- Students have to be allowed to make mistakes and learn through them – we need to prepare students with critical faculties.
- We need to develop guidelines for students so they know what is appropriate.
- Practitioners also need to be aware.
- It is another element of student learning around how to behave in a professional manner. ALPS are working in partnership with clinical governance.
- The camera facility can be blocked if requested.

ALPS – the issues of interprofessional assessment

Chris Stogdon (ALPS Huddersfield) and Clare Smith (ALPS Learning Development Officer)

Chris outlined the issues that ALPS may encounter in the interprofessional assessment of its pre-registration students in practice. The common competency assessments ALPS are addressing are communication, teamworking and ethical practice.

ALPS proposes that students in practice receive feedback on their performance from practice assessors from their own and other professions, service users and carers (or patients) and other students. Students are also encouraged to self-assess through, for example, reflection.

Groups were invited to look at case studies and discuss the key factors involved in students receiving feedback from the stakeholders listed above. The assessments discussed were formative.

[The Workshop Brief and Case Studies](#)

Groups then reconvened and feedback on the points raised in discussions:

- What weight is attached to one negative assessment amongst several positive ones?
- How much validity can be given to one negative assessment?
- Care must be taken not to unnecessarily demoralise a good student.
- However, failure to fail must not happen.
- Any assessment can be viewed as “artificial” as it is not simply care but “care and an assessment”.

- The dynamics between a service user and student may change once the former is undertaking an assessment.
- What do assessors do with feedback which is not even part of formative assessment – how should it be used with the student?
- What is formative assessment – do those involved understand the same thing?
- There must be an action plan produced from any learning from assessment.
- There needs to be a culture of continuous feedback – all feedback can be positive if used for learning.
- Multiple and/or unstructured feedback can be unhelpful.
- Students must be “prepared” by their HEI for placement assessments.
- Will service users feel confident enough to give constructive criticism?
- Certain professionals will be “making a service user better”, eg. a nurse, whereas another might be seen as making a service user do something they don’t want to, eg. a physiotherapist encouraging a service user to mobilise. Is this reflected in the student’s assessment?
- Might a situation arise where the service user and student have a relationship which makes objective assessment difficult (either positive or negative)?
- Must be aware that empathy between an assessor and student (eg. for reasons of similar age, shared interest, etc) might lead to an “artificially inflated” assessment.
- Might the student “pick” a sympathetic service user as an assessor?
- Are service users being asked to be involved in assessment when they simply want to be cared for?
- What is the quality and consistency of assessor training?
- We need “agencies” committed to standards for assessors.

Ethical practice – how to develop a framework to interprofessionally assess students with multiple codes of ethics

Dr Janet Holt (ALPS Leeds) and Diane Cotterill (ALPS York St John)

Janet outlined the work undertaken so far which has been to develop a competency “map” which defines the skills required and the performance criteria for a student, from any of the 16 professions to be assessed competent in practicing ethically. The working group’s membership has included representatives from ALPS 16 professions, 5 partners and individuals with particular expertise in ethics of healthcare. Information derived from two consultations with service users and carers have been incorporated into the process.

Janet put a question for all the groups to discuss; they then had to feedback two points they felt were most important that had arisen from their discussion.

Question to consider: What are the characteristics of ethical practice that students should be assessed in?

First and most important characteristic

- Honesty (x 3 groups).
- Ability to deal with the situation as it arises.
- Respect.
- Promotes autonomy wherever possible and where it is wanted.
- Aware of own beliefs and attitudes how these may impinge on professional practice.
- Accountability.
- Acting in the best interests of the service user.
- Confidentiality.

Second characteristic

- Awareness of code of ethics/standards/conduct.
- Respect and dignity (x 2 groups).
- Integrity/promise keeping.
- Quality of record keeping.
- Can make professional decisions based on available information.
- Treating service users as individuals.
- Act within scope of practice.
- Respect to other professionals etc.
- Situations where you are pushed beyond your limits.

There were other points raised from these discussions which were noted but not fed back as part of the presentation:

- Treating service users and carers with dignity and respect, as you would wish to be treated yourself.
- Duty of care.
- Some degree of evidence based practice for clinical practice.
- Appropriate sexual behaviour.
- Ability to deal with the situation as it arises.
- Recognising and respecting autonomy/diversity/complexity.
- Fairness/equity.
- Integrity.
- Accurate record keeping.

Diane Cotterill, a lecturer in Occupational Therapy and PhD student at York St John University, described the content analysis she has completed of the Codes of Conduct of the professions involved with ALPS as part of a her study on critically evaluating ethical practice in health and social care.

[Janet Holt's Presentation](#)

[Diane Cotterill's Presentation](#)

Plenary and action plan

Peter Gray recapped highlighting that ALPS were keen to demonstrate that we had used last year's feedback to develop the work. PSRBs were invited to continue to work with ALPS on how we assess ethical practice across the 16 professions – indeed, could it be done?

The following were ideas and action points to pursue:

- The Health Professions Council requested that ALPS disseminate their consultation document on reviewing the standards of education and training for education providers and the programmes that they run for professions currently regulated and those which may be regulated in the future.
- The General Medical Council are about to start a review of "Tomorrow's Doctors". Would welcome discussion with ALPS, particularly on issues of language and service users and carers.
- How do we ensure that the rights of service users and carers are respected if they choose not to be key people in assessment of students?

- Similarly, how do we ensure that students do not perceive as self- and peer-assessment as “students doing the assessors job for them”?
- Is ALPS developing a new model of consultation across West Yorkshire and Humber? A general dissatisfaction with traditional types of consultations (from both viewpoints of those wishing to consult and those being consulted) was expressed
- All agreed to continue to work in consultation on the issues raised at today’s seminar, and, where possible, to provide links to each others’ websites.

ALPS indicated that the next seminar would report back on the use of the competency maps and the supporting mobile technology. Progress will be reported including data capture, encryption and security of systems. Trish Walker, ALPS Programme Manager would be in touch regarding a future seminar date.

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