

Developing interprofessional Common Competency maps for Mobile Assessment of



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ALPS CETL

Who we are?

A centre for excellence in teaching and learning focussing on assessment and learning in practice settings. 5 Universities (Leeds, Leeds Metropolitan, Bradford, Huddersfield and York St John) crossing 16 health and social care professions

What is the aim of this programme?

To achieve excellence in assessment and learning based on interprofessional common competency maps, delivered by mobile technology

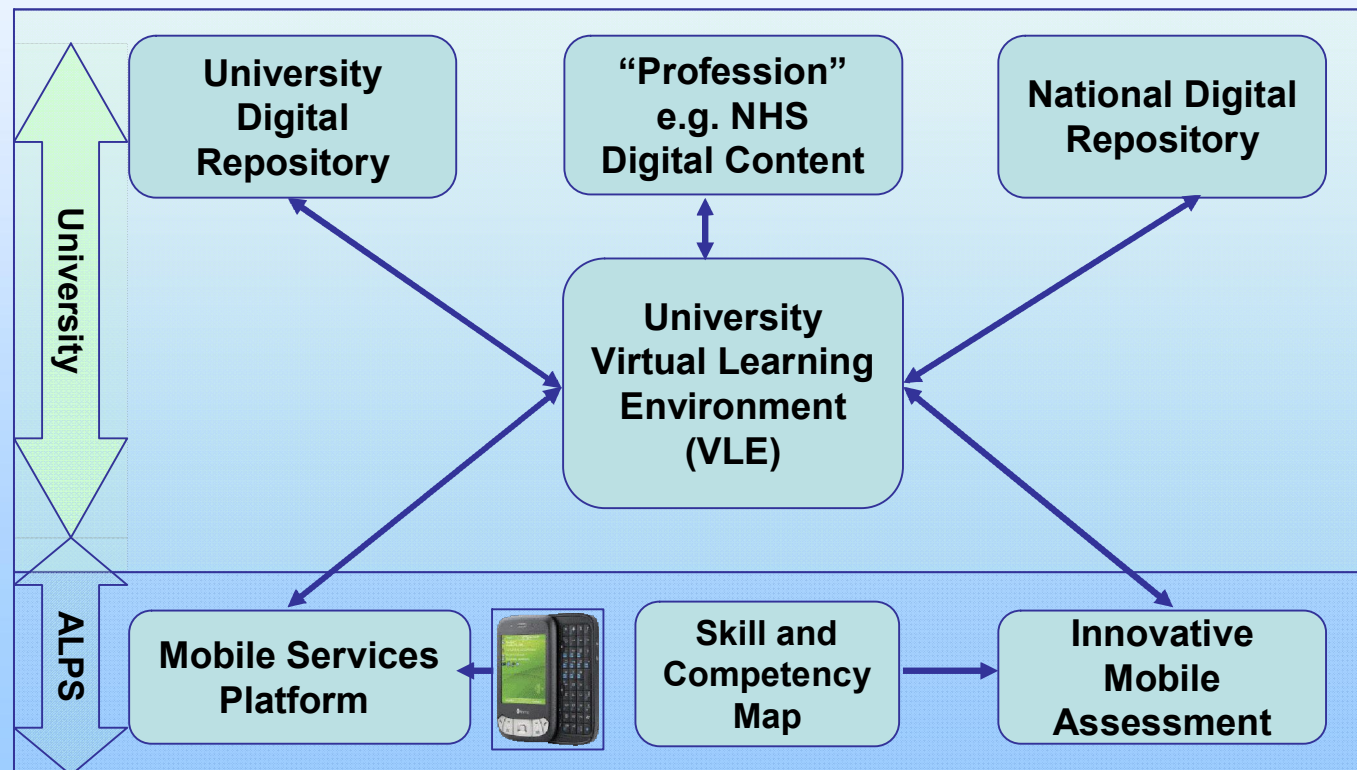
To ensure that students graduating from courses in health and social care are fully equipped to perform **confidently** and **competently** at the start of their professional careers

Common Competency Mapping

- ALPs has been working on the design of innovative assessment tools which will provide appropriate assessments for 16 health and social care professions in 3 identified common competencies, communication, teamwork and ethics.
- These assessments are designed for multiprofessional use and will be delivered in a mobile format on the students PDA
- Initially a framework describing each of the common competences was created to map the descriptors and performance criteria for each common competency.

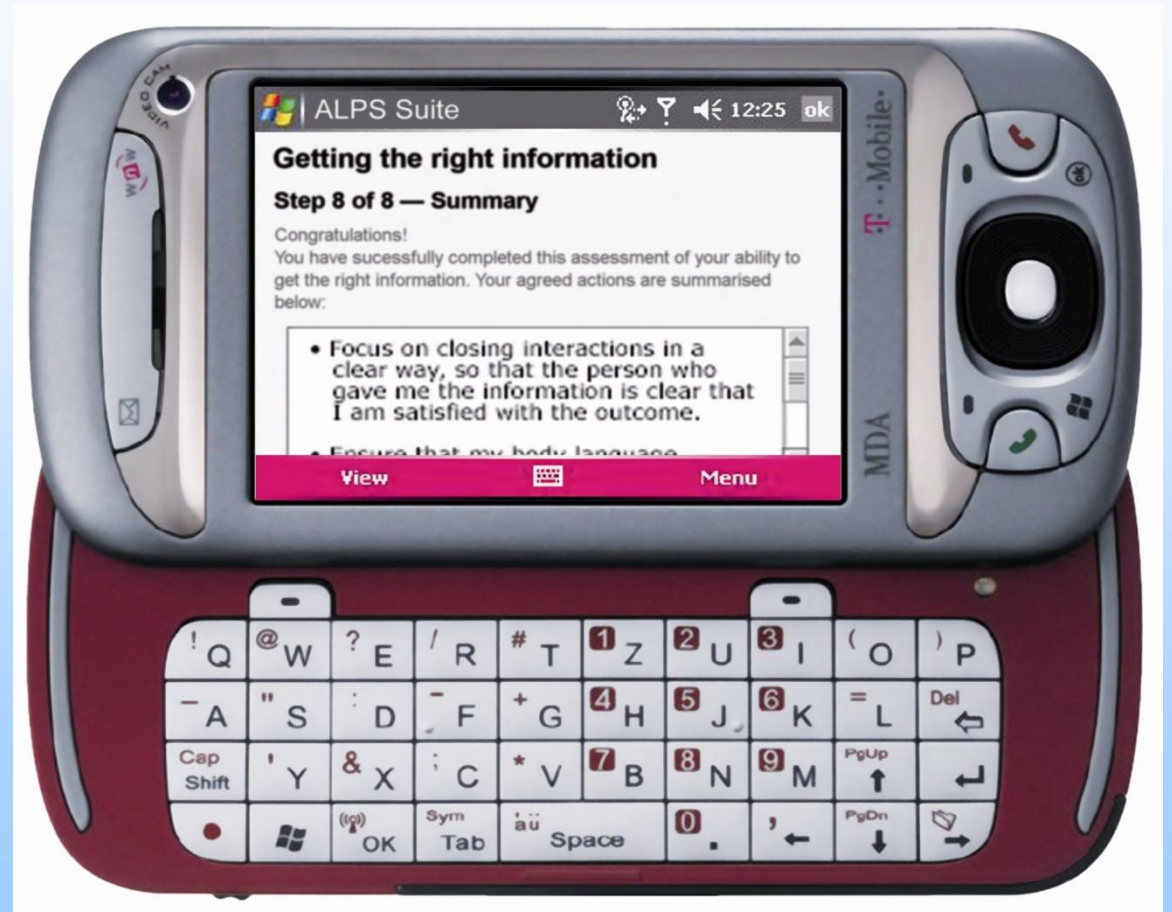
Mobile Architecture

The IT Architecture had to focus around the types of assessments being produced and any extra reusable learning objects



Mobile Device

- T-Mobile Vario 1 & 2
- Windows Mobile 5
- Unlimited data connection



Common Competency Mapping

Who we involved

- MyKnowledgeMap®
- 5 Universities
- 16 Professional, Statutory and Regulatory Bodies
- Service Users and Carers



How we communicated

- Multi-professional Working Groups
- ALPS Collaboration Space (Sharepoint)
- PSRB Workshop
- Stakeholder Workshop

Establishing Structure

- Discussed and agreed on list of knowledge and skills demonstrable in students from each profession
- PSRB guidance was discussed and then similar statements were amalgamated
- Statements were grouped into, at the highest order, 'clusters' which then divided into 'dimension statements', 'elements' and 'performance criteria', which together formed the Competency 'Map'
- Initial discussions of the Mapping group were lengthy and reflected discussion on topics such as common and differing terminology across professions

Process and Dynamics

- Language and Terminology?
- Levels – to be or not to be?
- Hierarchy of clusters and dimensions
- Assessment tool or map?
- Creating trust across professions and HEIs
- Protocols
- Resource Implications

Consultation and Dissemination

- Consultations across all partners
- PSRB involvement.
- Feedback and evaluation incorporated into final drafts of the maps
- Cross referencing between maps
- Validation by ALPS management groups
- Graphical representation of the maps
- Final maps inform generic assessment tool development

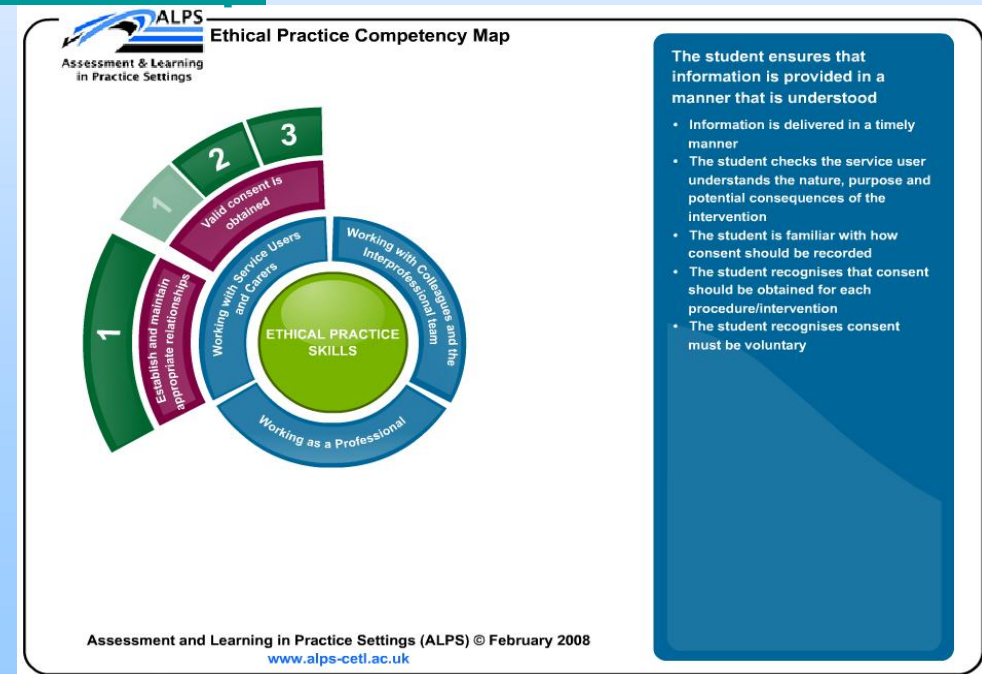
Challenges

- Common language and trust
- Logistics of collaborative working
- Equity of professional representation
- Managing work streams within a complex programme
- Conceptualisation and visualisation to the uninitiated
- Service User and carer involvement

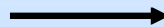
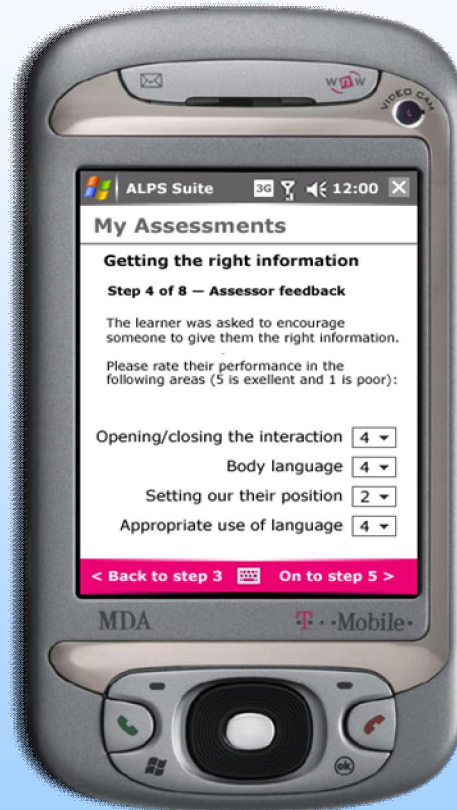
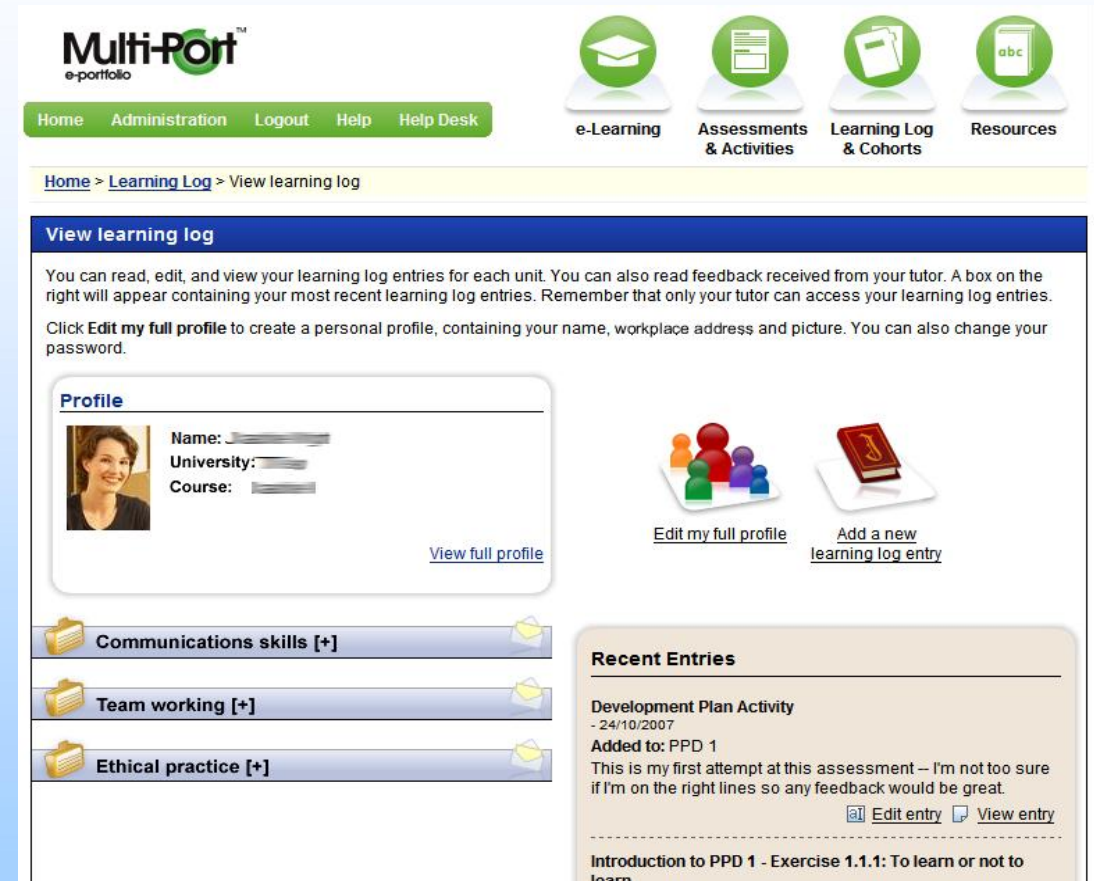
Common Competency Maps

Result – 3 Maps

- Communication Skills Map
- Teamworking Skills Map
- Ethical Practice Skills Map



Returning Assessments

From mobile device to Multi-port ePortfolio

m-Learning

Example
Images



Rachel Bright Professional Practice
Assessment

FRIDAY, JUNE 23, 2006

Review of week 2

Another very quick but very good week. Still learning lots everyday. I have met many interesting patients and am particularly enjoying the more complex cases as these reveal the need for effective MDT working and raise numerous ethical, legal etc considerations. However this week I have become increasingly frustrated by the limitations of OT in the acute setting- everything revolves around money. To a certain extent I agree that this can be justified but only to a certain extent. For example, the pressure to have people discharged from hospital asap is justifiable because the longer they stay in the more likely they are to get a bug etc. But in some cases a quick discharge is not in the best interest of the patient yet due to financial pressure this is what is imposed. At the moment there is a particularly difficult case which highlights this : a 65yr old man who is bipolar, visually impaired, has copd, arthritis and oestoporosis. Currently the OT assessment has found that discharge from hospital is possible but only if the patient is rehoused. This is because a phychiatrists assessment concluded that he is likely to commit suicide if he returns home. This risk is not as a consequence of his illness it is a consequence of social factors (he is transgender and has been victim to repeated abuse by local residents at his current address and is now terrified to go home). However social services are pushing for OT to say that he is able to go home to his current address because rehousing



Review of week 2
Originally uploaded by Rachel Bright

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Portion sizes



= 120g


Correct
Well-done

0g	140g
0g	220g

Q1 of 3

Quizzes

Portion sizes



One of your weight reducing patients recalls she has a small tin of baked beans at breakfast. what weight would you document that she has had?

120g	140g
180g	220g

Q1 of 3

Blogs

Discussion

- Transferability to other contexts
- Collaborative working
- Conceptualisation and visualisation to the uninitiated

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