University of Melbourne Clinical Feedback System Feedback Grading and Cautions

Accessed via: <u>https://umeyecare.mdhs.unimelb.edu.au/resources/ocas.php</u>

Clinicians will need to be added to the system when they commence University of Melbourne student supervision. Clinician's name, preferred title, email address and a list of clinics expected to attend should be sent to Chris Watt at jcwatt@unimelb.edu.au

Both OD3 (third year) and OD4 (fourth year) students use the Clinical Feedback System. Students complete the Clinical Feedback System by submitting their individual patient consultation details. Feedback is then given per individual patient (OD3 prior to middle of April) or grouped by session (OD3 from the middle of April and OD4 all year) by their supervisor. Student submissions must be on the day unless the student has email approval from the supervisor. Ideally supervisors will give feedback on the day also.

Feedback to OD3 students at the start of the year is on a two-point scale ('Not Progressing' or 'Progressing') after which they switch to a three-point scale the same as for OD4 ('Unsatisfactory', 'Satisfactory' or 'Excellent') with a caution option. For OD3's the main focus is the ability to transition skills acquired in preclinic to the clinical setting. OD3s will not have had all their pathology lectures until the end of the year therefore a management plan should be attempted but is not the focus.

Students should be encouraged to let clinicians know if they cannot perform a technique or do not know how to manage a condition. This is professional behaviour. Clinicians should use their judgement as to how much skill or knowledge a student

should have, however a genuine request for assistance should be assessed positively and not handled punitively.

Feedback Grades:

- Good to Excellent. Student has performed at a level higher than expected for the year level; or has found, identified and outlined management for a finding of high clinical significance. A student seeing a routine patient can still get an excellent if all aspects of the patient's presenting complaints are addressed and all appropriate options for visual correction are presented to the patient in a coherent way.
- Satisfactory (OD3 Progressing). The student has performed at a minimum standard as expected for his or her level. The student does not place the patient at risk and addresses the presenting complaints. A single caution may result in a satisfactory mark, but multiple cautions should result in an unsatisfactory mark.
- Unsatisfactory (OD3 Not Progressing). The student has performed at a standard below what is expected for his or her level and/or if a student receives cautions in multiple areas, or within one area multiple times, or the patient is placed at risk. It is critical that supervisors make comment on why the student's performance was unsatisfactory. In OD4 if one patient in the session is Unsatisfactory the whole session should be assessed as Unsatisfactory regardless of other patient consultations.

	The student has flag	gged a letter requiring your a	pproval
Feedback :			
	Unsatisfactory	Satisfactory	Excellent
Cautions :	- Add Caution To Feet	Iback Groop	
General Comments :	Good consultation plan. Good time management.		
	Refraction done well. Good posterior and anterior eye examination.		
	Good communication with px and providing reassurance.		

 Cautions. Cautions can be in Professionalism, Technique/Observation and Management. A caution indicates a significant deviation from expected performance for the year level in a specific area. When a caution is received at OD3 level students will need to attend remediation and at OD4 level they will need to reflect on the caution in their portfolio. It is critical that supervisors make comment on the nature of the caution.

An unsatisfactory assessment should be regarded by the student as an opportunity to learn. Students should not be withholding information from the supervisor to avoid negative feedback. Discovery of a lack of truthfulness by students will not be well received by the supervisor or the year level coordinators.

Cautions:

There are three categories of caution. Students may receive multiple cautions. If a student receives multiple caution they should be graded unsatisfactory. If they receive one caution they could be graded satisfactory or unsatisfactory depending on the clinician's view of the caution.

- Feedback Summary			
Frankrish	The student has flagged a letter requiring your approval		
Feedback :	Unsatisfactory	Satisfactory	Excellent
Cautions	Professionalis Technique / O Management Select at least one cat		Alton
Caution(s) Comments :			
	Characters remaining: Court Cautions	500	
General Comments :			

- Caution Professionalism e.g.:
 - Lateness (not ready 5 minutes before consultation)
 - Inappropriate patient interaction
 - Fails to abide by clinicians' instructions
 - Non-adherence to professional standards as outlined in Dress Code and OBA guidelines.
- Caution Technique/Observation e.g.:
 - Cannot perform a standard optometric technique to the expected level. EG tonometry must be performed with +/5 3 mmHg and/or leaving staining affecting vision.
 - Refraction that is 0.75 equivalent BV Sphere out at distance or near
 - Missed a tropia on a cover test
 - Missed a significant ocular change/anomaly
 - e.g., naevus, haemorrhages, neovasc
- Caution Management e.g.:
 - Lack of understanding of underlying theory/evidence
 - Poor record keeping as per OBA guidelines
 - Lack of the ability to formulate a management plan to their year level. OD4's should always be able to formulate a course of action even if they have not confronted a patient with this issue before
 - Confused communication of the plan to the patient and/or poor communication with other health care professionals

Lateness and lack of respect to patients:

 Lateness and/or rudeness to patients automatically generate a caution and an unsatisfactory assessment. Clinicians must quantify the lateness and make comment on poor patient interaction. Students must be present and ready to see patients before the appointment time. If students are not completely ready to commence their patient five minutes before their allocated start time, they are late. Consulting rooms need to be set up and the student capable of taking a patient immediately.

Time Management:

 If a student cannot complete the examination in a reasonable time considering the student's year level and the complexity of the case, this warrants an unsatisfactory with appropriate comments from the clinician. Students are expected to complete examinations in the allotted time. Clinicians will monitor the time management of the students and will step into complete tests or finish the remaining consultation if the student is taking too long.