

# Bristol Veterinary School - semi- distributed model of clinical training: Key steps to success.

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Bristol Veterinary School semi-distributed model of clinical training:

Key Steps to Success



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# Outline

- 01 Why did we become semi-distributed?
- 02 Onboarding suitable practices
- 03 Training and understanding the needs of students, VEE and accreditors
- 04 Quality assurance, health & safety and students on placement
- 05 Assessment - WPBA

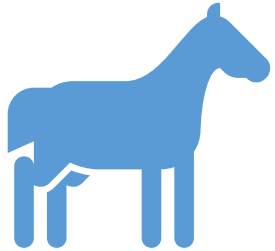




01

Why did we become semi-distributed?

# Why?



**Bristol's Equine Referral Hospital closed during COVID (March 2020)**

**rotations in September 2020**

Collaboration set up, at speed, during C19, with CVS

Initially 7 practices, 2 students each

University-based Rotation Organisers and Practice-based Placements Leads and Student Mentors



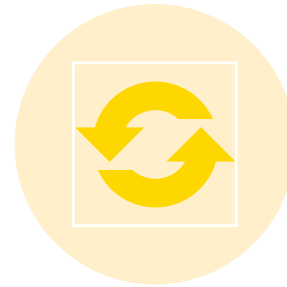
**RCVS Standards change in 2022**

‘The majority of clinical education delivered by the School must focus upon casework in the ‘general practice’ context, reflecting the reality of veterinary practice in society.’

# Next steps



New partnerships – final year 2024-25



Refined on-boarding processes



Increased focus on building and maintaining relationships



Shared spaces: documentation, training, and communication



02

Onboarding suitable practices

# Does the practice meet our needs?



RCVS PSS accredited



Easy commuting distance/good public transport



Invitations to express interest sent to all suitable practices



Sufficient resources:  
(equipment, expertise,  
supervisors and physical  
infrastructure)



Some practices websites/RCVS  
entries don't accurately reflect  
actual numbers of supervisors



Contractual requirements -  
including training and ongoing QA  
and H&S requirements before  
proceeding to onboarding

# Onboarding



Included in the QA strategy policy



Comprehensive educational contract - all elements of QA



H&S inspection before students arrive

Areas requiring improvements are addressed before students start placements



Training for all members of the practice team



At least 3 members of the placement team are named as key educational leads, and key administrative contacts are identified



Co-production of all placement specific educational documents: inductions, placement handbooks, timetables



Sharing of educational documents.

Available at placements to students and all placement staff:

University wellbeing support, key university contacts, student assessment and progression requirements, placement handbooks, operational handbook summarising contractual requirements



03

Training and understanding the needs of students, VEE and accreditors

# Training



**All student-facing staff** required to complete:  
“Bristol Vet School –  
Introduction for  
Educational Partners.”



**Placement Leads, mentors and other clinical staff with significant student involvement** complete:

“Bristol Vet School Introduction to Clinical Teaching” modules during induction period

Module 1: Introduction to student rotation teaching

Module 2: Learning on rotations

Module 3: Assessment

Module 4: Support and Troubleshooting



**All clinical teaching staff** required to complete “Bristol Vet School-  
Introduction for Educational  
Partners” Module 3: Assessment



**Annual educational partners day**

Connecting, collaborating,  
sharing best practice and  
training



04

Quality assurance, Health & Safety  
and Students on placement

# While on placement



**For the first 12 months**, the BVS Rotation Lead will meet with the Placement Lead **at least monthly**, with more frequent informal communication.



A member of BVS teaching staff will visit students at each placement midway through the 4-week primary care rotation.



**Quarterly placement support (QA) meetings** are scheduled with the BVS Placement Coordinator and Placement Lead, alternating between in-person and online.



**The BVS Placement Coordinator** will review all end-of-rotation In Training Evaluation Reports (ITERS) until assessment processes are fully familiar for new placements.



Partnership meetings monthly with LV and CVS

Monthly operational meetings otherwise



Student feedback shared at quarterly QA meetings



05

Assessment – WorkPlace-Based  
Assessment (WPBA)

# Some of the advantages of WPBA

- **Authentic**
- **Holistic** assessment of competencies over a variety of cases and settings
- Easy to assess **higher order thinking**
- **Integrates ethical, legal financial, uncertainty and ambiguity**
- Assessment and feedback by **multiple assessors: opportunity to show reliability and validity of assessment**
- Active involvement of learner in patient selection, decision making. **Learner-centric**
- **Assessment for learning** through immediate formative feedback
- **Multiple low stakes assessments** support development and prepare students to be life-long learners.
- Gives structure to “naturally occurring learning”

Adapted from: Prakash J, Chatterjee K, Srivastava K, Chauhan VS, Sharma R. Workplace based assessment: A review of available tools and their relevance. *Ind Psychiatry J.* 2020 Jul-Dec;29(2):200-204. doi: 10.4103/ipj.ipj\_225\_20. Epub 2021 Mar 15. PMID: 34158702; PMCID: PMC8188940.

# What WPBA tools are available?

- Directly Observed Procedural Skills (DOPS)
- In-Training Evaluation Reports (ITERS)
- Mini-Clinical evaluation exercise (mini-CEX)
  - Chart-stimulated recall (CSR)
  - Case-based discussion (CBD)
- 360 evaluations
- Portfolios
- Entrustment-supervision scales and Entrustable Professional Activities (EPAs)
- Case logs

# Mini-CEX



- Most commonly used; originally designed to provide formative feedback, increasingly being used summatively
- Originally designed to assess history-taking and physical examination
- Have been expanded to include assessment of a wide range of skills
- Used widely in health professions
- Evaluator observes the learner whilst they undertake a clinical task (or series of tasks) within an authentic clinical setting, then provides oral feedback and completes assessment form on the spot
- Students undertake multiple mini-CEX encounters over time – helps increase reliability and document development of skills
- Students log these in own final year ‘my progress’ record

# Key messages



Plan ahead



Communicate, communicate, communicate



Be transparent about what's involved and mutual benefits



Foster mutual trust and build relationships



Tailor support to the practice



Be prepared to adapt for different student/practice circumstances



Develop clear processes for quality improvement and quality assurance



Dedicated team who are passionate about getting this right

# Thank you



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