A CRITERION-REFERENCED ASSESSMENT

The RANZCOG FSEP test is not an assessment of clinical competency. It is a criterion-referenced assessment of knowledge and cognitive skills underpinning fetal surveillance competencies. This means that these skill levels can be reported rather than just test scores. To achieve this, the scores are interpreted in terms of the descriptions of knowledge and skills a candidate has demonstrated. Within different score ranges, the skills are collated into practitioner level descriptions. Four levels have been derived for the FSEP: Pre-Level 1, Level 1, Level 2 and Level 3. An explanation, including descriptions of each of these levels can be found below.

MEASUREMENT FRAMEWORK

The FSEP assessment uses an analysis technique known as item response modelling. This process describes the mathematical relationship between person ability, the question difficulty and the probability that a person will correctly answer each question. This approach provides the statistical backbone to help interpret and decode scores. It is commonly used in assessment settings, especially where different test forms are used interchangeably to map scores onto the same underlying scale.

The RANZCOG FSEP has chosen to report scores in the form of a standardised score scale that will not change from year to year regardless of the relative difficulty of the test. The result therefore is not reported as a percentage of correct responses, but as a standardised score out of 100. For more detailed information regarding the development of the FSEP assessment and the validation of the described proficiency levels, refer to the article by Zoanetti, Griffin, Beaves and Wallace (2009), openly available at http://www.biomedcentral.com/1472-6920/9/20

RANZCOG FSEP ASSESSMENT PRACTITIONER LEVELS

The Practitioner Levels were developed by the FSEP in recognition of the wide range of clinical practitioners and their differing levels of responsibility. It was thought that "levels", rather than a single pass/fail cut point, more accurately reflected the different expectations and requirements of the clinical workforce. In addition, "levels" better recognise those who have achieved a performance level commensurate with their clinical role while still encouraging further professional development. It was also thought that "levels" would better assist hospitals to identify the skill mix requirements for their workforce and so more easily ensure appropriate staffing for their needs.

It is hoped the following practitioner characteristics will help clarify the distinction between achieving a given assessment score and the skills and clinical competency required to practice at that level. Whilst the assessment score is a valid and reliable reflection of the knowledge and cognitive skills demonstrated in the assessment, it is not reflective of the clinical skills of the individual. This is because clinical skills and experiences cannot be assessed by a multiple choice test such as the FSEP assessment.

For example, a Level 3 score on the assessment does not necessarily imply that the individual is a Level 3 practitioner. Rather the specific practitioner level requires the relevant clinical skills and experiences described below in addition to an appropriate assessment score. These characteristics are not exhaustive. They should be considered as a guide for individuals and institutions, taking into account the clinical setting.

PRE LEVEL 1 PRACTITIONER:

(score <55)

Information from the assessment undertaken by this practitioner indicates they were not yet able to demonstrate the knowledge and cognitive skills required of a Level 1 practitioner. The Pre Level 1 practitioner is a developing practitioner, working towards the skills and characteristics of the Level 1 practitioner.

LEVEL 1 PRACTITIONER CHARACTERISTICS:

(expected score 55-65)

The level 1 practitioner is typically a supervised practitioner who would not necessarily be expected to have comprehensive clinical (birth suite) experience.

The level 1 practitioner should:
- have a basic understanding of the physiology of fetal heart rate control
- have read and understood the RANZCOG Clinical Practice Guidelines
- be able to correctly perform intermittent auscultation (as per RANZCOG Guidelines)
- be aware of the different types of fetal monitoring and their indications
- be expected to be correctly applying Electronic Fetal Monitoring under supervision
- know and be able to define the components of a normal antenatal or intrapartum CTG
- be able to recognise common CTG abnormalities
- understand the principals of conservative management for common CTG abnormalities and be able to apply them under supervision
- be expected to notify a Level 2 or 3 practitioner of an abnormal CTG

The level 2 practitioner is typically an independent practitioner with several years clinical (birth suite) experience and access to Level 3 staff

In addition to the Level 1 characteristics the Level 2 practitioner should:
- have an in depth appreciation of the different approaches of intrapartum fetal monitoring including the indications, implications and limitations of each
- have a sound knowledge of maternal, uteroplacental, and fetal physiology underlying the common CTG abnormalities
- have an understanding of how antenatal problems may impact on the health of the fetus in labour
- be able to recognise and effectively manage common CTG abnormalities
- be able to recognise trends in fetal heart rate patterns and the implications of these trends for maternal and fetal health
- be able to initiate emergency responses in the case of suspected severe fetal compromise
- be able to provide advice and education for Level 1 practitioners
- be expected to notify a Level 3 practitioner regarding an abnormal CTG where active management is required

The level 3 practitioner will typically have extensive clinical (birth suite and/or fetal surveillance) experience and may, as part of their regular duties, be involved in the training of less experienced staff

In addition to the Level 2 characteristics, the Level 3 Practitioner should:
- have a detailed knowledge of the normal and abnormal CTG including the underpinning maternal, uteroplacental, and fetal physiology
- be able to recognise and manage the less common CTG abnormalities
- know the indications for other investigations as required and appreciate their limitations and implications
- have a detailed understanding and appreciation of the physiology of the high risk pregnancy
- be able to manage and prioritize multiple patients with an appreciation of the likely implications of their actions
- be able to make advanced management decisions based on accurate synthesis of information from a wide range of sources
- be able to recognise errors in information and interpretation
- be able to instruct and teach other practitioners