



The Global Rating Scale (GRS)

Guiding principle

Students develop capabilities and expertise progressively, as they master and integrate more advanced academic contents, and as they encounter clinical scenarios of increasing complexity. Initially competent as PCP-level practitioners, students enter the ACP program as novices at this new level of specialization, before gradually progressing towards performing as beginners, eventually developing competence in aspects of ACP practice. Students are expected to demonstrate competence in aspects appropriate for selected ‘classic’ cases in Term 1; cases with increasing complexity in Term 2; and complex cases in Term 3. Whereas in some aspects of clinical practice, students develop competence over the course of just one academic term, developing competence in more complex aspects of practice may span terms.

Global Rating Scale

The GRS is a criterion-referenced assessment tool, designed to compare a practitioner’s performance to a predetermined standard of competence.

On the GRS, competent performance is denoted by the score of 5 or higher. Note that on a particular aspect of clinical practice, the same standard of competence applies equally to students at all stages in the ACP program.

Only once students have developed competence in a particular aspect of ACP practice should they expect to receive GRS scores indicating competence (e.g., 5 or higher). Students at earlier stages of the program (e.g., Term 1) who are in the process of developing competence can expect to receive lower GRS scores on aspects of clinical practice than can students who are at later stages of the program (e.g., Terms 2 and 3). Whereas students are expected to perform competently – at the GRS level of 5 or higher – in simple and selected classic cases (including ACP assessed cases that would be left with PCP for further care and transport) by the conclusion of Term 1, they are not expected to demonstrate competence in more complex cases until later in the ACP program.

Table 1 Progressive competence over time

Students develop competence in the prescribed aspects of practice progressively:	Term 1		Term 2		Term 3	
	Classroom	Practicum	Classroom	Practicum	Classroom	Practicum
Selected classic cases:	Complex cases:				Developing	Developing
	Classic cases with increasing complexity:		Developing	Developing	Competence	Competence
	Developing	Developing	Competence	Competence	Competence	Competence



Note: The green bar on the right of “Developing competence” represents the beginning of student competence attainment in the classroom and practicum settings.

Assessing ACP student performance using the GRS

When an assessor (instructor, preceptor, or examiner) observes an ACP student’s performance on a particular scenario or call, compares it to the standard of competence, and documents the assessment using the GRS tool, **the student’s GRS scores represent a ‘snapshot’ of their performance** at a point in time. **The assessment is of the greatest value to the student when the assessor records the level of observed performance without consideration for the student’s performance on other calls; or the performance of other students; or the assessor’s opinion on the level of performance ‘appropriate’ for a student at the given stage of the ACP program.**

The assessor’s role is not to judge or evaluate the student’s overall performance or progress in the ACP program, but to record the student’s observed performance on a particular scenario or call, and provide feedback to guide the student’s further learning, development, and practice.

Student success is determined by the ACP program by *trends and progression* in student performance, not by individual GRS scores. Thus, when a student receives GRS scores lower than 5, the student is not necessarily underperforming. Student performance on each scenario or call is affected by multiple factors, and observed performance will vary across scenarios and calls.

Like all practitioners, **the ways and pace at which students develop competence, and the supports they benefit from as they advance through the ACP program, will vary.**

Competency attainment

As part of the program, students gradually develop ACP-level competencies prescribed by the Paramedic Association of Canada (PAC) in the National Occupational Competency Profile (NOCP). Across the three domains of learning (cognitive, affective, and psychomotor) and prescribed performance environments (academic understanding, simulation setting, clinical setting, and field preceptorship), demonstrating the attainment of the prescribed competencies involves performing each of these with **consistency, accuracy, timeliness, appropriateness, and independence.**

Over the course of the ACP program, students develop, and are expected to demonstrate, competence in aspects of clinical practice appropriate for:

- (a) *Classic cases* in Term 1;
- (b) *Classic cases with increasing complexity* in Term 2; and
- (c) *Complex cases* in Term 3.

What do we mean when we use the term “complex” in competency attainment of clinical practice?

Complexity is an involvement of complications, intricacy, and/or challenges in the clinical/medical issues with the patient, and/or the situation. For example, Term 3 complex cases generally refer to more complicated pathophysiology in various patient populations, and can include two or more offending medical/clinical conditions, along with comorbidities and perhaps differing physiology (e.g., pregnancy,



pediatrics, etc.) Also, the situation can bring additional various challenging issues, such as a significant language barrier, conflict at the scene, special crew resource management (CRM) circumstances, and so on. The majority of these calls will include patients with complex pathophysiology or any of the designated Term 3 topics/conditions; some Term 1 or 2 calls may become complex due to other factors (e.g., failed airway, CRM, etc.). Whenever there is doubt as to whether a call should be designated as 'complex', consider whether there is just an added complication (e.g., failed airway) to an otherwise classic Term 1 or 2 call. These calls would still best be designated as such, without selecting the 'complex' option.

With the term "complex" added to call subtypes in CompTracker, we are referring to any situation that brings with it complicating challenges (e.g., significant language barrier, conflict scenario, special CRM circumstances, multiple conditions and pathophysiology, etc.). In the field preceptorship, both the student and preceptor will need to agree whether the complicating factor constitutes a truly complex case. Complicating challenges would be noted on the GRS form.

The importance of proficient and consistent use of the GRS

Reliability is a critical aspect of any assessment's meaningful, fair, equitable, and defensible use. In the ACP program, this involves ensuring that both students and assessors have a sound understanding of the GRS's intended use, and are proficient and consistent in recognizing and interpreting student behaviours as corresponding to the distinct GRS scores.

The consistent and appropriate use of the GRS tool by all assessors (inter-rater reliability) can be enhanced through a multi-prong approach involving a systematic orientation to the GRS for all users, training or practice scenarios, regular use, feedback, and debriefs. It is critical that the ACP program team review GRS data continuously to help ensure consistently high inter-rater reliability, and to support assessors in the appropriate and consistent use of the GRS tool.

Scoring the GRS in simulation and field preceptorship

Competent is described in the GRS as independent and ready for entry to practice: student performance is **safe and often to standard, independent, and with only minor concerns**, if any. As noted earlier, **on the GRS, competent performance is denoted by the score of 5 or higher**. Scores of 6 and 7 are, respectively: consistently safe and to standard and occasionally exceeding standard; and consistently exceeds the standard and/or demonstrates a high standard of performance.

A score of 3 or 4 represents **developing competence**, while a score of 2 (Unsatisfactory) represents a **concerned need for improvement**. A score of 1 represents **unsafe practice, namely "compromised patient care/safety"**.

N/A or Not Applicable is to be noted instead of a score (with an explanation written in the notes) when: the assessor does not observe the student doing something related to a particular dimension; there was no opportunity for the student to demonstrate performance in a specific dimension; or when the student is asked to attend to one or more components of the call (e.g. perform a history and physical exam) as a learning experience.



Satisfactory academic performance

In the ACP program, students' overall *academic performance* is derived from the *trends* and *progression* in demonstrating clinical and non-clinical competence. This involves the consideration of the prescribed content areas, learning and performance environments, formats, levels, and standards.

The ACP program team systematically reviews the trends and progression in student learning and performance. Where a student has not demonstrated competence in one or more prescribed areas at the appropriate stage in the ACP program (e.g., competence in classic cases with increasing complexity by the conclusion of Term 2), the student may be supported with additional guidance, a customized learning plan, and/or suitable learning and practice opportunities, as appropriate. These decisions are made by the ACP program, with input from the Practice Education Leads.

GRS scores and academic performance

Whereas GRS is a criterion-referenced assessment of one instance of performance on select aspects of the curriculum, and academic performance is an integrative measure of development, there is no direct correspondence between GRS scores and academic grades.

How a student's set of GRS scores informs academic performance may vary from program to program. The JIBC ACP program has adopted the following principles for the use of the GRS, and their role in determining trends towards competency attainment, as well as overall academic performance.

Student experience, practice and reflection on individual calls are critical to the gradual attainment of competencies, and the documentation of every call helps establish trends of performance and areas for further learning and practice. Therefore, in both simulated ('S') and practice ('P') performance environments, **students document every call** by completing a GRS form and submitting it electronically for review by the preceptor or faculty member who witnessed the call or simulation. Calls performed in the practice ('P') environment are reviewed further by a Practice Education Lead (PEL).

Once students and preceptors record performance on individual calls, PELs review the submitted data for **trends**. Trends paint a picture of performance as it evolves over time. A minimum of five documented calls relevant to the student's stage in the program are required for a meaningful trend to begin to emerge from the submitted data. **Regardless of where a student's initial performance on a set of competencies falls, what is desired is a progressive trend, one that demonstrates growth, or an upward movement, in performance.** Progress towards competence (i.e., often safe and to standard, or higher, performance) occurs over time, and it may or may not be steady. Students may require a varying number of experiences (exposures) to particular aspects of practice and/or types of calls in order to attain and demonstrate competence.

While **students are required to document all calls, regardless of their nature or complexity**, only calls relevant to their stage in the ACP program – calls of relevant nature and complexity – are considered when analyzing performance data for trends.



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When PELs review submitted GRS data for trends, they use their expertise and professional judgment to **evaluate the characteristics of trends** – their ‘shape’. A generally *upward* trend characterizes the desired progression towards competency attainment. Sporadic *dips* in performance are to be expected, as these are often due to the differences in the nature and complexity of calls, student and preceptor idiosyncrasies, and other external factors. A mostly *flat* trend at a less-than-competent level of performance might suggest that the student is struggling to apply conceptual learning to practice, or advance from lower to higher levels of complexity. A generally *downward* trend may indicate that the student is regressing in their performance, possibly due to reasons outside of their control.

When student performance follows a flat, downward, or irregular shape, their performance on individual calls, including preceptor feedback, warrant a **closer consideration** by a PEL and **referral** to ACP program administration. It may be appropriate to seek further input from individual preceptors, and/or to engage the student in concern to discuss their circumstances, any individual supports they may benefit from, and a course of action (plan) to support their progression and success in the program.

While **students are ultimately responsible for their success in the program**, including communicating any extenuating circumstances and seeking help when needed, **monitoring trends** in student performance enables the ACP program team to provide students with vital feedback on their progress, and helps identify when further action to support the student may be useful.

Student performance in a field practicum is determined by the ACP program based on trends that are informed by their fifteen most recent calls. A minimum of two thirds (ten) of the student’s earned scores on their fifteen most recent calls relevant to their stage in the ACP program must be at the competence level (score of 5) or higher in order for the student’s overall performance in the practicum to be deemed successful; and none of the fifteen most recent scores earned must indicate an unsafe practice. Out of the last fifteen calls they need ten, or more, competent scores (5 or higher) in each domain; they do not need to be in the same call.