



Liverpool John Moores University

TEACHING AND ASSESSING
in CLINICAL PRACTICE

*Section Six - Assessment and
Evaluation*

Section Six - Assessment and Evaluation



BEING ASSESSED

How do you know what you are like?

Are you good at learning new techniques?

Are you good at developing rapport with clients/patients?

Are you good at your job?

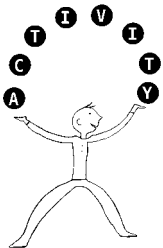
As you answer these questions to yourself, notice how you know.

All through your life, you have been assessed. As Rowntree (1987) says:

“Assessment will remain with us from the cradle to beyond the grave. Scarcely have we taken our first breath before we have a label fastened to our wrists, giving weight at, and method of, birth; and, somewhere, our first file (medical) has already been opened. From then on, the assessments come thick and fast - from doctors, parents, siblings, peers, teachers, employers (and prospective employers), and practically everyone we have dealings with. And even in death we cannot escape the assessors - obituary writers for the famous; just family, workmates and friends for the rest of us.”

Assessment and you

We all have a lot of experience of being assessed, whether formally or informally, and it is helpful to be aware of the impact of that assessment on what we have learnt (**With what result?**), and also to look at how the experience of being assessed impacts on us (**What was the effect on you...?**).



In doing the following activity, try to think of a range of examples from both your working experience and your life in general.

An example is given for your guidance.

What assessment have you had?	What for?	By whom?	With what result?	What was the effect on you?
Simulated test for discharge procedure	To see if I could remember it	My clinical supervisor	I was told I had 'passed'	It was too artificial - I felt silly

Section Six - Assessment and Evaluation

Now use the box provided for your own examples.

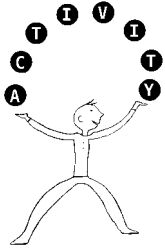
What assessment have you had?	What for?	By whom?	With what result?	What was the effect on you?
Sample page				

You probably included assessments which gave a positive boost to your learning, and some which inhibited it, such as the art teacher who said you couldn't draw, with an impact which still affects you if someone asks you to draw something (there are now courses for people who were told they could not draw, or sing, to prove that they can).

What we can begin to recognise is how the approach and method used in assessment affects what we learn. As assessors of others, we are having a similar impact on what they learn, so we need to consider our own approach.

Section Six - Assessment and Evaluation

ASSESSING OTHERS



How do you decide what others are like?

Do this exercise in your head, or write your thoughts down on scrap paper, to throw away afterwards.

Just think about the colleagues you work with. Who would you say are good/not good at:

- Taking a temperature?
- Developing rapport with patients/clients?
- Staying unstressed?
- Giving the report?
- Being competent?
- Showing dedication?

Now consider what you have done. Are you clear that **you have just carried out some assessments** of your colleagues?

We expect that you will have felt comfortable with some of those assessments and found them easy. Others may have seemed less easy to make.

Perhaps some of these questions occurred to you:

- Who am I to judge my colleagues?
- How would they feel if they knew I was judging them?
- If I have put some of my colleagues as 'not good at', what does that say about me?
- Am I right?
- How can I form an impression so quickly?
- But they are good at other things...!

When we remember the effect of others' assessments on us, it makes us cautious about judging others, particularly if it is a 'negative' judgement.

Perhaps you realise that you had conflicting evidence in some cases:

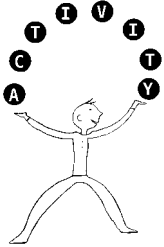
X irritates me, but I realise that he/she seems to get on well with patients.

or

I think Y is relaxed, but he/she had a long bout of stress-related illness a while ago!

Section Six - Assessment and Evaluation

We realise that we need to *be careful about jumping to conclusions about someone* when we have limited evidence. We also realise that some areas are much easier to assess than others, because they are more clearly defined: I can assess the taking of temperature more easily than assessing the establishing of rapport with clients/patients.



Take this opportunity to consider what you have realised about assessment so far. It may be useful to express it as '**Things to be Aware of when Assessing**'.

Your notes

e.g. *We assess all the time*

Sample page

Who Assesses Whom?

Traditionally, we expect that the teacher assesses the learner. Increasingly, others are involved in the assessment process, so that you will know of examples of many, if not all, of the following:

Learner ▶ **Learner** **Nurse** ▶ **Nurse** **Nurse** ▶ **Patient**

Learner ▶ **Tutor** **Tutor** ▶ **Tutor** **Ward Manager** ▶ **Nurse**

There is of course a very important one missing which we have used in this pack: **you** assessing **you**, or *self-assessment*.

Section Six - Assessment and Evaluation

So, to prepare for assessment, we need:

- A curriculum of what is to be assessed, e.g. the P2000 requirements.
- A menu of the learning opportunities in a particular environment, which relates to that curriculum.
- Statements which explain to the learner how each learning opportunity will help them to achieve the standards they need
- An initial assessment of where the learner is starting from and what else needs to be learned and evidenced.

PRINCIPLES OF ASSESSMENT

These are the principles to be observed by all involved in assessment within the scope of the clinical practice.

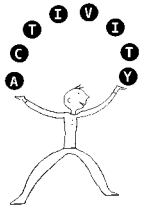
- Criteria for use in assessing learners' competence or performance must be agreed and reviewed periodically as circumstances change with time.
- Assessment must be based on observed behaviour of learners.
- Learners must know what these criteria are. It helps them to focus attention on their own progress. They will know what is expected of them.
- A single incident should not mar a learner's reputation.

FOUR BASIC CRITERIA FOR ASSESSMENT

To ensure effective assessment takes place, the following characteristics must be realised:

- | | |
|-----------------------|---|
| Validity | does the assessment measure what it is designed to measure? For example, how far is a written exam a measure of a nurse's people skills? |
| Reliability | is there consistency across all assessment? For example, if nurse 'a' assesses me, will I find it harder to 'pass' than if it were nurse 'b'? |
| Discrimination | does the assessment discriminate between those who are competent and those who are not? In other words, is this student fit to be nursing? |
| Practicability | are the measurement tools practical for everyday use? For example, an effective way of ensuring nurse competence would be to have an assessor follow them round for a few weeks. This would prove costly <i>and</i> might make the assessment not valid. After all, it would only be assessing how the learner performs when the assessor is present. |

Section Six - Assessment and Evaluation



Consider the four basic criteria for assessment in the light of your own experience of being assessed, whether formally or informally. Write down your own examples of being assessed to illustrate validity, reliability etc.

Validity your examples

Reliability your examples

Practicability your examples

Discrimination your examples

Sample Page

Characteristics of an Effective Assessor

Knowledge

- of the clinical area involved
- of the individual learner
- of the learning objectives

Skills

- clinical nursing skills
- interpersonal skills
- communication

Attitude

- interest in and respect for the learner
- sensitivity to patients' feelings
- professionalism in own role

Behaviour which can hinder assessing

- Posing a threat to learner
- Being sarcastic
- Acting in a superior manner
- Belittling the learner
- Correcting learner in front of others
- Supervising too closely
- Emphasising weaknesses and mistakes rather than strengths

Behaviour helpful to assessing

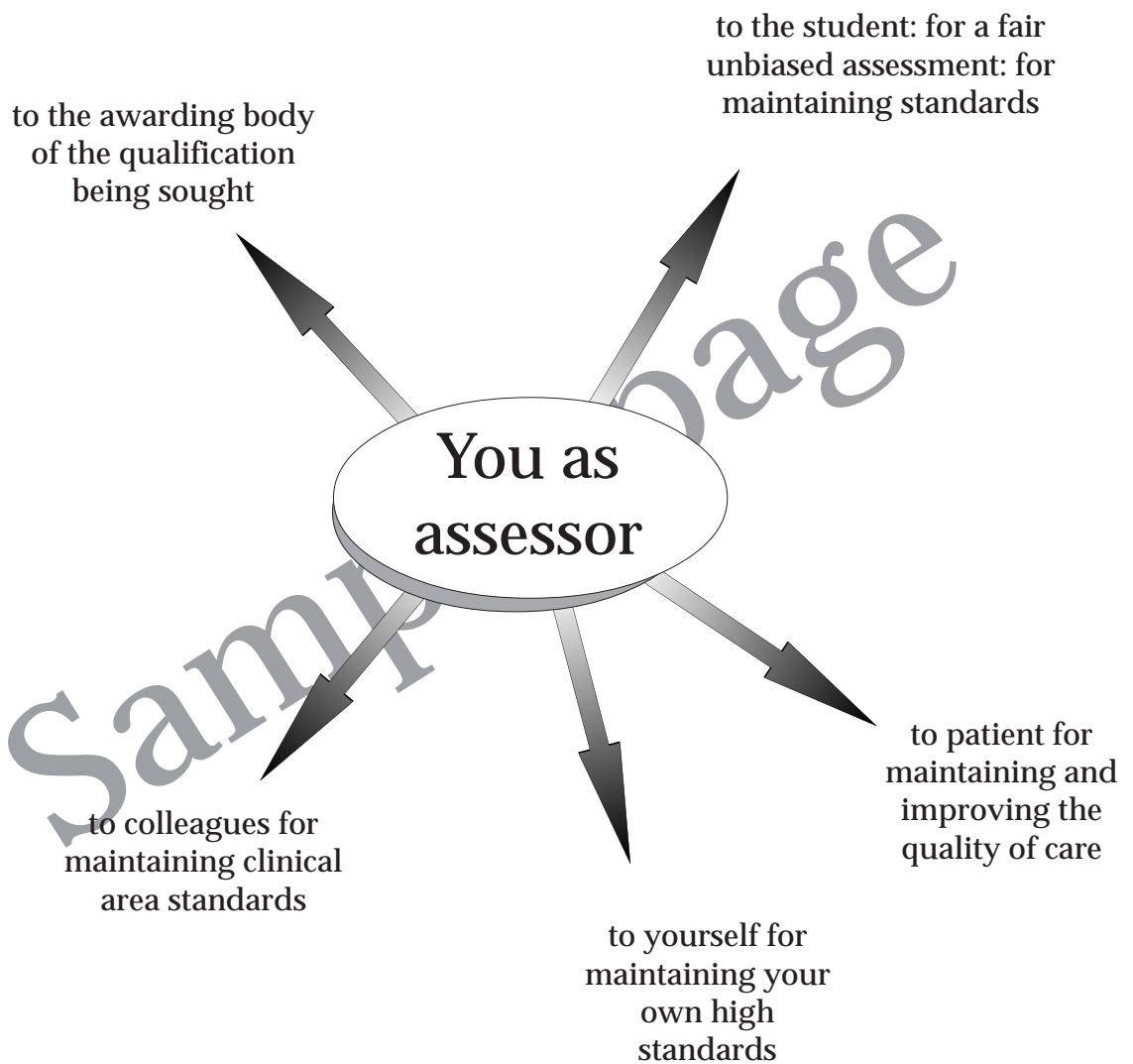
- Willingness to answer questions and give explanations
- Encouraging and giving due praise
- Regular feedback to learner of progress made to date
- Being available when needed
- Sense of humour
- Pleasant voice and manner
- Confidence in self and the learner

Hints on conducting assessments

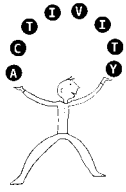
- Conduct assessment privately if possible
- It is useful to begin by asking learner's view of their own performance
- Emphasise positive points, without neglecting the areas requiring further development
- Ensure learner is clear which areas of performance are competent and which require further development
- Always finish on a positive note

Section Six - Assessment and Evaluation

**Accountability Map for Assessment in Clinical Practice -
some ideas of ours**



Section Six - Assessment and Evaluation



Written assignment

To help you to remember the responsibilities, write a ***charter for assessment***.

Use the following format:

Charter for Assessment

What can the learner expect from you as assessor?

What are the learner's rights in assessment?

What do you expect of the learner?

What are your rights in assessment?

Sample Page

Try to discuss your ideas with one or two colleagues. Perhaps you could work with the rest of your team to produce one for your clinical area?