Health Sciences and Practice Subject Centre

Contemporary Issues in Assessment in Health Sciences and Practice Education

Occasional Paper 11

September 2010

The Higher Education Academy
Health Sciences and Practice

www.health.heacademy.ac.uk

Published by:

Higher Education Academy
Health Sciences and Practice Subject Centre
Room 3.12 Waterloo Bridge Wing
Franklin-Wilkins Building
King's College
150 Stamford Street
London SE1 9NH

ISBN No. 978-0-9556343-5-2

©Higher Education Academy
Health Sciences & Practice Network

Contemporary issues in assessment in health sciences and practice education

Edited

by

Marilyn Hammick & Caroline Reid

September 2010

Health Sciences & Practice Subject Centre
Higher Education Academy

Foreword

Assessment and feedback are key elements of learning; however, the National Student Survey (NSS) continues to highlight difficulties. In addition, those who facilitate learning in academic and practice contexts across the UK tell us that there are a number of issues that still need dealing with. Thus this review of **Contemporary issues in assessment in health sciences and practice education** is a very apt addition to our series of Occasional Papers.

This paper offers a wealth of insightful and thoughtful ideas, well supported by references, and highlighting examples and practical suggestions. All those who are involved in assessment for and of learning in Health related disciplines should find something within. Whilst there are not separate chapters focusing on enhancing assessment through technology, involving service users and carers in assessment, or interprofessional assessment, these elements are integrated throughout. There are many challenges explored: use of mobile devices, enhancing employability, personal development and transformation of self, peer and group assessment, preparation for feedback, grading in practice, quality assurance, ethical dilemmas and more.

The current story of assessment issues in health sciences and practice education is told by educators with passion. Read through or dip in and let us know whether this paper has helped you in any way.

Good reading and assessing

Dr Margaret Sills

Director

Health Sciences and Practice Subject Centre

Contents

Chapter 1 From SIGFEST to Occasional Paper 8
An Assessment SIGFEST for health sciences practice and education 8
Authors and contributions 8
Reader's guide 9
Chapter 2 Exploring the challenges of assessment in health sciences and practice: an overview of assessment for learning by Dr Catherine Montgomery 12
Assessment for learning: overview and principles 12
Conclusion 22
Chapter 3 Mobile learning, assessment & feedback: overview of outcomes from the ALPS CETL by Christine Dearnley 23
Overview of ALPS mobile assessment processes 24
Key challenges 26
Conclusion 27
Chapter 4 Assessment and employability by Caroline Reid & Pauline Fitzgerald 29
Employability and higher education 29
The meaning of employability 33
Building a relationship between assessment and employability 35
Key Skills 36
Authentic Assessment 43
Student involvement in assessment and the development of self 46
Conclusion 47
Chapter 5 The opportunities and challenges of self, peer and group assessment by Caroline Marcangelo, Patricia Cartney & Charmagne Barnes 50
Opportunities offered through self, peer and group assessment 51
Self assessment 54
Peer Assessment 60
Group Assessment 65
Conclusion 71
Chapter 6 Increasing Student Engagement with Feedback by Carolyn Gibbon & Christine Dearnley 73
Literature overview 74
The challenges of feedback 76
Providing support to meet the challenges 78

Preparing students to receive feedback 79
Good Practice Examples 81
Future developments 88
Conclusion 88
Resources 91
Chapter 7 Opportunities and Challenges of Grading Performance in Practice by Kathy Wilson & Janet Scammell 93
Practice Learning and Assessment 94
The value of grading practice 96
Rating scales; views from the literature 99
Quality Assurance: issues of validity and reliability 103
Enhancing quality assurance mechanisms 104
Conclusion 110
Chapter 8 Ethical Dilemmas in Assessment by Vikki–Jo Porteous Butler & Janet Holt 112
Honesty 113
Beneficence 121
Justice 124
Chapter 9 On reflection: product and process 128
References 130

Table of Appendices

Appendix 1 SIGFEST Programme 145
Appendix 2 Service User and Carer Involvement in the assessment of student learning: an annotated bibliography compiled by Jill Anderson on behalf of the Mental Health in Higher Education project 146
Appendix 3 Editors and Authors 154
Appendix 4 Contributors 159

Table of Boxes

Box 2-1 Using feed forward in assessment for learning 17
Box 2-2 Students as researchers 19
Box 2-3 Making research more real 21
Box 4-1 The Potential impact of Devolution on the Employability of Health Professions across the UK – a perspective from Wales 31
Box 4-2 Employability in a biomedical sciences curriculum 38
Box 4-3 Techniques in biomedical science: prompts for initial entries into online reflective journals 42
Box 4-4 Top Tips for developing assessment for employability 48
Box 5-1 Implementing self assessment 56
Box 5-2 Using an electronic professional development portfolio 57
Box 5-3 Peer assessment in a postgraduate certificate in higher education 63
Box 5-4 An Interprofessional Learning an honours level module 68
Box 5-5 Top tips for self, peer and group assessment 72
Box 6-1 Seven principles of good feedback practice 75
Box 6-2 Conditions for feedback as learning 75
Box 6-3 Developing generic marking schemes 81
Box 6-4 Introducing student self assessment on all assessed work 84
Box 6-5 Using audio technology and draft assignments to provide formative feedback 85
Box 6-6 Key points in the process of providing formative feedback on a short draft assignment mid module: 87
Box 6-7 Developing 360 degree types of practice assessment 87
Box 6-8 Top tip encourage students engagement with, and use of, feedback 89
Box 7-1 Combining numbers and percentage in a grading scale 105
Box 7-2 Combining numbers and descriptors in a grading scale 106
Box 7-3 A simplified grading scale 106
Box 8-1 Making moral judgements in assessment practice 113
Box 8-2 Applying veracity in suspected plagiarism 114
Box 8-3 Professional standards in an education setting 115
Box 8-4 Applying the concept of honesty in professional education 116
Box 8-5 The challenges of applying justice 124
Box 8-6 Failing to fail 126

Table of Figures

Figure 2-1 Six principles of assessment for learning……..... 13
Figure 2-2 Different perspective of the learning environment…….. 16
Figure 3-1 The ALPS common competency map…….. 24
Figure 3-2 The ALPS mobile device: MDA Vario 1…… 25
Figure 3-3 The *mobile* assessment cycle…… 28
Figure 4-1 The USEM model of employability…… 35
Figure 4-2 The Five-Dimensional Framework for authentic assessment……...45
Figure 5-1 Challenges in using Self, Peer and Group Assessment…… 52
Figure 6-1 Level 1 content domain……...83
Figure 6-2 Level M content domain……..84

Table of Tables

Table 5-1 Emerging Challenges of Group, Peer and Self assessment……53
Table 5-2 Assessment criteria with clear statements of grading meaning ……...70

Chapter 1 From SIGFEST to Occasional Paper

An Assessment SIGFEST for health sciences practice and education

The work for this occasional paper began at a meeting of several of the special interest groups (SIGs) of the Health Sciences and Practice Subject Centre (HSP) of the UK Higher Education Academy in November 2009. It was led by the Assessment SIG with participants from the Critical Reflection, e-Learning, Ethics, Practice Learning and Support, and Problem-Based Learning SIGs. This one day event, or SIGFEST as it came to be known, provoked a great deal of interest, reaching its maximum participant total soon after the release of initial publicity about the event.
The SIGFEST sought to examine the discourse of assessment for professional practice, to reveal tensions in assessment practices in the 21C where the aim is to ensure that graduate practitioners are fit for purpose and to identify the developmental priorities so that future assessment practice is robust and pragmatic. It enabled sharing of good practice within the 34 Health Sciences and Practice professions that form the main constituency of the Subject Centre.

The event began with two keynote lectures (see Chapter 2 and Chapter 3), participants then worked in small groups on topics of their interest, bringing the key points from their discussion to a concluding plenary session. Material from the small group and plenary sessions was collated and much has been incorporated into this paper. In this way the following chapters have been informed by diverse values and perspectives on assessment practice and known theories about assessment are linked with the ethical and practical dilemmas and anxieties associated with the responsibilities of assessment work.

Authors and contributions

Following the SIGFEST a group of health science and practice educators agreed to contribute to the preparation of this occasional paper either in small writing teams or by providing case study material. Everyone involved was committed to establishing pragmatic assessment of student learning across a

wide number of professions: assessment of knowledge, skills and attitudes and assessment to assure that students who graduate are competent in all key aspects of their professional practice. They shared the belief that judgements about a student's competence to deliver safe care to recipients of that care in real life situations demands the assessment of their theoretical knowledge and of their performance in practice. Put another way, it means assessing that students know the right thing to do in given circumstances and do it correctly with the right attitude. The writing teams also recognised that whilst current assessment strategies for testing knowledge arise from long history of experience, and many have been empirically tested, the same cannot be said of the assessment of professional practice. In a small way this occasional paper seeks to redress this imbalance with the inclusion of experience and expertise across the health sciences and practice professions and, where relevant, references to the available evidence. It does not report empirical work in detail or offer comprehension; rather the focus is on the priorities set firstly by the members of the Assessment SIG and then by the SIGFEST participants.

Reader's guide

This occasional paper opens with discussion of material presented in the two SIGFEST keynote lectures. First, Catherine Montgomery outlines the concept and principles of assessment *fo*r learning with examples of how this has been implemented at Northumbria University. Secondly, Christine Dearnley discusses work at the Universities of Bradford, Huddersfield, Leeds, Leeds Metropolitan, and York St John in developing generic assessment processes in electronic and mobile format that support interprofessional assessment of common competences and promote service user & carer involvement in practice assessment. The following five chapters focus on the topics discussed at the SIGFEST: assessment and employability; self, peer and group assessment; student engagement with feedback; the assessment of performance in practice; and ethical issues associated with assessment.

Each of these chapters draws on the expertise of educators with many years of experience of assessment in health sciences and practice education, a passion for their subject and a commitment to the development of effective

assessment practices. Each sets out some key concepts, discusses views from the literature and includes case studies that demonstrate how theory has been applied in practice. The chapters were largely decided by the seminar discussion groups at the SIGFEST (see Appendix 1), but during the afternoon 'Question Time' a prevailing theme emerged which demanded attention to the concept and practice of interprofessional education and its relationship to assessment processes and practice. So in the following chapters you will find comments that recognise that the inclusion of interprofessional education in many pre-registration undergraduate programmes raises important issues in relation to assessment.

The teams also agreed that as learning with technology and e-assessment is more and more common the assessment *story* being told here had to include information and discussion on this. The increasing use of web 2 technology extends to the assessment of learning, and assessment itself proves an enigma for clinicians, educators and students. Inflating this with an often anxiety provoking 'e' can seem a step too far. We have endorsed this trend and its associated issues by embedding discussion about learning technology in each chapter.

Service user and carer involvement in assessment is crucial if we are to achieve authentic and effective assessment in health science and practice. It must be embedded in all aspects of education. So this became another theme that was threaded through the paper and then enlarged upon by an annotated bibliography from Jill Anderson (see Appendix 2).

The judgements and recommendations made in each chapter are underpinned by scholarship and consultation. Attention is given to the fact that assessment is a process in which many people have a keen and key interest. To this end, the needs of students, users of health sciences and practice services, university lecturers, clinical educators and external examiners are the focus of the different aspects of assessment discussed in each chapter. The preparation of this publication involved many from the HSP constituency. Inevitably some professions are represented more than others and we have achieved less than perfect coverage of all professions. This is, in part, due to

the differences in education approaches amongst the different health sciences and practice constituencies. The professional background and scholarly interests of the writing teams and SIGFEST participants also influenced the assessment topics covered in each chapter. The SIGFEST and this publication are the first steps in what we see as a developmental process. There will be further opportunities for the experiences and expertise from all the HSP constituent professions to contribute to the evolving discourse of assessment practices. Most immediately you can join the assessment SIG and participate in the assessment discussion group on the HSP professional network site (http://healthsciencespractice.ning.com). The launch of this occasional paper will also present opportunities to welcome more campus and workplace educators into this vibrant community of practice.

Finally, in a publication for 34 different professional groups, the issue of the diverse languages of education and assessment that has been used needs to be aired.

The writing teams decided that for this publication a common language was needed, whilst recognising that the different health sciences and practice professions use different terms for near identical entities and concepts. As the focus is on UK pre- registration students who gain a university award we use the terms lecturer and university (whilst recognising that some students study at other higher education institutions). Assessment refers to the judgements made about a student's knowledge, attitudes and skills and evaluation refers to any enquiry made about the effectiveness of a programme of study. Practice educator is used to denote workplace staff responsible for the assessment of practice performance and skills.

Chapter 2 Exploring the challenges of assessment in health sciences and practice: an overview of assessment for learning by Dr Catherine Montgomery

Assessment for learning: overview and principles

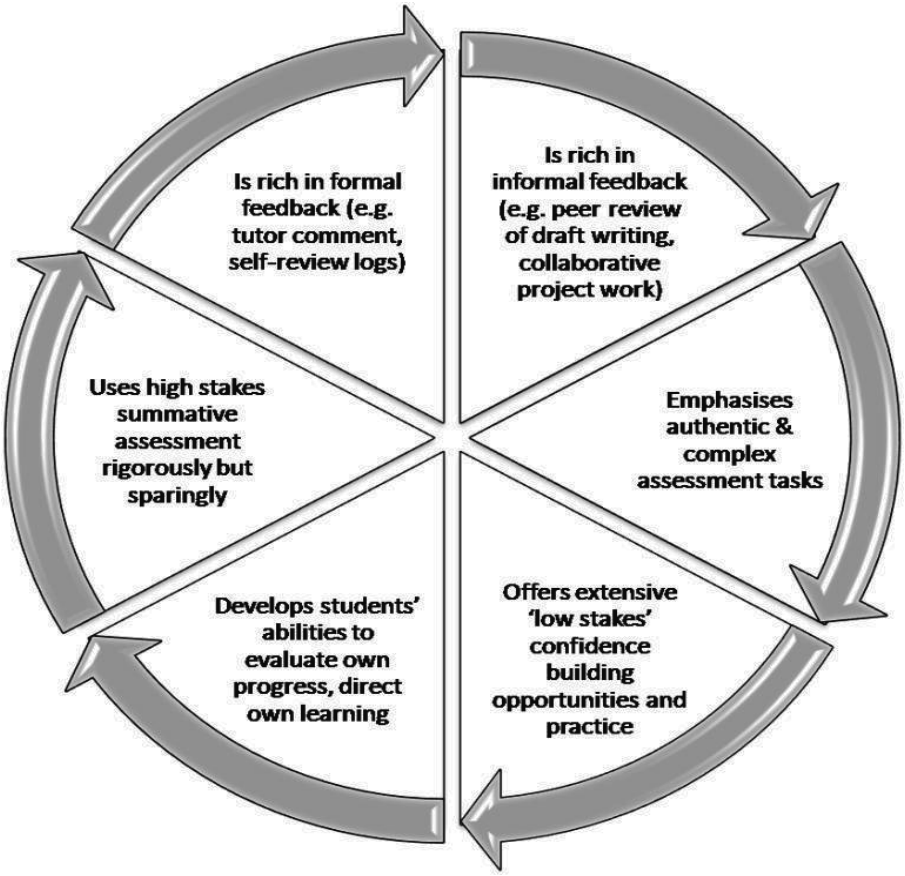
Research in education has long acknowledged the powerful function of different forms of assessment in student learning (Bloxham and Boyd, 2008) and that 'there is more leverage to improve teaching through changing assessment than there is in changing anything else' (Gibbs and Simpson, 2004: p. 22). It is also understood that assessment in higher education can perform a range of roles and purposes. Some of these may appear contradictory or may conflict with each other and the 'concentration on some purposes over others can distort the value of assessment' (Bloxham and Boyd, 2008: p. 32). Broadfoot (2007) makes a helpful distinction between assessment ***of*** learning and assessment ***for*** learning. Assessment ***of*** learning equates assessment with a measurement paradigm, the primary function of which is to report progress, provide accountability and provide a particular type of information which relates to selection and ordering. In contrast, assessment ***for*** learning focuses more closely on learning itself and refers to assessment as an integral part of the ongoing teaching and learning process, the purpose of which is to contribute to the development of learning and teaching itself. In this way, assessment for learning aims to reframe assessment to maximise opportunities for learning (Black and Wiliam, 1998), rather than emphasising end-point judgment and the measurement function of assessment (Gipps, 1994; Broadfoot, 2007).

This overview of assessment ***for*** learning is based on research carried out in the Centre for Excellence in Teaching and Learning for Assessment for Learning (CETL AfL) at Northumbria University. The CETL AfL was one of 74 HEFCE funded centres across universities in the UK. The research referred to here is part of a wider five-year project that aims to establish the impact of particular innovations in the field of assessment. The Centre is unified around the idea of assessment for learning and a particular set of principles is espoused as being conditions of a positive teaching, learning and assessment context. These principles are based on extensive previous research and

literature as well as a decade of previous work at Northumbria University such as that carried out in the Impact of Assessment project (Sambell and McDowell, 1998)

As Figure 2.1 shows, the principles espoused by CETL AfL are broad and therefore open to a wide range of interpretation and contextualisation across disciplines. In addition, other terms relate to assessment for learning, e.g. formative assessment; some of these are contentious and may be interpreted and applied differently in different contexts (McDowell, Sambell and Davison, 2008). Assessment for learning not only offers a wide range of different sorts of opportunities for engaging with innovations in assessment, conceptually it is part of a wide range of potential approaches, interpretations and understandings of teaching, learning and assessment.

Figure 2-1 Six principles of assessment for learning



The CETL AfL view of assessment for learning encouraged the development of the six principles shown in Figure 2-1 and aimed to develop learning environments that:

1. Emphasised authentic & complex assessment tasks

- Assessment activities relevant to the subject or profession involving appropriate skills, knowledge and integrated understanding – rather than isolated bits of knowledge, regurgitation of information or rehearsals of routine procedures. This encourages authenticity and complexity rather than only reproduction of knowledge in student learning and assessment

2. Used high stakes summative assessment rigorously but sparingly

- Summative assessment is needed for a variety of purposes but should not be allowed to drive the whole teaching and learning process. The Centre attempted to minimise the negative effects of summative assessment as the main driver for learning and teaching and promoted formative assessment.

3. Offered extensive ‘low stakes’ confidence building opportunities and practice

- Students need to practise and test out their developing skills, knowledge and understanding in ways that emphasise improvement – not summative judgement. The CETL AfL contexts aimed to enable students to build their confidence and capabilities before they are summatively assessed.

4. Were rich in formal feedback, e.g. tutor comment, self-review logs

- Formal feedback can be associated with assessed work at the summative or formative (e.g. draft) stages or with in-class activities.

5. Were rich in informal feedback, e.g. peer review of draft writing, collaborative project work

- For CETL AfL this was a crucial area. Student engagement with their learning community is a means of developing a deeper more contextualised understanding of their discipline. This is expanded upon below.

6. Developed students' abilities to evaluate their own progress and directed their own learning

- For effective graduates and professionals the most important assessment is self-assessment. Students should be helped to develop the appropriate dispositions, attitudes and skills that enable them to make considered judgements about their own work (and that of others).

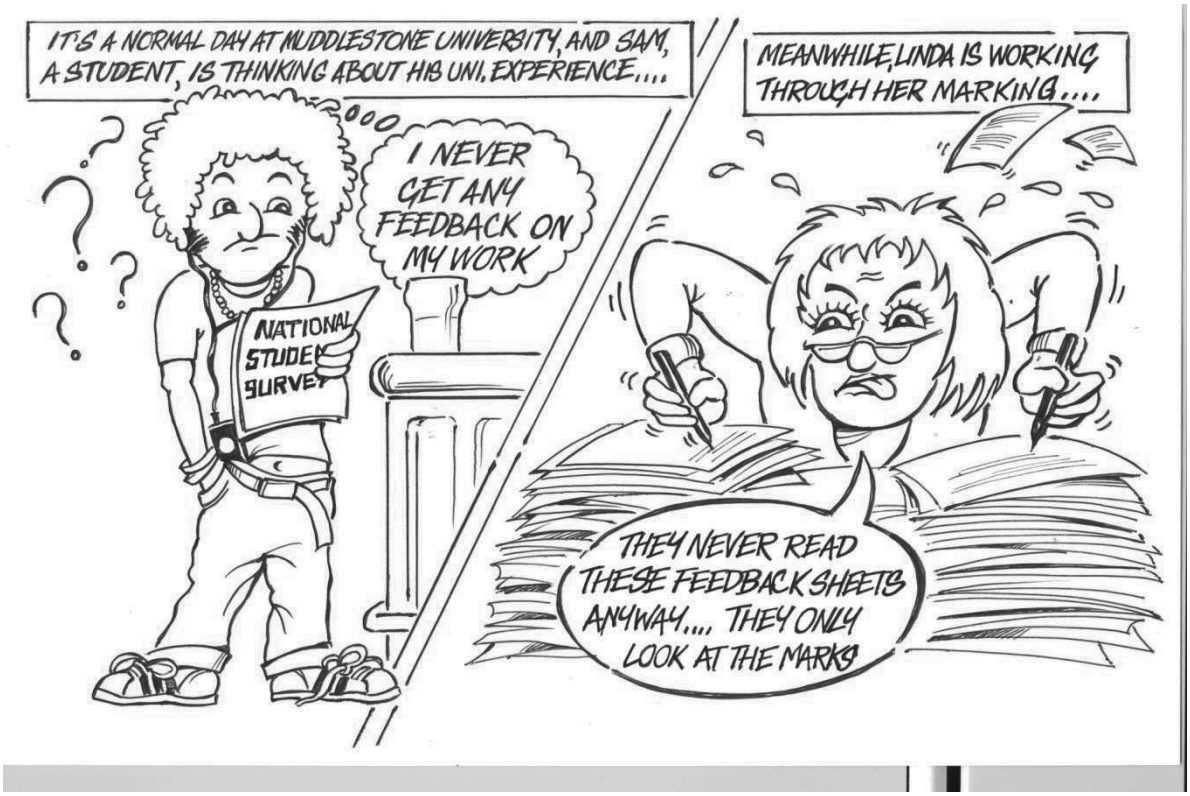
Student involvement and peer construction of learning played a crucial role in Northumbria University's view of assessment for learning. One of its key purposes was to foster student development by encouraging students to develop skills in evaluating, judging and improving their own performance. Self-assessment skills are at the heart of autonomous learning and of students' future independence as professionals and life-long learners (Boud and Falchikov, 2006). Students should occupy a proactive rather than a reactive role in the learning process. Assessment for learning aims to empower students, so that they are not cast as 'disempowered apprentices whose role is to follow and reproduce' (Hyatt, 2005: p.351).

However, it is important to acknowledge that innovations in teaching and learning take place against a backdrop of a complex social, cultural and disciplinary environment. The implementation of new approaches such as those championed by the assessment for learning initiatives involved consideration of aims and principles, disciplinary differences and careful planning. In the micro-context of the classroom, assessment for learning is an evolving activity, influenced by teacher reflection-in-action, student responses, and a wide range of contextual factors, many of which are unpredictable. Differing perceptions of what is occurring in the learning environment is just one of these complex factors as Figure 2-2 illustrates.

In Box 2-1, Box 2-2 and Box 2-3 there are case studies showing the application of the principles of assessment for learning. These are deliberately

de-contextualised and are intended to provoke reflection on the possibility of innovation in other contexts. As previously mentioned, innovation in teaching and learning takes place within a myriad of variables of which disciplinary contexts are a crucial and hugely influential factor. Other factors are variation in students' previous educational, cultural and social backgrounds, variation in delivery from teacher to teacher and differences in students' competences and levels in particular subject areas. This particularly applies in interdisciplinary subject areas such as engineering that involve an intersection of maths, computing and physics competences.

Figure 2-2 Different perspective of the learning environment



Box 2-1 Using feed forward in assessment for learning

Aim

In this case study the aim was to enhance student learning by providing varied formative discussion and writing tasks integrated into the module. The intention was that students were able to gradually build their competence and confidence in the discipline by having opportunities to practise in a low stakes environment.

Assessment for learning approaches

Students and tutor together negotiate a list of titles for students to choose from for the final summative essay of 3,000 words. This project is built up through formative tasks over the academic year.

In the first semester, students write three short pieces of text of 500 words that are put together in a non-graded formative essay submitted at the end of the first semester. The three pieces of text are reviewed by their peers in a peer writing seminar.

Students also produce a poster in groups and a poster session is held as an informal and social event where students give each other feedback on the presentation of their ideas in poster format.

The students receive oral feedback in group tutorials on their formative submission after the end of the first semester and 'traditional' written tutor feedback is also given on these formative pieces.

In the second semester students are asked to bring in a short text source relating to a topic of the module and, in class, students work on paraphrasing the text and in pairs they practise synthesising two written sources.

Half way through the semester the titles for the summative essay are negotiated with the students and the tutor, beginning with lists of topics and moving towards forming titles and questions that reflect the module content.

Conclusions

The module tutor noticed that the introduction of the assessment for learning approaches had an impact on the quality of student engagement with learning. In addition to the perceived improvement in the quality of student engagement in the module there was data relating to student grades that suggested that the assessment for learning approaches had influenced students' achievement. Before the changes to the module the average mark across the module was 61.2% and after the integration of assessment for learning approaches the average mark rose to 72.6%. In addition to this the percentage of first class grades rose from 19% to 36%.

Box 2-2 Students as researchers

Aim

The aim in this case study was to engage students with research and enable them to see that academic theory can be applied to their everyday lives and experiences. This recasts the relationships between students and staff working towards a community of learning. This empowers students, builds confidence and makes them see themselves as contributors and part of 'theory' at an early stage. These collaborative and dialogic approaches also aim to enable students to develop their confidence in the discourses and practices of their academic subject.

Assessment for learning approaches

A collaborative research group involving students and staff was established, embedded in a module and integrated with students' learning and assessment objectives. The data collected by the group was used by students for their end of year project.

On a range of introductory modules in 3 different disciplinary sites, large numbers of students became involved in project work which actively engaged them in

- Collection and analysis of authentic data relevant to their subject area

- Working in teams to try out their ideas, debate and encounter different theoretical perspectives and controversy

- Student conferencing and dissemination of their work-in-progress

- Publishing their findings in informal settings for a diverse range of audiences (including presenting alongside staff at an academic conference)

Student responses

- 'it was a step away from normal learning'
- 'taking part enabled me to learn a lot about the subject and also myself and my abilities'

- ‘I discovered my own learning style and have taken new skills into my further studies’
- ‘the research got me to think for myself and link the results with the theory, developing my critical evaluation skills’
- ‘it’s given me the ability to express my opinions and ideas without fear of ridicule, something I will take with me beyond university’

Box 2-3 Making research more real

Aim

In this case study the aim was to experiment with the sustained use of tutors' own research in teaching and aimed to encourage students to engage more closely with their own research in their subject. The approach was firstly to enable students to engage with their tutors' and their peers' research and from there it was envisaged that they could move towards a more complex relationship with their own research and a deeper engagement with the subject matter of their discipline. It was hoped that this would ensure that the modules were more research-oriented and that students would become actively engaged with the research, through interacting with their tutors, asking questions and getting elaboration on the research from 'the horse's mouth'.

Assessment for learning approaches

In the modules in question a greater emphasis was placed on foregrounding and using research that had been carried out by the tutors themselves. In addition to this, external experts from industry were called in to provide examples of real-world enquiry.

In three modules in a science-based discipline at master's level the following approaches were adopted:

- Exchanging published research with the more immediate research carried out by the tutors themselves (also often published).

- Providing regular guest lectures (a minimum of 4 per semester) by speakers from industry, other universities or other related university departments.

- Arranging work-in-progress small group discussion sessions for students to present their own developing research projects and obtain peer and tutor feedback on their progress (in particular with master's dissertation work).

- Inclusion of tasks where in-depth investigations and evaluations of real world problems were required, supported by in-class discussions of the issues

The innovations in this cluster of modules had been motivated by the summative assessment results indicating a notable bi-polar marks distribution

where students were either failing to grasp the concepts of the modules (and achieving very low scores) or they were clearly understanding the ideas (and scoring high grades). A large percentage of students were failing the module and there was a noticeable lack of average scores. Following the innovations in the modules there was a clear impact upon the proportion of students who have made a transition between weak engagement and failure and there was a growing engagement and achievement of threshold performance. In short, a greater percentage of students passed the modules.

Conclusion

Learning is a complex phenomenon heavily influenced by students' perceptions of what is required of them (Bloxham and Boyd, 2008). Prosser and Trigwell's (1999) show that learning consists of an interaction between the individual student and the learning environment and that this varies between modules because aspects of the context will also change. Innovation in assessment and learning, although not straightforward, can be a powerful agent for positive change.

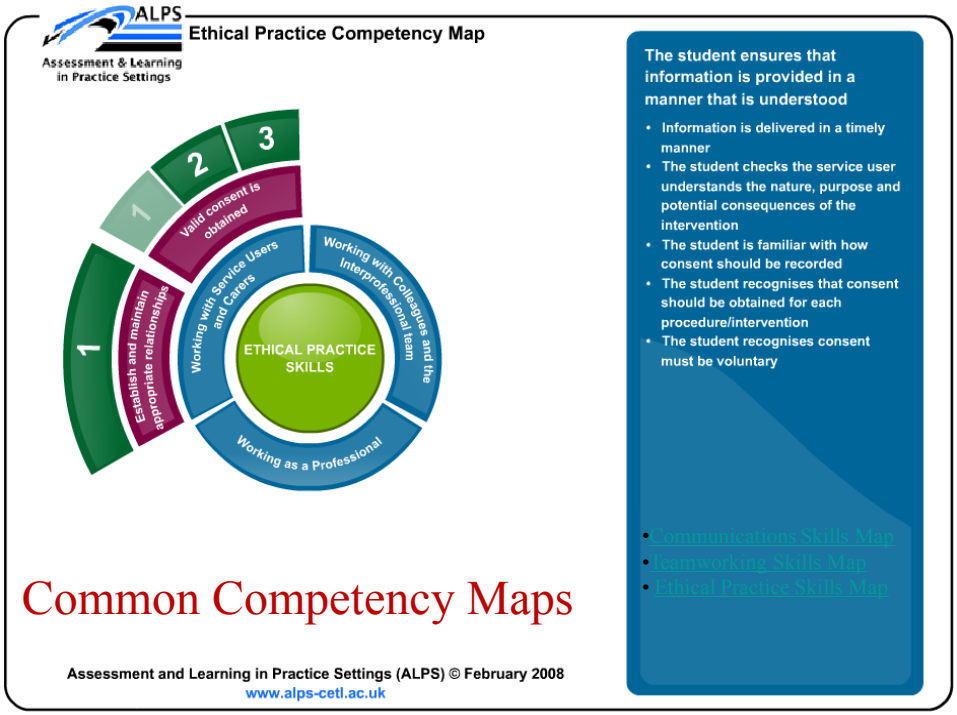
Chapter 3 Mobile learning, assessment & feedback: overview of outcomes from the ALPS CETL by Christine Dearnley

The Assessment & Learning in Practice Settings Centre for Excellence in Teaching & Learning (ALPS) is a collaborative initiative by the universities of Bradford, Huddersfield, Leeds, Leeds Metropolitan, and York St John. Each partner university has a reputation for excellence in practice (work) based learning and assessment for students in the health and social care professions.

ALPS' mission is to improve competence and confidence of graduates at the point of their professional registration, so that they enter the work place as qualified practitioners who are practice ready. To this end, ALPS has worked closely during the last five years to develop generic learning and assessment processes that are transferable across professions and so provide a standardised professional preparation, across a range of health and social care professions and universities, in common areas of competence. The assessment processes have been developed to enable interprofessional assessment of common competences, to promote service user & carer involvement in practice assessment and to be delivered in electronic and mobile format.

Overview of ALPS mobile assessment processes

Figure 3-1The ALPS common competency map



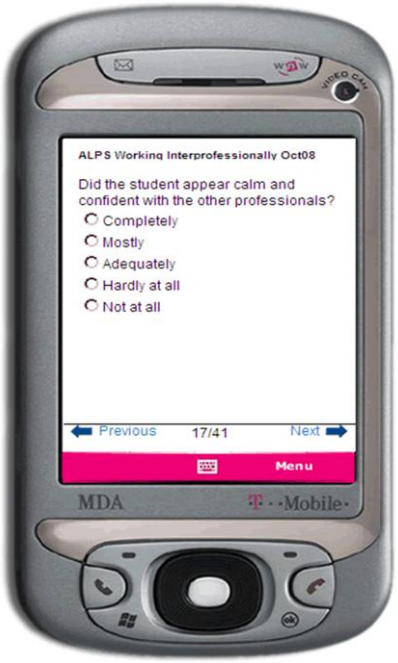
The common competency mapping exercise was central to the work of ALPS; it involved all of the sixteen professional groups working together to produce the three ALPS Common Competency Maps on the topics of communication, team working and ethical practice (see Figure 3-1). These define the skills and standards that students must reach to be assessed as competent in these areas (Holt et al. *in press*). The Maps were used to generate an assessment toolkit of five assessment tools. These are:

- gaining consent;
- providing information to a colleague;
- knowing when to consult or refer;
- demonstrating respect for service user during an interaction;
- working interprofessionally.

ALPS has developed a 360 degree assessment process that allows health and social care students to obtain feedback on their practice (work) based performance. This means that on this range of defined interactions, students can seek formative feedback from a range of stakeholders. In addition to self assessment, the process facilitates feedback from practice educators, from

the students own profession or any other; from their peers i.e. other students from their own profession or any other, and service users & carers i.e. their patients or patient's carers/relatives. These mini-assessments are designed to allow the student to obtain short episodes of formative feedback on a regular basis in authentic settings. Crucially however, these formative assessments will allow them to seek out feedback on a regular basis whilst on practice (work) based placements, away from the university. Feedback obtained by the mini-assessments can then be shared, at the student's discretion, with University staff via mobile/electronic processes.

Figure 3-2 The ALPS mobile device: MDA Vario 1



The assessment processes have also been designed to encourage reflection both in and on action (Schon 1995), largely through the self assessment processes that are central to the tools. Reflection is well recognised for its importance in the learning process (Gibbs 1988, Johns 2000, Dearnley & Matthew 2007) as is the role of self assessment in effective learning, for future professional development and lifelong learning (Boud et al., 1995, Dearing, 1997, Falchikov, 1997, Stefani, 1998, Taras, 2000).

ALPS have developed a Mobile Assessment Client (or portfolio), accessed on the ALPS mobile device, MDA Vario 1 (Figure 3-2), which enables students to view, complete, save and share their assessments with university staff. They

upload completed assessments from the device into a password protected web based e-portfolio, where they are securely stored (Figure 3-3). An advantage of using mobile devices for assessment purposes is that they allow for evidence to be collected in different media. For example, feedback from the various sources can be obtained in both text and audio formats, as can the reflective self-assessments; the student can make quick written notes or use the audio facility to capture thoughts. Students may even to take a photograph[1] that can be revisited at a later time to evoke memories and more thorough consideration.

Using audio technology for feedback and reflective processes requires somewhat of a culture change at all levels. Students with dyslexia found the benefits particularly significant (Dearnley et al. *in press*); audio enabled them to capture their learning without the need to write everything out and when they did need to write, the spell check was invaluable. Mobile devices offer additional functions for students, for example diary and reminder systems and access to emails and the internet at any time. A whole range of additional learning materials, including videos and web links can be stored on the devices or accessed through them.

Key challenges

Students liked the *idea* of having a mobile device for learning and assessment purposes, and the option for *anytime anywhere* information retrieval as well as contact with others even when working in isolated settings. For this ideal to be realised, however, it became clear from our work that a number of things were important to the student. Overall, students did not like our devices – they liked their own, and this is problematic in health care settings. The ALPS processes allow a lost or stolen device to be remotely wiped clean/disabled; thereby ensuring safe storage of data. If students use their own device, we are unable

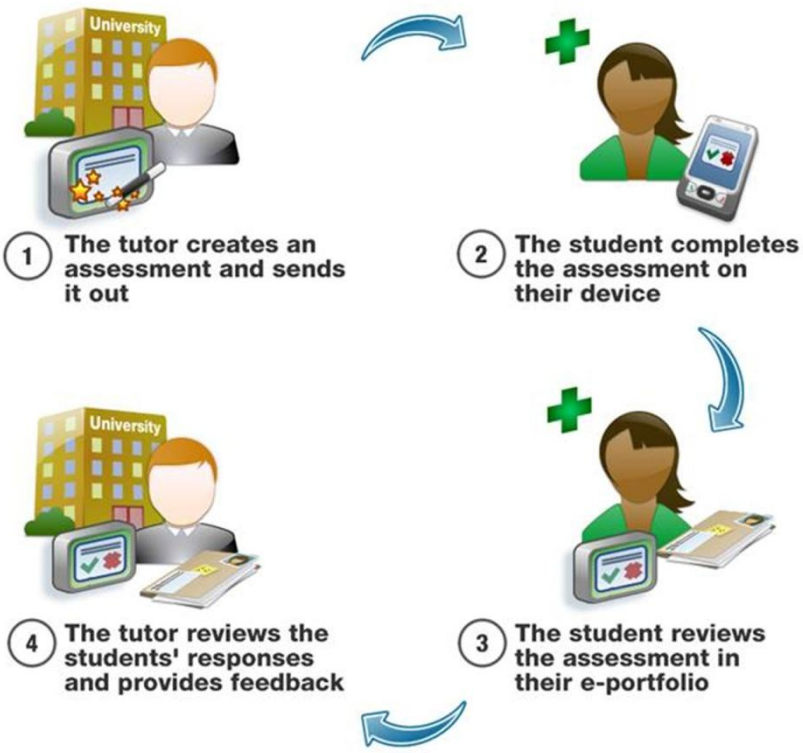
[1] The NHS does not condone the use of cameras to photograph service users and carers in full or in part. ALPS provided students with clear guidelines for professional usage of mobile devices in practice settings and students signed contracts of agreement at the point of device issue.

to do this. Our assurances to (and work with) the National Health Service (NHS) Trust Hospitals were an important factor in getting acceptance for the devices in practice settings. In addition, it became clear that considerable and sustained effort would also be required by staff to change their working culture from paper based assessment documents to electronic/mobile formats in an environment where mobile devices were often met with uncertainty and students presumed to be texting rather than working. Moving to the more sustainable student preference of using students own devices will require further work across universities and with the NHS.

Conclusion

ALPS continues to drive forward the agenda for interprofessional assessment of common competences across the health and social care professions. Developing common assessment tools is a significant step forwards as this will ensure that there is a base line of skills across the professions. Different professions have different perspectives on how these skills are applied. However, interprofessional assessment enables students to have a better and shared understanding of these differences, which in turn will enhance their ability for interprofessional working, leading ultimately to a better quality of care for the service user; the common goal across all health and social care education. Having common assessment tools across ALPS partner sites (and professions) means that practice educators are able to assess more readily – whatever university the student is from. Work is ongoing to embed these common assessment tools within curricula across ALPS and to explore delivery options that are acceptable to all stakeholders, sustainable, flexible and facilitate student preferences.

Figure 3-3 The *mobile* assessment cycle



Chapter 4 Assessment and employability by Caroline Reid & Pauline Fitzgerald

In recent years higher education has concentrated considerably on assessment reforms, and changes in the educational culture surrounding assessment practice. Higher education policy has also focussed on the importance of developing the employability potential of our students. Both foci present opportunities to marry assessment and employability; to use assessment processes to enhance and nurture the skills pertinent to employability. Such opportunities include embracing the embedding of key skills into programmes and curricula, developing authentic assessment approaches and establishing assessment that actively involves students and develops the self. The adoption of such approaches can be transformative and may enable the growth of the personal and professional knowledge required for lifelong learning and employability (Boud and Soloman 2001, Eraut 1994, Lees 2002, Knight and Yorke 2003, Yorke and Knight 2004).

Discussions at the SIGFEST raised aspects of employability that needed further attention by the HSP community. These include the need to define what we mean by the concept of employability; to make explicit the role assessment plays in fostering employability, and the relationship between employability and key skills. Adopting a model to embed employability, fostering authentic assessment approaches, involving students in assessment and developing the self is key to achieving graduate employability. These features of employability will be addressed in this chapter. However, first we consider the drivers for the embedding of employability into higher education.

Employability and higher education

The high profile of employability in the higher education agenda is not a new issue: it has been gaining ground for many years. Knight and Yorke (2003) remind us that the association between higher education and employment has been an ever increasing feature since the 1960's. The Robbins report of 1963 emphasised the future need for 'instruction in skills suitable to play a part in the general division of labour' (1963 para.25). The 1980's saw the Department of Employment's Enterprise in Education initiative which has arguably had a

lasting effect on curricula (Boud and Soloman 2001). Perhaps most significantly the reports referred to above were followed by the Dearing Report (NCI higher education 1997) which recommended that higher education should better prepare students for the world of work and required the development of a new academic framework which would make explicit the transferable and graduate skills essential to future employability.

Following this the Leitch Report (2006) reviewed the UK's long term skills needs and considered how to better integrate skills needs and employment services. Leitch (2006, p 68) advocated a closer collaboration between higher education, employers and employees and a 'rebalancing of the priorities of universities to make available relevant, flexible, and responsive provision that meets the high skill needs of employers and their staff'. The latest report on graduate employability, Higher Ambitions: The future of universities in a knowledge economy (DBIS 2009) has a clear message that business and employers must be fully engaged in the funding and design of university programmes, the sponsorship of students, and offering work placements. But policy is not always applicable across the UK, Box 4-1shows how different devolved government and assembly policies impact on the employability of health practitioners. This increasing emphasis on employability means that staff in higher education must look at what is meant by the term employability so that we can most effectively embed and develop it in our curricula.

Box 4-1 The Potential impact of Devolution on the Employability of Health Professions across the UK – a perspective from Wales

The context

Wales, through the Welsh Assembly Government (WAG), has devolved powers for health and education. It thus has visions (and accompanying policy documents) that articulate the distinct *Welshness* of its provision.

Vision for higher education:

Just after '*Higher Ambitions: The future of universities in a knowledge economy*' was launched by the Department for Business, Innovation and Skills to reflect the UK Government's vision for Higher Education (HE) in the UK, the Welsh Assembly Government (WAG) published its own vision of HE specifically for Wales. '*For our future: the 21st century higher education strategy and plan for Wales*' (29/11/09) uses rhetoric that implies a markedly different agenda for HE in Wales. With no mention of students as clients and less emphasis on student information-giving and external examining, '*For our future'* is underpinned by the twin objectives of social justice and economic success. HEIs' responsibility to work collaboratively for the economic development of their local communities is at the heart of the vision for Wales. Through developments to improve accessibility to flexible HE provision that is underpinned by notions of civic duty and cultural awareness, Higher Education Funding Council for Wales acknowledges HEIs' key role in supporting its agenda.

Vision for health

Through its 10-year strategy '*Designed for Life'* (2005) and related policies, WAG again sets out a vision for Wales that, while similar to that of Scotland, is quite different from the vision for health in England. WAG challenges the health, social care, voluntary and independent sectors to come together to move away from a collection of services focussed on illness, to one united in its promotion of health and reduction of (and if possible elimination of) health inequalities. Health and social care in Wales is challenged to:

- support the role of citizens in promoting their health, individually and collectively;

- develop the role of local communities in creating and sustaining health;
- promote independence, service user involvement and clinical and professional leadership;
- re-cast the role of all elements of health and social care so that the citizen will be seen and treated by high quality staff at home or locally - or passed quickly to excellent specialist care, where this is needed;
- provide quality assured clinical treatment and care appropriate to need, and based on evidence;
- strengthen accountability, developing a more corporate approach in NHS Wales so that organisations work together rather than separately;
- ensure full public health engagement at both local and national levels.

Possible implications for healthcare educators and the cross-country employability of students and staff:

Despite devolution at governmental level, many healthcare professional bodies still develop pre-registration curricula for all four countries of the UK. Where programme teams delivering these curricula are unaware of the divergence occurring within education and health and social care across the nations, their students are at a potential disadvantage to local students when applying for jobs in a different country from that in which they studied.

Points for reflection:

These are times of opportunities, challenges and most certainly change. Have we noticed what is going on outside our specific courses? Are we ready to engage in discussion about the implications of devolution on the practice, education and workforce mobility of healthcare practitioners? Are there potential equal opportunity issues looming? How are our professional bodies responding to the challenges and opportunities?

For further details see (http://www.wales.nhs.uk/documents/designed-for-life-e.pdf)

The meaning of employability

Firstly, employment is different to employability. Employment relates to having a job. Employability is about capability, and in relation to higher education, producing graduates that are capable and able, and it is about learning, and learning how to learn (Lees 2002). Employability is also about the processes that underpin lifelong learning, rather than producing an employable product. Employability is a difficult concept to define, and arguably, the1997 Dearing report led to it being confused with key skills making it more difficult to understand.

In 2003 Knight and Yorke offered a now widely accepted defining statement of employability as

> 'a set of achievements - skills, understandings and personal attributes - that make individuals more likely to gain employment and be successful in their chosen occupations, which benefits themselves, the workforce, the community and the economy' (p.5).

They also tell us what employability is not; stressing that it cannot be reduced to skills, should not be confused with employment statistics such as first destination data, and should not be equated with measures such as the classification of an honours degree. Employability results from a blend of achievements in four broad areas, and is represented in the USEM model of employability'.(Knight and Yorke 2003 p.8), which considers the following four factors :-

- **U**nderstanding of disciplinary subject-matter and how organisations work
- **S**kilful practices in context (academic, employment, and life in general)
- **E**fficacy beliefs
- **M**eta-cognition

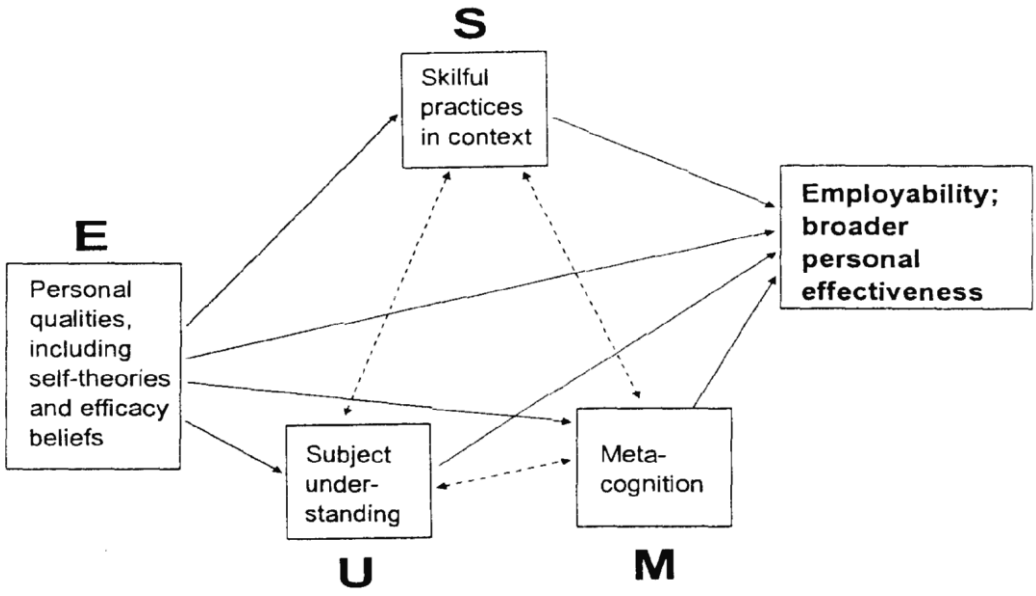
As Figure 4-1 shows, in this model understanding is the subject knowledge that is a key outcome of higher education. The term understanding is preferred as it reflects a greater depth of knowledge, representing development of appropriate subject knowledge, particularly as it relates to the notion of a professional practitioner.

Skilful practice is the use of skills in context and task-sensitive exercise, for example, communication needs to be assessed in a number of contexts before you can confirm that somebody is a skilful communicator. This is in contrast to narrowly conceived notion of a set of key skills of communication.

Efficacy beliefs reflect the learner's notion of self, their self-belief, and the possibility for self-improvement and development. For example, the disposition to see assessment tasks as learning opportunities rather than performance-oriented opportunities. Drawing on Dweck's (1999) work on self-theories, Yorke (2003) explains efficacy as the student's recognition that they can develop, and their ability is not a fixed entity. Arguing that academic intelligence (closely related to IQ) is fixed, whereas practical intelligence (the capacity to deal with life's messy problems as may be faced in employment) can develop throughout adult life, Yorke (2003) emphasises the importance of developing student's efficacy – or self-belief. Consequently the E component of USEM underpins the acquisition of both understanding and skilful practice.

Meta-cognition complements efficacy and embraces the notion self-awareness, of learning how to learn, of reflection in and on practice and a capacity for self-regulation. It encompasses knowledge of general strategies for learning, thinking and problem-solving, and contributes to the continued learning that professionals need to do if they are to grow and keep pace with changes in the demands of their work or lifelong learning.

Figure 4-1 The USEM model of employability



The USEM model provides a clear framework for thinking about how to embed employability into the curriculum. Defining employability from a higher education perspective needs to take into account the needs of students and employers and in some cases a wide number of other stakeholders. For the health science and practice professions we also need to consider regulatory and professional body requirements and the needs of service users. Good curriculum design provides learners with the opportunity to develop their understandings of the subject whilst developing both context specific and generic skills. Adopting the USEM model facilitates the development of the link between assessment and employability by focussing our attention on the way curricula includes assessment that develops the student's efficacy and meta-cognition and relating this to the development of subject knowledge and professional skills transferable to the practice context.

Building a relationship between assessment and employability

Knight and Yorke (2003) believe there is a close relationship between employability and good learning, and embedding employability into the curriculum does not need to be contrary or detrimental to the traditional values of that the academy holds about student development. The pedagogic challenge of employability has been addressed in many programmes by the use of, for example, sandwich programmes, credited voluntary activity and

practice placements. In essence, employability is about how we teach, not what we teach.

The benefits of student involvement in assessment in the context of professional assessment became a focus in the 1980's with recognition that communication skills are important in a variety of professions (Falchikov 2005). A recurring theme in discussions about assessment is whether the competence required for success in education matches what is valued in work life. In the health sciences and practice disciplines this raises questions about what is authentic to university learning and what is authentic to the real world of work, how do we ensure that what students learn is what is demanded of them in the workplace.

Havnes and McDowell (2008) describe education and work as different social worlds, with different cultures, and contextual diversity. Assessment certifies that individuals can move on from education to professional practice, but it also highlights the commonalities and discords between education and work. Falchicov and Boud (2008) question the extent to which current assessment practices connect with learning after graduation. As lifelong learning is becoming an aspect of work, there is a need for education to align assessment practice to the requirements for learning in the workplace. It implies a new function for assessment: assessment for lifelong learning, in addition to formative and summative assessment. Learning to learn in the practice setting requires that students vicariously develop through the assessment process the skills to assess their own, and others, practice. You will find further discussion of the complexities of learning in practice and assessment of practice in Chapter 7. To foster assessment that enhances employability we need to give further consideration to the development of key skills, authentic assessment and student involvement in assessment.

Key Skills

Dearing (1997) recommended that higher education focus its attention on key skills, and that these skills should have a place in all degree level programmes. These key skills were seen as the 'key to the future success of graduates whatever they intend to do in later life (p.133). Communication

skills, numeracy, Information technology, learning how to learn/ personal development planning, problem solving and team working were identified.

Some universities adopted a key skills approach with the compilation of a list of graduate attributes, usually with little in a way of a map to explain how these featured in the student journey through their programmes. Some institutions placed them in discrete modules, an approach Knight and Yorke (2003) refer to as ‘ghettoization’ since students often perceive them to be of little relevance to their more important subject modules. Arguably, if such modules are made relevant to their subject, and taught by subject specific staff with enthusiasm for the programme, this will not happen. However, developing ways to embed key skills learning, teaching and assessment and develop these incrementally across an undergraduate programme is a challenge.

The marginalisation described above may, in part, be due to a tendency to oversimplify key skills and their transferability. How these key skills underpin actions needed in employment is not always obvious or transferable. Knight and Yorke (2003) believe the ease with which such skills are transferable from one realm of experience to another is underestimated. For example, context dependent skills such as developing an argument, may be well received in higher education contexts. If it is perceived as challenging an employer’s way of doing things it may be poorly received. Where students are trying to develop higher order skills such as problem solving, and transferring these skills to the workplace, the focus is on skills aligned to the development of professional behaviour and competence: a key skill and a graduate skill. Box 4-2 and Box 4-3 demonstrate an exemplar of how keys skills were taken from a discrete module and embedded into a first year biomedical undergraduate programme.

Box 4-2 Employability in a biomedical sciences curriculum

Historically key transferable and personal development skills in the biomedical sciences programme at one UK university were delivered and explored as a bolt-on module where skills were developed independently of subject modules. Although reference was made to other modules on the course students found it difficult to transfer skills from one area to another. To address this a module called techniques in biomedical sciences was developed. This module runs throughout the first year of the programme, starting with a foundation period of five weeks, during which it is the only module taught. The focus during this period is delivery of technical and transferable skills and personal development. During the first five weeks the students are encouraged to see the course as a whole by including content from all modules and applying, for example, maths and laboratory skills to a range of material. Following the foundation period the rest of the module is delivered across both semesters to accommodate development of laboratory skills, use of and reflection upon formative feedback. An online reflective journal is used to engage students with feedback and develop self-assessment competence.

Design of the Module

The programme starts with a **diagnostic test** to gauge level of writing skills and numeracy. These are marked but a final grade is not given to students, instead students arrange to meet their personal tutor for feedback, reflection and guidance on the areas on which they need to focus. The module has the following key features:-

Keynote lectures from staff linked to laboratory sessions, for example microscopy, which although attached to particular subjects, discuss more generic issues and developed and repeated basic techniques. The first lecture, What is Science?, is complemented by a very simple hands-on exercise to explore inductive and deductive reasoning and experience applying this in the scientific method of problem solving (Boone, 2004).

Reflection with an anonymous online reflective journal to encourage

participation is used to engage students with feedback and develop self-assessment. Students are asked to reflect on their development throughout the year. To get them started, students are given a minimum list of events within the first five weeks on which they have to reflect with some prompts to help with this (see Box 4.3).

Maths skills are assessed in class and peer marked. Students are directed to support materials and given access to an on-line package before reassessment three weeks later. Their highest mark is included in their portfolio of assessment. Support and a third on-line test is available for the rest of the year. Students are allowed repeat attempts at the test, but not within 7 days of each other (to promote thinking time). If students improved their performance they are given a mark capped at 40%.

Taster Sessions allow students to experience a number of laboratory based activities. Some of these were previously included in subject-based modules and others have been devised to introduce skills that students previously struggled with.

Students attend a **one day conference** at which a number of postgraduate students contribute. This allows them to experience a lecture directed at a research audience, attend seminars given by PhD students and view a poster session. It introduces them to concise communication via scientific posters; and this is further developed in group work sessions.

Group work is introduced using Belbin's team role theory (1981), the aims of the first session are to encourage familiarity with assessment criteria and group work. When undergraduates begin at university many will have looked at marking schemes but assessment criteria will be a new term to many and are often written in university jargon. Developing assessment criteria that are interpreted in the same way by all, can be difficult and several authors have expressed the importance of involving students in the assessment process (Elwood and Klenowski, 2002; Orsmond P. et al., 2000; Rust C. et al., 2003). Students are organised into groups according to their roles. The groups work on a laboratory based problem over the period of a week which allows them to practice some of the technical skills and numeracy covered in earlier sessions.

On completion of their laboratory investigations, groups are supplied with poster materials on which to display their findings. The group work includes intergroup and intra-group peer feedback and assessment using criteria devised by the whole cohort.

As Box 4-2 shows, the optimal opportunity for the development of key skills is at the start of the students' university studies. Professional portfolios offer students the opportunity to make sense of these key skills, to map their development, articulate their achievement, and reflectively identify their future learning needs. Careful structuring of a portfolio will demonstrate how their achievements relate to what an employer requires, in a format and language that employers will understand and respond to. As reflective tools, portfolios should not be static repositories of information, they need interaction from academic staff, to read and give feedback on the student's reflection and development. E-portfolio systems support such interaction more effectively that cumbersome hard copy ring binders approaches. Employers also have a role. If they do not treat portfolios seriously, then neither will students, however much emphasis HEIs place upon them.

Gaining confidence, learning to learn and developing the motivation to learn from feedback are essential parts of the early undergraduate programme. At this time we have the opportunity to show students the value of formative assessment and feedback, enabling them to make the relationship between efficacy and meta-cognition. The relationship between formative assessment and the development of student's employability is potentially very powerful (Yorke 2005).

Formative assessment is primarily to help students develop as learners: it informs them about the quality of the work they have produced and how they might handle future tasks. Having embedded key skills into the first year of a biomedical programme, as Box 4.3 demonstrates, the reflective components prompt students to assimilate their learning. These are opportunities to review their progress and facilitate the assimilation of understanding and skilful practice with efficacy and meta-cognition. Engaging students with feedback is

discussed in more depth in Chapter 6. Well designed formative assessment in the first year affords students the opportunity to learn without penalty and to be free to experiment when such assessment will not impact on their classification.

Box 4-3 Techniques in biomedical science: prompts for initial entries into online reflective journals

Reflection topic	Suggested questions to ask yourself
Examining the process of science	What was the most difficult aspect of this? How will this help to write a more complex scientific investigation? What did you learn from this?
Maths 1	How did you cope with this? What do you need to improve? What will you do?
Your Dream Team: your role in group work	What sort of qualities do you have when working in a group? What do you find difficult what do you like best?. What are the results of your personality quiz? Do you agree with them?
Note-taking	What method did you use? Does it work for you? Will you have to adjust or adapt? How? Did it work better after an adjustment?
Searching for information	Which sources did you investigate? What do you think of them? Would you use Wikipedia and if yes what for?
Acupuncture Lecture and/or Pain student seminars or concourse Exhibition	What did you think of the students' work? How was the lecture different to the others you have been to? What is the value of lectures?
Your Group Work Experiment	How did it go? What were the team roles? What was your contribution to the group work? How could you have done better as a group?
Diagnostic Test	Was this as expected or were you surprised? Write

Results	a plan of action: what do you need to do to improve your skills? How are you going to do it? Set a timetable of goals up? What resources will you need? How can you find resources that you need?

Authentic Assessment

In the early 1990s there was an increased awareness about the gap between teaching and professional practice and assessment tasks and the world of work, leading to an educational shift to competency based assessment (Gullikers et al. 2008). To achieve authenticity assessment needs to be grounded in real-life contexts, cases and situations which require problem-solving and the application of knowledge or theory to practice. Gullikers et al. (2008) suggest that the two key reasons for adopting authentic assessment are their construct validity and consequential validity. Construct validity considers whether an assessment measures what it is supposed to measure, and consequential validity, what the consequence of the assessment is on student learning, that is, the impact on student learning.

Figure 4-2 shows the 'Five-Dimensional Framework (5DF) for authentic assessment' (Gullikers et al. 2008 p.78) where the following dimensions of authenticity are identified

- the task;
- the physical context;
- the social context;
- form of assessment -the product or performance that students produce to demonstrate their competence;
- criteria.

Gullikers et al. (2008 p.75) take as their starting point that authenticity of assessment depends on the resemblance of what is assessed and how it is structured with what they call the 'professional real world'.

The *task* must be a problem that confronts students in the field, and it must require them to integrate knowledge, skills and attitudes as professionals do.

Crucial to this is that the students perceive the assessment task to be relevant to the real working environment and see the purpose of the assessment as a useful skill transferable to their professional practice. The task should reflect real decision making circumstances as will be encountered in their field of practice environment. Employers have a part to play with HEIs in developing assessment tasks and processes that provide evidence of competence and achievement that is useful to all parties.

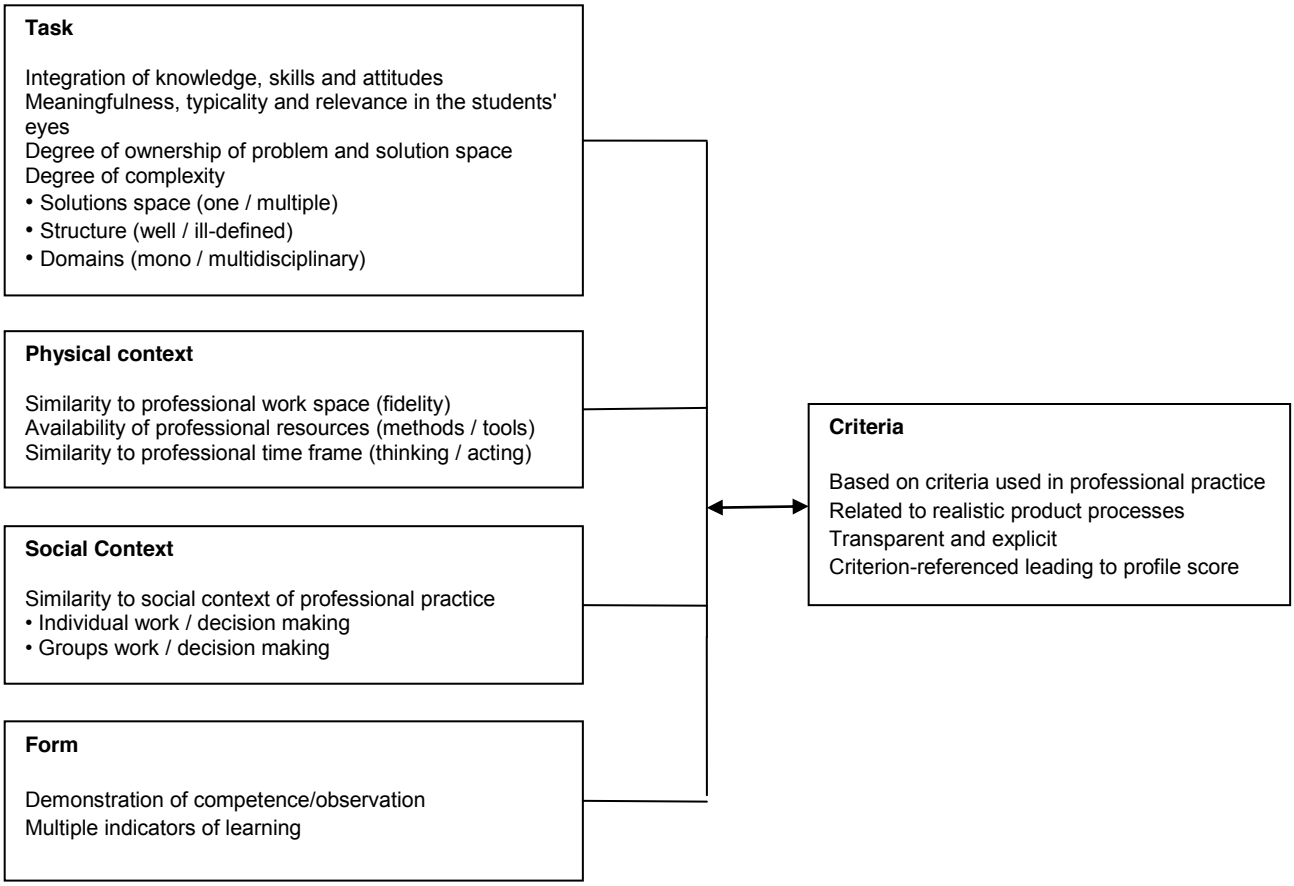
The *physical context* is often difficult to simulate but should be as close to the work environment as possible, including available equipment and resources, but also with the assessment reflecting the real time constraints that may be evident in the workplace. This means that students are required to complete the assessment task within a real timescale. The increasing use of simulated practice environments presents the opportunity for technology based simulation, for example, Virtual Environment Radiotherapy Training simulators, and virtual wards.

The *social context* considers social processes that are present in real work environments. For example, if a real life situation involves team working, so too should the assessment; if a situation is normally handled individually so too should the assessment. Service user and carer inclusion in assessment processes can maximise the potential for the learning to be geared to the development of the skills and capabilities that are valued by those in receipt of services.

The *assessment form* refers to the nature of the assessment task. A wide range of different approaches is required, particularly in professional programmes, as competence is not likely to be demonstrable and observable with a single assessment method or task. Involvement of employers, practitioners, students, service users and carers in the development of assessment tasks will maximise the opportunity to authenticate assessment.

Results and Criteria refer to the criteria on which performances will be judged, and these must be explicit and transparent to learners, as they are to employees. This dimension should guide the other four dimensions.

Figure 4-2 The Five-Dimensional Framework for authentic assessment



(Gullikers et al. 2008 p.78)

Student involvement in assessment and the development of self

Rowntree (1987) believes that assessment is greater than simply marking and grading; it affords us the opportunity to know the assessee. Assessment not only verifies the knowledge and performance of students; it conveys powerful messages to students about what they should be learning and how they should be developing and shaping themselves. It is this aspect of assessment that may be seen to be transformative (Barrow 2006), and can influence the development of the students' personal attributes and foster emotional intelligence that will enhance their employability. It is congruent with Knight and Yorke's notion of efficacy.

The assessment strategies adopted may have a significant influence on the student's personal development and self. We need to establish assessment approaches that will offer students the opportunity to 'confront their self in a way that causes them to establish a link between their intellectual development and their character' (Barrow 2006 p.358) and engage in activities that tell them something about themselves.

It has been argued (Boud 1995, Brown and Glasner 2003, Gibbs, Simpson and McDonald 2003) that contemporary higher education curricula have become increasingly functional, with students led through a process of expertise development, to become competent within the specialised discourse of a discipline or profession. Within professional programmes it is essential to address transformative opportunities and work towards adopting assessment processes that develop the self whilst also assessing the required technical-rational components fundamental to the professions. In this way there is the opportunity to develop well rounded health practitioners, with understanding, skills, efficacy and metacognition, required for professional competence in their profession, along with the lifelong learning skills that will enhance their ongoing employability.

To be most effective we need to build assessment strategies into our curricula, strategically aligning assessment processes that develop the self, with those that test the technical-rational aspects of the subject. This is especially important in professional practice, where reflection and professional updating

are fundamental. One way of doing this is introducing self, peer and group assessment approaches into undergraduate curricula with these increasing in complexity and sophistication throughout the programme, and offering students the opportunity to confront the often difficult and uncomfortable learning that can arise with these approaches. Learning that enhances their self-efficacy and emotional intelligence. The use of self, peer and group assessment is developed in Chapter 5.

Conclusion

When planning assessment to enhance employability we need to consider what methodological choices to make. To promote assessment to enhance employability we need to consider how adopting the USEM model, might facilitate and guide our work with students, practitioners, professional bodies and service users to create curricula that embed understanding, skilful practice, efficacy and meta-cognition. In other words, a curriculum that develops knowledge, applies skills to practice underpinned by theory, encourages learners to examine their motivation to learn and enables them to reflect upon their learning and identify their future learning needs.

The embedding of key skills throughout the curriculum, but with particular opportunities for students to gain formative feedback in their first year will build confidence and the foundation for students to develop efficacy and meta-cognition. We must also recognise that skills development encompasses not only key skills, but also subject specific skills and students' personal skills.

To develop authentic assessment we need to ensure that the assessment task confronts students with activities that they will encounter in professional practice, and assesses these in realistic environments, adopting professional team working approaches within realistic wok place time frames using a range of assessment tasks.

Finally, in

Box 4-4 you will find some top tips for developing assessment for employability. Two websites with further information on this topic are:

Learning and Employability Series available at http://www.qualityresearchinternational.com/ese/relatedpubs/Pedagogy%20for%20employability.pdf

UK Commission for Employment and Skills. The Employability Challenge http://www.ukces.org.uk/tags/employability-challenge-full-report

Box 4-4 Top Tips for developing assessment for employability

Structure assessment to support both the development of subject understanding and the skilful practices required to demonstrate this professional and disciplinary knowledge in practice.

Adopt assessment processes that foster reflection on self and meta-cognition, such as self-assessment, peer assessment and group assessment.

Build these forms of assessment into programmes at all levels developing the sophistication of the approach at each level.

Involve employers, practitioners, service users and carers in the development of assessment tasks

Identify and use opportunities for authentic assessment, such as Objective Structured Clinical Examinations (OSCEs), practice assessment, reflective blogs, practice and placement based assessment, patchwork text and evidence base portfolios.

Build in assessment methods and processes that foster key skills development, such as personal development planning, self and peer assessment and feedback, groupwork, presentations and debate and patchwork text.

Ensure that students encounter a variety of both assessment tasks and feedback methods and modes.

Ensure that e-technologies are used for learning, assessment and feedback is embedded in the programme and treated as a normal learning tool.

Record student evidence and achievement within a professional portfolio.

Allow time for critical thinking and reflection in the student's programmes.

Use longitudinal assessment diaries that require students to reflect on their feedback and identify how they have used this feedback to improve their next submission, ensure that feedback is used to feed forward. Within a given template ask students to self-assess their work on submission with reference to how they have addressed previous feedback and used this to enhance their next piece of work.

Chapter 5 The opportunities and challenges of self, peer and group assessment by Caroline Marcangelo, Patricia Cartney & Charmagne Barnes

Since the 1970s a growing body of evidence has demonstrated the key role assessment plays in influencing student learning (Snyder 1971; Boud 1995; Black and William 1998; Ramsden 2003; Gibbs, Simpson and McDonald 2003). This evidence recognised and acknowledged that meeting assessment requirements is a major focus of students' energies and this has placed it in a central position as a mechanism to shape learning (assessment for learning as discussed in Chapter 2) rather than simply as measurement of end result (Juwah et al. 2004). Rayne (2004) remarked that reconceptualising assessment in this way constitutes a paradigm shift in higher education.

This appreciation of the role assessment has in enhancing – or inhibiting – learning has resulted in programmes using a range of more innovative assessment approaches that offer an opportunity to deepen learning through the assessment process itself. Thus there is renewed interest in the exploration and evaluation of different approaches to assessment to meet this purpose. In this chapter we explore self, peer and group assessment, all of which have the potential to strengthen assessment for learning, and equally to enhance student meta-cognition (Figure 5-1). For more discussion of meta-cognition see Chapter 4 on assessment and employability. Although none of these three approaches are new, recognition of their potential advantages within the learning process is leading to an increased attention in what they can offer to augment learning. They also throw up specific challenges for both the students and lecturers, and this chapter will discuss different methods that have been adopted to meet these challenges.

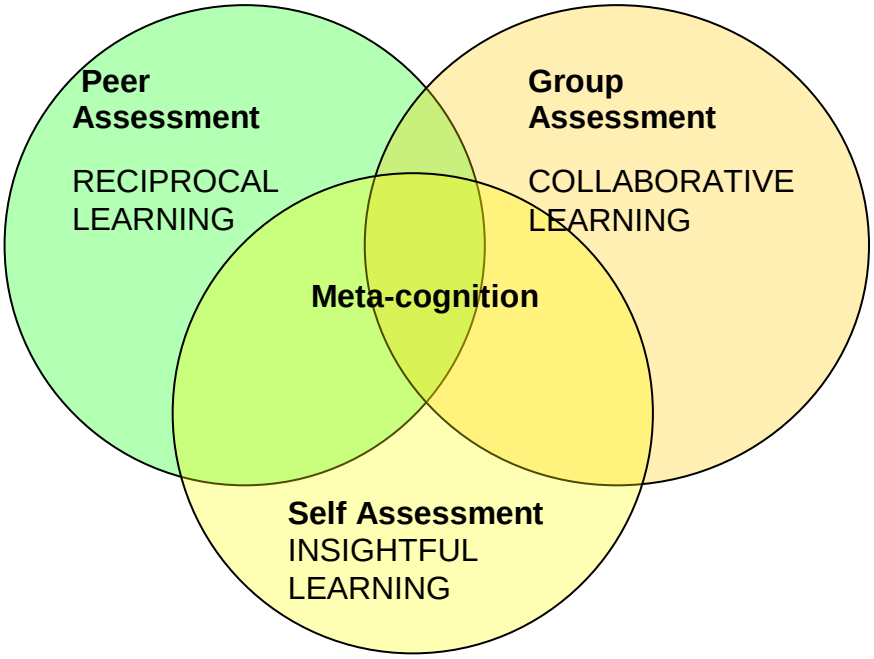
To capture real-world innovative and effective self, peer and group assessment methods, the chapter draws on the experience of SIGFEST contributors who generously shared their expertise and experiences. We start by outlining the overall benefits of the three modes of assessment, and some of the challenges that emerged from the discussion. We then examine each of the modes in more detail, including clarification of the terms used, and

illustrative examples of how they can be used effectively in practice. Each section is supported by current literature, and we conclude with some tips for implementing each type of assessment discussed.

Opportunities offered through self, peer and group assessment

The literature and evidence around effective assessment for learning identifies a number of core characteristics that can be met through self, peer and group assessment. For example, the need for assessment to be part of the whole learning process and not just occurring at the end; the opportunity for self reflection, for actively engaging with learning outcomes and assessment criteria, and developing the ability to make judgements; for assessment tasks to be authentic and relevant; and to encourage understanding of the learning processes and development of meta-cognition. All these characteristics are arguably developed through self, peer or group assessments to some degree, and therefore using one or more of these modes within a programme offers the students real opportunities for extending their learning. In particular self assessment offers an opportunity for insightful learning, peer assessment for reciprocal learning, and group assessment for collaborative learning.

Figure 5-1 Challenges in using Self, Peer and Group Assessment



Emerging from the SIGFEST discussions, we identified a number of challenges that have elements common to self, peer and group assessmetn (Table 5-1). The main concerns identified were around adequate preparation of students in making judgments that are fair and based on the assessment criteria; acknowledgement of the emotional aspects that influence learning through assessment; strong facilitation and moderation by lecturers in supporting students in the process; and where there are peers and groups, support and facilitation in working collaboratively. These elements are not necessarily exclusive to these assessment modes, but are essential to consider and respond to when designing successful programmes.

Table 5-1 Emerging Challenges of Group, Peer and Self Assessment

Self Assessment	Peer Assessment	Group Assessment
Requires preparation of students in reflection and self-awareness, plus identification of what the students need to learn about themselves and expected progression criteria	Preparation of students required in how to assess including how to interpret criteria, to judge peers, and to give feedback sensitively in relation to those criteria	Preparation of students for working interdependently is key to successful group assessment, as is preparation in giving formative and summative feedback to each other
There must be recognition of the emotional aspects of learning, and the role this plays in realistic judgements and being self-critical	There must be recognition of the emotional aspects in assessing peers (including attribution of negative feelings that may be unrelated to the learning activity)	Some students like group work and some do not – need a balance within the overall programme, and a rationale for why a collaborative process has been chosen as assessment for a particular module
Regular de-briefings are essential: on the individual learning process and for personal professional development	Need for transparent fairness and equity is paramount	Individual contributions to group processes must be recognised – as they happen as well as at identified points through the activities
Understanding language of the assessment and desired learning outcomes of both the module and the programme as a whole is key to effective SA	Lecturer facilitation of PA process is needed to develop confidence and comfort in sharing honest feedback in relation to grading criteria	
	Issues of accurate judgements: collusion can be a possibility in awarding high grades without appropriate rationale	
	Moderation of process essential to ensure peer	

	judgements balanced with that of lecturers, but not neutralised: needs training too	
	Influence of QA processes – is there a tension between assessment for accreditation and assessment for learning?	
	Need for assessing contribution to process as well as final content – use of formative peer feedback	

Self assessment

Self assessment can be viewed as assessing the actions one engages in. The effectiveness of this depends on our level of self awareness and ability to self monitor. Race (2001) regards self assessment as making judgements about one's own work, whilst Boud and Falchikov (1989), refer to it as the involvement of learners in making judgements about their own learning, particularly about the achievements and outcomes of their learning. Learners engaging in self assessment can be seen to be actively involved, promoting autonomous and independent learning, as Brown, Bull and Pendlebury (1997) proposed. Indeed, self assessment can be key to developing effective lifelong learning and to maintaining professional competence.

The long term uses of self assessment within the context of higher education are summarised by Boud et al. (1995) who see its primary use in two ways:

1. For judgemental or development purposes, i.e. to get an idea of where one is at with a view to developing what one is doing.

2. To reflect upon one's actions or upon the process of learning itself.

This second point can be defined as learning to learn, described by Nisbet and Shanksmith (1984) as the capability to develop one's own cognitive processes

so that one's learning is developed. It is sometimes viewed as developing a seventh sense or meta-cognition, building upon the sixth sense of intuition. These cognitive and meta-cognitive processes are important and useful for everyday life, and, as argued in chapter four, imperative for those practising within health sciences and practice professions.

Hatton and Smith (1995) support this view and advocate that the route to meta-cognition is through a hierarchy of self assessment tasks which act as scaffolding for the learner across a curriculum that supports assessment as learning. Achievement of these tasks initially involves the development of strategies for planning, monitoring, checking and self testing; building on this the next stage is to develop an ability to analyse what one knows, what one needs to know and matching these together to achieve the task in hand. It also should include an ability to identify what new learning strategies need to be developed. To achieve these skills, the student must be exposed to opportunities to practice these skills within different contexts; to self assess their effectiveness in terms of outcomes achieved and receive feedback on their efforts in self assessment (Box 5-1).

Box 5-1 Implementing self assessment

In a postgraduate certificate in higher education the programme participants follow the parallel paths of both student and lecturer simultaneously. Submission of their first formative essay includes a self assessment section in the form of a questionnaire where students address perceptions of their own performance and what they needed to know from the marker. Detailed tutor feedback is provided electronically within 24-72 hours, and this comments on the self assessment as well as the original piece of work.

With the increasing popularity of self assessment in higher education it is essential that lecturers provide regular opportunities for student self assessment, and offer feedback that is empathetic, meaningful, and constructive. This promotes recognition and valuing of the student contribution to the assessment process by encouraging students to articulate how the process has made them feel, to recognise their responsibilities within it, and to provide feed-forward responses to guide their future assessments. It can encourage and boost the confidence of learners who underestimate the worth of their own work, and gently guide (by being explanatory rather than accusatory), those who might overestimate their performance. Making the most of feedback offers a high learning pay off for learners. The opportunity for self assessment is further supported by Brown et al. (1997) who argue that to enhance the development of self assessment, the answer is apparently simple: practice.

Self assessment allows for a wide range of new approaches to learning. Brown et al. (1997), suggest that there appears to be two distinctive emphases in the use of these approaches.

1. The competency approach that emphasises instrumentality with detailed objectives or learning outcomes and structure.

2. The personal development approach that emphasises reflection and joint exploration of draft and finished assessments with lecturers.

The first approach uses self assessment as a preparation for employment. It is used effectively in work based learning approaches to learning where assessing the technical-rational components of knowledge is fundamental to health sciences and practice professions. The second approach advocates that knowledge and understanding are created by the learner from experiences. Essentially this is the development of meta-cognition which encourages personal learning and development of the self. Examples of this are seen in reflective logs and diaries and presentations. These aspects of student work encourage deeper student thinking and reflection about what they think are the strengths and weaknesses of their approach and performance.

There are immediate tensions for assessment inherent in these approaches as well as the opportunity for developing students to become effective, competent practitioners who engage in lifelong learning. The case study in Box 5-2 illustrates how both approaches can be used in pre-registration programmes for all health sciences and practice professions.

Box 5-2 Using an electronic professional development portfolio

Students undertaking pre-registration programmes that lead to professional accreditation have to demonstrate proficiency in a range of threshold competences. One faculty requires all its students to build a professional e-portfolio that demonstrates how they achieve this competence over the duration of the whole programme.

The e-PDP is a personal learning system in which the students can record personal reflections, share these with their peers and tutors, keep a cumulative reflective log of significant events, and build a competence profile. All the student assignment work, with feedback attached, is kept in the e-portfolio, and action plans based on feedback are required in preparation for subsequent work. E-PDPs are very flexible, and can demonstrate progressive skill in self-assessment by the individual student.

Students are scheduled to meet with their personal tutors a minimum of three occasions in the year, and the e-PDP is used by students to demonstrate their progress and forward planning. This requires regular reflection and self-

assessment, culminating in a detailed record of their learning journey. It is also an opportunity for personal tutors to maintain a dialogue with individual students on the precision of their self-assessment skills in relation to the judgements of others through a range of artefacts such as placement reports, written assessment feedback, grade profiles, and practice educator and peer feedback comments.

Over the period of a three year programme, building the e-PDP and having regular e-PDP meetings offer students a valuable opportunity to practise and refine self-assessment skills and to self-reference their judgements in relation to the feedback of others who work with them.

Discussion at the SIGFEST included questions in relation to managing validity, reliability and moderation by external examiners and the Quality Assurance Agency (QAA). When self assessment is used, Boud (1995) suggests that the development of clear criteria with the student and their application to a particular task is vital to ensure they can make the required judgements accurately. Brown and Knight (1994) also showed that students can judge themselves more responsibly than might have been expected. In these discussions, one lecturer shared how she was struck by the honesty of her students' self assessment and these often chimed with the lecturer's own feedback to the student. Boud and Falchikov (1989), however, found that high achievers were prone to under rate themselves, where low achievers tended to do the opposite. This was supported by Langendyk (2006) in a study of third year medical students. Here, low achieving medical students were overgenerous self assessors, whilst students who achieve a satisfactory result were accurate to harsh self assessors who underestimated their performance. No consistent pattern of over-or under- estimation of one's own work compared to the tutor's assessment is apparent from the literature within this study.

We would argue that there is a need for early and frequent opportunities for supported self assessment and a need for academic staff to work with low achieving students who lack insight into the quality of their own performance.

This could be rationalised as low achieving students are in a paradoxical situation of not knowing, and not knowing that they do not know. Fazey (1993) argues that without the ability to judge their own competence accurately, these students would find it difficult to set the appropriate goals, adopt strategies for attaining those goals; and evaluate their success. Members of health sciences and practice professions are expected to direct their own professional development competence, of which self assessment is an integral component. Developing appropriate skills in self assessment is vital in preparation for the demands of professional life.

We have, this far, discussed the strengths of self assessment: educators need to be mindful of some of the risks associated with this assessment strategy, namely that:

- reliability of the assessment should not be compromised and requires good moderation processes to ensure a reasonable level of reliability without undermining student effort
- involvement of external examiners in the design and development of the process prior to its implementation is crucial so that they support the approach and its benefits
- adequate preparation of lecturers and students regarding the purpose of self assessment is vital to its successful implementation
- clarity on how assessment criteria link with learning outcomes is necessary for students to understand what exactly is being assessed
- the active involvement of students in the setting of criteria will assist them in understanding what is required of them in the process
- feedback should be given in a manner that opens up a dialogue between student and lecturer
- feedback should encourage the student to celebrate their achievements yet guides empathetically when insight into their own performance is lacking.

There are considerable dividends from well planned involvement of students in their own assessment: these skills of self assessment are invaluable in developing reflective practitioners with meta-cognition and truthful insight into personal strengths and weaknesses, and the understanding of the importance of lifelong learning.

Peer Assessment

Falchikov (2001) acknowledges some of the complexity around terminology related to peer assessment and, in particular, that the breadth of different possible practices is not acknowledged. In this section we look at the concept of peer assessment and establish some of the underlying precepts most closely associated with the term.

Brown and Dove (1990) assert that peer assessment is where students are involved in assessing other students, providing feedback opportunities for their colleagues and developing comparative evaluative facilities for themselves. Wilson (2002) clarifies that peer assessment is the assessment of the work of others with equal status and usually an element of mutuality is involved.

Across the range of definitions of peer assessment, the *active,* i.e. participatory, part students play in their learning and in the learning of others is central. The two-way process of critical/reflective feedback –given and received – is another key element of peer assessment. Notions of co-operation and reciprocal learning underlay the rationale for using peer assessment and the giving and receiving of feedback has been conceptualised as involving a 'gift relationship' (Birch, 2009 p.8).

Whilst some of the literature on peer assessment concentrates on pragmatic and practical considerations that impact on its use, other commentators explicitly address notions of power sharing which conceptually underpin peer assessment processes. Brown and Glaser (2003: p. 157) argue that 'assessment is … an exercise of power'. Issues of power in the academic context must be considered for any activity involving students and faculty members. Viewing assessment in this way offers a broader framework where the loci of power are highlighted in relation to the different interests and actors

involved. Brew (2003) notes that to assess is to have power over someone and sees the increased use of peer assessment as arising in part because the scepticism about traditional teacher- student power relationships. She identifies peer assessment as being a mechanism for power sharing where students assess their own and each other's work.

During the SIGFEST power sharing aspects of peer assessment, including some of the unintended consequences, were discussed. For example, ethical anxieties were voiced in relation to giving students the power to attach marks to each other's work. Concern was expressed that this could cause difficulties such as a lack of objectivity, resulting in the award of lower marks for reasons other than academic worth. There were also concerns that students may award each other inflated grades, possibly as part of a reciprocal agreement.

A SIGFEST participant shared an experience where during formative peer assessment all physiotherapy students had agreed beforehand to award each other an A grade. Although this was an unexpected outcome the lecturer was able to use this as a learning experience for the students. Discussions with students took place around whether they felt they had collectively acted fairly in this process by awarding the same grades to work of varying standards that involved varying amounts of effort and achievement. The role of formative assessment as a learning experience was also stressed.

Advance Preparation to Encourage Criticality and Inclusivity

The example above shows how students can fundamentally misunderstand the purpose of a formative assessment exercise and highlights potential tensions between promoting assessment as learning and relying on the outcome of peer assessment for accreditation purposes. During the SIGFEST colleagues drew attention to:

- the need to fully prepare students and staff in advance of implementing peer assessment
- the importance of stressing the learning and value of feedback rather than the grade – focusing on assessment as process and not simply outcome

- highlighting the importance of giving honest, sensitive and critical feedback to aid learning within an open and transparent process

- addressing how engagement is assessed in on-line assessments – students may not be contributing actively to on-line work discussions but may be fully engaged

- openly discussing issues involved in sharing written work where English is not the student's first language and/or where students have dyslexia

- the need to attend to the emotional components of peer learning. Many studies have drawn attention to the anxieties some students experience when asked to give critical feedback to peers, e.g. Falchikov (2002), Xiao and Lucking (2008), Cartney (2010).

Box 5-3 Peer assessment in a postgraduate certificate in higher education

On a post graduate certificate in higher education programme in one institution, the emotional aspects of using a peer assessment method are explicitly acknowledged and preparation of students addressed. One formative assessment for this programme is a 2000 word essay which is used as an opportunity for students, who are lecturers in higher education, to engage with the dual experience of assessing their peers and their peers assessing them.

Students submit their work and are immediately allocated another students' work to mark. Initially, anonymity was sought for those whose essays were being marked and those who were doing the marking. There was a sense that this would render markers more objective, those receiving feedback would feel less judged and group dynamics would remain unaltered. Over time it became apparent that it was easy to identify individuals as the assignments involved them talking explicitly about their subject areas and often related to discussions which took place in class. Thus, anonymity was abandoned and students began to take ownership for their feedback. It was important to discuss openly candidates' fears and hopes around the exercise and talk about strategies for managing them. A key aspect of the programme is developing the increasing ability to reflect deeply on practice and to consider the role of emotions in our professional role. To encourage them to articulate their thoughts and feelings, candidates are required to complete a self-assessment sheet when submitting a copy of their feedback. Here they articulate their experience of peer assessment and in particular, what they found challenging about it and why.

They then receive detailed feedback from the lecturer on their feedback which introduces another layer to the experience. The most recent group took this exercise one step further, deciding to give face to face feedback as well as written feedback. This proved highly successful not only in encouraging individuals to consider the language they used in giving feedback but how they felt receiving it.

With their final portfolios students are required to write a narrative overview of the key learning points throughout the programme. The experience of undertaking the peer assessment exercise regularly features as a critical point in their learning journey. It is seen as particularly powerful because of the empathy it enables them to develop for their own students, the skill and knowledge in feedback giving and developing robust, transparent marking criteria.

The case study in Box 5-3 is an example of a planned and sensitive approach to helping students to engage fully with peer assessment. SIGFEST colleagues also drew attention to the importance of preparing students at all stages of the assessment process.

Examples were shared highlighting the need to address issues around the role of the lecturer in peer assessment and ambivalence that can result from a dichotomy of ownership of the final product for assessment. Where tutors are involved in the assessment their role needs to be clearly defined. SIGFEST colleagues debated questions such as:

- do tutors have a quality monitoring role where they oversee the feedback students give to each other and intervene in this process or is responsibility devolved totally to students? Such issues particularly relate to electronic feedback where tutors are able to see on-line discussions.

- are tutors adopting the role of external examiner, i.e., the final arbiter in the decision making process or are peer assessors seen as joint markers with equal status where a consensus view needs to be reached between lecturers and students in their marking?

Decisions need to be made and issues discussed *before* the peer assessment exercise is undertaken to ensure transparency in the process. Discussion about the importance of moderation and the specification of roles in marking can be an important way of inducting students into university assessment processes.

Group Assessment

For the most part group learning activities and assessments are included in higher education programme design to develop skills and understanding in the processes of collaborative working. These group skills are particularly significant for students who aspire to work in health provider settings where team work is likely to be an essential requirement. Group assessments that require communication and cooperative contribution to an agreed end-goal provide an authentic opportunity to develop these; additionally these often incorporate self and peer assessment activities as either an implicit or explicit part of the process and the final outcome.

Group activities and assessment can assist students in seeking and co-constructing new knowledge through a process of interactions with each other; knowledge that leads to new viewpoints (Vygotsky, 1978). This does not happen automatically, and as with self and peer assessment techniques, only works effectively when students and lecturers are fully prepared. It is essential for the lecturer to facilitate effective group working, to coach students in developing critical thinking skills within their group discussions, and to work to each participant's strengths and interests.

Problem-based learning (PBL) is an example of a curriculum model that uses group work as a fundamental element of its approach to learning, with the aim of fostering independent and interdependent learners who take a degree of responsibility for their own learning. This group initiated learning can provide an authentic experience that promotes active learning, supports knowledge construction, and naturally integrates campus-based learning with real life (Savin-Baden 2000). PBL uses case studies, frequently drawn from professional practice, that invariably highlight the inherent ambiguities, tensions and complexity of that practice that is difficult to invent. Students can be asked to adopt specific roles and perspectives within the group, and provision of client and carer narratives can emphasize the range of opinions and standpoints that may be held by the various stakeholders. PBL is only one way to organise group work. Many lecturers use group activities as a general teaching strategy for stimulating discussion, situational analysis, critical evaluation and promoting synthesis of ideas. Whatever the situation, however,

group tasks and expected outcomes or products are generally most effective when constructed to mirror authentic professional activity and when there is clarity of the expected processes the students should undertake in order to develop the desired end result.

Successful group activities can be work-based as well as campus-based, and the opportunity for students to consult with practitioners in the field can be a valuable resource. Technology now offers the opportunity for wide communication and collaboration through the use of applications such as discussion boards, blogs or wikis, and electronic data bases facilitate ease of research into current literature. If the desired learning outcomes of the group work include developing positive team-working skills, these need to be part of the assessment too, and tracking of electronic conversations can be a valuable form of evidence in this process.

The size of groups and choice of membership depend on the overall numbers of students in the cohort, and the type of tasks to be undertaken. Five or six is generally regarded as an optimal number for effective collaborative working. This is small enough to enable coordination of meetings and involvement of the individual members in active discussion. Larger group sizes can result in factions forming or freeloaders who do not contribute fully to the activities. There is a difference of opinion on whether groups should be self-selecting, randomly allocated, or carefully shaped to balance representation of the diverse nature of the whole student group. If the group work requires contributions from different perspectives, as Box 5-4 shows then some engineering of the selection is required. However students could still self-select in this situation if given specific criteria to fulfil. Mixed ability groups and mixed cultural groups present some additional challenges. However Falchicov (2005) offers evidence that in mixed ability groups containing high ability students the standard of work is generally raised and Strauss & U (2007) suggest that given appropriate time mixed cultural groups can break down barriers of misunderstanding that are rooted in stereotypes. It is useful to remember that most teams in a work context are not chosen by the individual members and a realistic approach may be to opt for random allocation.

Assessing individuals or the whole group

Students who gain an understanding of collaborative working will be at an advantage in a society that purports to value cooperative work and communities of practice: including these experiences in pre-registration programmes that prepare our students for professional life is valuable (see Chapter 4 for a full discussion of employability). However it is important to recognise that collaborative working may not always be valued. Falchikov (2007: p.139) identifies the tension between co-operation and competition and suggests that employers are likely to value cooperation by their workers within the organisation, but perceive a competitive approach positively when focused towards external rivals. We need to recognise and acknowledge this tension, and help students to find a balance of these two conflicting modes of working. One method of shaping the emphasis is through the approach to grading student work. If norm-referencing is used in grading assignments (where student performances are judged against each other) then competition is emphasised. If a criterion-referencing approach is adopted (where the performance is judged against a set of criteria) then all students have an opportunity to do equally well, and cooperative working can be rewarded. So the design of group assessments and the grading approach needs to be carefully considered if collaborative group work is the desired outcome.

There is a tendency to believe (by both lecturers and students) that group submissions can be unfair in that they do not recognise and reward individual contributions to the end product. However a group assignment that culminates in individual submissions can undermine the whole basis of collaboration and team work on which it is built (Raeside & Goldfinch 1990). One approach to this challenge is to implement peer assessment of the group process in addition to assessment of the product or outcome.

Box 5-4 An Interprofessional Learning an honours level module

The module, Leadership and Management in Healthcare Settings, is designed to help students on different professional programmes to join together in a critical reflection on leadership and management issues and learn how to deal with these in their future professional roles. The module runs over a single week and consists of timetabled group work sessions, daily keynote lectures, and unstructured time for individual research and informal group meetings. Each group is allocated a lecturer to facilitate and support them, although there is an expectation that they will drive the work themselves. Students are randomly allocated to groups of eight members by the module team and have professional backgrounds in nursing, diagnostic radiography, occupational therapy, and physiotherapy.

On day 1, the students are presented with a scenario where the hospital they are working for is undergoing a restructuring review. Groups are required to consider different management and leadership issues related to this review, and to develop a conference-style poster by the end of the week that focuses on a chosen related topic and how this may influence the eventual restructure. Additionally, they write a critical reflection on the group process.

The poster is given an overall mark, multiplied by the number of students within that group e.g. overall mark of 64% x 8 students = 512. The groups are asked to peer assess the contributions and engagement of each group member and then allocate each individual marks from the total mark. If the group view is that one individual has contributed more than the others, each student could donate marks from their total as recognition for this extra contribution as a type of performance-related pay. Thus they could divide 512 equally, then each donate 1 mark, resulting in 7 group members each having 63% and the hard-working student receiving 71%.

Most students agree to split the marks evenly, although some distribute the marks according to engagement and contribution. Facilitators are asked to support the process of a small number of groups where it is felt that an individual had under-contributed. Where students' performance is affected by,

say, illness, they are removed from the aggregate mark and offered a different assessment at a later point on the programme.

One suggested improvement in this process is to build in formative peer feedback during the week so individuals have more opportunity to improve their performance.

As illustrated in the case study in Box 5-4, individual students within a group should be encouraged to recognise what they contribute to both the group process as well as the end product, in order to emphasize the value of these skills and help them accurately appraise their strengths and weaknesses as a team member.

Formative self assessment plus peer and tutor feedback of teamwork can assist in developing and refining a range of group-working skills, although Falchikov (2007) warns that this could also undermine cooperation if not handled sensitively. Jaques (2000) and Bloxham & Boyd (2007) offer a range of assessment criteria for process skills and engagement, which include clear information on what to assess. These criteria are often based on statements related to 1-5 scale, as shown in Table 5-2.

Table 5-2 Assessment criteria with clear statements of grading meaning

criteria	**5**	**4**	**3**	**2**	**1**	**criteria**
regular attendance at group meetings						poor/non attendance at team meetings
active contribution to the discussion						finds it difficult to contribute
works amicably with other members of the team						has difficulty working with others
shows excellent ability to plan and complete own work						has not yet shown they can organise their own work effectively
is good at solving problems						has difficulty in suggesting solutions
responds well to advice						resents criticism and is reluctant to accept advice

Peer assessment against these or similar criteria can be undertaken at agreed intervals during the group work; this offers each student formative feedback as well as a chance to improve in areas of weakness. Equally, if technological methods are used to communicate and contribute to group discussions, further evidence of the quality and frequency of engagement and interaction with the group is available. As with self and peer assessment, the need to be mindful of quality assurance issues such as validity and inter-rater reliability (where different assessors judge the same piece of work as deserving of the same grade or mark using the same criteria) is vital.

Conclusion

In this chapter practice examples shared at the SIGFEST have been drawn upon to offer a deeper understanding of the issues involved in self, peer and group assessment. We have explored some of the conceptual issues surrounding the use of these assessment modes and located their use within current thinking. Furthermore, the sections above highlight some key considerations for practitioners when using these modes of assessment as a way of seeking to build on the opportunities and meet some of the challenges. For all three assessment modes the participatory nature and the need to prepare and engage students fully in these processes is vital. In the end your choice of which assessment method to choose should be guided by what you want students to know and to be able to do. Combining different forms of assessment for learning should ultimately enhance the ability these students have to become reflective professional practitioners. We offer some top tips for developing effective self, peer and group assessment in Box 5-5.

Box 5-5 Top tips for self, peer and group assessment

Top Tips for Effective Self Assessment

Engage the students in actively interpreting the assessment criteria

Build in regular opportunities for dialogue and reference to others judgements throughout the programme

Support realistic insights and feedback into individual abilities through dialogue with lecturers feed forward, reflecting on own development to foster the development of meta-cognition

Involve external examiners

Top Tips for Effective Peer Assessment

Plan carefully in advance and prepare students for the emotional as well as the cognitive components involved in this process

Use feedback to encourage a sense of reciprocal responsibilities and benefits in the process

Be clear about all stages of the assessment process, including the role of the lecturer and the moderation processes involved

Build peer assessment into the curriculum at all levels offering student the opportunity for longitudinal development of these skills

Top Tips for Effective Group Assessment

Ensure group size and membership are correct for effective working and that lecturers facilitate appropriate dynamics and contribution

Utilise appropriate technologies to facilitate a range of communication methods between group members

Allocate group marks to foster a sense of collaborative output

Chapter 6 Increasing Student Engagement with Feedback by Carolyn Gibbon & Christine Dearnley

In this chapter we discuss the opportunities for, and challenges of, engaging students with feedback on academic and practice based performance. Understanding of what feedback is and how it should be used varies considerably across the higher education sector. Participants at the SIGFEST noted how in the past the judicious use of the *red pen* was all that was required. Many would argue that students continue to view the mark awarded as the most important aspect of any assessment: however a new student perspective is starting to emerge. Increasingly there are some students who want comprehensive, legible feedback that they can use to improve their next assignment.

Finding a commonly agreed definition of feedback presents a number of difficulties and this challenge sits alongside the recent trend for lecturer feedback practice to be identified as a measure of teaching quality (Quality Assurance Agency, 2008). The National Student Survey (NSS), a valued measure of student satisfaction, measures, amongst other things, satisfaction with the feedback students receive (Higher Education Funding Council for England 2009).

Feedback on assessed work is arguably the most important aspect of the learning process (Rust, O'Donovan, Price 2005; Gibbs & Simpson, 2005: Nicol and Macfarlane-Dick, 2006). Questions then arise about how to enable students to engage with feedback, whether greater engagement would enable greater learning to take place and if so, how do we as teachers maximise opportunities for students to engage with their feedback?

The vast literature relating to assessment and feedback includes frameworks (Sadler 1989, Juwah et al. 2004, Gibbs and Simpson 2004) to support both the lecturer and the student in using feedback to support learning. There is also increasing evidence of good practice using innovative feedback tools, such as the increasing use of electronic feedback, group feedback, one–to-one feedback, and traditional written feedback. All these take a more tailored approach to better fit the needs of a diverse student group. These approaches

require lecturers to adapt to a changing world and to embrace the greater use of technology, using virtual learning environments, audio podcasts, e-portfolios and social networking sites, to name a few. Student use of, and access to, technology is also changing. There is increasing functionality of mobile phones making learning any time anywhere a reality and enhancing opportunities for student engagement.

In this chapter we address these issues, looking first at the evidence to support the relationship between feedback and learning, followed by an exploration of different approaches to providing feedback and preparing the student to receive feedback. Examples of good practice are considered and top tips given to help you engage your students with the feedback process.

Literature overview

Sadler (1989) asserts that assessment processes can be used as learning and suggests three key points, which all parties must engage with:-

1. Guidance: knowing what the standard/goal is that is to be achieved.
2. Feedback: knowing how the current achievement compares to those goals.
3. Applying feedback to future assignments: taking action to reduce the gap between the two.

A number of models or principles of good feedback practice have since emerged.

Box 6-1 shows the first example from the Student Enhanced Learning through Effective Feedback (SENLEF) project which published 7 principles of good feedback practice (Juwah et al. 2004:6).

Box 6-1 Seven principles of good feedback practice

- Facilitate the development of self-assessment (reflection) in learning
- Encourage teacher and peer dialogue around learning
- Help clarify what good performance is (goal, criteria, standards expected)
- Provide opportunities to close the gap between current and desired performance
- Deliver high quality information to students about their learning
- Encourage positive motivational beliefs and self-esteem
- Provide information to teachers that can be used to help shape the teaching

Juwah et al. 2004:p. 6

The underpinning conviction of the SENLEF project was that developing good feedback practices would be beneficial to all concerned. How lecturers could embed these principles in their teaching is demonstrated by a range of case studies from a number of different disciplines (Juwah et al. 2004).

Similarly, Gibbs and Simpson (2004: 17-24) noted the influence of assessment and, in particular, the potential of feedback on student learning. Box 6-2 shows six of their 10 conditions which are specifically aimed at the provision of feedback. They concluded that if these conditions are met then assessment will support learning and that they provide an opportunity for lecturers to review their assessment and feedback practices.

Box 6-2 Conditions for feedback as learning

- Sufficient feedback is provided, both often enough and in enough detail
- The feedback focuses on students' performance, on their learning and on actions under the students' control, rather than on the students themselves and on their characteristics

- The feedback is timely in that it is received by students while it still matters to them and in time for them to pay attention to further learning or receive further assistance
- Feedback is appropriate to the purpose of the assignment and to its criteria for success
- Feedback is appropriate, in relation to students' understanding of what they are supposed to be doing
- Feedback is received and attended to
- Feedback is acted upon by the student

Gibbs and Simpson (2004: 17-24)

Higgins, Hartley and Skelton (2001 & 2002) discussed the role of student expectations and students as consumers. They concluded that students generally are conscientious; they recognise the value of feedback and are anxious to receive good feedback. They noted that as lecturers we need a clearer view of how students use feedback and suggested that what we really need to supply is feed forward. Feeding forward requires explicit guidance on how to improve the work for future submissions. Clearly, this will be of more help to students in formative assessment opportunities rather than in summative pieces of work. However, general advice on how to improve work for submission has a clear value at any time; provided that the student engages with the advice being given. As Bloxham and Boyd (2007) point out, feedback has no value unless it is timely, students pay attention to it, they understand it, and they can act upon it. We suggest that whilst providing students with appropriate and timely feedback is potentially an extremely valuable learning tool, it is likely to be in ineffective unless the student engages with it. This then is the challenge of feedback.

The challenges of feedback

What then are the current problems with feedback? In summary, students state that they often find it hard to read, hard to interpret and that frequently it comes too late to be useful (Higgins et al. 2002). Lecturers complain that

students don't pay attention to it, because they don't see it as useful, and it can be expensive (of staff time) to produce (Bloxham and Boyd 2007). This then becomes an issue about quality and quantity (Gibbs and Simpson 2004). In attempting to deconstruct these issues, we now focus on the student and staff views of this key issue.

Students increasingly see themselves as consumers (Higgins et al. 2002) and expect value for money when it comes to receiving feedback. They find the lack of synergy between the comments and the mark awarded frustrating and demotivating (Gibbs and Simpson 2004). Maclellan (2001) found that perceptions about the feedback process varied between students and lecturers, and that students did not consider the value to be as frequent as staff claimed. According to Black and William (1998) students read their feedback much more carefully and used it to guide their learning to a greater degree when no marks were given. There is no doubt that students feel that positive feedback motivates them to improve, though this guidance was rare (Weaver 2006). The students in Weaver's study also reported the need for a balance between positive and negative comments.

The National Union of Students (NUS) has been proactive across the sector in raising awareness of feedback and its role in the learning process. Their 2008 survey particularly noted complaints about ambiguity, lateness and negativity (NUS 2008). In 2009 the NSS indicated only a 1% rise in student satisfaction with feedback, showing the growing concerns that students were being let down, albeit some more than others (HEFCE 2009). To attempt to address these issues the NUS submitted a ten point list of principles they would like to see put into action. These principles align with the research findings previously discussed.

From the perspective of the lecturer, meaningful feedback is often dependent on knowing the student. This is within the context of growing student cohorts where teaching is increasingly managed by a team of lecturers. Teaching, supervision and marking is then divided and a lecturer may only know a small number in the cohort. Gibbs and Simpson (2004) point out that modularisation has also shortened courses; in turn this has reduced the timescale for

formative assignments and feedback, and the time available to build a relationship between student and lecturer.

There is also the challenge of knowing who is who in the contemporary student cohort. Student diversity has increased enormously (Gibbs and Simpson 2004), more require guidance with their assessments and as a consequence more feedback to support them. All students, whatever their ability, are entitled to support in the assessment/feedback process (Falchikov 2005). However the issue of time management cannot be ignored as education resources continue to shrink. Providing meaningful feedback to all students, in a medium that suits their learning style and needs, demands adequate resources.

Maclellan's (2001) work regarding perceptions of feedback indicates that lecturers found feedback useful in prompting discussion between staff and students and in enabling students to understand assessment. Whilst staff in Maclellan's study considered feedback to be helpful in its detail and to improve learning the students did not always agree. The challenge therefore is to ensure that students understand how feedback can help them and exactly what their role is in the process.

Providing support to meet the challenges

This section looks at some strategies that can be employed to overcome some of the challenges related to the provision and use of feedback. Following an overview, examples are used to illustrate good practice based on the key issues we have discussed. These are linked to the resource list, which can be found at the end of this chapter.

The strategies we propose need to be viewed in context. For example, the method of providing feedback to a student studying art and design will vary from a student studying a science subject. In the context of health courses, there is a distinction between feedback on theoretical and clinical (work based) assessments. It is also important to consider that there will always be an element of resistance when change is suggested, in this case either from lecturers or from students. Adopting new ways of working means being aware of resistances and having strategies for managing these. Common sense

approaches are clearly advocated in relation to the sending and receiving of feedback. In Box 6-8 we offer some research informed top tips (Higgins et al. 2001, Nicol and Macfarlane-Dick, 2006).

Preparing students to receive feedback

In this section we look at the importance of students understanding that assessments and the associated feedback are *for* learning, rather than *of* learning. This will only occur if the students are fully engaged in the process. Carless (2006: p. 219) tells us that 'Feedback is central to the development of effective learning' and goes on to discuss how students and lecturers hold differing perceptions about the assessment, marking and feedback process. The literature indicates that often students do not receive feedback or do not understand what they have received. Receiving feedback that is appropriate and timely is vital, as we have already discussed, however, students also need help in understanding the feedback. Weaver (2006) found that students wholeheartedly recognised the value of feedback but found it to be too general or vague. This, in turn, tended to discourage rather than motivate them. What then can be done to rectify this situation?

Firstly, using written criteria for marking that is available to the student before the assessment event, and then used for the subsequent marking helps both the student and the lecturer (Miller, Imrie and Cox 1998). Good practice would advise that the lecturer takes time to discuss the language used in the criteria with the students. This should be in the course induction, with follow-up sessions as part of module supervision. Stressing the value of module supervision helps both the student and the lecturer, and is especially important in ensuring all students have equality of opportunity. As Bloxham and Boyd (2007) point out, the student also has the right to ask for clarification of points made. You will find further discussion on this in Chapter 8 on ethical dilemmas in assessment.

Secondly, it is vital to encourage self-assessment and reflection by the student. As discussed in Chapter 4 on assessment and employability, these are meta-cognitive skills that will enhance life-long learning and employability. Bloxham and Boyd (2007) suggest that if students carry out self-assessment

after work has been marked it is unthreatening and should help the student in identifying relevance to future work. Setting targets for the next piece of work is also recommended as part of self-assessment. There is further discussion of self-assessment in chapter five. Learning through reflection is a skill that takes time to develop, but as Boud (1995) points out, both the student and the lecturer will appreciate the long term benefits. Providing generic feedback and asking the students to determine which parts apply to their work is another approach (Rust et al. 2005).

Thirdly, Weaver (2006) recommends that lecturers need to develop awareness of how students respond to feedback. By reviewing the language used and the messages provided, there are greater opportunities for the student to engage with the feedback. Using a better balance of critical and positive feedback will help to make it more effective and assist in the process of feed-forward (see Future developments at the end of this chapter). It will also support personal development planning activities, especially in situations of group and one-to-one tutorials. Reviewing the feedback of other students enables the individual student to look at their own work and set their next set of targets. They should also have the opportunity individually to ask questions about these targets. As Bloxham and Boyd (2007) point out, this requires confident handling by the lecturer, especially if the work has been marked by a colleague.

Fourthly, the views of stakeholders such as external examiners need to be taken into account. The role of the external examiner is to bring a level of what Bloxham and Boyd (2007) refer to as external accountability to assessment decisions, especially in higher education. A major part of this role is the moderation of scripts and assignments to ensure fairness across the whole process, from assignment setting through to the provision of feedback to the students. This encourages cross-fertilisation of ideas across universities and helps to support good standards in relation to the assessment/feedback process.

Good Practice Examples

In Box 6-3, Box 6-4, Box 6-5 and Box 6-7 are four case studies demonstrating good practice initiatives that have been undertaken to engage students with the feedback process, namely by

1. Developing generic marking schemes
2. Introducing student self assessment on all assessed work
3. Using audio technology to provide formative feedback
4. Developing 360 degree types of practice assessment

Box 6-3 Developing generic marking schemes[2]

In one UK School of Health Studies generic marking criteria for all assessed work, across five professions and six academic divisions have been introduced. This ensured that all students and staff always used the same format for the provision of feedback, ensuring familiarity and consistency of use. Over a period of time the same format was applied to posters, seminars, examinations and portfolios at undergraduate and postgraduate level. The criteria are available in Word format and Excel, and allow for electronic completion and calculation of mark.

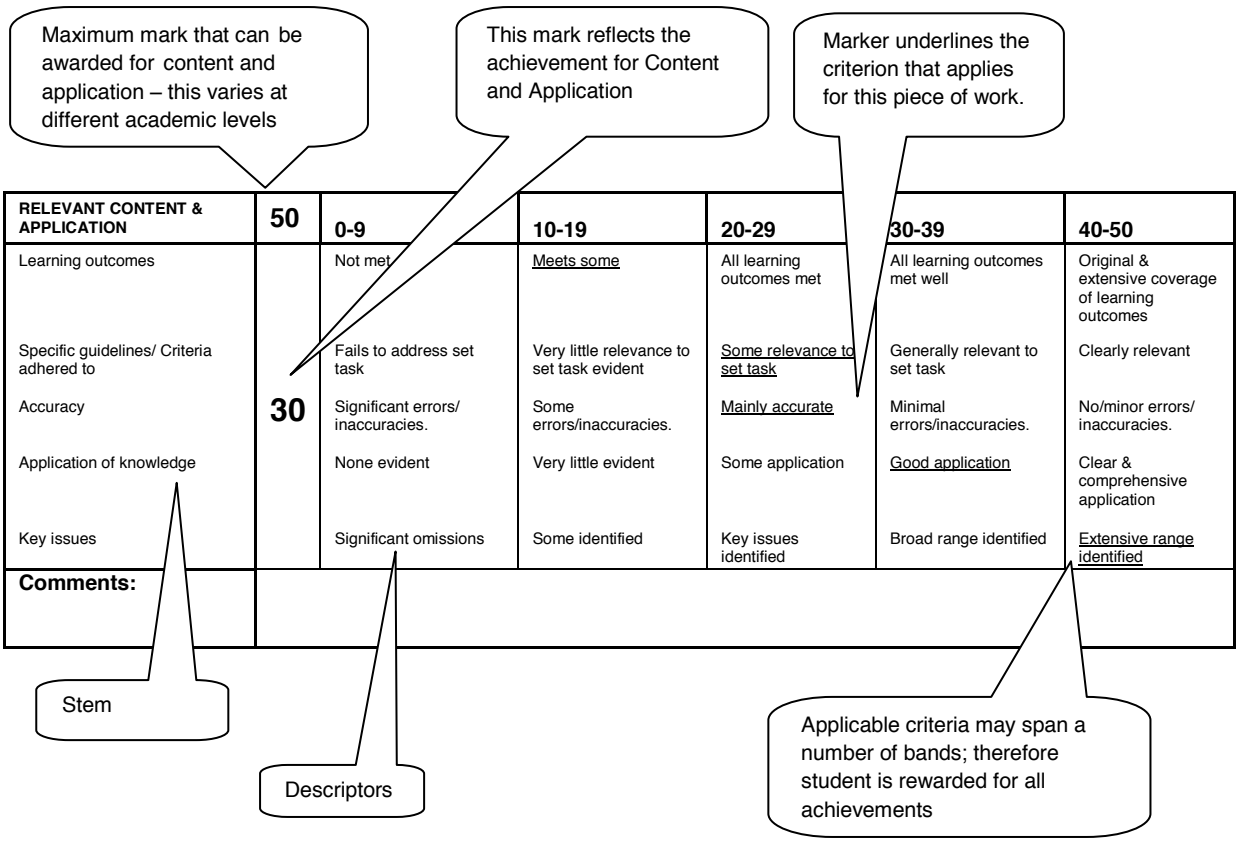
The format used provide detailed generic feedback but also allow for personalised written feedback to the extent that a) staff have time for depending on the size of cohort, and b) student requirements based on standard of work. The tools developed in this process ensure consistency across professions and departments; enable interaction between student and lecturer and the provision of targeted and meaningful feedback on assessed work. We would suggest that these are the key values of generic marking schemes such as these and that they could be used wider across other disciplines, if they were regarded as a general template to be tailored for discipline specific skills

In this example, there are three domains at each level, for example, for undergraduate assignments, these are: academic style; relevant content and application and relevant analysis and argument; at masters level for

[2] C*ase studies one and two are included with thanks to the School of Health Studies Marking Criteria Group, University of Bradford*

assignments these are structure and academic style, quality of content and application, level of reasoning, intuition and perception. A number of marks are available within each domain and these change depending on level, so for example at level 1 content is more important than skills of analysis so more marks are available in this domain at level 1 than at levels 2 and 3, where there is a gradual decrease in marks available for content and increase in those available for analysis and argument (see Figure 6.1 and Figure 6.2).

Figure 6-1 Level 1 content domain



RELEVANT CONTENT & APPLICATION	50	0-9	10-19	20-29	30-39	40-50
Learning outcomes		Not met	Meets some	All learning outcomes met	All learning outcomes met well	Original & extensive coverage of learning outcomes
Specific guidelines/ Criteria adhered to		Fails to address set task	Very little relevance to set task evident	Some relevance to set task	Generally relevant to set task	Clearly relevant
Accuracy	30	Significant errors/ inaccuracies.	Some errors/inaccuracies.	Mainly accurate	Minimal errors/inaccuracies.	No/minor errors/ inaccuracies.
Application of knowledge		None evident	Very little evident	Some application	Good application	Clear & comprehensive application
Key issues		Significant omissions	Some identified	Key issues identified	Broad range identified	Extensive range identified
Comments:						

Figure 6-2 Level M content domain

quality of content & Application	40	0-7	8-15	16-23	24-31	32-40
Relevant learning outcomes and guidelines met		Fails to identify or address	Some outcomes addressed	Met all, limited depth/breadth	All accurately/well addressed	Addressed in a systematic/comprehensive/ creative way
Application of knowledge		None evident	Some application and limited discussion	Good application, informs discussion	Clear & comprehensive, supports discussion	Creative use of contemporary evidence to inform and support discussion
Key issues	22	Significant omissions	Some identified, no/few suggestions for development of practice	Main issues identified, includes suggestions for development of practice	Broad range identified, proposing creative solutions for development of practice	Extensive range identified includes new insight and/or hypothesis for development of practice
*Reflection		Limited	Appropriate	Good personal and professional	In-depth personal and professional	Thoroughly integrated personal & professional
Comments:						

Box 6-4 Introducing student self assessment on all assessed work

The same School of Health Studies adopted student self assessment (SSA) of all academic assessment at the same time as introducing generic marking criteria. In this way it became embedded as part of the new process. It aimed specifically to enhance student engagement with the assessment and feedback process. There is evidence to suggest that self-assessment is perhaps one of the most important skills that students require for effective learning, future professional development and lifelong learning (Boud, 1986; Dearing, 1997, Falchikov, 1997, Stefani, 1998, Taras, 2001). McDonald and Boud (2003) found that student involvement in assessing their own work notably enhanced learning and achievement, whilst Juwah et al. (2004, p. 4) assert that the student should 'occupy a central and active role' in the feedback process. SSA places the student in this central, interactive position.

In this case, clear guidelines are given to students about the benefits to them of self assessment and how to use the marking criteria to help them. It is clearly stated that the mark awarded by staff is not negotiable. Clear guidelines are given to staff that they should read the work and award the mark before they consider the SSA. This ensures that they are not influenced in anyway by the students self assessment as even the most experienced members of staff can have a moment of doubt when, for example, they see that a student has given their self 85% for work they have marked at 38%. There is debate about the benefits of students awarding a mark in SSA, but this institution, for now, believes there are benefits in doing so, in that it encourages students to interact with the marking criteria and thereby engage with the feedback process more thoroughly. For more information see Dearnley and Meddings (2007).

Box 6-5 Using audio technology and draft assignments to provide formative feedback

Evidence suggests that potential learning benefits of good feedback are often not realised (Chanock, 2000; Higgins, Hartley & Skelton, 2002; Duncan, 2007; Hounsell, McCune, Hounsell, & Litjens 2008). A group of lecturers recognised that new and different ways of increasing student engagement with feedback should be explored. Kirschner et al. (1991) explored using audio feedback and found that,

"The amount of time spent by instructors supplying the feedback differed minimally whilst the amount communicated to the students with audio feedback was significantly greater than the amount communicated with written feedback" (p. 185).

Since then of course, technology has moved on significantly and now it is possible to make good quality digital recordings on a wide range of easily affordable devices. MP3 files can be easily transferred onto personal laptops or computers and emailed to students or imported into electronic learning spaces. Lecturers at the University of Central Lancashire have also found it useful to photograph any notes on the whiteboard and e-mail the photo to the students with the audio recording.

Merry and Orsmond (2008) explored audio feedback and found that students viewed it positively for three main reasons:

- it was easier to understand because handwriting is often illegible
- it had more depth because possible strategies for solving problems were included rather than just stating what the problems were
- it seemed 'more genuine' indicating that speech is received in a more personal way than writing

These findings were reflected by students who were involved in this case study. They claimed that the feedback they received was more personal and reported that it made them think more about what was being said. For example:

> *"I think well it, it's … more personal…"*
>
> And:
>
> *"I think the verbal stuff is nicer to hear. It's a more personalised approach from the tutor and you get a sense of it's more personal…"*

It is possible that the more personalised approach encourages engagement with the feedback and thereby increases engagement with the learning process.

For example:

> *"You'd pick up the tone of the voice and how they're saying things … it makes you think yeah she's right there"*

In this case study, using audio technology to provide student feedback was combined with a process of providing formative feedback on a short draft assignment mid module (see Box 6-6).

Initially, staff found that there was little time saved as they grappled with a) the technology and b) developing new skills in delivering feedback in this way. However, once these issues were overcome, the time element significantly reduced for the following reasons:

- At first, staff found they needed to replay the recording to ensure that it 'sounded ok' i.e. that tone and nuance were appropriate –in time and with experience, the need for this subsided.
- Because students were getting plenty of feedback with which they clearly engaged and fed forwards into their summative assessments, summative feedback could be reduced at the end of the module.

Box 6-6 Key points in the process of providing formative feedback on a short draft assignment mid module:

- Assignment brief given to students at start of module
- Date set six weeks in advance (i.e. 6-7 weeks prior to submission date) for a 350-500 word draft to be submitted*
- Guidelines for draft outline provided, such as:
    - The problem is..... 30 words
    - The aim of this study is .....30 words
    - Possible methods are.....40 words
- Students are asked to all submit formative work at the same time because it is easier for the lecturer to provide audio feedback in one 'audio session.' This is made very clear to students and drafts that are sent after the agreed date are not guaranteed to receive audio feedback.
- Students submit their drafts and audio feedback is returned within a week of the agreed submission date

Box 6-7 Developing 360 degree types of practice assessment

The ALPS CETL (see resources) developed a 360 degree assessment process that allows health and social care students to obtain feedback on their practice (work) based performance. This means that on a range of defined interactions students can seek formative feedback from a range of stakeholders. In addition to self assessment, the process facilitates feedback from practice educators; from the students own profession or any other, from their peers i.e. other students from their own profession or any other, and service users & carers i.e. their patients or patient's carers/relatives. These mini-assessments are designed to allow the student to obtain short bursts of feedback on a regular basis in authentic settings from a range of individuals, thus allowing them to become discerning in the different types of feedback they might receive, noting the significance of context and culture, validity and reliability. Crucially however, these formative assessments will allow them to seek out feedback on a regular basis whilst on practice (work) based placements, away from the University. Feedback obtained by these mini-

assessments can then be shared, at the student's discretion, with university staff via mobile/electronic processes.

Future developments

Greater attention is currently being given to the concept of feed forward – a process whereby the student identifies what they should pay attention to in order to improve future assessment tasks. Duncan (2007) cites Sadler (1983) as an early advocate of feed forward, expressing the wish that students should be given the opportunities to rework and resubmit work and receive continuous feedback in return. To be more manageable in today's climate it is useful for the student to engage in setting targets for the next assignment, whilst the lecturer offers written and verbal support as to how the work may be improved. For example, the lecturer identifies three clear ways in which the student can improve future assessments, rather than provide copious notes on the specific assignment being made. This can also be seen in the use of the assessment known as Patchwork Text (Winter 2003) where students work on small creative pieces of work and bring them all together at the end of the module, usually with a reflective account. This way the feedback is frequent as each piece of work is commented upon by the lecturer and other students in the group.

The use of technology has grown exponentially, especially the use of mobile technology. E-portfolios are increasingly seen as vital for professional development practice, as a way of storing records such as feedback. Their use also helps to develop the skills required for life-long learning; reflection, critical analysis, evaluation and technical competence.

Conclusion

Student satisfaction surveys have demonstrated that in the past feedback on their assessments was haphazard: either non-existent or minimalist in the extreme. Many would argue that it is still the case. As we have shown in this chapter attention is being given to improving the quality and student use of feedback. Students are being provided with more and more comprehensive

feedback; yet evidence suggests that there is more progress to be made on enabling them to fully engage with this feedback. Both lecturers and students are facing increasing resource issues as the number, and diversity, of students increase. Lecturers are faced with less time for formative assessment in particular, as modularisation places increasing demands on time (Gibbs and Simpson 2004). Other challenges we have outlined include the mode and method of feedback – what is said and how it is said continue to present a communication challenge in order to increase motivation and confidence.

The resources listed below to help meet the challenges we outlined in this chapter are just a few of the many available. We hope that by adopting some of the top tips in Box 6-8, lecturers and students alike will engage in, and benefit from, the provision of feedback in the wider assessment process.

Box 6-8 Top tip encourage students engagement with, and use of, feedback

Top tips to encourage students to use feedback:

- Use feedback for professional development planning by reflecting on the comments received
- Use opportunities which are presented for generic feedback to the group
- In a small group, using marking criteria, mark a piece of work and discuss the process
- Ask for help from lecturers and use online activities to understand the feedback given

Top tips for lecturers to encourage students to use feedback:

- Feedback on formative and/or summative assessed performance is vital
- Feedback enables the student to develop their motivation and confidence as well as their knowledge and skills so it is important to be positive somewhere in the feedback
- The main purpose of feedback is to support learning and development- encourage your students to see it as part of the learning process
- Students are increasingly being regarded as consumers and the

majority will value feedback, but only if it is meaningful with a balance of positive and negative statements – is it a language they understand, be clear and specific

- Ensure that written feedback is word processed when returned to students, this helps to build a bank of comments in order to develop generic feedback
- Use language that matches the mark given eg. if you say the performance is excellent – give an excellent mark
- Provide opportunities for students to engage in self, peer and group assessment providing feedback by utilising marking schemes, this will help them become familiar with the language and how to use them to prepare for assessment
- Use different formats for providing feedback e.g. Written, audio and on-line activities
- Take account of the diversity of students and their differing learning styles/needs
- Encourage opportunities to discuss the feedback with the students by providing generic feedback, possibly in a class situation, followed by individual feedback

Top tips for audio feedback

- Use a good quality machine and keep file size small
- Spoken feedback should be presented less formally, as students appreciate caring manner – always start by addressing the student by name
- Tone of lecturer's voice is important, it involves an emotional input and provides richer feedback – students are more likely to understand what is being said to them
- It should not be rushed as students may replay it anyway
- It provides more feedback in a given amount of time
- Give examples of how work may be altered
- Be positive and give praise
- Be aware that audio feedback encourages engagement with feedback

and engagement may be dependent on learning style

- Recording requires learning of new skills and is likely to take longer initially but may save time in longer term
- Be prepared to develop your own approach that suits you and your student

Resources

A variety of models and guidelines to encourage the use of feedback to support learning have been suggested. Some universities have centres devoted to assessment and feedback or have done recent development work related to it. All have produced freely-available resources and guidance. We hope you find the following list of examples and websites helpful.

- Assessment and Learning in Practice Settings (ALPS), is a partnership between the Universities of Leeds (lead), Leeds Metropolitan, Bradford, Huddersfield and York St John. http://www.alps-cetl.ac.uk/
- The Assessment Standards Knowledge exchange (ASKe) at Oxford Brookes University. http://www.brookes.ac.uk/aske/
- Feedback templates often vary within universities and in trying to take this into account the University of Central Lancashire has produced its own guidance, called a Student's Guide to Feedback. This guide has a generic template, but tailored to fit individual schools, so that students can make a clear link between their school and the information in the guide (details of this are available from the authors)
- Audio Supported Enhanced Learning (ASEL) this Joint Information Systems Committee funded collaborative project undertaken at the Universities of Bradford and Hertfordshire set out to develop, implement and evaluate the use of audio to support three specific areas of teaching and learning, namely:
    - self reflection and self assessment
    - formative and summative feedback
    - collaborative learning.

ASEL focussed on the changes in practice, both for tutors and learners that take place when audio is incorporated into each of these three areas.
http://www.jisc.ac.uk/whatwedo/programmes/usersandinnovation/asel.aspx

Chapter 7 Opportunities and Challenges of Grading Performance in Practice by Kathy Wilson & Janet Scammell

Practice education is viewed as the cornerstone of professional practice learning and is, as Mulholland et al. (2005) describe, the core element of all educational programmes that prepare health and social care practitioners for academic award and registration.

Whilst practice education can essentially refer to any university learning that takes the specific practice event as the central source of learning (Dick et al. 2002) here we focus specifically on learning and assessment within the placement setting. We consider some of the different strategies employed to assess practice learning and particularly look at the award of a grade for the assessment of performance within the placement setting by a practice educator.

Reilly & Oermann (1992, p. 421) refer to grading as ‘quantitative symbols of qualitative dimensions of behaviour’. Grading generally uses ‘a letter or number’ to ‘convey a complex and diverse array of competencies and attributes’ that can be ‘instantly understood by the viewer’ (ibid.). For these reasons, grading can be a useful tool for students and educators but grades are not value free because like any assessment graded or otherwise, they are based on judgements.

Our story begins at the 2008 Festival of Learning HSP when academic staff and practitioners asked for the opportunity to explore the challenges of grading and learn from current practices. Some of the challenges highlighted in at that time were from delegates who already had a grading system in place; they wanted to debate quality assurance issues. Others were about to embark on the development of a new assessment strategy and were seeking support and guidance. In order to meet some of these needs three of us, representing physiotherapy and nursing, led a workshop at the SIGFEST in which many other health sciences and practice professionals engaged in further discussion. Different perspectives and experiences were explored that form the basis of this chapter.

Because of the differing nature of practice learning and assessment within professional programmes these issues are more pertinent to some rather than all HSP members. It is a particularly topical for midwifery practice since the grading of clinical practice became a statutory body regulation in 2009 and for nursing practice as it is proposed that the same system is implemented soon in English and Scottish universities. A number of physiotherapy SIGFEST delegates had many years of experience of grading practice assessment.

Whilst a number of examples of grading were shared amongst SIGFEST participants it would appear from the literature that in many health sciences and practice professions performance of practice is still assessed using a pass/ fail criteria. Andre (2000) clams that educators have persisted with pass/fail criteria because the assigning of a grade in the assessment of a student's performance in practice has been considered too variable, too subjective, or educationally inappropriate. There rs limited evidence to support these claims.

This chapter adopts a practical approach to the issues raised to meet the concerns raised by the SIGFEST participants and we hope this will appeal to the readership of this paper. To this end drawing upon the limited literature available concerning grading practice we start by exploring the potential value of grading practice in health sciences and practice education programmes. We then look at the challenges and issues that this raises. Quality assurance forms a key thread, in particular the issues of reliability and validity, generally in the assessment of practice performance and specifically related to grading. We conclude by offering some top tips to assist with the introduction of grading of practice in your programme.

Practice Learning and Assessment

The Health Professions Council (HPC 2009) and the Nursing and Midwifery Council (NMC 2004) both stipulate that practice placements must be integral to professional programmes and that placements are central to the programme's ability to deliver safe and effective graduates. Both these bodies identify a number of proficiencies that need to be met during programmes leading to health sciences and practice professional registration. Many are

related to being able to work, where appropriate, collaboratively with other professionals, support staff, patients, service users, and their relatives and carers. The number and types of placements are not dictated by the Health Professionals Council and can vary across universities. The range is from a minimum of 1000 hours practice in Physiotherapy, Occupational Therapy and Podiatry, which equates to approximately a third of these programmes and up to half in programmes such as Radiography, Nursing and Midwifery.

Where a significant element of the programme involves practice placement, assessment of student performance in practice is an invariable feature. Assessment of clinical performance is undertaken in many health sciences and practice programmes by staff in the clinical area who have usually undertaken some preparation for this role. Assessment generally involves direct observation of student's technical ability and communication skills as well as utilising question and answer approaches to assess their knowledge and understanding of a given situation. On one hand whilst the learning needs of the practice educator appear to be similar the approach to learning and assessment on practice placements varies greatly (Mulholland et al. 2005).

A limited literature is available on the comparison of different practice assessment tools particularly where grading of performance in practice is involved. The literature on grading practice reveals that not only is the notion of grading interpreted differently between professions but also between universities. Examples include the awarding a pass / fail criteria to the assessment in the placement setting and then the follow up grading of either a portfolio based assessment, reflective account or a viva voce by the university based programme team.

In physiotherapy and occupational therapy the grading of clinical performance has been the norm for many years in a number of programmes. Other health sciences and practice programmes have reported that grading practice was developed and subsequently abandoned, citing a number of reasons relating to lack of confidence in the processes. Scammell et al. (2007) found an initial reluctance amongst some lecturers to allow practice educators to grade. Concerns seemed to revolve around placing too much responsibility on practice staff and on their insufficient preparation for this role. However when

asked, the practice educators in Scammell's study felt confident to grade and believed that this enabled them to be more discriminatory and thus more specific in their feedback to students.

The literature is populated with examples of inappropriate assessment practices, referring to students' and their assessors' poor understanding and knowledge of the assessment criteria and how to interpret them (Neary 2000, Calman et al. 2002, Watson et al. 2002). Some practice educators reported that they did not pay any attention to the criteria but based their judgements on how they felt intuitively about the student (Girot 1993). Given this context the main challenges highlighted in the literature reflect the ongoing debates about the complexities of attempting any form of assessment in practice.

The value of grading practice

This focus on the need to give more formal recognition to the practice component of curriculum has featured in a number of policy and advisory documents from regulatory bodies, often in response to criticisms of a student's fitness for practice (NMC 2004). The QAA (2007) Code of Practice for work based and placement learning argue that well-designed assessment can help to reinforce the relevance of the work-based or placement learning to other parts of the programme and vice versa. That Code stresses the requirement that all types of learning, including work-based and placement learning, must be appropriately and formally assessed if they are to be formally recognised.

The challenge for educators is not only to accurately assess practice but to give equal value to all aspects of the curriculum. As indicated earlier there are different approaches to achieving this. In a study to explore the experience of grading practice performance of first year adult nursing students from the perspective of practice educators, students and university based lecturing staff Scammell et al. (2007) found that all groups felt that grading practice valued the importance of the practice element of professional preparation more than non-grading. This was further supported by findings from a follow up study (Scammell et al. 2009) of 3rd year students from a range of nursing branches. This study found that generally respondents liked and wanted to grade or be

graded in practice, mainly because it was perceived that greater value was being given to the practice element of the programme within the overall assessment strategy. The study findings supported Glover et al. (1997) conclusions that by not awarding a grade to clinical practice was to somehow devalue it. Further these authors make the point that marking schemes are designed to show how the products and processes of student performance in assessment tasks are measured; a pass/ fail decision does not effectively communicate this (Glover et al. 1997). Mc Burney, cited in Rose and Best (2005), asserts that assessment using a pass/fail criterion does not encourage individual students to achieve their potential and extend themselves; rather it encourages the achievement of what might be considered a satisfactory standard by all.

A SIGFEST participant spoke to this point by quoting a student who is currently assessed using pass/ fail criteria. When asked how they felt about the award of a grade to clinical practice, the student said

'when I am given a pass I sometime feel that it is not enough because I know I really worked hard and although my practice educator has given me feedback that I have done really well it is only the pass that comes up on my results – if students knew they could get an excellent grade then I think they would work even harder.' [3]

The issues surrounding clearer communication of achievements highlighted in the above quote also applies to practice educators. One of us recently explored the potential benefits of grading practice with a group of practice educators who were undertaking a mentorship update. One practice educator reported that,

'when assessing a recent student I did have some concerns re her level of knowledge though I did not feel comfortable failing her. I decided in the end to pass her and tried to reflect my concerns in the comments but found this difficult. If I could have awarded her a grade I would probably only have given her 45% overall and I would have felt much happier that this would have communicated to the student that she had quite a way to go before qualifying

[3] Quotes from a SIGFEST participants are published with their permission.

and it would have communicated this more effectively to the next assessor also.'

Arguments presented in the literature regarding the importance of giving due credit to the practice component and the fact that achievements can be more effectively communicated if a well established grading process is in place, link clearly to the evidence supporting the relationship between student motivation and assessment. Motivation, according to Crook (2006) is one of the key principles of intelligent accountability and can be categorised as both intrinsic and extrinsic. Within professional programmes one would expect that students were intrinsically motivated to learn. However, as Crook (2006) suggests, it is unrealistic to expect even the best students to be intrinsically motivated all the time and hence they require extrinsic motivation, which in the case of grading is acknowledgement of their achievements. Andre (2000) supports this, suggesting that providing a grade for practice that rewards student excellence creates incentive in a student to extend beyond satisfactory achievement. Boud and Falchikov (2007) also claim that assessment can direct attention to what is important and has a powerful effect on the way students approach their work. Entwistle (1996) claims that the single, strongest influence on learning is the assessment procedure: if students are motivated by assessment tasks this leads to increased engagement.

Within the changing environment of health care provision and the focus on employability and employer engagement (as outlined above in Chapter 4) there is a much stronger emphasis on employer demand and satisfaction. These issues were also raised by SIGFEST participants as reasons why HEIs should provide a grade specifically for the practice element of a programme. Thompson et al. (cited in Andre 2000) reported that trade-based programmes such as hospitality and tourism in Australia were in support of grading practice – reportedly based on a belief that grades provided a competitive edge in the work place market. Students and employers responded favourably to the type of information communicated through graded assessment criteria. Participants at the SIGFEST also supported the notion that an effective grading system could help employers to better understand the range of knowledge and skills

achieved by the student rather than just supply knowledge about their academic performance. This presumes that the grade is supported by details of student achievement and performance and not simply a number.

Rating scales; views from the literature

We contend that grading of practice performance has value to those involved although the empirical literature in particular in this area is limited to work from only a few professions. Most comes from nursing or midwifery (Bondy 1983, Glover 1997, Smith 2007, Scammell 2007; 2009) with Clouder and Toms (2005) reporting a study which examined assessment practices in physiotherapy. Key issues highlighted in all of these studies are transferable to other health sciences and practice education.

A North American study, which has influenced the development of a number of other grading systems, is presented by Bondy (1983) who developed a five-point rating scale for the evaluation of professional practice based upon findings from psychometric studies. This work has informed the development of other assessment tools and identified the following levels of practice competence:-

- Level 5 - Independent
- Level 4 - Supervised
- Level 3 - Assisted
- Level 2 - Marginal
- Level 1 – Dependent

Bondy's study recommended that rating scales should have between two and seven points in order to reduce subjectivity and achieve high levels of objectivity and fairness. Reliability is gained through clearly defined conditions or criteria for each point of the scale and could be enhanced if assessors were able to use the tool repeatedly with many different students rather than on just one occasion. However, if the conditions for points awarded were vague, or if assessors did not use the descriptors and criteria for points given, then reliability was compromised (Bondy 1983). Different components of the tool were used to assess both single examples of performance and to record

students' development over time. Bondy (1983 p.381) identified that 'students tend to demonstrate patterns of development' when faced with new or more complex situations. These ongoing behaviours could also be graded as long as the descriptions were clear and unambiguous and the assessor 'compared the student's performance to the criteria' (p.381).

Bondy (1983) also found that both assessors and students benefited from using the grading tool. Assessors stated that the criteria within the tool enabled them to give more constructive and positive feedback. Students found they were more able to understand and make sense of the scores they received but only when the feedback they received equated with the grade given. When successful, this process enabled students to develop more self-awareness and awareness of their performance.

Bondy's (1984) follow-up study investigated the effect of criteria on accuracy and reliability when assessing students' clinical performance, employing three different scenes/situations and two groups of students and assessors. One group of students and assessors used criteria for assessment and the other did not. Activities under investigation were video-taped for post hoc examination. The three assessment situations were:-

1. A task : e.g. wound dressing (psychomotor behaviour)
2. An interview situation (affective type behaviour)
3. A medication scene (cognitive behaviour

In analysing the grades awarded to students in each of the above situations Bondy found that the lowest marks were awarded for the task situation (number one in the above list) and the highest in the interview situation (number three). Bondy suggested that it appeared that the affective type behaviour was assessed more leniently as it was perceived as more abstract and open to interpretation. Despite this Bondy found that the use of marking criteria improved accuracy and reliability and student performance improved when they had the criteria with which to measure their own performance.

Another North American study by Hillegas & Valentine (1986) reported the development of a five-point clinical grading tool to overcome difficulties with

the summative grading process. Aware of the problems associated with subjectivity, this tool used detailed descriptions of expectations for each point on the scale. When evaluated, faculty staff (87% response rate) and students (36% response rate) reported that the tool was helpful when discriminating between grades (80% and 62% respectively). They concluded that the tool had been successful in removing 'some of the subjectivity and ambiguity of assigning clinical grades' (1986 p.220).

A UK example of grading the practice of undergraduate nurses is described by Burns (1992). With professional colleagues she developed a three-dimensional five-point grading framework that included clinical competencies, learning contracts and grading profiles. This approach relied heavily upon student reflection, written elements and discussion/negotiation with practice educators and educators and lecturer practitioners. Clinical competencies were devised from the professional regulations current at the time and the learning contracts used reflection and written elements that provided insight into student attitudes as well as ability. Burns' study raised the need for practice educators to learn what was required of them and highlighted (again) the importance of practice educators and lecturers guiding and supporting students.

Glover et al. (1997) described the development of a clinical grading tool in Australia where grading was restricted to final year students who were assigned a practice educator with two or more years experience as a registered nurse. This nurse was responsible for evaluating their clinical performance (NB Australian student nurses have to achieve clinical competence to be admitted to the nursing register). Glover and colleagues reported that assessment was by direct observation over time. Students were also assessed with theoretical papers and a viva. It is unclear whether aspects of these assessments were used by practice educators in clinical areas or whether they were confined to other parts of the education programme. However, direct observation of practice was deemed to be unreliable on at least two levels: different practice educators could view performance differently and a student's performance could vary in different clinical situations. For these reasons, observation over time was the favoured method

of evaluation. Findings from this study indicated that across all domains the student's performance was rated higher than expected, compared to results in theoretical work for the topic. (Glover et al. 1997).

Clouder and Toms (2005) reported a study that explored perceptions of validity of assessment strategies used to assess practice-based learning within an UK undergraduate physiotherapy programme . To improve validity, Clouder and Toms (2005 p.35) recommended that their assessment should include the demonstration of clinical reasoning and go beyond simply 'showing and doing'; this they argue could be achieved through the introduction of a clinical reasoning viva.

More recently Scammell et al. (2007) studied the experience of grading practice performance of UK first year pre-registration nursing students. Participants included students (70), practice educators (10) and lecturers (20). Whilst grading practice was valued, she has a number of recommendations that aim to strengthen quality assurance mechanisms; notably better moderation systems, improved practice educator and student preparation around use of the descriptors and more specific guidance concerning second marking. A further study focusing mainly on third year students from the same cohort and all nursing programmes looked at how grading worked and support for practice (Scammel et al.2009). Findings included that practice staff wanted than more support than that available and respondents liked and wanted to grade or be graded in practice. Whilst the majority of practice educators claimed to use the descriptors and found them useful, the number who did not use them was of concern. There were mixed perceptions of the appropriate use of second marking, some students perceived that they were given middle grades due to logistical problems in accessing second markers, although this was not supported by the practice educator data. The vast majority of practice educators expressed confidence in grading students. However, a significant minority responded neutrally or negatively or did not answer the question when asked whether they felt confident to fail a student.

Quality Assurance: issues of validity and reliability

When developing and monitoring assessment practices attention must be paid to the concepts of validity and reliability must be considered. Assessment is said to be **valid** when it is measuring what it is supposed to measure, i.e. the assessment task is measuring the performance of the intended learning outcomes. This resonates with the concept of constructive alignment suggested by Biggs (1996). For a more detailed discussion of the five types of validity see Conducting Defensible and Fair Assessments, in Stuart (2007) which applies the above to clinical situations. Clouder & Toms (2005) also helpfully identify and explore five types of validity associated with practice-based assessment in their exploration of practice assessment strategies in a physiotherapy programme.

Reliability relates to the extent to which differing assessors would reach the same conclusions about the same assessment situation (Dunn et al. 2004). Stuart (2007) claims that there are two underlying reliability questions:

1. Would assessment produce the same or similar results on more than one occasion?
2. Would assessment produce the same or similar results if done by other assessors?

Elton and Johnston (2002) argue that the focus on validity and reliability in assessment practices arise out of a positivist paradigm with its belief in the possibility of objectivity, scientific measurement and certainty. Bloxham and Boyd (2007) suggest that the causes of unreliability are related to the nature of what is being assessed. Knight (2002) argues that qualities such as self motivation cannot be assessed reliably and this has obvious implications for assessment in any practice based profession. It may not be possible to achieve reliability in practice assessment, nevertheless, it is essential to introduce mechanisms to improve inter-assessor reliability and meet the requirements of the QAA and other regulatory bodies (QAA 2006).

Enhancing quality assurance mechanisms

To enhance quality assurance mechanisms the following areas need attention when grading of practice is introduced:-

- Rigorous use of assessment criteria/grade descriptors
- Preparation of assessors (most usually practice educators)
- Preparation of students
- Feedback and feed-forward
- Self assessment
- Second marking
- Moderation
- External examiner role

<u>Rigorous use of assessment criteria/grade descriptors</u>

The QAA (2006) stress the importance of clear marking criteria and schemes to ensure that assessment is carried out fairly and consistently. Rowntree (1997 p.68) argues that the 'special sin' of grading is one of omission, i.e. grades cannot possibly tell all that is known about a student's performance or abilities. There is a need therefore to develop an assessment process which communicates as clearly as possible to assessor and assessee what is required and what has been achieved. To this end the assessment tool has to have clear and unambiguous descriptors that are applied consistently to compare students' performances against the descriptors (Bondy 1983).

Scammell et al. (2007; 2009) found that some students claimed their marks were capped at the mid-range because their practice assessors did not realise they could use the higher range of marks with junior learners. In the same study , some practice educators and students seemed to have a limited awareness of the importance of grading performance against the grade descriptors. The investment of a significant amount of time in developing the

grading criteria and descriptors and then testing these with both assessors and students is vital.

One outcome from the SIGFEST has been the sharing of the different approaches that have been employed to grade practice. Examples range from assessing students using a scale of 1-4 to assessing using a 1-10 scales. Good practice indicates that each numerical grade needs to include detailed descriptors to explain to the practice educator and student what is being required to achieve in each category.

Box 7-1 shows a six-point scale and is drawn from the institution involved in the Scammell et al. (2007; 2009) studies. Initially only numbers were used but following evaluation later iterations of the tool included percentages. This was because students perceived that grade three equated to average, despite the fact that they were told by assessors that they were performing well.

Box 7-1 Combining numbers and percentage in a grading scale

Zero (0-17%) Unsafe/ Fail	1 (18-39%) Unacceptable/Fail	2 (40-51%) Acceptable/Pass	3 (52-68%) Good/Pass	4 (69-85%) Very good/pass	5 (86-100%) Excellent/pass

The second example in Box 7-2 has been adapted from the work of Bondy (1984) and the Bondy levels described above are clearly apparent although they have been reduced to four categories. The first example differentiates more in relation to unsafe practice using two grades, whereas in the second the scale provides only one for this category. Clearly differentiating and identifying failing students is vital but perhaps it is useful to indicate just how much has to be achieved to pass. Whatever system is used however this judgement has to made, and arguably, grading does make this decision easier. Nonetheless the associated descriptors and provision for second marking are very important aspects of the assessment system.

Box 7-2 Combining numbers and descriptors in a grading scale

1 Dependent & unsatisfactory performance	2 Assisted & satisfactory performance	3 Infrequently assisted & good performance	4 Independent & excellent performance
Unsafe/ Fail: requires frequent verbal and physical prompts and direction	Safe: requires and seeks frequent prompts for thinking or action.	Safe: requires and seeks infrequent prompts for thinking or action.	Safe: requires & seeks minimal prompts for thinking or action.

Lastly, Box 7-3 demonstrates a scale of 1-10 without a zero. This allows for a broad field within the fail component to communicate more effectively to student and acts as encouragement to those who may be awarded a three.

Box 7-3 A simplified grading scale

1 2 3	4	5 6	7 8	9 10
Fail/ Unsafe	Pass – Adequate/Safe	Good	Very Good	Excellent

Preparation of assessors (practice educators)

Practice educator preparedness for use of the practice assessment tools clearly impacts on reliability of practice assessment. The nursing literature (Scammell et al. 2007) reports that whilst practice educator training is supposedly mandatory in some nursing and midwifery programmes of study, it is not always perceived as a priority for practice educators given the considerable competing demands on their time. Neither do placement providers readily facilitate their staff in this role.

Stuart (2007) claimed that the subjectivity of the practice setting will inevitably mean that assessments we make are likely to be referenced by our own personal and professional experiences and perceptions of the situation. The literature demonstrates that quality practice assessment depend on well prepared and fully informed practice educators (Bondy 1984). These issues need to be explicitly discussed with the practice educators so that, as Orwell (2008 p.252) proposes, they are helped to understand the 'tacit extraneous' factors which influence their grading of student performance in an attempt to moderate these effects on their grading.

Preparation of students

Preparation of students needs to be given equal attention as the preparation of practice educators. A number of studies have reported a lack of preparation of students, evidenced by their poor understanding of the assessment process (Neary 2000, Calman et al. 2002). Whilst many universities do include some formal preparation for practice assessment the amount of time that students require for this can be greatly underestimated. Heywood (cited in Rust et al. 2003) argues that preparation for assessment is a necessary response to reducing anxiety. Empirical work shows that improving students' understanding of goals and standards is associated with enhanced achievement.

Feedback and feed forward

The most important aspect of the assessment process is deemed to be the provision of feedback (Gibbs and Simpson 2004). There is a detailed

discussion in chapter six on increasing student engagement with feedback. Briefly here, feedback has little value unless it is timely and students pay attention to it, understand it, and act on it. Black and William (1998) concluded that feedback in the form of comments can have a significantly greater effect on future improvement than feedback that is limited to a grade or mark. Feedback solely in the form of a grade gives an indication of how far of the mark a learning performance is: absence of feedback beyond a grade indicates a lack of reinforcement (Bloxham and Boyd 2007).

Recent studies have also placed great importance on the notion of feed forward, which is a key principle of good feedback. Students need to be informed of ways to improve their performance and areas they should pay attention to in future assessment tasks (Bloxham and Boyd 2007).This means that practice educators need to be supported in understanding the value of constructive feedback for student's development. This includes understanding the importance of commenting on specific strengths demonstrated by the student and giving advice on strategies to help students improve further areas of their performance. Vague comments such as *the student is working well* and *the student has achieved a high standard of care* are to be avoided.

Self assessment

If students are to become fully capable practitioners they need to develop the capacity to assess quality in their field of practice. Involving students in assessment provides an excellent opportunity for them to learn what quality is in a given context and how to apply that judgement to their own work (Black et al. 2003). For a more detailed discussion on self assessment see Chapter 5 on opportunities and challenges of self, peer and group assessment.

At the SIGFEST and during follow up discussions, there was significant support for including self assessment within the process of grading practice. It was proposed that students should be encouraged to grade their own performance and then discuss any discrepancies between this and the practice educators assessment with their assessor. Many assessment strategies include some form of self assessment where students are required to comment on their strengths and weaknesses. By implementing a process

whereby students are required to critically reflect on their performance and then grade their own practice encourages dialogue between the practice educator and student around learning and progression.

Second marking

Generally in programme's independent marking plan the extent of second marking required is specified. Usually this involves the second marking of all failed assessments, all first class marks and a range across all the other marking bands, although this varies from one university to another according to the organisation's assessment policy and regulations. Scammell et al. (2007, 2009) found that second marking in practice was at times less rigorously applied due to the logistical difficulties inherent in practice environments. For example, availability of prepared practice assessors on duty in the same area within a certain timeframe. The role of the link lecturer in overseeing this process is key. Placement providers should be made aware of this quality assurance element of practice performance assessment and the resource implications involved to make this work fair and just all concerned.

Moderation

It is the role of the practice educator to judge the level of performance of a student in practice. The university cannot overturn this judgement except on procedural grounds but it is its role to moderate the grading of practice to establish the extent of inter-rater reliability. This is a challenge as normally there are many practice educators involved, often located across wide geographical locations and employed within a number of organisations. It is good practice to have a moderation meeting at the end of the practice unit of study when all the assessments are made available for sampling. Some universities have developed mechanisms for this, e.g., involving a standing group to develop expertise comprised of lecturers and a sample of practice educators. A range of assessments should be sampled, not with the view to change marks but to quality assure the process and produce a generic report for circulation to all practice assessors. This can also help to shape staff development for practice educators. Specific feedback to a marker should also

occur where necessary. For example, if assessors comments bear little resemblance to the mark awarded, this needs to be fed back personally to the practice educator involved. It is also important to reinforce the value of effective feedback through anonymised examples to the wider body of practice educators.

External examiners role

The role of external examiners in quality monitoring programmes leading to academic and professional practice qualifications is well established. They have a role in the oversight of the processes and procedures used for assessment of academic work. It is challenging to mirror this degree of oversight in relation to practice assessment, particularly in large, complex modularised programmes where external examiners tend to focus on particular subject areas. This can be overcome (to some extent) by appointing an external examiner with the specific remit of linking with the practice units and monitoring these in part through student and practice educator meetings. Review of moderation procedures would form a key remit of that external examiner role.

Conclusion

Effective communication processes between the University, practice educators and students on placement are viewed as essential. Its implementation needs to recognise the complex nature of practice and the need for a multi-method approach to assessing students in such contexts. One achievement of grading of this practice component is that it values the expertise of the practice assessor to assess practice competence. A pass/fail system may not do this adequately and the student's overall grade for the programme may be unfairly affected. Adding descriptors adds to the effectiveness of the practice assessment approach.

Quality assurance issues represents a key challenge as the discussion of reliability and validity demonstrated and effective communication mechanisms between the university, practice educators and students on placement is essential. With more universities now using graded practice assessment

strategies there is a growing expertise to draw upon for newcomers to this option.

Chapter 8 Ethical Dilemmas in Assessment by Vikki–Jo Porteous Butler & Janet Holt

In this chapter we discuss how the assessment of student learning in the theoretical and practical components of health sciences and practice education may raise a number of ethical dilemmas. Ethics is concerned with the character and conduct of individuals and inevitably involves making ethical (or moral) judgements. There are many different interpretations of the terms ethics and morals; here we follow the recognised convention of regarding both terms as synonymous (Edwards 2009). The issues outlined below were drawn from the SIGFEST plenary session in which participants looked at how to ensure an ethical approach to assessment. Common dilemmas were identified and these created the reference points in this chapter.

We believe that assessing students on health sciences and practice education programmes is more than simply making a judgement about whether something is factually correct or incorrect; it is also about judging whether an action is morally right or wrong, or good or bad (Fletcher & Holt 1995). Examples where this applies include deciding cases of suspected plagiarism and judging if a student's action is not only clinically incorrect but also likely to cause harm to a service user and/or others. These decisions are complicated by the fact that assessment, like other learning and teaching activities, is not value free. Assessors may not necessarily have an awareness of their own values or how these may impact upon the assessment process. As Davis et al. (2006) explain, individuals may only become aware of the values they hold when faced with having to make a moral judgement, or if someone's ethical position is challenged by reality.

Having asserted that assessment is not value free, we now explore the core moral values that underpin assessment. These include honesty, beneficence, justice and fairness and we discuss each in more detail below. Inevitably assessors will have particular values that influence their judgements, but most of us share an idea of a common morality, i.e., a shared set of norms, by which human conduct and standards are judged (Beauchamp & Childress 2009).

In health sciences and practice professions the idea of a common morality may be extended to include a sense of professional morality. Health sciences and practice programmes lead to registration with a professional body and an academic award. The dual responsibility of maintaining professional standards and providing students with a supportive learning environment can be challenging. The requirement to meet professional standards in these programmes commonly necessitates an emphasis on competency and the need to ensure that future practitioners are safe and fit to practice. There is recognition that student assessment, by definition, in these circumstances includes making judgements that may have more far reaching consequences than the results of the assessment. This presents additional ethical dilemmas for academics and practice educators undertaking and designing assessment. Such assessments, whether theory or practice based, entail making moral judgements against standards and expectations that may not be either universal or value free, as shows.

Box 8-1 Making moral judgements in assessment practice

A clinical skill such as cannulation is assessed by making judgements about the student's proficiency in executing the task. But the assessment will also include judgements about the student's communication skills with the service user, and a regard for prevention of infection. This is because the assessment process involves more than ensuring that the student is competent in the actual task of cannulation, but is extended, either explicitly or implicitly, to making a judgement about the student's fitness for practice.

Honesty

While core values may be shared across a community of assessors, making judgements as to whether they have been transgressed is challenging. For example, a commonly shared moral value is that of honesty and truthfulness: these are components of the moral principle of veracity. The need to tell the truth and to be honest is necessary if we are to give respect to others.

However, adherence to the principle of veracity cannot be absolute; it involves discretion in its application as the example in Box 8-2 shows.

Box 8-2 Applying veracity in suspected plagiarism

Ways in which academic offences such as plagiarism are dealt with highlight the complexities of upholding the moral value of honesty and truthfulness. Plagiarism can carry severe penalties such as being required to withdraw from a programme. The student has engaged in an act of dishonesty which even if proven can raise ethical dilemmas for the assessor. Suppose the student has particularly difficult personal circumstances that have contributed to the dishonest act, or the student is relatively new to the programme and doesn't seem to have grasped the essentials of academic referencing? Both of these factors may mitigate in the student's favour, and involve the assessor making moral judgements in assessing the facts of the case. Despite being a core value, the obligations imposed by the principle of veracity, are in many circumstances, contextually defined.

The majority of our work within health sciences and practice education relates to students who are in education to enter a profession or advance their standing in a profession. This close link between educational endeavours and work-life influences how we deal with those who do not meet the expectations of conduct in higher education. It raises questions about how health sciences and practice students' professional standing should be affected by their engagement in activities that are dishonest and constitute an academic offence. Questions like how should punishment for an offence such as plagiarism be communicated to, and dealt with, by the relevant professional body? The concern here is that clinicians are also expected to have standards in relation to conduct and there is an expectation about the punishment issued by the university. For example, when a student acts dishonestly in an assessment this puts into question their ability to act honestly in a practice setting, possibly putting their relationship with service users and colleagues at risk. We also need to consider whether the behaviour of health sciences and

practice students within the university should be influenced by professional standards and expectations. Box 8-3 elaborates on this.

Box 8-3 Professional standards in an education setting

Anyone enrolling on a solicitor training programme must declare their character and suitability to The Solicitors Regulation Authority. At the point of student enrolment they are asked whether they have "ever committed an act of plagiarism or cheating in any form of assessment?" (The Solicitors Regulation Authority, 2008). Any student undertaking a law degree therefore has high stakes in relation to their behaviour in relation to academic offences. Students who commit an offence such as plagiarism during their law degree to a serious enough level are therefore unlikely to meet the requirements to enter solicitor training. The standards expected of students have a direct link to their later potential for a successful professional life. There are similarities between law and health sciences and practice students where education and employment providers will rate candidates for further training, jobs and promotion on their ability to uphold professional standards. In some instances this begins from when the student applies to a course, or can occur at any point during their training and throughout their career. The establishment of professional suitability committees in universities to influence decision making about admittance onto professional training programmes and student progress (or more harshly put – punishment) is evidence of the strengthening of links between what is expected from the student studying for a professional qualification.

While students in health sciences & practice undertake programmes leading to professional registration, professional, statutory and regulatory bodies for healthcare professionals (such as the Health Professions Council and Nursing & Midwifery Council) only regulate the practice of registered practitioners. The professional bodies may issue guidance and have set standards governing the educational programmes, but misconduct, such as plagiarism, is investigated, and where appropriate, punishments are applied through university processes. All students within a university irrespective of the subject studied are subject to the same rules, regulations and punishments. However, as Box 8.4 illustrates,

the consequences for healthcare students, particularly those already registered as practitioners are potentially much more serious

Box 8-4 Applying the concept of honesty in professional education

Imagine you have three students. One is undertaking a BSc, Nursing to achieve registration status, the second is a qualified radiographer undertaking a BSc, Non-Medical Prescribing and the third is undertaking a BSc, Sociology. All students have plagiarised others' work in their latest written assignment. It would generally be unacceptable for the university to deal with these students differently in relation to academic offences, and all are bound by the university undergraduate requirements.

However, the first student has been given guidance by the nursing regulatory body and has set standards to achieve in relation to their education, (Nursing and Midwifery Council, 2009 and 2004). The second student is bound by standards of professional conduct, that states that “You must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession.” (Health Professions Council, 2008). The third student does not have professional requirements or guidance for their conduct (as yet) other than that of the university’s policy on dealing with academic offences.

All three students may lose their right to receive an uncapped mark and this may affect their final grade. If their offence was severe all three could also fail a particular component of the course. For the first student this could result in their being unable to complete their programme and enter their chosen career as all assessments must be passed to meet the requirements of the professional body. The second has breached part of their standards of conduct. This could mean they are punished twice for the same offence- once in relation to their studies and once in relation to their professionalism. The third student may be able to complete their programme, with no direct impact on their future career. This example highlights the complexities of applying the common moral value of honesty to assessing students in professional

education. All the students in this example can receive the same university punishment, but the implications for the students undertaking a healthcare programme potentially have far reaching consequences.

The common value of honesty and truthfulness has a direct influence on the work of designing assessment in professional education. Often the systems of detection and punishment are set up for the exceptional case of bad behaviour rather than the rule: this can have an impact upon workload. For example, it is common practice to re-design assignments each year, to limit the chances of a student being able to copy a previous cohort's work. With the advent and utilisation of e-technologies, workload in relation to accessibility, avoidance and detection of plagiarism has altered. In addition, what counts as plagiarism is not well understood by students. It is good educational practice to allow students an opportunity to learn from their or others mistakes; but the number of chances a student is given for this varies. This makes deciding the penalty for dishonesty a difficult task (Carroll and Appleton, 2001).

One solution to these complexities is for standards and expectations (academic and professional) to be set early in a student's engagement with learning. This means there is a clear understanding from the outset of what is meant by honesty and truthfulness, and an emphasis on its importance. Theoretically, this should result in fewer transgressions, and where these occur the defence of *I didn't know it was wrong* is harder to defend. We also need to be careful not to disempower our clinical partners through the use of university regulations. By designing assessments that reflect the common moral values held by both parties the link between professional and academic, theory and practice is strengthened. This approach leads to the use of more authentic assessments for employability. Note also that peer and group approaches to some extent design out the opportunity to breach academic integrity.

The advent and increased utilization of electronic and mobile technologies in modern society has also had an impact on the prevalence, detection and prevention of plagiarism. With increasing access to the wide world web the

sharing of ideas and knowledge becomes faster and easier, even normative. The ability to access information at a click of a button allows us to learn easily about a variety of perspectives. The potential benefit of this in undisputed. A solution to a problem (e.g. the spread of an infectious disease) which has been dealt with in one part of the world can be quickly and extensively communicated to other parts of the global community to prevent it re-occurring, recognize when and where it is occurring, and deal effectively with the problem as it arises.

In the academic community the practice of sharing knowledge and developing understanding is a core value. Primary activity within universities centres around learning, either through research or teaching, and this depends on communication with others. The internet is currently the ultimate communication platform, allowing large numbers of people access to large amounts of diverse information with relative ease. It is unsurprising then that students now frequently access the world wide web as their preferred source of information during their studies and this is encouraged by the proliferation of e-technology resources in the university.

However, the use of the internet as a source of knowledge raises questions about quality and originality. Quality of information is key to understanding things as they should be, allowing us to make judgements based upon best understanding (or truth) and thus act with integrity. It is questionable to pronounce that ultrasound therapy is the cure all, (as perhaps used to be common practice) without examining the research to back up this recommendation when recent research shows widespread use in treating musculoskeletal disorders is not recommended, van der Windt et al. 1999). In this case we have arrived at a best understanding by critically analyzing the quality of evidence.

There is no inherent quality control mechanism for the internet: all information can be given equal importance. For example, if you enter the words *healthy diet* into a general internet search engine you are likely to have research articles, government and professional guidance, alongside sponsored links for diet plans, medications and products. Efficacy of these products has not always been thoroughly tested and the information presented may be biased

towards selling the positive points (and more products). So our first concern about using the internet as a basis for gaining understanding is related to how much trust we can place in the veracity and robustness of the information presented. Secondly, this unfiltered and easy to obtain information encourages disengagement from critical analysis.

The competent student, equipped with digital academic literacy, will be able to apply a scholarly filter to such sources of knowledge. Well designed university education enables students to discern what counts as good sources of information for their studies through reading lists, recommended reference sources and guidance on how to search for relevant literature. The ease with which these approved sources of information can be accessed has been influenced by the use of e-technologies. Most students will be in easy reach of computers, internet and electronic library access; they can search, select and access books, national guidance/ standards and journal articles quickly and easily. The use of e-books, full text articles on-line, and downloadable texts is common and normative practice. It carries though the potential for abuse. It is easy for these texts to be generated, copied, amended and shared. The *cut and paste* facility on our computers is a familiar friend; it also offers the opportunity to directly extract text and (dis)place it into a new body of work. This will be plagiarism if the use of another person's words is then not attributed to them by citing the original author and location of the words.

For students writing assignments that demand information from a variety of sources the direct use of another's words to maintain the essence of their discussion or argument can be a temptation. This means a loss of originality: of the opportunity to demonstrate their own thinking. The extent to which original thought is possible, especially in the context of assessment where the aim is often to demonstrate understanding gained by learning from others, is debatable. However the pursuit of originality of application and innovation is a common ideal held and aspired to by universities. It is our responsibility to encourage this as much as possible in our students.

We have shown in the previous sections that plagiarism is not a well defined issue; there are degrees to which it occurs. A few words here or there may be acceptable, but whole sentences or paragraphs cut and pasted without

reference to the original author should be viewed less favorably. The punishment for such practices is also a matter of debate. It is a matter of judgement about whether someone has just been unable to reference correctly, or have they simply not shown any original thought, or have they attempted to pass off another's work as their own. The distinction between these cases can be difficult to decipher and honesty plays a significant role in helping us to decide. The person with poor referencing due to an error or misunderstanding should be less likely to be viewed as dishonest in contrast to someone who has directly copied or commissioned another to write an assignment for them and has then attempted to disguise this as their own work.

The processes of detecting plagiarism have tried to utilise modern technologies to counteract those using them to gain an advantage by deception. Various computer packages are available to assessors and students to check whether work has been directly copied from other sources. Universities are increasingly adopting these packages to support fair assessment and allocation of marks. An example of this is Turnitin (copyright 2010 iParadigms LLC) technology which is endorsed by the UK Joint Information Systems Committee. This package allows educators to screen an electronic document that a student has submitted for similarities to others' work. It will produce a report showing direct matches with others' work and will give links to the original source. Turnitin will attribute a percentage mark relating to the extent to which the document submitted is an original piece of work.

Use of such technology allow assessors to make judgements about a work's originality and can provide evidence for further investigations and punishment decisions. Universities apply the technology in a number of different ways. Some use it as a tool for formative feedback, others as part of the generic assessment process performed for all students, and some use it for some students, courses and assignments but not all. Reasons why it may not be used include:

- It is not an assignment that can be submitted electronically

- Lack of training or resources to use the technology and administer the findings

- Uncertainty of how to interpret the reports produced.

Any variation in the use of anti plagiarism technology could be viewed as unfair practice. Guidelines regarding screening, reporting, investigation, punishment and interpretation of what plagiarism is need to be made clear.

A sister package available though Turnitin is Writecheck. Students can use this to check their assignments for plagiarism. The creation of this package assumes that students are committing accidental plagiarism and provides a service for the unwitting offender. However there is a concern that packages such as these, and increased awareness of detection packages and how they work, will allow students to learn how to get around such detection. This raises yet another issue about the value of honesty in education practice.

Beneficence

The ethical principle of beneficence, or to do good, places individuals under an obligation to act for the benefit of others. Doing good also requires avoiding harm, and while the promotion of good (beneficence) and the avoidance of harm (nonmaleficence) are sometimes described as two separate principles, the term beneficence can, and for the purposes of this chapter, will be used to incorporate both meanings (Dooley & McCarthy 2005).

In assessment, the notion of *doing good* is not easy to define: it can be unclear who or where the assessor should focus their attention. Clearly assessors have a responsibility to provide a supportive environment if assessment is to be a learning process. But how much the subjective judgement of an assessor should be allowed to influence the outcome is a moral judgement that needs to be recognised and addressed. Conflict inevitably arises for assessors responsible for upholding standards and maintaining academic integrity while at the same time promoting a supportive learning environment. This is a particular issue if beneficence is considered to be understood more broadly as “an obligation to act for the benefit of others” (Beauchamp & Childress 2009 p.197). The principle of beneficence is well

illustrated by the dilemmas posed during assessment of competence in professional education.

Some professions require up to 50% of the students learning experience to be undertaken in the practice setting, thus assessment of competence is a key concern in many health sciences and practice programmes. How much assessment of what is learnt in practice influences the overall outcome of a particular programme varies (see Chapter 7). In many professional programmes staff with a primary clinical rather than educational role are asked to make judgments about a students' application of cognitive ability to a particular set of skills. The standard by which these skills are commonly judged is that they are therapeutic (i.e. they do good - beneficence) and enhance patient safety (i.e. avoid harm - non-malificence). However the clear distinction between what is good or bad in such settings can at times be difficult to distinguish.

Across and sometimes within a profession there are differing definitions and understanding about what is competent practice. Some of these definitions focus on safe practice where competency is proven if actions and knowledge can be shown to maintain patient safety. In many respects this represents a pass or fail view of competency: in other words, a person is either competent or incompetent. This approach gives a benchmark standard by which a person's practice can be measured. However an alternative view is that different levels of competency exist (Benner, 1984) i.e. standards and expectations are not necessarily *absolute* but vary depending upon the context in which they are applied.

In health sciences and practice assessment contexts measuring competence, in numbers or absolutes is often difficult. It is much more common to use descriptors to define, and thus assess, safe and competent practice. For example, an occupational therapist is not just expected to provide moving and handling equipment. They are expected to provide moving and handling equipment dependent upon the needs and preferences of the individual, the environment in which it is going to be used, the skill level of the operator of the equipment and the resources available, (Winchcombe and Balinger, 2005).

These variations in understanding of the nature of competence, presents challenges to how we judge competence and prompts questions such as:-

- Are standards absolute or variable?
- Whose standards are we meeting today?
- Are there conflicting standards, especially pertinent in relation to interprofessional assessment?

Many health sciences and practice programmes rely upon different assessors to measure a person's competency, (e.g. university/ clinical staff, profession/ inter-professional focused, novice to expert assessors). This inevitably introduces different perceptions of what is safe and competent practice and different judgements.

There are also different perceptions of what are important aspects to consider when designing an assessment. For example, the service user, lecturer, practice educator, student and staff may place more or less importance on the significance of a particular aspect of professional care. All of these individuals may be involved in some way in determining the criteria and outcomes of assessment. This presents further questions, namely;

- How big a part will subjectivity play and can we manage subjectivity?
- How do we ensure the assessment of practice is sound?
- How do we ensure profession specific requirements and include interprofessional assessment?
- Should accountability for a student's performance be shared and equal between placements and universities?

Although a definitive solution is difficult, some key principles to uphold the pursuit of beneficence in assessment are:-

- Equity should be considered when addressing subjectivity in assessment.

- The novice assessor will need guidance on what and how to judge competence.

- The expert should be enabled to use professional judgement to guide their decisions.

- Explicit criteria of what is expected should be understood by the student.

- Views of all the stakeholders should be taken into account when designing assessment.

Justice

A particularly important aspect of making judgements in the assessment process is that they are seen to be just. The notion of justice can be explained in a number of ways. These include recognition of what people deserve or are owed, and in this context, a core value of justice, treating people fairly (see Box 8-5).

In the same way that the principle of veracity is contextually defined, treating people fairly also involves making moral judgements about what sort of factors (usually described in ethical terms as relevant characteristics) need to be taken into consideration. Assessors do, of course, attempt to eliminate any bias that may affect their judgment by anonymous marking of scripts. Anonymous marking is only possible for some assessment methods, and while a student's gender, age or ethnicity would not be considered to be relevant characteristics: others may not be quite so obvious. In addition, anonymity is often impossible where there are small groups of students, in practical assessments or when marking work where the assessor has closely supervised the work, such as a dissertation.

Box 8-5 The challenges of applying justice

Attempting to treat people fairly does not always mean treating them equally. A student with learning disabilities who is treated equally to their peers by anonymous marking could be being treated unfairly if the disability affects their ability to produce work of a similar standard to their peers. To treat a student equally to their peers in this situation is to disregard their disability as a relevant characteristic, thus treating them unfairly. In this case, the principle of justice is not necessarily achieved. Being just and fair involves making

judgments about relevant characteristics as well as deciding the degree to which such judgments should influence the outcome of the assessment process.

There is a desire by university and practice educators that assessments are designed, operated and marked fairly. This arises as recognition of the subjective nature of many of the assessments undertaken in professional programmes. For example, reflection is considered a key skill in ensuring and enhancing safe practice. Objective assessment of whether someone has been truly reflective in a way that will direct influence their practice presents challenges. The list below gives some principles and techniques that encourage fairness in assessment:-

- Student anonymity and confidentiality should be maintained when marking and giving feedback on work, recognizing that this may be difficult when the aim is for increasing student involvement in the assessment process.
- Criteria for marking should be explicit and understood by students.
- Careful weighting of criteria and marks to reflect their significance in relation to achievement of learning outcomes and practice skills.
- Recognition that marking work and the marking workload is an onerous and tiring task.
- Internal and external moderation.
- The use of blind and cross-marking which enable independent assessments of a student's performance to be synthesized to produce feedback and award marks.
- An awareness by markers of their personal bias and choices.
- The use of a range of assessments that recognise diversity and enhance accessibility.

These principles and techniques can enhance the application of justice and recognise the subjectivity of marking and the factors that can influence the marks awarded. Alternative perspectives can also be helpful in exposing how

greater fairness can be achieved. For example the student's, service users' or the new marker's perspective can give a clearer articulation of what is expected for a particular assignment. These important stakeholders may question what is being assessed, why it is being assessed, and how does this fit with the learning outcomes or aims of the course thus raising awareness of previously covert issues affecting justice.

The process of awarding marks and generating feedback that are a true reflection of the student's ability should reflect the pursuit of justice. The concept of beneficence, although a positive influence in ensuring standards are met has the potential to create a mismatch between the marks and feedback given. Markers who want to help and support the learner by giving encouraging feedback may provide positive comments where the marking criteria would result in a less positive grade. Kind markers can present challenges in ensuring justice and fairness whilst also encouraging learning. As outlined in Chapter 6 adopting approaches to increase student engagement with feedback to promote feedback for rather than of learning is currently seen as good practice. It does however create challenges in allocation of grades where, for example, a low grade can either provide an incentive for improvement or be a de-motivator for future learning.

Box 8-6 outlines yet another key issue where assessors need to make a judgement that involves being honest and just.

Box 8-6 Failing to fail

Failing to fail has been noted to be a problem in assessment of practice. (Duffy 2004). Kind markers may be anxious to encourage student learning, and boost confidence by not recording the student as failing. They may be anxious about the repercussions of failure for the student and have concerns that a fail grade for one of their students will reflect upon their own performance and workload as a supervisor and assessor. The result is student progress onto further assessments without rectifying problems. Ultimately these problems need to be addressed to pass the course or perform competently in practice. Openness and honesty are significant when giving and receiving feedback so as to ensure students are not set up to fail. Concerns regarding maintaining confidentiality and fears that reporting a student's previous progress will unduly influence a future assessor's judgement may restrict the degree to which openness and honesty, and justice, are achieved.

Conclusion

This chapter has explored the core values underpinning assessment in health sciences and practice education and the obligations of assessors responsible for making judgements about students preparing for professional registration. Honesty and truthfulness, beneficence, justice and fairness have been considered, and our examples illustrate the ethical questions and dilemmas that arise in the assessment process. While the pivotal ethical issue in assessment is to act according to the best interests of everyone involved, deciding whose interests are at stake and what those interests are frequently a matter for debate. One of our responsibilities as educators is to engage in those debates and continuously learn ways in which the core values of assessment are best applied.

Chapter 9 On reflection: product and process

The preceding chapters of this occasional paper have documented key theories and the ethical and practical issues associated with assessing student learning in the health sciences and practice professions. Our opening chapters set the context and outlined some key issues for 21C assessment practice. In turn the chapters have discussed matters that impact on student employability and participation in self, peer and group assessment, how to engage students more fully with feedback from their assessments and providing reliable and valid ways of assessing their practice performance. The case studies in each chapter show that there is a great deal of work being done to resolve many of the challenges discussed at the SIGFEST and in the wider HSP community of practice. This paper shows the willingness to share experience across universities involved in preparing health sciences and practice students for professional practice. Such enthusiasm motivated the SIGFEST, energised the discussions at that event and enabled this occasional paper to emerge from people's experience, triumphs, challenges and concerns.

The writing team, comprising novice and experienced authors, engaged in a process of co-operative inquiry. The team's aim was to tell the current *story* of assessment issues in health sciences and practice education: deciding what to include was the first challenge. The scribed notes from the SIGFEST, along with personal notes and interpretations captured a rich field of experience and practice and were integral in forming early ideas for our writing. We then asked ourselves those key questions about any publication: Who are we writing for? What does our audience want? What is an occasional paper? What is our aim and focus? Working together allowed intensive discussion of the direction the writing should take to achieve a consistent approach. We saw this as the optimal way to achieve our goal of a coherent piece of work.

The collaborative writing process was expertly guided. This provided a developmental opportunity with the pairing of an experienced editor with someone who has considerable knowledge and experience about

assessment. Two face-to- face writing workshops were an invaluable supplement to the individual, solitary writing activity. Workshops activities included agreeing the overall structure of the paper, clarifying our understanding of its aims and peer review of work in progress. Editorial advice and management took into account the individual expertise within the writing team.

This paper aimed to capture and reflect emergent issues of inquiry in health science and practice assessment. We recognise that there remains much more to say on this topic. A future aim is to organise Health Science and Practice Subject Centre events where further discussion with colleagues on issues raised by this paper can take place. We look forward to meeting you at one of these.

References

Advocacy In Action, w., M. Charles, et al. (2006) Assessing Fitness to Practise and Managing Workbased Placement. *Social Work Education* 25: 373-384

Andre, K. (2000) grading student clinical practice performance: the Australian perspective. *Nurse Education Today*, 20, 672-679

Bailey, D. (2005) Using an action research approach to involving service users in the assessment of professional competence. *European Journal of Social Work* 8(2): 165-179

Barrow, M. (2006) Assessment and student transformation: linking character and intellect. *Studies in Higher Education* 32(3):357-372

Beauchamp, T.L. and Childress, J.F. (2009) *Principles of Biomedical Ethics*. 6th Ed. New York: Oxford University Press

Belbin, M. (1981) *Management Teams*. London: Heinemann

Benner, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing*. Practice Prentice- Hall: London

Biggs, J.B. (1996) Enhancing teaching through constructive alignment, *Higher education* 32(3): 113-29

Birch, L. (2009) Feedback should be given and received as a gift: new tools to work with old problems *Link 24 Assessment and Feedback*, Hospitality, Leisure, Sport and Tourism Network. Higher Education Academy http://www.heacademy.ac.uk/assets/hlst/documents/LINK_Newsletter/link24_assessment_and_feedback.pdf (accessed 11 2 09)

Black , P. and William, D. (1998) Assessment and classroom learning. *Assessment in Education* 5 (1): 7 -74

Black, P., Harrison, C., Lee, C., Marshall, B. and William, D. (2003) *Assessment f or Learning; Putting It into Practice*. Maidenhead: Open University Press

Bloxham, S. and Boyd, S. (2007*) Developing Effective Assessment in Higher Education – a practical guide.* Maidenhead: OUP/McGraw Hill

Bondy, K. (1993) Criterion-referenced definitions for rating scales in clinical evaluation, *Journal of Nursing Education* 22 (9): 376-382

Bondy, K. (1984) Clinical evaluation of student performance; the effects of criteria on accuracy and reliability. *Research in Nursing and Health* 7:33-40

Boud, D. and Falchikov, N. (1989) Quantitative studies of student self-assessment in higher education: a critical analysis of findings*. Higher Education* 18: 529-549

Boud, D. (1995) (ed) *Enhancing Learning through Self Assessment.* London: Kogan Page

Boud, D. (1995) Assessment and learning: contradictory or complementary? In Knight , P. (ed) *Assessment for Learning in Higher Education,* London: Kogan Page

Boud, D. (2001) Introduction: making the move to peer learning in Boud,D., Cohen,R, and Sampson,J. (eds) *Peer Learning in Higher Education: Learning From and with Each Other,* London: Kogan Page

Boud, D. and Soloman, N. (eds) (2001)*Work-based Leaning: A New Higher Education* Bucks: SRHE & OU Press

Boud, D. and Falchikov, N. (2007) *Rethinking Assessment in Higher Education*. Oxon, Routledge

Brew, A. (2003) Towards autonomous assessment: using self-assessment and peer assessment in: S. Brown & A. Glasner (eds.) *Assessment Matters in Higher education.* Bucks: Open University Press

Brown, G., Bull, J., and Pendlebury, M. (1997) *Assessing Student learning in higher education*. London: Routledge

Brown, S. and Dove, P. (eds) (1990) *Self and Peer Assessment,* SEDA Paper 63. Birmingham, SEDA

Brown, S. and Knight, P. (1994) *Assessing Learners in Higher education* London: Kogan Page

Brown, S. and Glasner, A. (eds.) (2003) *Assessment Matters in Higher Education,* Buckingham: Open University Press

Burns, S. (1992) Grading Practice. *Nursing Times* 88(1):40-42

Calman L., Watson R., Norman I, Redfern S., (2002). Assessing practice of student nurses: methods, preparation of assessors and student views. *Journal of Advanced Nursing* 38(5):516-523

Carless.D (2006) Differing perceptions in the feedback process. *Studies in Higher Education* 31(2):219-233

Carroll, J. and Appleton, J. (2001), 'Plagiarism: A Good Practice Guide', *Oxford Brookes University Guide Series* (online) *Joint Information Systems Committee*. http://www.jiscpas.ac.uk/apppage.cgi?USERPAGE=6202. (accessed 10 1 07)

Calman L., Watson R., Norman, L., Redfern, S., (2002) Assessing practice of student nurses: methods, preparation of assessors and student views, *Journal of Advanced Nursing*, 38 (5):516-523

Cartney, P. (2010) Exploring the use of peer assessment as a vehicle for closing the gap between feedback given and feedback used. *Assessment and Evaluation in Higher Education,* Accepted for publication December 2009

Channock, K. (2000) Comments on essays: do students understand what tutors write? *Teaching in Higher Education* 5(1):95-105

Clouder, L., Toms,J., (2005) An evaluation of the Validity of Assessment Strategies used to Grade Practice Learning in Undergraduate Physiotherapy Students, http://www.health.heacademy.ac.uk/projects/miniprojects/completeproj/clouder.pdf (accessed 10.01.10)

Crisp, B.R., Lister, P.G., Dutton, K. (2006) Not just social work academics: the involvement of others in the assessment of social work students. *Social Work Education* 25(7): 723-734

Crooks, T., (2006) Excellence in Assessment for Accountability Purposes, keynote address presented at the Northumbria EARLI SIG Assessment Conference

Davis , A.J., Tschudin,V. And de Raeve, L. (2006) *Essentials of Teaching and Learning in Nursing Ethics: Perspectives and methods*. Edinburgh: Churchill Livingstone

Dearing, R. (1997) *Higher education in the learning society*. London: HMSO

Dearnley, C.A., Walker, S.A. and Fairhall, J.R., (*in press)* Accessible Mobile Learning: Exploring the Concept of Mobile Learning for All; in Bromage A., (ed) *Inter professional E-Learning and Collaborative Work: Practices and Technologies*. IGI-Global

Dearnley C.A., Matthew R.G.S., (2007) Factors that contribute to undergraduate student success. *Teaching in Higher Education* 12(3):377 - 391

Dearnley,C.A. and Meddings.F (2007) Student self-assessment and its impact on learning – a pilot study. *Nurse Education Today* 27(4):333-340

Department for Business Innovation and Skills (2009*) Higher Ambitions: The future of universities in a knowledge economy*. London: HMSO

Dick E., Headrick D. and Scott M. (2002) *Practice Learning for Professional Skills; A Review of the Literature*. Scotland: Scottish Executive

Dooley, D.and McCarthy, J. (2005) *Nursing Ethics: Irish cases and concerns*. Dublin: Gill & Macmillan

Duncan,N. (2007) Feedforward: improving students' use of tutors comments. *Assessment and Evaluation in Higher Education* 32(3):271-283

Dunn,L., Morgan.C., O'Reilly, M. and Parry, S.(2004). *Student Assessment Handbook.* London: Routledge Falmer

Duffy, K. (2004) "Failing students: a qualitative study of factors that influence the decisions regarding assessment of students' competence in practice."

http://www.nmc-uk.org/Documents/Archived%20Publications/1Research%20papers/Kathleen_Duffy_Failing_Students2003.pdf (accessed 28 07 10)

Edwards. S. D. (2009) *Nursing Ethics: A Principle Based Approach*. (2nd ed) Basingstoke: Palgrave Macmillan

Edwards, C. (2003) The involvement of service users in the assessment of Diploma in Social Work students on practice placements. *Social Work Education* 22(4): 341-349

Elliott, T., T. Frazer, et al. (2005). Practice Learning and Assessment on BSc (Hons) Social Work:'Service User Conversations'. Social Work Education 24(4): 451-466

Elton,L, Johnston. B (2002) *Assessment in Universities :a critical review of research*. LTSN Generic Center

Elton, L. (2004) *Principles for a fair and Honest Approach to Assessing and Representing Students' Learning and Achievement*. LTSN Generic Centre

Elwood,K. and Klenowski,V. (2002) Creating communities of shared practice: the challenges of assessment use in learning and teaching. *Assessment and Evaluation in Higher Education* 27(3):243-256

Entwistle, N. (1996). Recent research on student learning in : Tait,J. and Knight,P. (eds) *The Management of Independent Learning*. London: Kogan Page

Falchikov, N. (1997) Why do lecturers involve students in assessment? Paper delivered at the 2nd Northumbria Assessment Conference, *Encouraging partnership in assessing learning*, University of Northumbria at Newcastle, 3-5 September

Falchikov, N. (2001) *Learning Together: Peer Tutoring in Higher Education*. London: Routledge Falmer

Falchikov, N. (2002) 'Unpacking' Peer Assessment'. Assessment: Case Studies, Experience & Practice from Higher Education. In P. Schwartz and G. Webb. (Eds.), London: Kogan Page

Falchikov, N. (2005) Improving Assessment through Student Involvement. London: Routledge Falmer

Falchikov, N. (2007) The place of peers in learning and assessment. Boud, D. and Falchikov, N. (eds) (2007) *Rethinking Assessment in Higher education.* Abingdon: Routledge

Fazey .D (1993) Self assessment as a generic skill for enterprising students: the learning process. *Assessment and Evaluation in Higher education*. 18: 235-250.

Ferguson, I. & Ager, G (2005). *Integrated Assessment: Involvement of users and carers*. Dundee: SIESWE. http://www.iriss.org.uk/docs/IA33EvalPilot5.pdf (accessed 30 05 10)

Fletcher, N., Holt, J., Brazier, M. and Harris, J. (1995) *Ethics, Law & Nursing*. Manchester: Manchester University Press

Gee, M., et al. (2009) The Caring Experience: Learning about Community Care through Spending 24 Hours with People Who Use Services and Family Carers*. Social Work Education* 28(7): 691-706

Gibbs,G . (1988) *Learning by Doing: A Guide to Teaching and Learning Methods.* Oxford Further Education Unit Oxford Polytechnic

Gibbs, G., Simpson, C. and McDonald.,R. (2003) Improving student learning through changing assessment – a conceptual and practical framework; EARLI Conference, Padova, 2003 http://www.open.ac.uk/fast/pdfs/Earli-2003.pdf (accessed 14 1 10)

Gibbs, G. And Simpson, C. (2004) Conditions under which assessment supports learning. *Learning and Teaching in Higher Education* 1(1): 3-31

Girot, E.A. (2000) Assessment of graduates in practice in the UK – are we measuring the same level of competence? *Journal of Clinical Nursing* 9(3): 330-336

Glover, P., Ingham, E. and Gassner, L., (1997) The development of an evaluation tool for grading clinical competence. *Contemporary Nurse* 6(3):110-116

Gulikers,J., Bastiaens,T.and Kirschner,P. (2008) Defining authentic assessment: Five dimensions of authenticity. In: Havnes.A, McDowell.L (Eds) (2008) Balancing Dilemmas in Assessment and Learning in Contemporary *Education*. London: Routledge

Hattie, J.R (1987) Identifying the salient facets of a model of student learning: a synthesis of meta-analyses. *International Journal of Educational Research* 11:187-212

Hatton, N. and Smith, D. (1995) Reflection in teacher education: towards definition and implementation*. Teaching and Teacher Education,* 11: 33-51

Haveness, A. and McDowell, L. (2008) Balancing Dilemmas in Assessment and Learning in Contemporary Education. Oxon: Routledge

Health Professions Council (2008) *Standards of Conduct, Performance and Ethics.* London: Health Professions Council

Health Professions Council (2009) Standards for Education and Training, Health Professions Council http://www.hpc-uk.org/aboutregistration/standards/sets (accessed 05 01 10)

Higher Education Funding Council for England (2009) *National Student Survey* http://www.hefce.ac.uk/news/hefce/2009/nss.htm (accessed 12 210)

Higgins, R., Hartley, P. and Skelton, A. (2002) The Concientious Consumer: reconsidering the role of assessment feedback iin student learning: *Studies in Higher Education* 27(1):53-64

Hillegas, K.B. and Valentine, S., (1986) Development and evaluation of a summative clinical grading tool. *Journal of Nursing Education* 25 (5): 218-220

Hounsell, D., McCune, V., Hounsell, J. and Litjens, J.(2008) The quality of guidance and feedback to students. *Higher Education Research and Development 27(1):55-67*

Jaques, D. (2000*) Learning in Groups* (3rd Ed.). London: Routledge Falmer

Juwah, C., Macfarlane-Dick, D., Matthew, B., Nicol, D., Ross, D. and Smith, B. (2004) *Enhancing student learning through effective formative feedback.* York: Higher Education Academy Generic Centre

Johns, C. (2000) *Becoming a Reflective Practitioner: a Reflective and Holistic Approach to Clinical Nursing, Practice Development and Clinical Supervision.* Oxford: Blackwell Science

King, P.E. and Behnke, R.R. (2005) Problems Associated with Evaluating Student Performance in Groups. *College Teaching,* 53 (2):57-61

Kirschner, P.A., van den Brink, H and Meester, M. (1991) Audio feedback for essays in distance education. *Innovative Higher Education* 26(4):307-18

Knight, P. (2002) Summative Assessment in Higher Education: Practices in Disarray. *Studies in Higher Education* 27: 275 – 28

Knight, P.T. and Yorke, M. (2003) *Assessment, Learning and Employability*. London: SRHE & OU Press

Langendyk, V. (2006) Not knowing that they do not know: self assessment accuracy of third year medical students *Medical Education.* 40: 173-179 Blackwell Publishing Ltd

Lees, D. (2002) Information for Academic Staff on Employability, LTSN Generic Centre Website

Leitch, S (2006) *Leitch Review of Skills: Prosperity for all in the Global Economy* World Class Skills Norwich: HMSO

Maclellan, E. (2001) Assessment for learning: the different perceptions of tutors and students. *Assessment and Evaluation in Higher Education* 26(4):307-18

Masters, H. and S. Forrest (2010) How did I do? An analysis of service user feedback on mental health student nurses' practice in acute inpatient mental health placements. *The Journal of Mental Health Training, Education and Practice* 5(1): 11-19.

Matka, E., D. River, et al. (2009). Involving Service Users and Carers in Admissions for Courses in Social Work and Clinical Psychology: Cross-Disciplinary Comparison of Practices at the University of Birmingham. *British Journal of Social Work*

McDonald, B and Boud, D. (2003) The impact of self-assessment on achievement: the effects of self-assessment training on performance in external examinations. *Assessment in Education* 10(2):209-220

Merry, S and Orsmond, P (2008) Students attitudes to usage and academic feedback provided via audio files. http://www.bioscience.heacademy.ac.uk/journal/vol11/beej-11-3.aspx%20(accessed 12 210)

Miller,A.,Imrie,B.,and Cox,K. (1998) *Student assessment in Higher Education: a handbook for assessing performance*. London: Kogan Page

Mulholland, J., Mallik,M., Moran, P., Scammell, J. and Turnock, C. (2005) *Making Practice-based Learning Work; An Overview of the Nature of the Preparation of Practice Educators in Five Health care Disciplines.* Occasional Paper No. 6. London, Higher Education Academy Health Sciences and Practice Network

Murphy R (2001) *A Briefing on Key Skills in Higher Education*. York: LTSN

National Union of Students (2008) The Great NUS Feedback Amnesty http://resource.nusonline.co.uk/media/resource/2008-Feedback Amnesty Briefing Paper1.pdf (accessed 12 210)

NCI higher education (1987) *Higher Education in the Learning Society, Report of the National Committee of Inquiry into Education* (The Dearing Report) Norwich: HMSO

Neary, M.(2000) Responsive assessment of clinical competence: part one. *Nursing Standard* 15(9): 34-36

Neary, M.(2002)Teaching, Assessing and Evaluation for Clinical Competence, Cheltenham: Stanley Thornes

Nicol, D. J. and Macfarlane-Dick, D. (2006) Formative assessment and self-regulated learning: a model and seven principles of good feedback practice. *Studies in Higher Education* 31(2):199-218

Nisbet, J. and Shanksmith, J. (1984) The Seventh Sense in Brown, G., Bull, J., and Pendlebury, M.(1997) *Assessing Student Learning in Higher Education.* London: Routledge

Nursing and Midwifery Council (2004) Standards of proficiency for pre-registration nursing education, London: Nursing and Midwifery Council

Nursing and Midwifery Council, (2009) *Guidance on Professional Conduct for Nursing and Midwifery Students*. NMC, London

Orsmond, P., Merry, S and Reiling, K (2000) The use of student derived marking criteria in peer and self assessment. *Assessment and Evaluation in Higher Education* 25(1):23-37

Orwell, J., (2008). Assessment beyond belief; the cognitive process of grading, in Haveness. A. and McDowell, L. *Balancing Dilemmas in Assessment and Learning in Contemporary Education*. Oxon: Routledge

Prosser, M., Trigwell, K (1999). Understanding learning and teaching. Buckingham: SRHE and Open University Press

Quality Assurance Agency for Higher Education (2006) *Code of practice for the assurance of academic quality and standards in higher education, Section 6: Assessment of students*. Mansfield: The Quality Assurance Agency for Higher Education

Quality Assurance Agency for Higher Education (2007) *Code of practice for the assurance of academic quality and standards in higher education, Section*

9: Work-based and placement learning. Mansfield: The Quality Assurance Agency for Higher Education

QAA (2008) *Outcomes from institutional audit: Assessment of students (2nd series)* Mansfield: The Quality Assurance Agency for Higher Education

Race (2001) “A Briefing on Self, Peer and Group Assessment”. Assessment Series No.9; LTSN Generic Centre; http://www.heacademy.ac.uk/assets/York/documents/resources/resourcedatabase/id9_briefing_on_self_peers_and_group_assessment_snas_901.rtf (accessed 14 01 10)

Raeside, R. & Goldfinch, J. (1990) 'Development of a peer assessment technique for obtaining individual marks on a group project', *Assessment and Evaluation in Higher Education* 15 (3):210-231

Ramsden, P. (1992) *Learning to teach in higher education.* London: Routledge

Rayne, R.C.(2004) Assessment for Learning, Paper presented at a one day LTSN Bioscience Professional Development Programme Event, 12th Oct, Sheffield Hallam http://www.bioscience.heacademy.ac.uk/ftp/events/SheffieldHallam/intro.pdf (accessed 10 01 10)

Redfern , S., Norman, L., Calman, L., Watson R. and Murrells, T. (2002) Assessing competence to practice in nursing; a review of the literature, *Research Papers in Education*, 17 (1), 51-77

Reilly, D.E., and Oermann, M.H.(1992) *Clinical Teaching in Nursing Education*. New York: National League for Nursing.

Robbins, L (Chairman) (1963) Higher Education, Report to the Committee appointed by the Prime minister under the Chairmanship of Lord Robbins. London:HMSO

Rose, M. and Best D., (2005). Transforming practice through Clinical Education, Professional Supervision and Practice education. London: Elsevier.

Rowntree, D (1987) Assessing students: How shall we know them ? (2nd ed) London: Kogan Page

Rust, C., O'Donnovan, B. and Price, M. (2003) Improving students' learning by developing their understanding of assessment criteria and processes. *Assessment and Evaluation in Higher Education* 28 (2):147 –164

Sadler, D.R. (1989) Formative assessment and the design of instructional systems. *Instructional Science* 18(2):119-144

Scammell, J., Heaslip, V., Phillips, J. and Cooper, K. (2007) Assessment of Practice in pre-registration undergraduate nursing programmes: survey of students' and practice educators; experiences of grading student competence in practice. Bournemouth: Bournemouth University

Scammell, J., Heaslip, V., Phillips, J. and Cooper, K, (2009) Assessment of Practice in pre-registration undergraduate nursing programmes: survey of year 3 students' and practice educators' experiences of grading student competence in practice. Bournemouth: Bournemouth University

Schon, D. A. (1995) *The reflective practitioner: How professionals think in action.* Arena: Aldershot

Smith, J. (2007) Assessing and grading students' clinical practice: midwives' lived experience. *Evidence Based Midwifery* Royal College of Midwives, at http://findarticles.com/p/articles/mi_6862/is_4_5/ai_n28470195/ (accessed 28 07 10)

Speers, J. (2008). Service user involvement in the assessment of a practice competency in mental health nursing-Stakeholders' views and recommendations. *Nurse Education in Practice* 8(2): 112-119.

Stickley, T., G. Stacey, et al. (2009) "The practice assessment of student nurses by people who use mental health services." Nurse Education Today

Stickley, T., G. Stacey, et al. (2008) *Service User Student Assessment*. Nottingham: University of Nottingham http://www.mhhe.heacademy.ac.uk/silo/files/theo-stickley.pdf

Stuart, C.C. (2007) Assessment, Supervision and Support in Clinical Practice. London: Elsevier

Stefani, L.J., (1998) Assessment in partnership with learners. *Assessment and Evaluation in Higher Education* 23(4):339-350

Savin-Baden, M. (2000) *Problem-based Learning in higher education: Untold Stories.* Buckingham: Open University Press

Smith, J. (2007) Assessing and grading students' clinical practice: midwives' lived experience. *Evidence Based Midwifery*. Royal College of Midwives. See http://findarticles.com/p/articles/mi_6862/is_4_5/ai_n28470195/ (accessed 28 07 10)

Snyder, B.R. (1971) *The Hidden Curriculum,* Cambridge, MA: MIT Press

Stuart, C.C., (2007) *Assessment, Supervision and Support in Clinical Practice*. London: Elsevier

Strauss, P. and U, A. (2007) Group Assessments: dilemmas facing lecturers in multicultural tertiary classrooms*. Higher Education Research & Development; 26(2):147–161*

Taras, M. (2001) The use of tutor feedback and student self-assessment in summative assessment tasks: towards transparency for students and tutors. *Assessment and Evaluation in Higher Education.*26 (6):605-614

The Solicitors Regulation Authority, (2008) *Guidelines on the assessment of character and suitability* Redditch: The Solicitors Regulation Authority

Thomas, R. (2002) Creative Assessment: involving service users in student assessment in social work. *Journal of Practice Teaching in Health and Social Work* **4**(1): 27-43

Tickle, A. and C. Davison (2008) Sowing the seeds of change: trainee clinical psychologists' experiences of service user and carer involvement on placement. *The Journal of Mental Health Training, Education and Practice* 3(1): 33-41

Van der Windt, D. A., van der Heijden, G. J., van den Berg, S. G., ter Riet, G., de Winter, A. F. and Bouter, L. M. (1999) Ultrasound therapy for musculoskeletal disorders: a systematic review *Pain* 81(3): 257-271 Database of Abstracts of Reviews of Effects, 2001 http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=11999001338 (accessed 28 07 10)

Vygotsky, L. S. (1978) *Mind in society: The development of higher psychological processes.* Cambridge, MA: Harvard University Press

Weaver, M.R. (2006) Do student value feedback ? Students perceptions of tutor's written responses. *Assessment and Evaluation in Higher Education 31(3):379-394*

Watson, R., Stimpson, A., Topping, A. and Porock, D.(2002) Clinical competence assessment in nursing; a systematic review of the literature, *Journal of Advanced Nursing* 39(5):421-431

Wilson, S. (2002) Comparing peer, self and tutor assessment in a course for university teaching staff. Paper presented at the *Learning Communities and Assessment Cultures Conference,* University of Northumbria, 28 – 30 August 2002 http://www.leeds.ac.uk/educol/documents/00002232.htm (accessed 8 0110)

Winchcombe,M. and Balinger, C. (2005) *A Competence Framework For Trusted Assessors*. London: Assist UK

Winter, R. (2003) Contextualising the Patchwork Text: Addressing problems of Coursework in Higher Education. *Innovations in Education and Teaching International 40(2):112-122*

Xiao, Y. and Luckling, R. (2008) The impact of peer assessment on students' performance and satisfaction within a Wiki environment, *The Internet and Higher Education* 11(3-4): 186 -193

Yorke, M. and Knight, P. (2004) *Embedding employability in the curriculum*. York: LTSN

Yorke, M. and Knight, P. (2004) *Embedding employability in the curriculum*. York: LTSN

Yorke, M. (2003) *Transition into higher education: some implications for the 'employability agenda'* ESECT: LTSN Generic Centre

Yorke, M. (2005) Formative Assessment in higher education: It's Significance for Employability, and steps towards it's enhancement. *Tertiary Education and Management* 11: 219-238

Appendix 1 SIGFEST Programme

HEA Health Sciences and Practice Subject Centre
Joint Special Interest Group Meeting (SIG Fest):

'Exploring the Challenges of Assessment in Health Sciences and Practice'

Wednesday 4th November 2009
Venue: Learning Partnerships Development CETL
Birmingham City University
Programme

09:30 **Registration and Coffee**

10:00 **Welcome**

10:15 **CETL and NUS 'Keynotes' Assessment Snapshots**

Dr Christine Dearnley ALPs CETL. Bradford Lead

Dr. Catherine Montgomery. Associate Director (Research)

Centre for Excellence in AFL

Tobin Webb - NUS National Executive Committee

11:00 **Parallel Discussion Sessions**:

1. What are the challenges of grading Health Sciences practice assessment ?
2. How can we increase student engagement with feedback?
3. What are the advantages and challenges of group, self and peer assessment approaches?

12:00 **Refreshments**

12:15 **Parallel Discussion Sessions**:

4. What has been the impact of e-technologies on assessment approaches – designing, aligning and promoting interaction in e-assessment.
5. How do we design assessment that embraces diversity, ensures inclusivity and promotes employability ?
6. Professional standards of learning and teaching should influence assessment design and processes how can we ensure an ethical approach ?

13:15 **Lunch**

14:00 **'Future Challenges in Assessment' – Panel Discussion**

Panel: Morning Keynote Speakers

15:30 **Close**

Advocacy In Action, W., M. Charles, et al. (2006). Assessing Fitness to Practise and Managing Workbased Placement. *Social Work Education* 25: 373-384.

This article describes the experience of Nottingham and Birmingham Universities in partnership with workers from Advocacy In Action and shows that service users, carers and other eligible citizens can and should be involved in deciding fitness for practice and in the managing of that practice, and that such involvement enhances the student experience and lays the foundations for partnership working in the professional arena. The users and citizen stakeholders of social services are a valuable resource in respect of all aspects of service planning, delivery and control. In respect of social work education, their involvement is too valuable an opportunity to miss and we look forward to further exciting partnerships in the field of practice learning.

Bailey, D. (2005). Using an action research approach to involving service users in the assessment of professional competence. *European Journal of Social Work* 8(2): 165-179.

This paper reports on a piece of action research that has involved people who use mental health services in systematically providing feedback from a user perspective on participants' assessed work completed for one module of a masters' training programme in mental health. In an attempt to improve professional practice and include people who were accessing mental health services in so doing, it outlines how users were trained to provide feedback and the training methods employed. The findings summarise the kind of issues users raised in their feedback to participants about the evidence professionals provided to demonstrate their learning from the training programme. A focus group interview with professionals provides a contrasting insight into the participants' experience of having their work commented upon from a user perspective. The paper draws on the experience of a five-year external evaluation of an interdisciplinary programme in community mental

health at Birmingham University in the UK which has highlighted the involvement of people who use mental health services as a particular innovation in the design, delivery and evaluation of the curriculum.

Crisp, B. R., P. G. Lister, et al. (2006). Not just social work academics: the involvement of others in the assessment of social work students. *Social Work Education* 25(7): 723-734.

University regulations typically assume that the assessment of students is essentially a task for paid academic staff. However, this is a far cry from much of the current literature about assessment in social work education, of which one of the distinguishing features is the not infrequent references to stakeholders beyond the individuals who are to be assessed and the academic staff employed to teach them. This paper reviews some of the recent literature on the involvement of persons other than social work academics, including students, practice teachers and service users, in assessing students studying in social work programmes. Implications for programme providers of using non-academic assessors are explored.

Edwards, C. (2003). The involvement of service users in the assessment of Diploma in Social Work students on practice placements. *Social Work Education* 22(4): 341-349.

The government, local authorities and academic institutions in the United Kingdom all positively support the involvement of service users in social work practice and education. Based upon research undertaken for a Master's dissertation, this article argues for such an inclusive approach. The author works for the Training and Development Services of an English Social and Caring Services department, which delivers a Diploma in Social Work course in collaboration with the local university college. This course began to incorporate service users' views in the assessment of students on practice placements in the mid-1990s. This was a helpful development, although areas of ambiguity and difficulty became apparent, as did a lack of clarity and consistency in the implementation of the process. A qualitative survey of the views of practice teachers was conducted by means of semi-structured

interviews, which focussed on the main principles, issues and practical implications of service user involvement in the assessment of DipSW students. The article offers a summary of the findings of the survey, and a critical discussion of the main issues and difficulties that emerged. Some recommendations are made for the course that the author is associated with, although they would probably apply to most DipSW courses in the United Kingdom. The author is male, white and British.

Elliott, T., T. Frazer, et al. (2005). Practice Learning and Assessment on BSc (Hons) Social Work:‘Service User Conversations’. Social Work Education 24(4): 451-466.

The new BSc (Hons) Social Work requires students to undertake an assessed preparation for practice. For students in their first term at the University of Plymouth and Cornwall College, a corner stone of this 'Safety to Practice' assessment is the 'service user conversation'. Service users and carers meet individually with students to tell them what they think a good social worker should be like. Students write an account of the conversation and are given feedback on their interpersonal skills and on the accuracy of the record. This process involves service users and carers as 'teachers' and contributors to assessment from the beginning, thus reversing the usual power relationship. The conversations have proved to be a fascinating journey for all those involved, with significant implications for future practice. The students' learning needs come into sharp focus at the very beginning of their course and an assessment of their performance is meaningfully ascertained through this process. The method has been evaluated with many of the service users and carers who were involved and the outcomes of this research are presented. This innovative and creative process has much to offer in the education and the professional development of new social workers in ways that are both ethical and inclusive. We share the richness of the experience that has gone beyond our expectations and seek to encourage discussion about the possibilities of a fully inclusive approach to social work education.

Ferguson, I. & Ager, G (2005). *Integrated Assessment: Involvement of users and carers*. Dundee: SIESWE. Downloaded on 30 May 2010 from http://www.iriss.org.uk/docs/IA33EvalPilot5.pdf

In this exercise, a small group of students (4) was involved in seeking feedback about their practice from service users with whom they had worked during placement. Feedback was sought through a questionnaire which was based on a framework supplied by tutors (Appendix 1). Both students and service users/carers were then asked to complete a semi-structured questionnaire about the process and outcomes of seeking and giving feedback (Appendices 2 and 3). Thereafter, students were asked to prepare a short presentation based on the completed questionnaire but also addressing their feelings about the whole process. Finally, a group discussion explored the ways in which the process and outcome had contributed to the assessment of the student's practice and ways in which this process of could be further developed.

Gee, M., et al. (2009). The Caring Experience: Learning about Community Care through Spending 24 Hours with People Who Use Services and Family Carers. *Social Work Education* 28(7): 691-706.

This paper describes a teaching and learning initiative developed in a UK social work programme that has involved carers, service users, academic social work staff and practitioners. Post-graduate student social workers spend 24 hours in agreed periods with family carers or people who use social work services. The paper explains the origins of this initiative, rooted in a model of service user and carer involvement established over a number of years within the social work programme at the University of Dundee, Scotland. The development of this teaching and learning method is outlined and an account is given by a family carer describing their experience of being involved in the programme. Findings from the evaluation of this first year of operation are reported.

Masters, H. and S. Forrest (2010) How did I do? An analysis of service user feedback on mental health student nurses' practice in acute inpatient mental

health placements. *The Journal of Mental Health Training, Education and Practice* 5(1): 11-19.

Mental health service user involvement in education has gained momentum and prominence over the past decade, but service user involvement in the assessment of students' practice remains underdeveloped. This paper reports findings from a qualitative analysis of documentary data that captured service users' feedback to mental health student nurses about their practice. Third year mental health nursing students in acute inpatient placements were required to elicit, record and reflect on the feedback that service users gave them about their practice. One hundred and eighty eight accounts of this feedback were analysed and findings are presented in terms of the methods that students used to gain feedback and the issues that emerged from this. The analysis also explored the role that students appear to play in care delivery and what aspects of their role service users most valued. The impact that the feedback had on the students' learning and practice is examined and discussed in relation to future opportunities for, and likely barriers to, continued service user involvement in assessing students' practice.

Matka, E., D. River, et al. (2009). Involving Service Users and Carers in Admissions for Courses in Social Work and Clinical Psychology: Cross-Disciplinary Comparison of Practices at the University of Birmingham. *British Journal of Social Work*.

Rationales for involving service users and carers in professional health and social work education tend to derive from arguments of empowerment, consumer rights and/or improvement in service outcomes. In the UK, these rationales are now firmly embedded, and involvement is increasingly expected in all aspects of training, but little literature exists describing or evaluating the impact of involvement outside teaching activities. This paper describes the approach to involvement in admissions interviews in the social work and clinical psychology programmes at the University of Birmingham. It reports the results of a post hoc survey into the experiences and expectations of the 2007–08 cohorts of successful applicants and interview-panel members from each programme, with the aims of highlighting underlying rationales and

informing future practice. Survey respondents tended to focus on outcome-based rationales rather than value-based ones in support of involvement. Impact on the selection process was cited by many as important, but service user and carer visibility to applicants may be a more significant outcome. Disagreements among panel members were uncommon, but did raise some training and procedural issues. To be meaningful, the rationale(s) for involvement should be clearly articulated at the outset and the mode(s) of involvement should reflect this.

Speers, J. (2008). Service user involvement in the assessment of a practice competency in mental health nursing-Stakeholders' views and recommendations. *Nurse Education in Practice* 8(2): 112-119.

Competence in building therapeutic relationships is essential for student mental health nurses and therefore requires robust assessment. However, the assessment of such complex skills is problematic. Following policy directives exhorting increased service user involvement in general, there have been recent suggestions that service users could contribute to the assessment of practice. This paper outlines a research project which investigated the views of 24 stakeholders (service users, lecturers, mentors, ex-students and student nurses) about the potential involvement of service users in the assessment of student mental health nurses' competence in forming therapeutic relationships. The findings revealed that service users interviewed had a largely positive attitude towards this potential development. Nurse participants were more ambivalent. Despite citing several key advantages, nurses also expressed some important reservations about how such a proposal could be implemented in practice. Nevertheless, on balance, they were in favour in principle. Key recommendations for the implementation of this potential development included strategies to enable anonymity and freedom of choice for service users. A range of options for obtaining service user feedback were put forward, along with some ideas about how the fairness of the assessment might be protected.

Stickley, T., G. Stacey, et al. (2009). "The practice assessment of student nurses by people who use mental health services." Nurse Education Today.

This paper reports on a participatory action research project focusing upon service-user involvement in the assessment of student mental health nurses in practice. The principle of student nurses being assessed by service-users was found to be desirable in theory. However, its implementation proved to be fraught with difficulty especially with regard to the concerns about increased workload and feelings of vulnerability amongst students. It is recommended that the model of assessment should be adjusted to that of review and that a program of service-users reviewing student nurses on placement be implemented and evaluated.

Stickley, T., G. Stacey, et al. (2008). *Service User Student Assessment*. Nottingham: University of Nottingham

This research project was designed and implemented as a pilot study in order to develop a method of mental health service users assessing student nurses in practice. Downloaded on 30 May 2010 from http://www.mhhe.heacademy.ac.uk/silo/files/theo-stickley.pdf

Thomas, R. (2002). Creative Assessment: involving service users in student assessment in social work. *Journal of Practice Teaching in Health and Social Work* **4**(1): 27-43.

This article is based on workshops for practice teachers designed to promote exploration and constructive ideas around the theme of involving service users in student assessment in social work. The workshop used three scenarios created from amalgamating real life occurrences which also challenged the thinking of the participants. Notes were also given to participants after the discussion to consolidate the ideas covered and to stimulate further thinking. A total of 60 practice teachers and tutors participated in the discussion. The article provides details of the three scenarios, followed by the issues paper given to the participants. In addition, the existing literature is examined, and

the authors provide guidance towards a model of successful inclusion of service users in student assessment.

Tickle, A. and C. Davison (2008). Sowing the seeds of change: trainee clinical psychologists' experiences of service user and carer involvement on placement. *The Journal of Mental Health Training, Education and Practice* 3(1): 33-41.

The training of future mental health professionals offers one avenue of change to improve service user and carer involvement in mental health services. This study looked at experiences of trainees on the University of Surrey's Clinical Psychology Doctorate programme in involving service users and carers on training placements. Twenty trainees completed a self-report semistructured questionnaire providing qualitative data that were analysed using thematic analysis. A number of benefits of service user and carer involvement in training were identified as well as practical considerations, including factors that might facilitate or limit such involvement on training placements. It is intended that the findings will prove useful to others involved with the training of mental health professionals.

Marilyn Hammick is an independent education and research consultant, Visiting Professor, Birmingham City University and Anglia Ruskin University, Learning & Teaching Consultant for Enquiry and Evidence to the Health Sciences and Practice Subject Centre, UK Higher Education Academy and Consultant to the Best Evidence Medical Education Collaboration.

Caroline Reid is Head of Learning Development in the School of Health and Social Sciences at Middlesex University. Caroline works closely with the Health Sciences and Practice Subject Centre as a Learning and Teaching Consultant for Assessment. Caroline is a registered nurse.

Authors

Charmagne Barnes is Director of Programmes for the Pre Registration and Undergraduate Nursing Framework within the School of Health and Social Sciences at Middlesex University. She is a Key Contact for Nursing with the Health Sciences and Practice Subject Centre. Charmagne is a registered paediatric nurse.

Pat Cartney is a Principal Lecturer in Social Work and Learning and Teaching Strategy Leader for the School of Health and Social Sciences at Middlesex University. She is particularly interested in learning for professional practice and the role of assessment in enhancing this process. Pat is a registered social worker.

Christine Dearnley is the University of Bradford's site lead for the Assessment and Learning in Practice Settings (ALPS) Centre of Excellence in Teaching and Learning. Chris is committed to the scholarship of learning and teaching and has a keen interest and a comprehensive research portfolio in learning and assessment for health and social care practitioners.

Pauline Fitzgerald is a Senior Lecturer in Microbiology in the Health Sciences group, and course leader for the Biomedical Sciences programme at Leeds Metropolitan University. She completed her PhD at Leeds University and before coming to Leeds Met had previously held posts in research and as a biomedical scientist.

Carolyn Gibbon is Principal Lecturer for Learning and Teaching in the School of Nursing and Caring Sciences at the University of Central Lancashire, Preston. She is the Facilitator of the Problem-based Learning Special Interest Group and Key Contact between the School and the Health Science and Practice Subject Centre.

Janet Holt is Director of Learning & Teaching in the School of Healthcare within the University of Leeds, and works closely with the Health Sciences and Practice Subject Centre as a Learning and Teaching Consultant for both Ethics and Practice and Learning Support. Janet's research interests and publications are within the disciplines of Healthcare Ethics and Law and Nursing Philosophy and she is a registered nurse and midwife.

Caroline Marcangelo is a Senior Lecturer in the Centre for Learning and Teaching Development within the University of Cumbria, and an active member of the Health Sciences & Practice Problem-Based Learning Special Interest Group. Caroline is programme leader for the PgC in Learning and Teaching in Higher education. Her professional discipline is nursing.

Catherine Montgomery is Associate Director (Research) in the Centre for Excellence in Teaching and Learning in Assessment for Learning (CETL AfL). She has been leading the CETL AfL research projects for the past 4 years, investigating the impact of innovative approaches to assessment on student learning.

Vikki-Jo Porteous-Butler is a lecturer and Graduate Director for the School of Health and Human Sciences at the University of Essex. Vikki-Jo is a registered nurse.

Janet Scammell is Head of Learning and Teaching in the School of Health and Social Care at Bournemouth University. She is a Key Contact between the School and the Health Sciences and Practice Subject Centre.

Kathy Wilson is Head of Practice-based Learning in the School of Health and Social Sciences at Middlesex University and is also one of the co-ordinators of the Practice Learning and Support special interest group.

Appendix 1 Contributors

We would like to thank the following colleagues who contributed case studies and practice-related examples to this paper.

Jill Anderson, Senior Project Development Officer, Mental Health in Higher Education; Research Associate, Department of Applied Social Science
Lancaster University

Paul Bartholomew, Centre for the Enhancement of Learning and Teaching
Birmingham City University

Carole Davis, Principal Lecturer, PGCHE Programme Leader,
Middlesex University

Professor Frances Gordon, Head of Interprofessional and Multidisciplinary Learning and Director of the Centre for Interprofessional eLearning (CIPeL)
Sheffield Hallam University

Clare Kell, Senior Lecturer Learning and Teaching, Programme Manager PCUTL
Cardiff University

Our thanks also go to the anonymous reviewers for their insightful and helpful comments on the version of the paper submitted for peer review

Room 3.12
Waterloo Bridge Wing
Franklin Wilkins Building,
King's College London
150 Stamford Street
London SE1 9NH

T 020 7848 3141
F 020 7848 3130
E info-hsap@kcl.ac.uk

www.health.heacademy.ac.uk