

# Practice Assessor Development Part 2 Assessment





# Assessment in practice

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Narrated by Deanna Hodge

# Learning Outcomes

- » By the end of the session we will have considered:
  - Conveying your judgement about performance
  - Giving quality guidance to help develop a learner
  - Considering the accountability for assessment

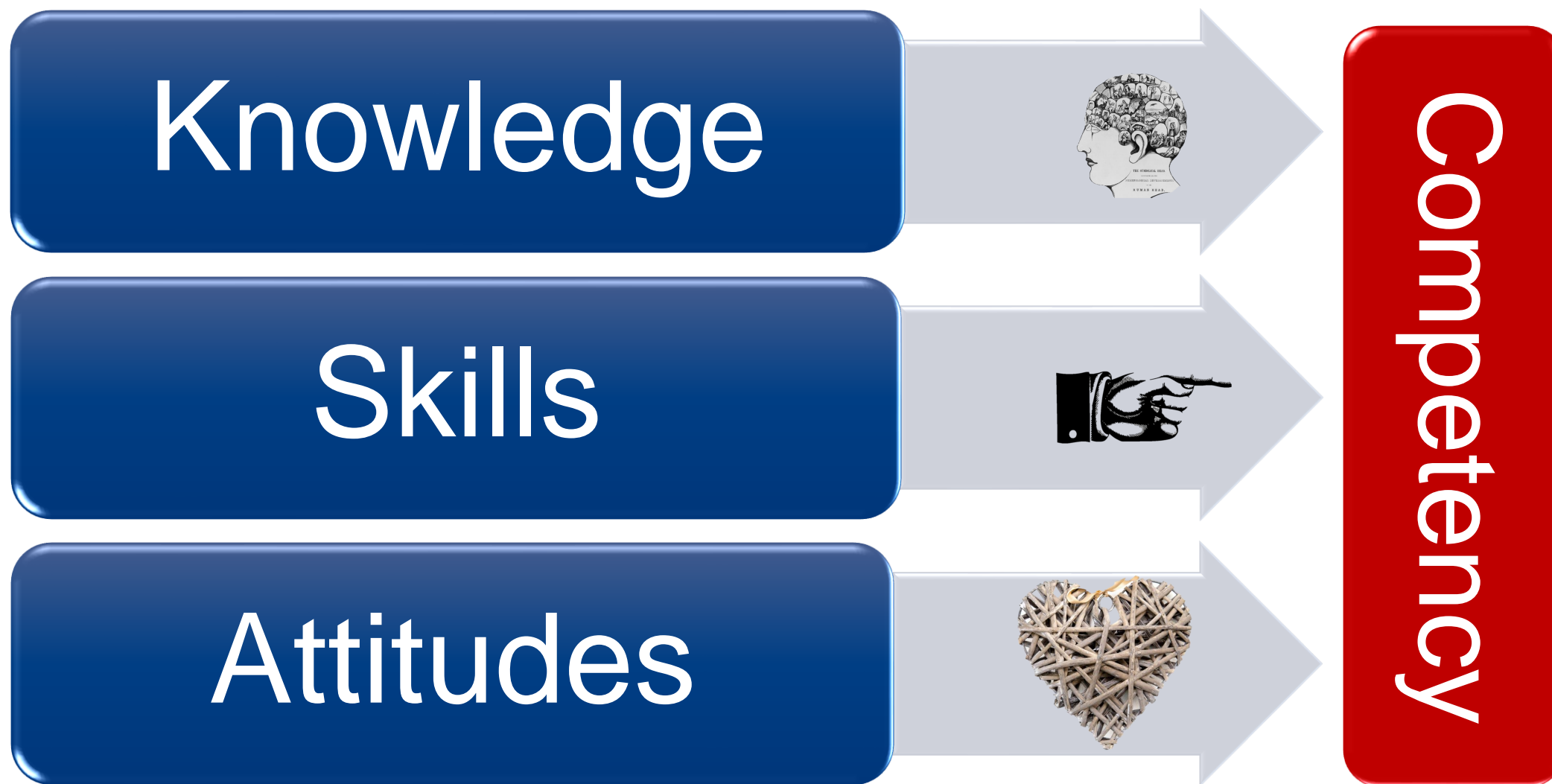
# Assessment?

- » Evaluate or estimate (Concise Oxford Dictionary)
- » Gauge the degree of Learning (Walsh 2009)
- » Criteria – Professional Competency, grading tool, SMART learning objectives
- » Planned experiences – aseptic technique, patient assessment.

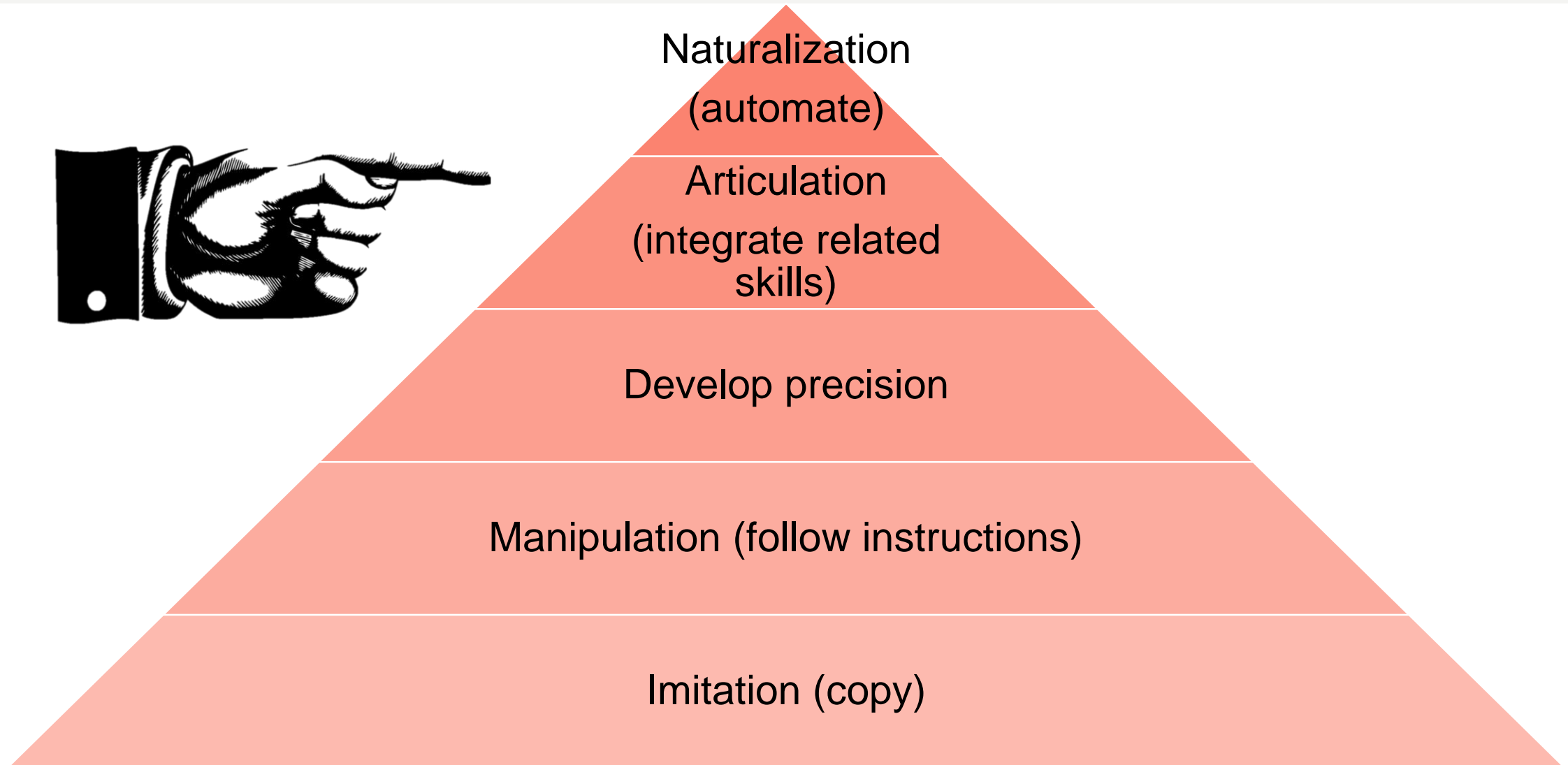
# Purpose

- » Assessment for development or guidance
  - Provide feedback
  - Motivate student to learn more
  - Measure effectiveness of our teaching
  - Plan new learning experiences
- » Assessment for evaluation of competency (e.g. judge achievement against professional competencies)
  - Monitor progress
  - Assess knowledge, skills and attitudes
  - Safeguard patients/ service users

# Planning for competency



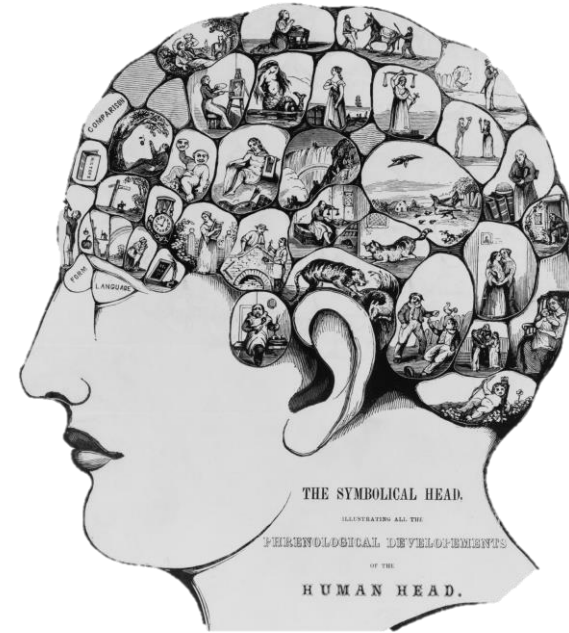
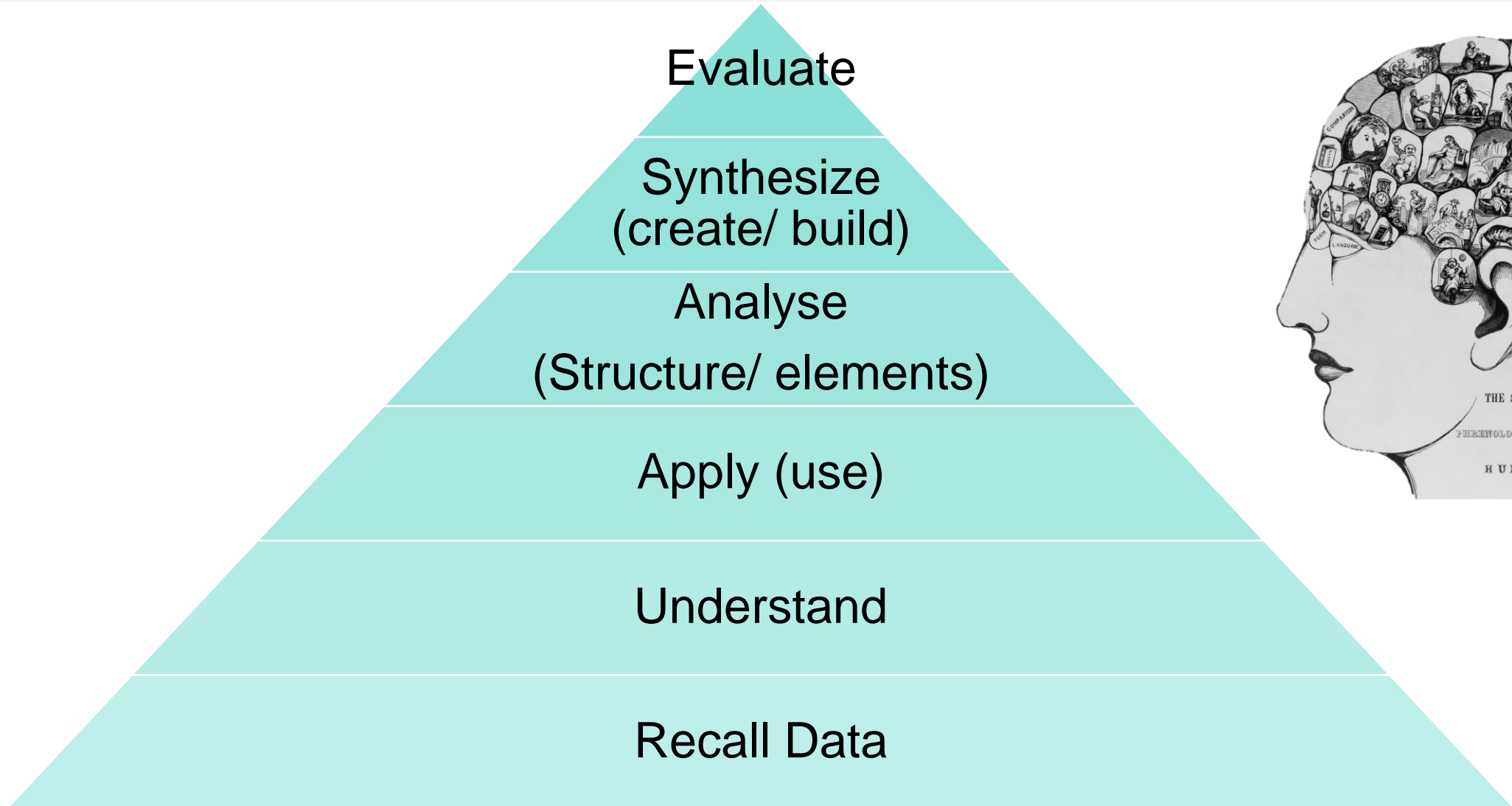
# Blooms (1956) Taxonomy- Psychomotor ('Hands')



<p>Demonstrates safe, person centred care, under supervision in order to enable people to meet their physical and emotional needs</p>	<p>Inconsistency in ability to provide safe care and meet peoples' physical and emotional needs. Minimal understanding of the knowledge that informs care</p>	<p>Satisfactory care given meeting physical and emotional needs with minimum supervision. Some understanding of knowledge and evidence that informs care. Requires support to apply theory to own practise</p>	<p>Good care given meeting physical and emotional needs. Working more independently. Good understanding of knowledge and evidence that informs care and able to apply to own practise.</p>	<p>Very good care given meeting physical and emotional needs. Working independently. Draws upon a wide range of knowledge and evidence to inform care. Is able to apply to own practise and support junior colleagues</p>	<p>Excellent care given meeting physical and emotional needs. Critically appraises the knowledge and evidence which informs care. Supervises and directs junior colleagues in care delivery</p>	
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# Bloom's (1956) Taxonomy – Cognitive ('Head')



# Developing Cognitive elements across the curriculum

## Nursing Practice » and Decision Making:

**11. Be trusted by people to treat them as partners and work with them to make a holistic and systematic assessment of their needs**

**Year 1  
essential skills**

- Accurately undertake and record a baseline assessment of height, temperature, pulse, respiration and blood pressure using manual and electronic devices
- Measure and document vital signs under supervision and respond appropriately to findings outside of the normal range
- Perform routine diagnostic tests, for example urinalysis, related to the assessment and planning of care from a variety of sources
- With the person and under supervision, plan safe and effective care by recording information based on the assessment
- Understand the concept of public health and the benefits of healthy lifestyles and potential risks involved in various lifestyles or behaviours for example substance misuse, smoking, obesity.

## Nursing Practice and Decision Making:

**11. Be trusted by people to treat them as partners and work with them to make a holistic and systematic assessment of their needs**

**Year 2  
essential skills**

- Contribute to care based upon an understanding of how the different stages of an illness or disability can impact upon people and their families
- Contribute to care based upon an understanding of how different ages and life stages can impact upon people and carers
- Deliver care to meet essential physical and mental health needs
- Recognise and respond to the needs of individuals with long term conditions, their families and carers maximising choice and self care
- Recognise and respond to the changing needs and wishes of adults and their families at different stages of loss and bereavement
- Make accurate assessments and start appropriate and timely management of those who are acutely unwell, at risk of deterioration or require emergency care

# Blooms (1956) Taxonomy – Affective (‘Heart’)



Internalise  
values (adopt  
behaviour)

Organise personal  
value system

Value

Respond (react)

Receive (awareness)

# Affective Domain within the PAD

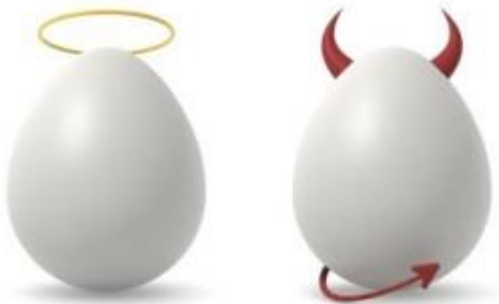
Communication & Interpersonal Skills	0	1	2	3	4	Mark Awarded
<p>Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries</p>	<p>Unable to interact in a sensitive, kind, compassionate manner. Does not demonstrate care which values individual differences or maintains dignity</p>	<p>Limited ability to interact in a sensitive, kind, compassionate manner and demonstrate care which values individual differences. Maintains dignity</p>	<p>Usually able to interact in a sensitive, kind, compassionate manner. Demonstrates care which values individual differences and ensure dignity is maintained</p>	<p>Consistently interacts in a manner that is kind, sensitive and compassionate. Values individual differences and ensures dignity is maintained</p>	<p>Excellent interaction in a kind, sensitive, compassionate manner which values individual differences. Ensures dignity is maintained and reminds others of need to maintain dignity</p>	

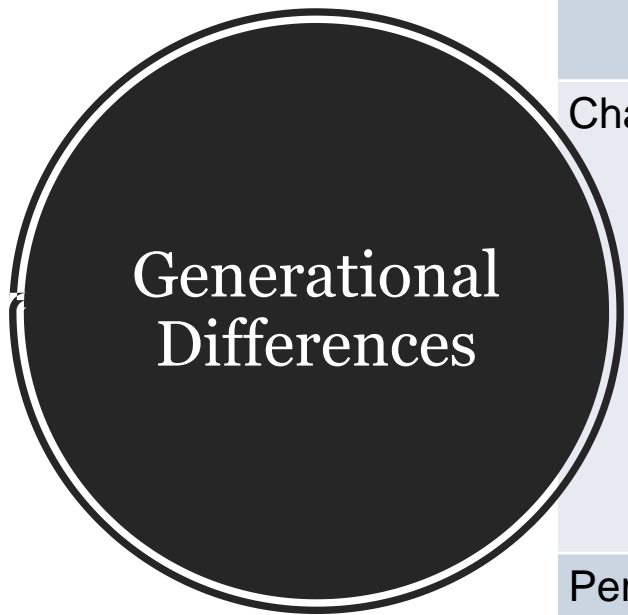
## Process of assessment

- » Direct observation
- » Discussion with student
- » Review of portfolio
- » Feedback / feedforward from Practice supervisors
- » Feedback / feedforward from PA previous placements
- » Create a culture of constructive feedback within your environment

# Influencing factors

- » Biases – conscious or unconscious
- » Halo or Horn effect
- » Error of leniency
- » Error of severity
- » Central tendency error
- » Bad day





## Generational Differences

Generation	Baby boomer 1946 - 64	Generation X 1965- 1979	Generation Y 1980 - 1994	Generation Z 2001 - present
Education	Ambitious & will question everything. Better educated than predecessors	Like structure & direction. Education is a means to an end and must be meaningful	Millennials expect to achieve, ambitious with high career expectations	Education- Self directed Naturally uses technology
Characteristics	Motivated, competitive and hard working. Define self worth by their work and accomplishments	Pragmatic, practical, independent, can multi task. Work smarter not harder . Work life balance important	Team players with preference to work in groups. Need mentorship, coaching reassurance	Don't force fit into a traditional work environment – will not engage. Pragmatic / individual- expects to be informed.
Percentages of the NHS workforce	25% of workforce	44% of workforce	25% of workforce	6% of workforce
Attitude towards IT	Early IT adopters	Technology literate but open to other forms of communication	Digital natives	IT Dependent appear to have little knowledge of the alternatives

## Difficult conversations with sensitivity

- » Skills
- » Knowledge
- » Professional behaviour
- » Achievement
- » Know your support network – team, LEL/PEF, PLT





# Unexpected events

- » Poor professional behaviour following summative assessment
- » Fitness to Practice
- » Safeguarding



## Using assessment to Empower student learning

- » Theory X vs Theory Y (McGregor 1960)
- » Creative welcome packs
- » Individualised approach to learning
- » SMART Learning objectives
- » Take time to catch up with students and PS
- » Make use of supernumerary status



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