Practice Assessor Development Part 2 Assessment
Assessment in practice

Narrated by Deanna Hodge
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

Knowledge

Skills

Attitudes

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

1. Imitation (copy)
2. Manipulation (follow instructions)
3. Develop precision
4. Articulation (integrate related skills)
5. Naturalization (automate)
| Demonstrates safe, person centred care, under supervision in order to enable people to meet their physical and emotional needs | Inconsistency in ability to provide safe care and meet peoples’ physical and emotional needs. Minimal understanding of the knowledge that informs care. | 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 practice | 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 practice. | 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. | 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 |

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Bloom’s (1956) Taxonomy – Cognitive (‘Head’)

- Recall Data
- Understand
- Apply (use)
- Analyse (Structure/ elements)
- Synthesize (create/ build)
- Evaluate
### Developing Cognitive elements across the curriculum

<table>
<thead>
<tr>
<th>Year 1 essential skills</th>
<th>Year 2 essential skills</th>
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<tbody>
<tr>
<td><strong>Nursing Practice</strong></td>
<td><strong>Nursing Practice and Decision Making:</strong></td>
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<tr>
<td>11. Be trusted by people to treat them as partners and work with them to make a holistic and systematic assessment of their needs</td>
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</tr>
<tr>
<td>• Accurately undertake and record a baseline assessment of height, temperature, pulse, respiration and blood pressure using manual and electronic devices</td>
<td>• Contribute to care based upon an understanding of how the different stages of an illness or disability can impact upon people and their families</td>
</tr>
<tr>
<td>• Measure and document vital signs under supervision and respond appropriately to findings outside of the normal range</td>
<td>• Contribute to care based upon an understanding of how different ages and life stages can impact upon people and carers</td>
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<tr>
<td>• Perform routine diagnostic tests, for example urinalysis, related to the assessment and planning of care from a variety of sources</td>
<td>• Deliver care to meet essential physical and mental health needs</td>
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<tr>
<td>• With the person and under supervision, plan safe and effective care by recording information based on the assessment</td>
<td>• Recognise and respond to the needs of individuals with long term conditions, their families and carers maximising choice and self care</td>
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<tr>
<td>• 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.</td>
<td>• Recognise and respond to the changing needs and wishes of adults and their families at different stages of loss and bereavement</td>
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<tr>
<td>• Make accurate assessments and start appropriate and timely management of those who are acutely unwell, at risk of deterioration or require emergency care</td>
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Blooms (1956) Taxonomy – Affective (‘Heart’)

1. Receive (awareness)
2. Respond (react)
3. Value
4. Organise personal value system
5. Internalise values (adopt behaviour)
## Affective Domain within the PAD

<table>
<thead>
<tr>
<th>Communication &amp; Interpersonal Skills</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Mark Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries</td>
<td>Unable to interact in a sensitive, kind, compassionate manner. Does not demonstrate care which values individual differences or maintains dignity</td>
<td>Limited ability to interact in a sensitive, kind, compassionate manner and demonstrate care which values individual differences. Maintains dignity</td>
<td>Usually able to interact in a sensitive, kind, compassionate manner. Demonstrates care which values individual differences and ensure dignity is maintained</td>
<td>Consistently interacts in a manner that is kind, sensitive and compassionate. Values individual differences and ensures dignity is maintained</td>
<td>Excellent interaction in a kind, sensitive, compassionate manner which values individual differences. Ensures dignity is maintained and reminds others of need to maintain dignity</td>
<td></td>
</tr>
</tbody>
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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
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<tr>
<td><strong>Education</strong></td>
<td>Ambitious &amp; will question everything. Better educated then predecessors</td>
<td>Like structure &amp; direction. Education is a means to an end and must be meaningful</td>
<td>Millennials expect to achieve, ambitious with high career expectations</td>
<td>Education- Self directed Naturally uses technology</td>
</tr>
<tr>
<td><strong>Characteristics</strong></td>
<td>Motivated, competitive and hard working. Define self worth by their work and accomplishments</td>
<td>Pragmatic, practical, independent, can multi task. Work smarter not harder. Work life balance important</td>
<td>Team players with preference to work in groups. Need mentorship, coaching reassurance</td>
<td>Don't force fit into a traditional work environment – will not engage. Pragmatic / individual- expects to be informed</td>
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<tr>
<td><strong>Percentages of the NHS workforce</strong></td>
<td>25% of workforce</td>
<td>44% of workforce</td>
<td>25% of workforce</td>
<td>6% of workforce</td>
</tr>
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<td><strong>Attitude towards IT</strong></td>
<td>Early IT adopters</td>
<td>Technology literate but open to other forms of communication</td>
<td>Digital natives</td>
<td>IT Dependent appear to have little knowledge of the alternatives</td>
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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