

Integrating Self-Assessment Activities Into the Community Nursing Curriculum

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The challenge of self-assessment

Assessment is of central importance to both learners and teachers in the process of education. As Brown *et al* (1997) confirm, students focus on the assessment tasks at the very start of a course because of their significance, irrespective of the tutor's efforts to engage students in the aims the curriculum. Indeed, it is difficult to avoid discussing assessment even on the first day of a course. In many aspects of assessment the teacher is the sole assessor and thus holds the balance of power when making the final decision over a mark, grade or classification. The process of self-assessment switches the focus to the student as assessor, which not only presents a different perspective on assessment but also a range of challenges for both student and teacher.

With increasing numbers of students entering higher education from a broad range of educational backgrounds, the task of ensuring fair and appropriate assessment tools becomes more arduous (Boud, 2003). London Metropolitan University seeks to give value to each student's individual experience and provide students with the opportunity to develop according to their own particular needs; this is implicit in its mission to "promote personal development and social justice" (www.londonmet.ac.uk/about/mission.cfm).

More specifically, the community nursing programmes at London Metropolitan University aim to equip nurses with a range of skills not only pertinent to discipline-specific knowledge but that are also transferable and relevant to a variety of employment situations, (United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC] 1999). Brown *et al* (1997) and Falchikov (cited in Taras, 2001) argue that the ability to self-assess is one of the most significant skills a student can develop to ensure successful learning and future professional development. Community nurses have to juggle the specific needs of their patients with the demands of their employers, the rigours of their Professional Code of Conduct (Nursing and Midwifery Council [NMC] 2002), and constantly changing health policy. The cognitive skills of self-analysis, self-evaluation and reflection required for self-assessment are also essential to daily professional life.

Rowntree (1987) considers that assessment serves several purposes including the maintenance of standards, the motivation of students, providing feedback to students and preparation for life. In the education of health professionals aspects of all these purposes should be present in the assessment process (Santy & Mackintosh, 2000). This is especially so when considering the complexities of professional practice. The tutor needs to be aware of individual students' needs, to help them to identify and hone required skills.

Self-assessment raises several issues. Firstly, there is the question of the skills necessary to undertake self-assessment. Previous experience in teaching nurses has shown that students do not complete self-assessment tasks very well and do not at first understand the purpose or the

process. Secondly, the need for student and tutor to work collaboratively is essential in order for students to develop the appropriate skills. Finally, ways to integrate self-assessment activities throughout the curriculum need to be considered. Using examples from nursing education, this paper focuses on the skills required for self-assessment, how to integrate self-assessment activities into the curriculum, and the responsibilities of both tutor and student in this process.

Self-assessment in practice

Self-assessment involves students making judgements about their own work (Race, 2001). There are many self-assessment methods available to use such as presentations, portfolios of evidence and reflective diaries. Although the assessment can be formative or summative, currently only formative self-assessment occurs in the community nursing programmes. Race (2001) explains that when students self-assess personal data such as a reflective diary, they learn much about their own learning and abilities. Taras (2001:606) describes this process as 'a formative awareness building tool'. Thus an initial skill of self-assessment is self-awareness, and as Brown *et al* (1997) consider, self-assessment requires one to be inward looking and to be able to think about one's own thoughts and thus make progress from one's own learning.

For many community nursing students accessing University is their first encounter with higher education, thus the students will require guidance with all assessment processes (Taras 2001). Self-assessment tasks should therefore be integrated into the curriculum early and should be ongoing rather than episodic events (www.aahe.org). If students have a good idea of their own starting points and core knowledge, they are better placed to work with both academic staff and their practice educators in moving their learning forward. The tutor's role in self-assessment is therefore to engage students in self-analysis and encourage them to identify gaps in their knowledge base at an early stage.

At the start of their degree programme, all the community nursing students are asked to complete a profiling form in which their strengths and weaknesses can be identified and achievements recorded. Skelton (cited in Bradshaw, 1989) likens the profile to 'an individual growth chart' or a 'picture' of the student, where the onus is on the student to record competence at the outset of a period of education. The profile remains in the student's practice portfolio, together with a range of other material, but the student is expected to complete the profile without any specific guidance.

The problem is that the purpose of this self-assessment tool is not always explained and thus it is often poorly completed. As Falchikov & Boud (1989) note, students frequently under- or over-estimate their knowledge, and this becomes plain when they are asked to evidence their learning. For instance, a recent student's completed profile demonstrated that she had not only misunderstood the purpose of the task (i.e. to identify her knowledge and professional development aims), but also that she had misinterpreted some of the headings. Hence, for the profile to be a valuable tool, the tutor must clarify the purpose of the exercise so that it does not become purely academic.

On completion of the course, students can also add this profile to their professional portfolio (UKCC 1994) with the intention that they can revisit, reflect and re-profile themselves as their professional development continues. The task should therefore become easier and more useful to the individual. As Brown *et al* (1997) and Race (2001) point out, practising will accelerate the development of self-assessment capabilities; in other words, practice makes perfect.

Nurses frequently come to the community nursing programmes ill-prepared for the rigours of advanced level work. Many students have English as a second language and often struggle with

academic writing. Others may have had a long break between diploma-level work and advanced study, thus their study skills are often 'rusty'. Therefore the demand to progress and leave University with a degree can be hard to meet. A self-assessment instrument used at the start of a programme of education can serve to provide important feedback to the student before she later engages in a summative task. So, during the university induction, students are invited to complete a diagnostic essay, which involves writing a 1,000- word account (for example, on 'Stress in Community Nursing'). The students are then given detailed feedback on their writing skills and advised as to how to tackle areas needing attention. This task has often been undervalued within the course team, regarded as another chore for the tutors. Yet it is seen by students as an essential guide on their journey through university. Indeed, the students who completed this task recognised its value in preparing them for subsequent summative assessment. Their positive response prompted the idea of adapting it as a further opportunity to engage students in self-assessment.

Consequently, the diagnostic essay was used in a different way during the next round of induction, in that instance a programme for a small group of part-time students. The students all agreed to complete the essay, as it was at least one year since they had composed any academic work. The students were asked to identify the areas where they thought they needed help or had got wrong, so were thus self-assessing before receiving their tutor feedback. The exercise proved effective and a follow-up tutorial was held to help the students improve their work, using the diagnostic essay as a learning tool. In this way there is an equal participation in the learning process established at an early stage in the course.

Within the module on "Management of Minor Conditions", students are required to self-assess their clinical knowledge across a range of different conditions. They are asked to complete the appropriate self-assessment form prior to the related clinical session. The rationale for this is that the nurses on the module will have varied knowledge and ability, with some having a lot of practical experience whilst others only limited knowledge. Following the clinical session, where aspects of the assessment are revised and information clarified, students can revisit the form and reflect on their new learning. Engaging in this self-assessment task allows the students to explore their own knowledge base as well as identify gaps in their knowledge.

When this task was first introduced students did not complete it adequately. It became clear that the students did not understand the task, since they simply copied information from a text book and were unable to express their felt needs. As the course has developed, the self-assessment form has been re-formatted with clearer instructions and time is now spent explaining the task in greater detail and its role as an important key to student learning. A further development has been to introduce the self-assessment forms at the start of each clinical session and ask students to complete the form as best they can, without reference to textbooks and within a set timeframe. In this way the students can truly identify their existing knowledge of the relevant topic.

Draft essays provide another opportunity for self-assessment. During week 8 of a module students are invited to present a draft essay plan. Using the set marking criteria students are asked to give themselves a provisional mark. Without exception students dislike the task and find it very difficult, possibly because they have not done this type of self-assessment task before, may not have done enough preparatory work to formulate an essay plan or have not really engaged with the marking criteria. It is salutary for students to realise that although they have engaged in the assessment task from an early stage, they have yet to consider how they will fulfil the task.

A further self-assessment opportunity would be to involve students in setting their own criteria for the assessment of practice. Currently the degree students are assessed in practice by their practice educators using the learning outcomes set by the course team. Engaging the students in

this process would undoubtedly be time consuming and could present a possible barrier to an already short programme. However, a positive outcome would be that the students would engage more closely with the assessment process as well as identifying the significant issues within the curriculum.

In conclusion, integrating self-assessment strategies into the curriculum can lead students towards greater self-development and deeper learning. It can lead to a more productive use of time for students, practice educators and tutors. Self-assessment can broaden out the assessment process making assessment a more imaginative and collaborative exercise, in which students engage in more active learning by taking responsibility for the outcomes of their learning.

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