

Paramedic Science Department of AHP

Assessment

What is assessment?

Rowntree (1987) explains that the process of assessment exists within a **social encounter** and is concerned with the collection and **interpretation** of information about that other person.

... a set of processes that measure the outcomes of students`learning in terms of knowledge acquired, understanding developed and skills gained.

(QAA, 2005)

What difference do you see between these two definitions, are they the same?

Answer: there is a difference in emphasis, the first emphasis is on the subjective nature of assessment-about a person, and the second emphasis is on assessment as a process of objective measurement.

This fundamental tension runs through many debates and questions concerning assessment in one form or another.

The above point is slightly different, assessment within a social encounter. Assessment happens within the social encounters we call mentoring. As with all social encounters there are expected norms and roles and some of these will vary from mentor to mentor and from student to student.

This point draws attention to the issue of bias in assessment. Sociological research demonstrates that there are many biases that exist in our society, these are often played out through stereotypes.

Why do we assess?



Stereotypes or bias that exist

Social

- · age of student
- gender of student
- · race and ethnicity.
- · accent
- disability
- · weight
- · sexual orientation

Student

- degree of assertiveness shown by the student (if the mentor is not very assertive)
- pregnant
- · physical appearance
- likeability
- compliance
- weight

Environmental

- · short staffed
- busy
- clinical experience/s available
- number of learning opportunities
- number of other students
- Lack of mentor prep
- not enough mentors
- · unhappy area,
- poor morale and/or leadership,
- · unwelcoming culture,
- limited value given to learning/students

Be aware that bias can influence your assessment and feedback......

How you can assess the students' progress

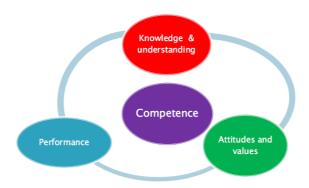


The components of competence or proficiency

SKILLS (BEHAVIOURS)

KNOWLEDGE (AND UNDERSTANDING)

ATTITUDES (AND VALUES)



Skills and Behaviours

Completing the given skill consistently and at the required level



Knowledge and Understanding

The student has the knowledge and understanding of any given task consistently and at the required level



Attitude and Values

The student consistently and at the required level has a good attitude and values in line with the NHS Constitution

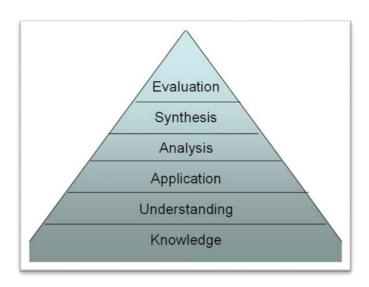


When all of the above are consistently evident and at the required level, it is said that COMPENTENCY and PROFICIENCY is demonstrated.

Questioning and reflection discussions as part of assessing the student

What can you find out?

- Questioning- finding out if the learner knows "text book" knowledge example: knowledge of drugs, procedures etc.
- Reflective discussion finding out if the learner understands the theory/practice RELATIONSHIP or how the learner thought or felt during, or after a specific experience.
- So the former is testing technical knowledge and the latter is testing knowledge in use.



This taxonomy has been used to enable assessors to construct learning outcomes so that courses could help learners to progress towards what is referred to as higher order levels. Your student should have the knowledge and some understanding but they need to apply the theory in practice.

The learning Environment





Influence on the learning environment

- 1. Leadership style of the clinical manager
- 2. Being part of the team
- 3. The amount of support offered to the student
- 4. The degree of challenge offered to the student
- 5. The learning opportunities
- 6. Resources for access to theory
- 7. The opportunities provided for reflective discussion.
- 8. The culture within the area

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