

# ASSESSMENT

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A guide for the completion of  
progress reports on nurses in training

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## **King Edward's Hospital Fund for London**

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progress reports on nurses in training

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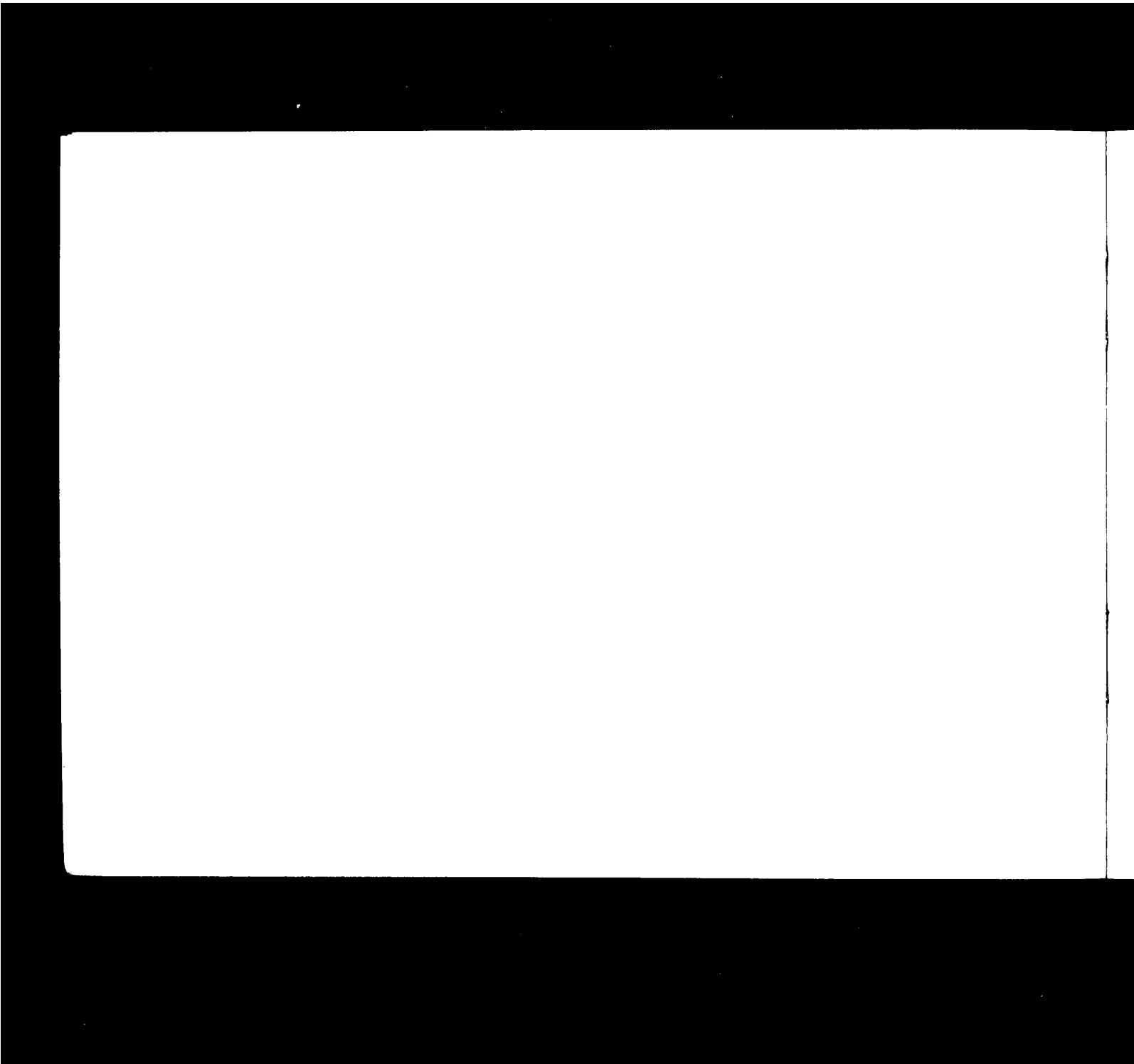
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# Introduction

In 1965 the King's Fund Hospital Centre undertook a survey of ward progress reports for student nurses. An interim report in 1966 was followed by a final report two years later.

At the request of the General Nursing Council for England and Wales, a joint King's Fund/GNC Working Party (see page 21) representing all groups concerned, was set up to study the results of the survey and to explore the possibilities of designing a standard report form for student assessment.

The Working Party concluded that there could be no quick and easy solution to the problem and that the first essential was the development of greater understanding of the whole subject of assessment of all nurses in training.

Contact with many schools of nursing throughout the country revealed a need for clearer guidance on recording the progress of nurses in training and a trial guidance document produced in November 1969 has been widely circulated. This published version of the guide has been redesigned to meet recommendations made

by the schools of nursing in which it has been used.

It is hoped that this guide will prove helpful to all nurses\* concerned in the assessment of progress of nurses in training.

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\* For convenience, and by custom, the feminine pronoun is used throughout this booklet, though all statements refer equally to men.

# I Why this booklet?

**To assist nurses required to write reports on the progress of nurses in training.**

Nurses are becoming more aware of the difficulties and responsibilities of the task and are looking for guide lines.

**This booklet is written for the nurse employed in assessing the learner in the clinical area.** There is, however, an equal need for guide lines for others less directly involved, such as tutors and nurse administrators. Above all, the trainee herself is most urgently in need of guidance. It is hoped that this booklet will help all concerned.

**It asks the assessor to think anew.**

**How can the trainee's learning be assessed**

## **2 What is assessment?**

Assessment has a dual purpose. The trainee and her teacher need to know

- a** what progress is being made throughout training
- b** what progress has been made in each individual area of experience through which the learner passes.

Assessment in the clinical area should

- a** provide a clear picture of the progress of the learner both as a professional person and in acquiring nursing skills
- b** keep the learner aware of her progress in each area of practical experience.

**It is a continuous process of learning in which the trainee is equally involved with her assessors.**

### **3 Who assesses ?**

Assessment throughout training is essentially a team activity, but the nurse in charge of the current area of experience is finally responsible for writing up the assessment of work in that area. She can have help from

- a** the trainee herself
- b** other trained nurses working with her
- c** tutors and clinical teachers concerned
- d** the nurse administrator to whom she is responsible. The administrator is also in a position to help the trainee in understanding the results of the assessment.

## **4 What are the principles of assessment ?**

The principles to be observed and followed by all concerned are these

- a** The criteria on which judgments are to be made should be agreed in the individual training school and reviewed periodically.
- b** Judgments should be based on the observed behaviour of trainees.
- c** Learners must be aware of the criteria on which they are assessed. In the absence of such information they cannot participate in the direction of their own progress.
- d** In the final analysis of assessments throughout training, that of a single period should not be allowed to 'make or mar' a learner's reputation.

## **5 The process of assessment**

Assessment of the progress of a trainee starts with her entry into your area of responsibility and ends when she departs.

**Knowing the very short time that the learner will be with you, it is important not to waste any of it.**

It is as well to have a programme for assessment mapped out and to see that it is followed through.

**An essential part of the programme is the preliminary discussion and time for this must be allocated in advance.**

**First A preliminary discussion between the nurse responsible for the assessment, and the newly arrived trainee, when the plan can be explained and commented upon – even altered in the light of what the trainee contributes.**

The assessor will recognise that no two learners progress alike and that no two learners, even at the same stage in their training, will have acquired the same experience, and **therefore should not be measured one against the other.**

**Second An exchange of information required by the assessor and the trainee** can be obtained at the preliminary discussion.

The **assessor** needs to know

- a what previous training has been undertaken by the learner
- b the learner's present stage of training
- c details of the learner's practical experience
- d the trainee's view of her present needs and any problems.

The **trainee** needs to know

- a any particular knowledge and skills she can expect to acquire
- b the responsibilities which will be given to her as a member of the nursing team.

**Third The assessment is continuous throughout the period of experience.**

This means that the trainee needs to know the other trained staff who will be assisting the nurse in charge, and the help she can expect from them.

**All trained staff will be looking for signs of professional growth and an**

**increase in nursing skills.**

To do this means

- a** knowing the trainee at the start of her experience
- b** observing her work and professional aptitude
- c** testing the knowledge gained by the learner
- d** giving encouragement through immediate recognition of good work, and not avoiding constructive criticism when the need arises.

#### **Fourth Self-evaluation by the trainee**

The trainee should also be encouraged to examine herself and judge her own abilities. In this she will be helped by familiarity with the type of questions her assessors will be expected to answer. (This means being familiar with the current report form.)

#### **Fifth The final interview**

Consultation with everyone involved in the learning process of each trainee is necessary for the nurse responsible for writing up the assessment.

**The assessment should be written in full consultation with the trainee who should be given every opportunity to put her own point of view.**

The assessment should reflect the considered judgment on the trainee's total performance as a nurse, bearing in mind the stage reached in experience and training.

It is important that the trainee should know **before the report leaves the ward** exactly what has been written about her.

# 6 What are the essentials of good assessment?

## **Understanding**

- a** oneself as an assessor and one's own standard of nursing
- b** the difficulties inherent in the assessment of one person by another
- c** the importance of making every effort to be **objective**
- d** the **individuality** of each trainee and the importance of avoiding comparisons when measuring individual progress
- e** assessment as part of learning, involving equally the trainee and the assessor
- f** the assessor's need to know the trainee as a person whom she is helping to learn
- g** **how to recognise professional growth and improved nursing skills.**

## **Remembering**

- a** that the trainee is a member of the nursing team, with shared responsibility for nursing care. This presents difficulties for both the trainee and the nurse in charge

- b** that, as the work has to be shared by members of the nursing team, so should responsibility for the trainee's learning be shared.

**Thinking of the trainee as**

- a** coming to a situation with which you are familiar
- b** being limited in her experience and in her stay with you
- c** above all, **coming to learn.**

**What does it feel like to be a trainee in a situation where anxiety is always present?**

## 7 Two points of view

Assessment of one person by another is never easy, and can be complicated by problems of interpersonal relationships. The knowledgeable trained nurse and the inexperienced learner have different viewpoints.

**The trainee's point of view** The trainee may be

- a nervous about her reception by the regular staff in a new situation
- b worried by previous experience or personal problems
- c unaware of how to play her part in the assessment of her progress.

**The assessor's point of view** The assessor may have to

- a decide on priorities when it comes to dividing her attention between the patients, medical and other staff, and the training of nurses
- b balance the patients' needs for expert nursing care with the need to train nurses
- c find time to develop the art of encouraging nurses in training to question and talk to senior staff about their work.

## **8 Why is it difficult?**

The more one studies the problems of assessment, the more difficult it may seem to be. The assessor, being at least aware of the limitations of the method, can perhaps by trial and error help to answer some of the queries and contribute to a more sound method. Assessment of nurses in training will always be necessary and will increase in importance. Skill in assessing will grow as assessors become more aware of themselves and of the problems of judging another person's performance.

### **When judging others, how do we know**

- a** what is standard good practice?
- b** what is average ability?
- c** what measurements are there for nursing skill or professional behaviour?
- d** at what stage in training each skill or professional expertise should be mastered?
- e** how to achieve objectivity?

**f** how to avoid

being over-impressed with isolated instances in a learner's period of experience?  
difficulties of likes and dislikes of personal traits?

**g** when our opinion is being influenced by our own changeable mood and  
concentration?

**h** how often we need to be in contact with the learner and how often we need to  
see her performance before stating progress or the lack of it?

## **9 A final point**

All written statements should be able to show the progressive development of an individual into a professional person with increased skill in nursing.

**This means that the trainee should be assessed as a learner rather than a nurse.**

When completing currently used forms, try to keep in mind the principles outlined in this booklet and to complete trainees' report forms in such a way that they show some evidence of progress or, where this is lacking, point the way to the remedy.

# **Members of the working party**

## REPRESENTING MATRONS

Joy Billimore Matron, King's College Hospital, London\*  
Eileen Haigh Matron, Kent and Canterbury Hospital\*

## REPRESENTING TUTORS

John Barnes      Director of Nurse Education, Chelmsford School of Nursing\*  
Jessie E Parnell      Principal Tutor, University College Hospital Combined Training School, London

## REPRESENTING WARD SISTERS

Lucienne P Arnott      Edgware General Hospital\*  
Jennifer Black      St Thomas' Hospital, London\*

### **REPRESENTING STAFF NURSES**

Iona Leith-MacGregor	The London Hospital
Cherie Read	Queen Elizabeth II Hospital, Welwyn Garden City (resigned 1969)

### **REPRESENTING STUDENT NURSES**

Brenda Ishmael	St Mary's Hospital, London W2 (resigned 1969)
Jill Plummer	Watford General Hospital
Nesta Rashley	The Middlesex Hospital, London

### **REPRESENTING THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES**

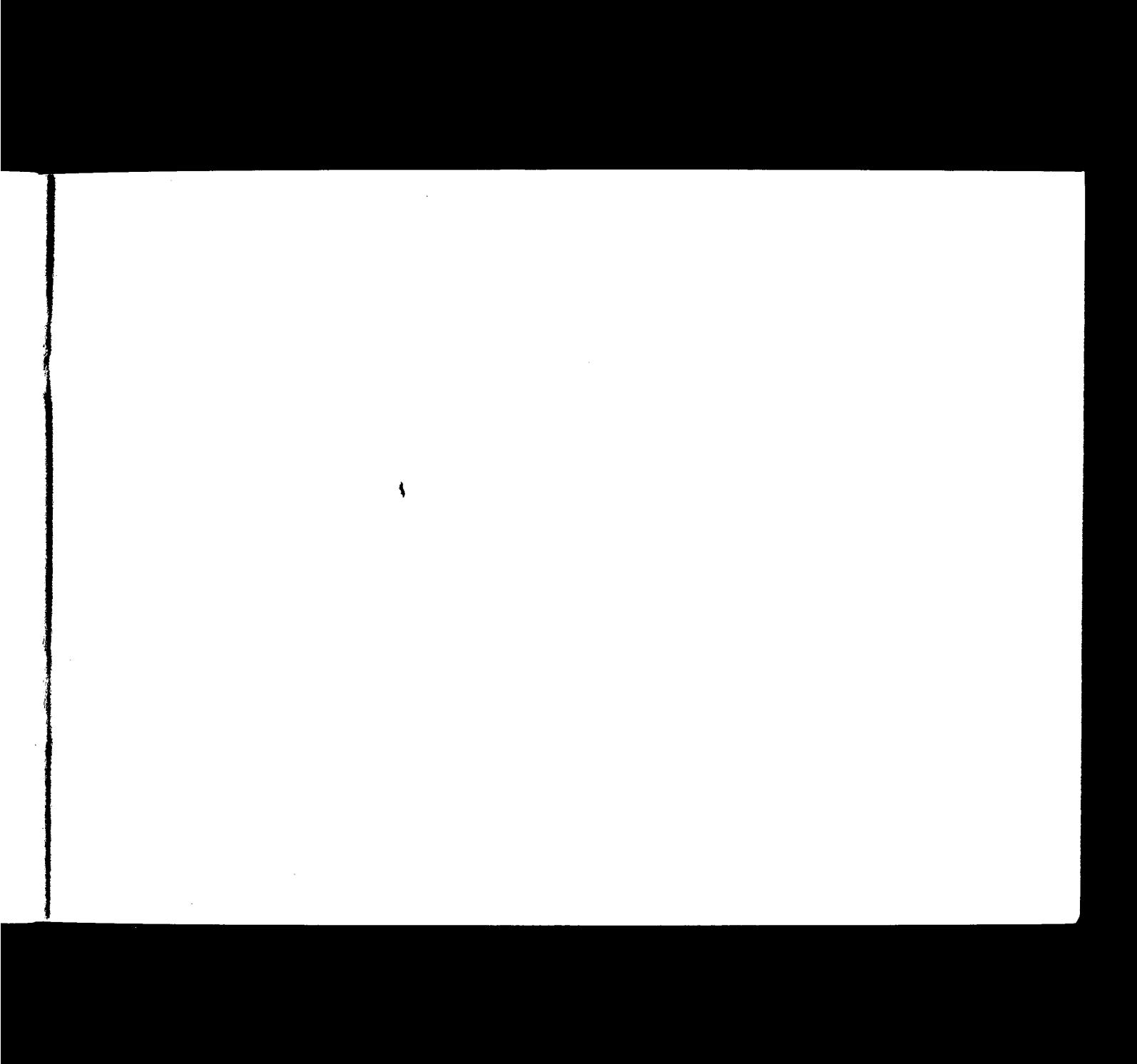
Barbara Fawkes	Chief Education Officer
Jillian McGuire	Research Officer
Pearl Sayer	Inspector of Training Schools

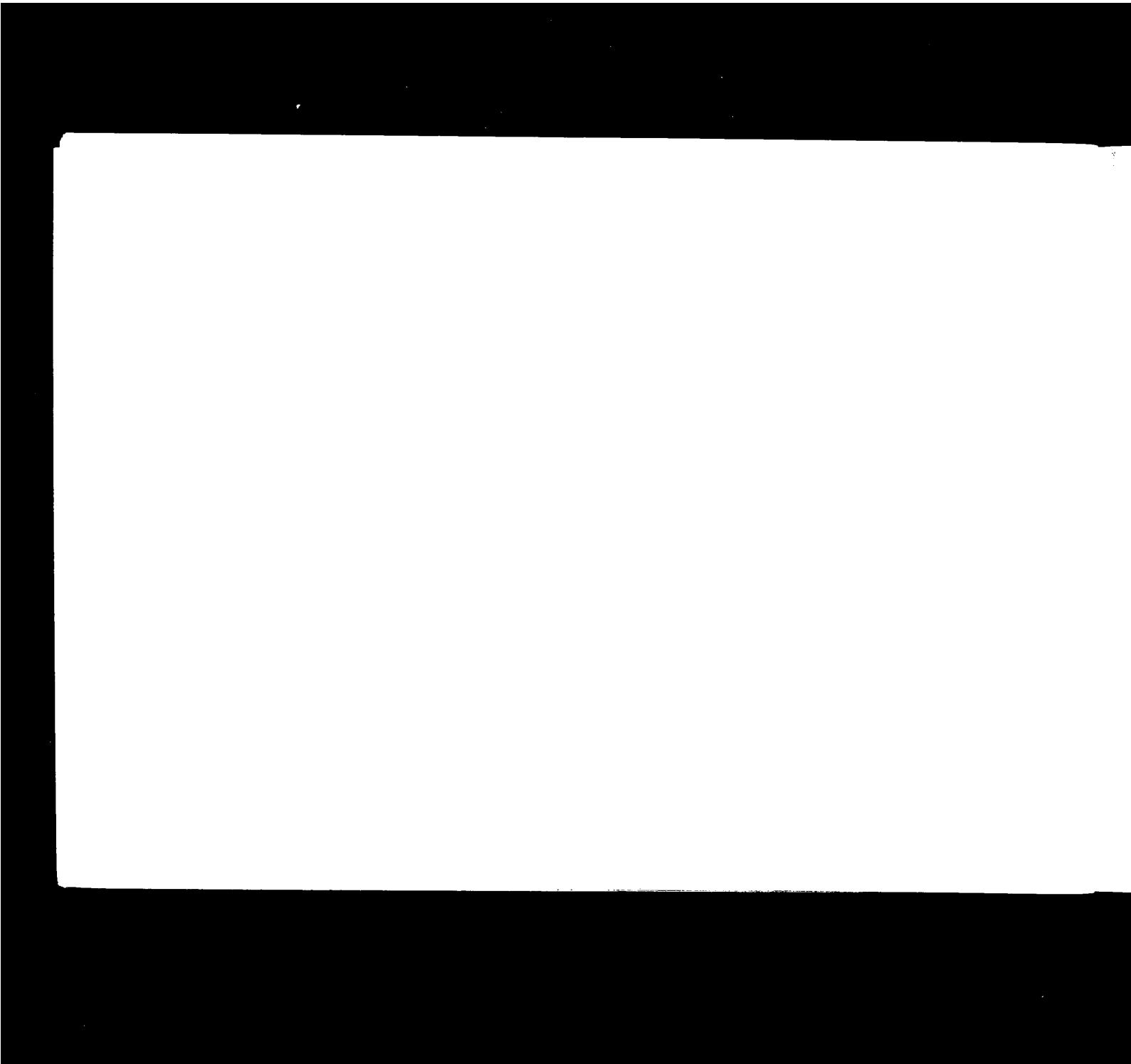
### **REPRESENTING THE KING'S FUND HOSPITAL CENTRE**

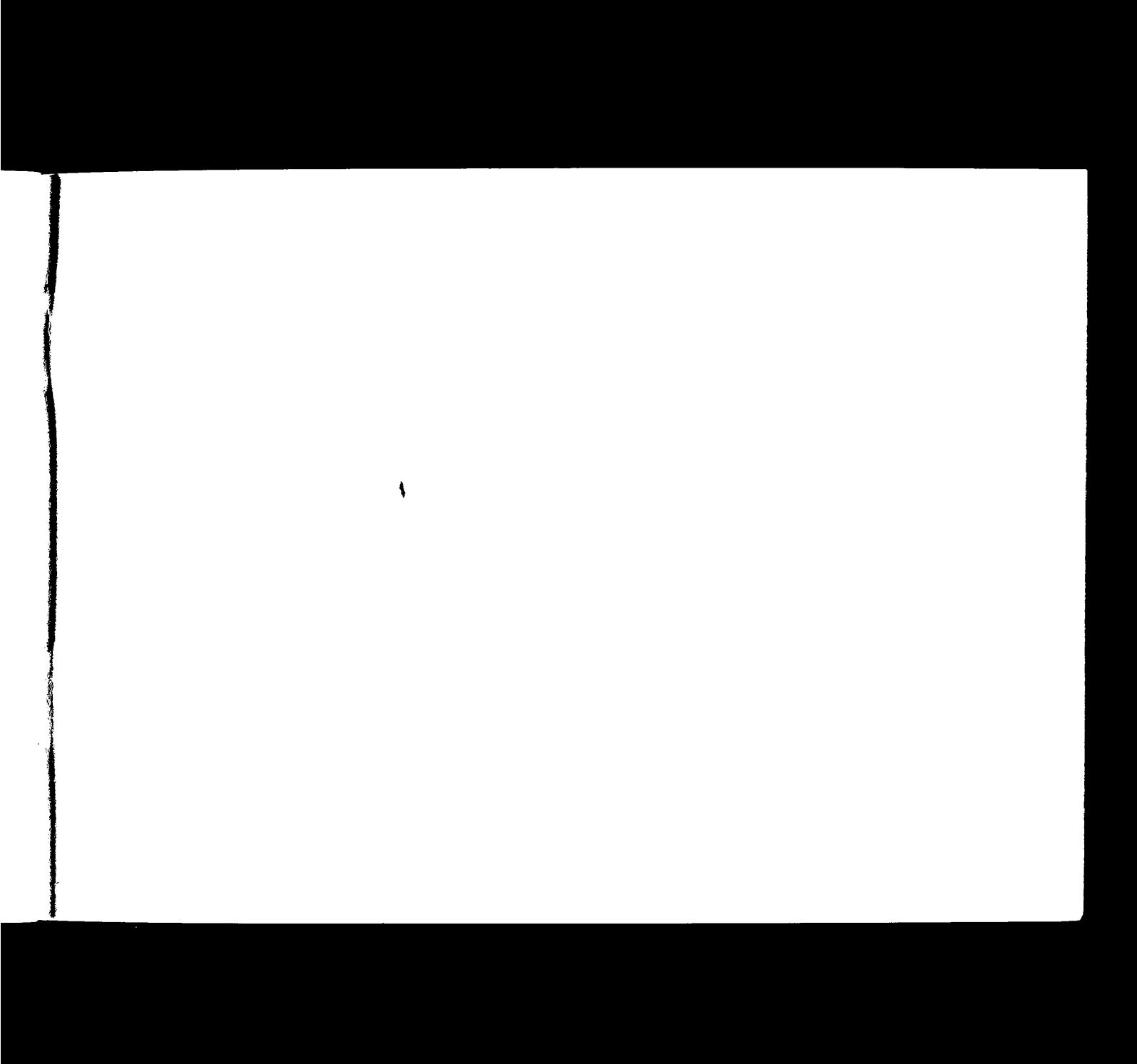
Janet B Craig	Assistant Director
M Dorothy Hinks	Research Officer

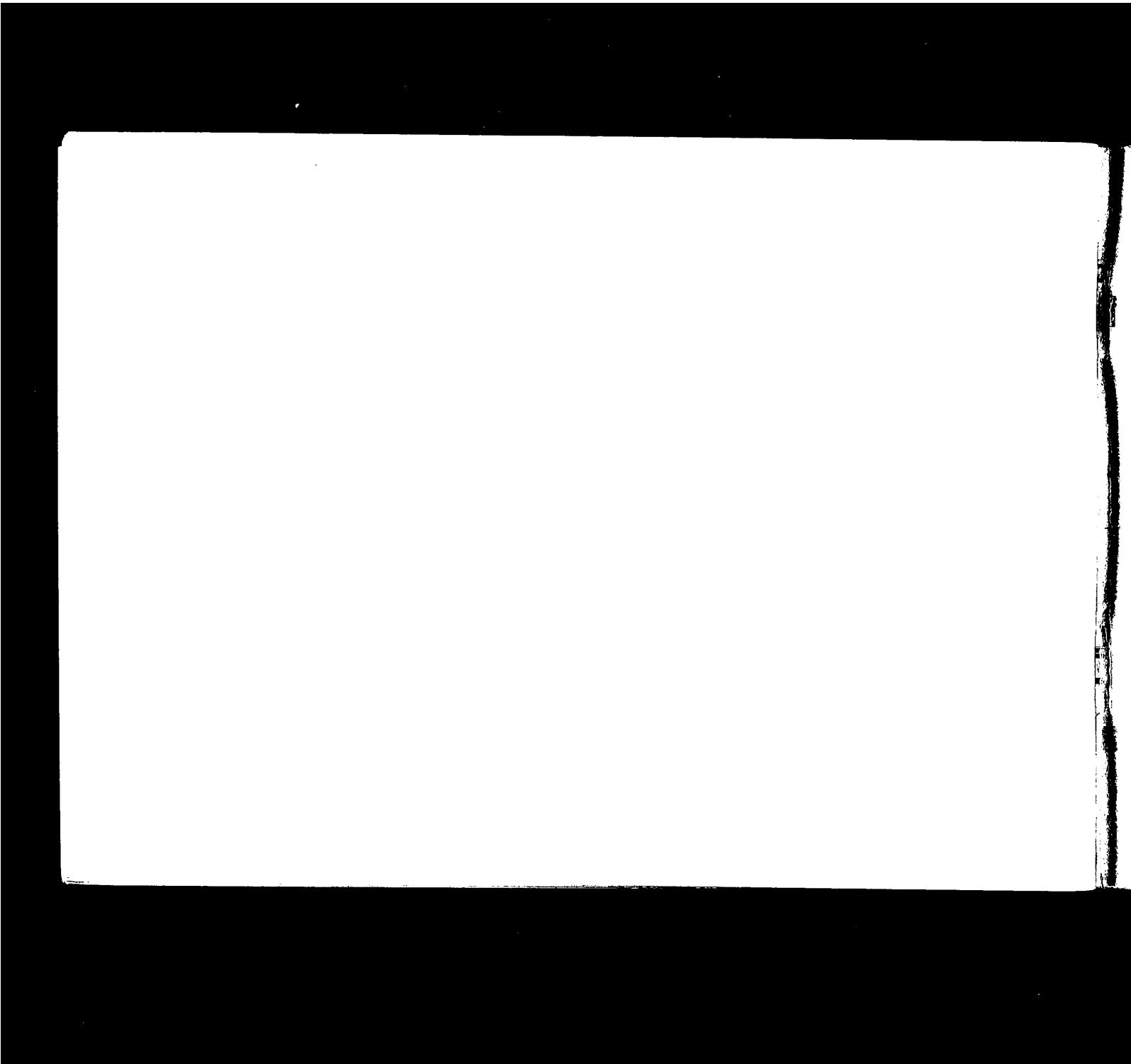
**\*Note** All posts given refer to those held by members of the working party when it was formed in 1968. Since then most of the senior members in hospitals have taken new posts: Miss Billimore is now chief nursing officer to Bromley Group Hospital Management Committee, Miss Haigh is CNO of Guy's Hospital and Mr Barnes is CNO to Chelmsford Group HMC. Mrs Arnott is no longer working in hospital. Mrs Black is a clinical teacher at St Thomas' Hospital.

# Notes









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