

Developing self- assessment skills in nursing



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Self-assessment is the way in which individuals reflect on past experiences and events in order to facilitate learning, and to develop and maintain skills and knowledge, in order to evaluate whether individual competencies are compliant with relevant codes of conduct by profession. Models within the literature on the process of self-assessment also use the term 'reflection' to describe such activity, whereby self-assessment / reflection method is seen to involve 'returning to an experience, describing it and attending to thoughts and feelings.' (Platzer, Blake & Snelling, 1997; 193) For nursing and other healthcare professionals (HCPs) in particular, self-assessment is a medium in which theory can be assessed during practice, and to tap into the personal knowledge resource of HCP's - 'embedded in the practices and know how of expert clinicians. (Brenner, 1984; 4)

The cognitive processes involved within self-assessment activity are described within the literature as complex, involving high order cognitive capacities; making influences, generalizations; memory, analogies; emotional evaluation and problem solving (Moore, 1998). Analysing ones performance is thus described in terms of a professional development tool, whereby gaps in knowledge as well as areas of expertise may be identified, and form the focus of further training, and/or activities at work in line with Department of Health initiatives for continuing professional development.

Self-assessment within clinical practice for nurses thus needs to be taught and coached, and may occur in a number of ways. Models of reflection and self-assessment documented describe the need for use of written records of practice within self-assessment, such as through reflective diaries (Platzer, Blake & Snelling, 1997) which can be used as the basis for discussion during

group-working projects and in one-to-one coaching sessions between mentors and student nurses for example.

The use of reflection through self-assessment has been suggested as particularly relevant to nurses due to the nature of their work - the need to respond to individual requirements and needs of patients, and to avoid rigid routines of caring acts that can lead to performing duties on 'autopilot' (Cox, 1994) Self-assessment is thus suggested to prevent complacency or caring through pattern / ritual from occurring, by reflecting on ones practices to allow nurses to provide individualized patient care.

Self-assessment practices may be taken by nurses during a number of reflection opportunities; critical incident techniques (Clamp, 1980; Flannagan, 1954) reviews of case studies and personal experiences or practice reviews (Wilshaw & Bohannan, 2003) The reflection process thus enables learning for nurses through initiating discussion and thought in regards to comparing actions taken against suggested best practice.

Self-assessment is becoming increasingly incorporated learning programmes for nurses, as well as receiving focus throughout careers in order to enable continuing professional development. Self-assessment of ones own competencies are thus predominantly portrayed in a positive light and emphasis given to associated advantages. One of the major benefits of incorporating self-assessment into both education and professional development, is the way in which theory and learning can be translated into more applied methods, and by increasing the relevance of taught theory, help students and new nurses to apply what they have learnt in the

classroom into their patient care through evaluating learning in the context of their own experiences. Reflection and self-assessment throughout a career can also allow nurses to develop this initial knowledge base by incorporating future experiences to widen personal knowledge resource to continue to grow professionally.

Benefits of the use of self-assessments can also be seen in the way in which they can allow more accurate evaluation of the training programmes used to educate nurses. Research indicates that the commonly used questionnaire technique to investigate students perceptions and evaluations of training can be influenced by a range of external factors that often make such ratings highly unreliable; like / dislike of the tutor, and the aesthetics of the learning environment are two such factors (Hicks & Henessey, 2001), and are thus likely to contribute little to analyzing the true efficacy of the training undergone.

Considerations should however be taken when using self-assessment for a number of reasons. Firstly the depth of evaluation and use of reflections will depend on the level of importance that an individual will place on their own knowledge and assessment abilities. It has been reported that many HCPs place little value on their own personal knowledge favoring only research based knowledge - thus underutilizing their own resource (Platzer, Blake & Snelling, 1997) and so may subsequently place little value or effort into the process of self-assessment meaning learning outcome will be limited. The reliability of the cognitions underlying self-assessment techniques can also put into question the usefulness of the results for learning - memory for recounting events can be affected by anxiety (Newell, 1992), whilst others

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may feel under scrutiny and look to justify or rationalise actions (Wilshaw & Bohannan, 2003) rather than reflect and learn from outcomes. This highlights the way in which self-assessment is only truly useable in environments that are not operating within a blame culture where personal evaluation would otherwise be inhibited. Lastly it is also reported that the coaching experience and ability of mentors to teach self-assessment techniques exerts a strong influence on the outcome in ability to complete self-assessment tasks for their students, and therefore the ability of coaches will have a positive or negative impact for students (Arvidsson, 2005)

The Nursing and Midwifery Council(NMC) openly supports the use of a self-assessment system as a means for nurses to identify ' shortfalls' in their skills, by rating their own performance. Self-assessment should be thus used to identify gaps in nurse's abilities and so highlight key training needs, acting in what the NMC call an ' early warning system' capacity against poor standards (Duffin, 2004). Although not compulsory, self-assessment is seen as a way for nurses to contemplate critical areas within their clinical environment (information for clients on treatment, nurse/client relationships & professional accountability: Duffin, 2004) that staff shortages and time pressures may otherwise push to the sideline, with the assessment of these factors proposed to help nurses to work within the NMC Code of Professional Conduct, and protect staff against misconduct charges, by providing a practical route of translating codes of contact guidelines into actions and evaluating the effectiveness of these actions.

The use of self-assessment procedures with nurses is already covered in some detail within learning and training courses for those new to the
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profession of nursing. In early training, mentors are used to facilitate the start of a journey of growth from knowledge (Price, 2005), through the ability to reflect on ones own actions, and feelings towards those experiences individually or in group work during nursing education (Platzer, Blake & Snelling 1997) Self-assessment as a tool for learning is also actively encouraged within the continuing professional development initiatives set by the Department of Health which now stipulates the need for post-basic education for all HCP's, and from the NMC's own code of conduct which places great importance on the identification of skill-shortfalls through self-assessment alongside other identification means, in order to ensure patients are receiving the best care possible, from skilled and well trained nursing professionals.

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