

# **Service users and carers: preparing to be involved in work-based practice assessment**

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## **Abstract/ Summary**

This paper will provide an overview of the specific issues related to involving service users and carers in work-based practice assessment of health and social care students. The outcomes of a shared workshop that involved service users and carers, practice assessors and students in the development of an interprofessional assessment tool, will be discussed. Key areas of concern, across all participants, related to ethical, reliability and validity issues. These will be explored against the background of current literature, and recommendations will be made for involving service users and carers in assessment of practice. The original work for this paper was part of the Assessment & Learning in Practice Settings (ALPS) Centre for Excellence in Teaching & Learning (CETL), which is working towards a framework of interprofessional assessment of common competences in the health and social care professions.

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## **Introduction**

This paper discusses the concept of service user and carer involvement in interprofessional assessment of practice in health and social care settings. We will discuss a workshop, hosted by the Assessment & Learning in Practice Settings (ALPS) Centre for Excellence in Teaching & Learning (CETL) that was designed to gather service user and carer (SU&C) feedback on an emerging template for an interprofessional work-based practice assessment tool. The assessment processes being designed were to involve a range of stakeholders including practice educators and peers from same or other professions, in addition to SU&Cs. In this paper we will discuss key issues of SU&C involvement in assessment from the perspective of the SU&Cs themselves. We will also discuss the views of the student, practice educators and the lecturers involved. Firstly however, the background to this initiative will be outlined. We will discuss the work of the ALPS CETL in relation to interprofessional assessment of practice learning.

## **Background**

### **ALPS CETL**

The ALPS CETL is a collaborative programme between five Higher Education Institutions (HEIs). These are the Universities of Bradford, Huddersfield, Leeds (lead site), Leeds Metropolitan and York St John. There are sixteen health and social care professions across the partnership from Audiology to Social Work (figure 1), and a wide range of partners including Yorkshire and the Humber NHS, practice networks, professional bodies and commercial software developers. ALPS has faced a number of challenges; interprofessional assessment is a new concept for many of the ALPS professions, as indeed is SU&C involvement in student assessment. The delivery of practice assessment tools on mobile devices has been a new phenomenon for all the ALPS professions and has required substantial liaison and support among education and practice staff. This is discussed elsewhere (Dearnley et al 2009, Taylor et al 2006, and Parks & Dransfield 2006).

## **Interprofessional Assessment**

Interprofessional education (IPE) is internationally recognised as an essential element of pre-registration health and social care provision. The health service of today requires professionals to collaborate and work together. IPE, defined most often as 'occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care' (CAIPE 2002), supports collaborative working by providing opportunities for students from different professions to gain an appreciation of each other's skills, values and knowledge base. Interprofessional assessment (IPA) of practice learning is perhaps the natural progression from IPE (Dearnley et al *in press*). The implementation of IPA may further enhance interprofessional collaboration by requiring those assessing the student to have a basic understanding of values and practices within the student's profession. ALPS CETL aimed to introduce IPA across the partner sites and professions.

Figure 1 about here

To this end, ALPS developed a suit of assessment processes that enabled feedback from SU&Cs, practice educators and peers (from within and across professions) in addition to student self assessment. Thus a 360 degree type of assessment feedback process has been developed. It is currently available in paper, mobile and electronic formats; each of which corresponds with the different approaches to professional portfolio development and can therefore be customised to meet the specific needs of different curricula across the professions, whilst maintaining a common focus.

## **Service user & carer involvement in practice based assessment**

The recent drive from Health Policy and Legislation (1999a, 2001a, 2001b, 2003) to a consumer led Health and Social Care Service has prompted education in this area to involve SU&Cs in programme development and delivery. The Professional Statutory and Regulatory Bodies (Beresford 1994, ENB 1996, UKCC 1999, DH 2005) also support this development. The NHS Centre for Involvement (2007) suggests that 'patient focused' Health Care Education programmes should be developed through involvement of service users at every level; commissioning,

design, delivery and review. Several Universities now have School wide strategies for consumer involvement. A number of studies (Bennett & Baikie 2003, Flanagan 1999, Forrest et al 2000, Wood & Wilson-Barnett 1999) suggest that student's understanding of individuals' experiences are enhanced by SU&C involvement in their learning. However both Felton & Stickley (2004) and Wood & Wilson-Barnett (1999) suggest that issues around power and control still need addressing in order to achieve good collaborative working relationships between the professionals & service users.

A paucity of literature exists on the involvement of SU&Cs in assessment. Only four studies were identified in one review (Ager & Gee 2004, Bailey 2005, Duxbury & Ramsdale 2007 & Speers 2008). Three studies discuss assessment within the University setting whilst Duxbury & Ramsdale (2008) discuss assessment in the practice setting.

Ager & Gee (2004) examine the involvement of service users in social work education in Scotland. They show minimal involvement of SU&Cs in the practice assessment of Social Work students despite this being a professional body requirement. Bailey (2005) reports on an action research study where service users were involved in the summative assessment of community Mental Health students. Service users reported enhanced confidence, knowledge and friendships whereas students gave mixed views on the helpfulness of feedback. Duxbury & Ramsdale (2007) discuss the involvement of SU&Cs in assessment of mental health student nurses as part of a panel including lecturers and instructors. The students' evaluation was extremely positive and included comments on the insight gained from the service users' contributions. The authors concluded that SU&C involvement was uniquely enriching but recommended that such innovations must be introduced carefully with consultation of all parties involved.

Speers (2008) reports on the views of a variety of stakeholders regarding the involvement of SU&Cs in the assessment of student mental health nurses in forming therapeutic relationships. Advantages included improved student learning, improved care for patients and the empowerment of service users. It was acknowledged that SU&Cs may be subjective and are not trained in constructive feedback but their

opinion was shown to be valuable. Speers (2008) presents a number of key findings which were mirrored to a large extent in our workshop outcomes. For example issues around choice, consent, confidentiality and anonymity along with reliability and validity and who should make decisions on whether students pass or fail.

The issues identified and discussed in these studies identify important factors that have to be addressed in order to minimise problems and ensure that SU&C involvement in assessment is a positive experience for all involved. To date the evidence available suggests that SU&Cs involvement in assessment is valuable. It is however apparent that these initiatives need to be introduced carefully. Issues around power and control need to be considered at every level, from consultation through to policy development and practice implementation. Good collaborative working relationships between professionals and service users are essential to sustainable high quality professional practice.

## **Methodology**

This was a qualitative study and was based on a collaboration workshop that was attended by service users, carers, students and practice educators from a range of health and social care professions. These were potential users of the interprofessional assessment tool, and the aim of the workshop was to gather user feedback on the acceptability and feasibility of SU&C involvement in practice assessment.

### *Participants*

A convenience sample of participants was obtained. Two students, two assessors and a service user and /or carer were invited from each participating HEI. Among those who attended (N=27), we had professional representation from pharmacy, midwifery, social work, medicine, adult nursing, learning disability nursing, physiotherapy, occupational therapy and speech & language therapy; and six service users/carers. SU&C were selected from existing partnerships, they were paid a fixed rate for their time and travel expenses were reimbursed.

### *Methods of Data Collection – Focus Groups*

A focus group design was used as these are particularly suited for obtaining several perspectives about the same topic. Further, they may increase qualitative insights into specific topics, attitudes or behaviours from people who might otherwise be reluctant to contribute and who, like many SU&Cs in relation to practice assessment, are not well informed. In short they are beneficial for involving stakeholders in policy decisions and we hoped they would lead to insights that might not otherwise have come to light (Denscombe 1998). Each focus group was facilitated by a professional educator with skills to value all contributions equally and to encourage all participants to share their views.

There were nine participants in three half hour focus groups, each with a mix of students, SU&C's and practice assessors. Written informed consent was gained from each participant; this included agreement to be audio taped and an assurance that they were free to leave the focus group at any time if they wished. Discussions were stimulated by a role play scenario, which took place immediately prior to the focus groups. This demonstrated a physiotherapy student obtaining consent from a service user to examine their knee, followed by the student requesting feedback from the service user on their performance. The participants were then given the opportunity to consider and discuss the assessment processes within their groups and to answer specific questions that included:

How did you feel about the method of assessment?

How does that compare to current methods of assessment?

How can we make it easier for service users to give honest answers?

### *Data Analysis*

Audio recordings of the focus groups were transcribed, coded and categorised using standard approaches to qualitative thematic analysis. The transcripts were examined line by line and paragraph by paragraph, looking for significant statements and coded according to the topics addressed. We were specifically looking for perspectives held by participants and their ways of looking at the processes we were proposing (Darlington & Scott 2002)

## Outcomes

The issues and suggestions related to SU&C involvement in assessment of practice discussed here are derived from the perspective SU&C's themselves, in addition to students and practice assessors. Key issues related to *ethical, reliability and validity issues*. These will now be discussed in relation to recommendations made.

### Ethical Issues

There was initial discussion in each focus group about gaining consent from the SU&C to take part in assessment processes and ensuring that they are fully informed about the assessment purpose, where the information is going and how it will be used and stored. This led to further consideration about the mechanisms for recording consent and the importance of SU&Cs receiving assurances of confidentiality and privacy and understanding that they had a choice as to whether or not to engage in the assessment process. One service user said:

*"It's important to be clear that it's about the students and it's not about them and it's not going to go on their file."*

There was also some concern about the ability of some SU&Cs to engage fully with these processes due to their ability to understand what was required of them. A practice assessor stated that:

*"a smaller percent of the community struggle with communication and understanding these things... what you're asking them ... ..will be barrier..."*

Another assessor expressed the view that:

*"somebody who you've met in the anaesthetic room... they're going to be anaesthetized, that's wholly inappropriate ... .. [the patient might be] frightened, stressed or maybe he's just been given phenomenally bad news and there are all sorts of circumstances where it would be wholly inappropriate for a student to actually try and do an assessment"*



These concerns lead to further questions, primarily 'when is it appropriate to ask a SU&C for feedback?' This is clearly an issue requiring careful consideration. The assessment processes must include guidance to assist the student in deciding when and who to ask for feedback on their performance. Whether students should ever be required to make this decision unsupervised is a key consideration. The ALPS assessment processes currently state that SU&Cs should not be approached by students without permission from their practice assessor.

### **Reliability and Validity Issues**

There was a lot of discussion around the issues of reliability and validity of SU&C involvement in student assessments. Primarily this focused on the reality of a student receiving an honest response from a SU&C. There was concern that SU&Cs may feel pressured to give good feedback as they may be worried about receiving ongoing quality care. One student commented:

*"I wasn't happy with the scenario to the group where the service user was sat in front of [the student] because they can't be honest in that situation ...and they're going to say all nice things unless they are very strong minded people ....so [the student is] not going to get anything out of that whatever ....."*

This view was supported by a service user, who stated:

*"I think it's a false situation if the practitioner is in front of you, you're not going to say anything derogatory about [them] because you're [thinking] ...is this going to impact on future visits?"*

Other issues that could potentially impact on reliability and validity were also discussed. It was acknowledged that SU&Cs react differently to different professions, and different situations and this could affect their engagement with assessment processes. One student suggested that the outcomes of the therapeutic experience might impact on the type of feedback given, for example, a positive outcome such as giving birth may lead to positive feedback, whereas a traumatic experience such as

major surgery may lead to a negative response; with feedback reflecting outcome of therapeutic intervention rather than the process of its execution.

Most participants felt however, that as long as clear guidance was provided, it would be possible to engage the SU&C in practice assessment. It was felt that advice should be given at an appropriate level ensuring that any SU&Cs involved in student assessment are adequately prepared for their role and understands the issues involved.

Achieving reliability and validity within a framework of ethical practice are therefore considered to be key challenges to implementing SU&C involvement in practice assessment for health and social care students.

## **Discussion**

This paper has explored the views of students, SU&Cs and practice assessors in involving SU&Cs in the assessment of health and social care students during practice placements. The majority of issues raised through the consultation fell into three categories. These were ethical issues, reliability and validity and using mobile devices in practice settings for this purpose.

Due to the wide range of professions represented at the consultation and differences in their prior experience of SU&C involvement, students and assessors had varying degrees of enthusiasm towards the concept of SU&C involvement in assessing student performance. Some professions, such as Social Work and Speech and Language Therapy were already working with SU&Cs in curriculum delivery and perceived an added value in this type of assessment. Others were more cautious in their support, with some questioning the ability of certain service user groups to perform useful assessments; this supports earlier work by Edwards (2003), Duxbury (2007) and Speers (2008). We acknowledge this as a concern, and recognise the additional planning and effort to facilitate in practice, but suggest that their exclusion from the assessment process and selection of “easier” groups would be discriminatory and lead to less valid assessments.

There was an overriding consensus at the consultation that providing SU&Cs with information prior to assessment was vital, and the right to refuse without prejudicing future care had to be a clear, underpinning message of all interactions. This reflects the findings of Speers (2008) that SU&Cs could be harmed if they felt obliged to participate against their will.

A number of suggestions were made about the how SU&Cs could be adequately informed about these activities. These included posters and leaflets around hospitals and community settings and simple paragraphs in correspondence such as outpatient appointment letters. The general feeling was that the information needed to be provided in as many different formats as possible in order to reach the greatest number of people.

It was also suggested that where possible, training should be provided to regular SU&Cs to allow them to feel confident when assessing students. This supports Bailey's (2005) work where service users were given a day and a half's training on how to assess student's written portfolios. It is also in line with the good practice guidelines for SU&C involvement in Social Work Education (Ager et al, 2005). It was suggested by the workshop participants that this could even be extended to these SU&Cs training other SU&Cs themselves, which is an idea worth further exploration.

Many students and assessors who took part in the consultation felt that if SU&Cs were to be approached in practice settings, students would need some guidance as to which SU&Cs to ask and when this should be built into the assessment process. A further concern was *timing* of the assessment, this was considered vital, not only to the validity of assessment but to the protection and respectful treatment of SU&Cs and thereby students (an unhappy SU&C is unlikely to be a reliable assessor). It was suggested that the assessment might be more valid if the assessor asked the SU&Cs for their input into the assessment. In this way the perceived problem of students "*cherry picking*" favourable SU&Cs, (also noted in the work of Speers, 2008) could be avoided. This however, is not consistent with a student centred curriculum and may be considered ethically inappropriate. For these reasons, it was suggested that perhaps the only way to conduct SU&C assessment safely, was for it

to be only undertaken within a simulation environment, using professional patients who have been trained.

Assessment is an emotive process. It has the power to transform and enrich a learning experience, but also the power to destroy both the learning experience and learner confidence. For these reasons, professionals entrusted with the role of assessing students in health & social care undertake rigorous preparation and update programmes. They are trained in assessment processes such as criterion referenced outcomes and the importance of useful and constructive feedback. It could be argued therefore that to engage SU&Cs in student assessment that have not been adequately and similarly prepared for the role is both unethical and unreliable.

## **Conclusion**

In this paper, we have discussed some of the benefits and challenges that are inherent in the involvement of SU&Cs in practice assessment. The ALPS CETL could potentially enable each profession to find their own way of harnessing the benefits whilst managing the challenges and learning from each other in the process. The outcomes of the workshop support much of the current literature, providing the view of SU&C involvement in practice assessment from the perspective of students and their lecturers. In addition we have provided SU&C perspectives on their potential involvement. However, we have not explored potential benefits *to the SU&C* in being involved in assessment and there does not appear to be a great deal in the literature about this. As the unique value of the input of SU&Cs into curriculum development becomes more widely acknowledged and accommodated, it is likely that their role in assessment processes will become more clearly defined and understood. More research is therefore required to explore these issues.

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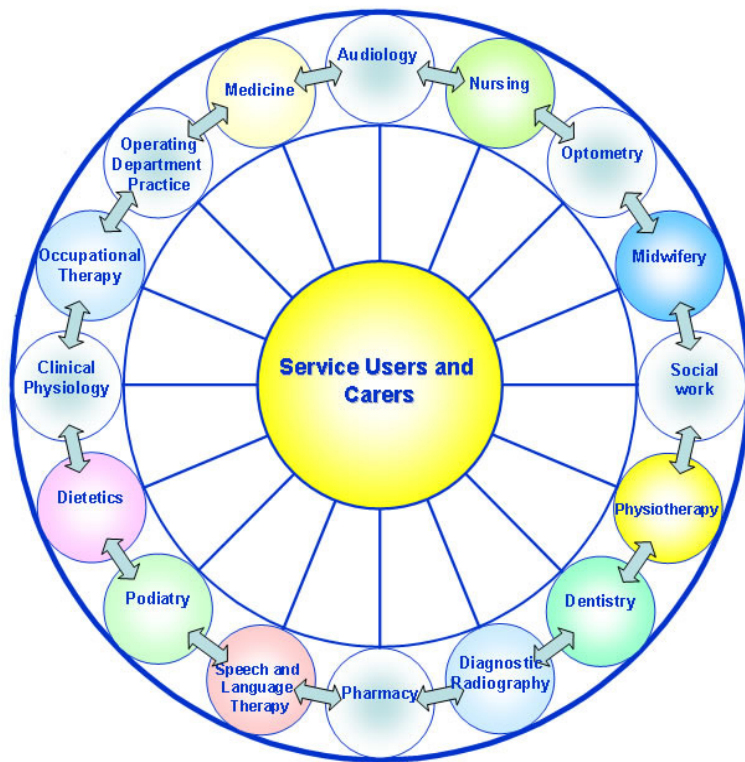


Figure 1. The 16 health and social care professions involved in ALPS

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