Repositioning assessment: Giving students the ‘choice’ of assessment methods

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Summary Assessment is a feature of all academic courses undertaken for award in the United Kingdom (UK). The nature of the strategies that can be used to assess learning vary a great deal from the traditional unseen examination to more student-centered innovative approaches. A review of a pre-registration nursing curriculum in preparation for re-approval by the University and Nurse Midwifery Council (NMC) provided an opportunity to re-appraise existing assessment strategies. Concurrently a parallel review process was underway with a postgraduate continuing professional development (CPD) programme for registered nurses. Recognising that students have individual strengths, weaknesses, learning styles and preferences concerning mode of assessment, offering choice of assessment was proposed as a strategy for inculcating the values of student centeredness and responsibility for learning. Although recommended in the literature (Race et al., 2005 and Cowan, J., 2006. On Becoming an Innovative University Teacher: Reflection in Action. University Press, Open Maidenhead.) no empirical evidence of benefit in support of this initiative was identified.

This paper presents an account of the journey taken by the project team from original idea, navigation of the quality assurance processes associated with curriculum approval to delivery of choice of assessment on two modules embedded in an undergraduate pre-registration and post-registration CPD programmes, and an evaluation undertaken with the students. Offering students choice of assessment appears to be well received and this approach has subsequently been adopted as a feature of other health and social care professional programmes offered in the institution.

Introduction

Assessment is a process designed to facilitate the collection, review, monitoring and ultimately
judgment of student learning (Lambert and Lines, 2000). Bloom et al. (1971) suggested that assessment has two functions firstly to systematically collect ''evidence to determine whether in fact certain changes are taking place in the learners'' and secondly to assess the ''the amount or degree of change in individual students'' (p. 8). Linn and Gronlund (2000) agree that assessment involves gathering information about student learning achievement but firmly locates the process in the context of learning goals (outcomes) and judgments concerning their achievement. Whereas Race and Brown argue that assessment is much more than use of a range of techniques to measure achievement but propose that it is ''a systematic process that plays a significant role in effective teaching. It begins with the identification of learning goals and ends with a judgment concerning how well those goals have been attained'' (Race et al., 2005, p. 29). Assessment also is used as a measure of the quality of the education received and in the context of nurse education signals that the student has acquired the necessary skills and knowledge for registration and professional practice (Welland et al., 2007). Educators and those designing curricula need to take steps to ensure their assessment practices and instruments are well designed and valid.

Validity is often the argument used to underline the use of alternative assessments. In research traditionally validity refers to the extent that something measures what it claims whereas in education the validity of assessment is the inference derived from either the instrument (test or task) used or the interpretation of the result (Maclellan, 2004). Assessment by necessity samples from what has been learnt and serves to represent it. When introducing choice the instruments used to assess are different and their heterogeneity may inadvertently introduce extraneous evidence that could influence by contamination the accuracy of judgment of the achievement of learning (outcomes).

Confidence in the process is essential if it is to embedded, influence future learning, motivation and development of skills (Crooks, 1988). Student assessment can have positive and negative consequences, for example some students respond positively to assessment and may work more effectively; whilst others may become disheartened and lose motivation by undue focus on the assessment task. As assessment often has consequences for students, it is essential that they are well constructed, fair and tailored for their particular purpose. There is growing evidence that student’s perception of the assessment task is strongly related to their approach to learning (Stefani, 1998; Struyven et al., 2005). In addition the actual mode of assessment may advantage some students who perform well and others who do not. Partly for this reason, Brown and Knight (1994) argue the use of multiple techniques, in effect a mixed diet, are essential for good assessment practice thereby avoiding advantaging any one learner.

As no single assessment can hope to evaluate a students learning fully, it is often necessary to devise an approach ensuring a range of strategies are employed through a curriculum, particularly in a practice based discipline such as nursing. Assessment at modular or unit level then becomes focused on a test(s) or task(s) that allows the student to demonstrate learning through achievement of the specified learning outcomes. When selecting a technique for a particular assessment an issue that needs attention is educational relevance, which Rowntree (1987) views as the key determiner of the choice of assessment technique. Assessment techniques need to be appropriate to the content and style of learning (Burkšaitienė and Teresevičienė, 2007). For example an essay or unseen examination would not be appropriate for a course that had largely involved practical work in a skills laboratory whereas an objective structured clinical examination (OSCE) might more effectively represent students learning.

There have been many developments in student learning in recent years and these have not always been paralleled by developments in the assessment of students learning outcomes. For example Brown et al. (1994) proposes involving students in both self and peer assessment arguing it helps them to develop the ability to make judgments, in particular about themselves and their work important if they are to become reflective practitioners. Others suggest integration of self and peer assessment encourages the development of transferable skills (Boud and Falchikov, 2006; 2007; Falchikov, 2005) and deep level learning and critical thinking skills (Sambell et al., 1997). Indeed research undertaken in Australia by Midgley and Petty (1983) showed that graduates rated the ability to assess their own performance among the most important skills used in their jobs, but 25 years later, this style of summative assessment is not commonly used in programmes leading to initial professional registration such as nursing. Choice of assessment could be seen as a natural extension and another strategy in a student-centered approach.

Cowan (2006) and Race et al. (2005) suggest that choice improves the overall standards of assessment yet ensures the student meets the learning
outcomes required for that point in their education. That said no evidence was found that confirmed the efficacy of that view. From this brief overview what is clear is that assessment is not an exact science. Student learning style and assessment preference may influence outcome. Indeed there is evidence that students exercise their preference when offered choice whether that be choice of institution, course or module. Indeed assessment strategy is frequently offered as the determining factor in exercising choice. Given that students have the ability to self assess their performance it is reasonable to assume they have the judgment skills needed to chose an assessment that will allow them to best demonstrate their learning. Hence the genesis of this project.

**Background**

A major review and re-approval of the pre-registration nursing programme provided an opportunity to re-examine the existing assessment strategy. Module evaluations gathered over the lifetime of the programme suggested that students considered the volume of assessment and particularly use of more than one mode of assessment to assess outcomes from a module too great in terms of volume. There was an over dependence on essay and or examinations as the only means of assessing knowledge and integration of theory and practice in academic work in the curriculum. It was proposed to undertake a pilot project offering choice of mode of assessment within a module in two different programmes; one module from the pre-registration undergraduate programme and one module in the post-registration CPD portfolio. These were: Nursing care of the (younger) person with a physiological disturbance (Year 2: 20 Foundation level 1 credits) and professional principles underpinning acute clinical practice (CPD: 20 Honours level 3 credits): Some concerns were raised at institutional level regarding the inclusion of choice of assessment in a module specification. The main reason given was not pedagogical but interestingly related to the rigidity of the computerised system supporting learning, teaching and assessment processes that would not allow alternative descriptions for mode of assessment. The assessment mode was described by the strategy employed to facilitate choice, through the use of a learning contract to bypass this objection.

The module specification therefore describes the assessment strategy as:

The student will achieve the learning outcomes of this module in negotiation with the module leader. The outcome of these negotiations will be documented in the form of a learning contract. The learning contract will require the student to produce a 2000 word essay or equivalent.

**The pre-registration module**

The pre-registration module content focuses on the anatomy, physiology and nursing care of a patient/client with a physiological disorder, the students were year 2 adult branch nurses undertaking either the pre-registration nursing diploma or degree route. The diet of assessment for the module has two components the ‘choice’ element and an objective structured clinical exam (OSCE), both weighted equally as 50% of the assessment load. Students undertaking the ‘choice’ assessment are provided with three pre-determined learning contracts and were required to submit one of the three indicating their choice of assessment method. The learning contract formalises how the student proposes to meet the module outcomes by (a) 2000 word essay, (b) 15 min presentation or an (c) one and a half hour seen examination. To ensure equity the module outcomes and marking criteria remain the same for all three assessment methods.

**The CPD module**

The CPD module recruits qualified nurses from a variety of acute clinical backgrounds. It is one of two modules as part of an Acute Illness course. The modules focus is to review and analyse the professional principles underlying acute clinical policies and practices. This module also allows the student to determine the choice of assessment method through the vehicle of a learning contract linked to the module outcomes. These students however, are supported to adopt a wider variety of assessment modes than that offered to the pre-registration students. Choice of assessment gives ownership and responsibility to the student. The negotiation includes discussion of learning style. It was envisaged that students would choose an assessment task that has relevance and application to clinical practice. Again to ensure equity the module outcomes and the marking criteria used are the same irrespective of method of assessment chosen. The CPD module recruits fewer students than the pre-registration module making individual negotiation of mode of assessment more
manageable. Students have chosen to submit teaching packages (for staff, students and/or patients), posters, policy reviews, essay and some have presented their work as a seminar.

Monitoring and moderation has ensured all assessment methods chosen by students meet the University requirements regarding tariff and academic credit system of 4000 words or equivalent for each honours level 20 credits).

The method

A self report evaluation questionnaire was developed to evaluate this project. It was designed specifically to elicit qualitative data about the student experience of assessment choice alongside information more amenable to numerical coding and statistical analysis. The quantitative section of the questionnaire asked a number of closed questions including biographical characteristics, such as age, sex, cohort and method of assessment chosen. The open items used free text boxes through and informants were invited to describe their expectations, their learning experiences and any areas for improvement. In addition qualitative data was also collected when the students submitted the learning contract this included providing a rationale for their choice of assessment method.

Ethical considerations

Ethical approval for the evaluation pilot was obtained from the institutional research ethics panel (SREP). Eligible students were provided with an information sheet explaining the project which also outlined implications of participation in regard to confidentiality, anonymity and their right to withdraw from the study without penalty. This information was reiterated on the consent form that students were required to sign indicating their willingness to participate. The evaluation team were also the champions for introduction of choice and involved in the delivery of both modules. In order to minimise any sense of coercion and introduction of bias support and advice was available from an independent academic supervisor.

Data collection and analysis

The questionnaire was developed and piloted in consultation with academic colleagues and was adapted accordingly. The questionnaire was two sided, (1). included the biographical details and (2). four open questions including; ‘what were your initial thoughts when you were given the choice of assessment’ and ‘is there anything you would change about the processes. The form was administered by the module team and the student returned them anonymously. The sample for the evaluation consisted of three cohorts of second year adult branch student nurses \((n = 157)\) and a CPD cohort \((n = 13)\). The information sheet, consent form and questionnaire were given to all students in the cohorts at the end of the delivery of the modules but prior to submission of the assessment. The data from the questionnaires were collated. The quantitative data was analysed using descriptive statistics. In order to identify emerging themes and categories the qualitative data from the free text boxes was analysed using a thematic technique described by Miles and Huberman (1994).

Findings

The pre-registration students data presented initially is from the first groups of students from the September cohort for whom ‘choice’ of assessment method was offered. The September cohort included 67 diploma and 25 degree students; total 92 students who all undertook the ‘choice’ of assessment from one of the three methods offered in the learning contract. The January cohort were all diploma students, 65 in total.

Choice of method

In order to demonstrate achievement of the learning outcomes of the pre-registration module one of three methods of assessment had to be chosen by the student. On embarking on this journey we had no preconceived notion of which mode would be the most popular, or indeed if any mode of assessment would not be chosen at all. Table 1 presents the mode of assessment chosen by the pre-registration students.

Of the September cohort, there were 86 (93.5%) students who chose to undertake an essay; of those 54 (62.8%) were diploma students and 22 (25.6%) were degree students. There were two (2.3%) students that chose to undertake an examination, these were both diploma students and four (4.4%) students chose to give a presentation; of those, three (3.3%) were degree students and one (1.1%) was a diploma student. The questionnaire required
the participants’ to state their gender, from the September cohort there were six (6.5%) males in total; four (4.3%) who were diploma students; two (2.2%) who were degree students and the remaining 86 (93.5%) students were female. From the January cohort there were three (4.6%) male diploma students in total. From the second January cohort 50 (77%) students chose to undertake an essay; a higher percentage of students than the September cohort, nine (13.8%), chose to undertake an examination and six (9.2%) students chose the presentation. However the most popular choice of assessment from both September and January cohorts was the essay.

Initial thoughts

When the students were asked about their initial thoughts on being given the choice of assessment for the modules the majority of students’ comments were very positive, for example; ‘I thought it was a really good idea as everyone is better than others at some things’. D.ES.01, ‘It was nice to have the choice’. D.ES.17. ‘I felt very pleased that I could choose how I am going to be assessed’. D.ES.25. ‘It helped us decide which method was appropriate to ourselves rather than being told what we had to’ D.ES.20. Although a minority of students (n = 2) commented ‘At first I thought I would have liked to have been offered a choice but then felt a little overwhelmed by having to make a decision, I would have preferred it to have been made for me’ D.ES.11 and ‘Which do I choose?’ D.ES.51.

Comfort zones

A total picture of what was the most popular chosen method of assessment from the two cohorts thus emerged; this being the essay, 136 (86.6%) students in total. The comments made by students who had chosen the essay were largely related to improving learning from having time to plan and write an essay. Many students commented on how the essay made them more ‘comfortable’. For example; ‘I feel this is an area of the assessment method I feel most comfortable with’. D.ES.45. ‘Glad as you can choose a method you feel more comfortable with’.

D.ES.23. ‘I feel more comfortable with an essay assessment as I feel I can improve my weaknesses with essay writing and also feel I have a second chance with the essay as I can proof read it before handing it in.’ D.ES.17. ‘Relieved I wasn’t going to have to sit an exam! But it did make me think through what each process involved and I don’t think any are easier than another, but it’s just what people feel more comfortable with.’ D.ES.45. ‘That you can choose to be in your comfort zone’ D.ES.27.

Achievements

It is acknowledged that with assessments students need to be challenged and steered from their comfort zones, however some students related comfort to higher achievement, ‘I prefer examination conditions and feel comfortable in this environment, which in turn I hope will enable me to perform to my optimum level’. D.EX.47. Students related to their previous achievements by ‘reflecting on my first years results I feel that I produce better assignments than I perform under exam conditions’, D.ES.06. Other comments included ‘...Different people shine at different things being given a choice rather than feeling forced to do either AB or C should produce some good results as we have all chosen what we think we are good at’. D.ES.26. ‘The exam makes a change from an essay and I surprised myself with how well I did in my exams last year — so hoping to carry it through!’ D.EX.52. ‘Because I feel I can achieve a higher grade and I feel I would prefer the support that can be given.’ D.ES.24. ‘...I would benefit more from an essay and be able to demonstrate my strengths’ D.ES.14.

Exam and presentation pressure

Many students also commented about the pressure that an exam or presentation would bring.
'I was glad I did not have to do an exam or presentation'. D.E.S.06. 'I don't enjoy exams as I get really anxious and then my mind just goes blank' D.O.06.F.E.S.7, the stress element affected my choice'. D.E.S.41. One student commented 'I hate presentations' D.E.S.55 whose initial thought on being given a choice was 'Great'. Another student commented on having time to prepare, 'I feel I can prepare better for an assignment and there is less chance of my nerves getting the better of me'. D.E.S.43. One student gave the rationale for choice as 'I think I will be able to achieve the assignment criteria better in an essay form. I'm not a good public speaker and I struggle when it comes to exams'. The previous experience of this student stated 'I did very well in the essays and nearly failed the exam – plus I don't like exams'. D.E.S.54. 'I don't feel under as much pressure doing an essay as I do when preparing for an exam/presentation'. D.E.S.6.

Personal challenges

'It is a different assessment method to the other modules, I think that exams are one of my stronger assessment types so I feel I would do better in an exam than in an assignment or presentation.' D.E.S.34.Interestingly one student's comment was 'I don't like referencing, I don't like speaking out and I work better under pressure'. D.E.S.19. 'This method best suits the way I work and also feel that I would benefit more from an essay and be able to demonstrate my strengths'. D.F.E.S.14. I feel this would benefit me the most, and hopefully achieve a higher mark'. D.E.S.18. Of those students who chose a presentation the comments made were; 'I enjoy creating multimedia projects and feel I am confident and outspoken. I think this will give me a good opportunity to attain a good mark'. BS.P.3 One student expressed 'I believe that presentation skills are an extremely important skill in the nursing field as there will be many situations within my career where having the ability to clearly explain a theory, situation or procedure is a vital part of the nursing role. I would therefore like to take this opportunity to practice these skills'. D.P.56. Interestingly one diploma student who gave a comment on their previous experience stated 'my highest grade last year was a seen exam; however, I would rather do an essay'. Their initial thought was 'I was glad I did not have to do an exam or presentation'. D.E.S.6 indicating that prior achievement was not the influencing factor for their choice. However, prior achievement does have an influence on some students 'I don't really like presentations and my grades previously were OK. This influenced my decision'. D.E.S.47. 'I did very well in essay assessments therefore that influenced my choice'. D.E.S.40.

Of those students who completed the question relating to would you have liked other choices, one student answered 'yes in other lessons', D.E.S.43. Others answered 'no, there was a good selection to choose from'. D.E.S.52. 'No - I think we got a varied choice'. D.E.S.20 and 'The three assessment choices seemed to be alright with me' D.E.S.40. Only one comment related to another method of assessment being given and that was from a student who thought it was good to be given the choice, 'multiple choice would be fab!' D.E.S.41.

CPD Evaluation

Of the 15 students on the CPD module involved in choice 13 completed the evaluation. Similar themes emerged as the pre-registration students, for example not having to be exposed to the anxiety of a presentation and choosing methods that were familiar with and had previously achieved good outcomes. Others recognised that a choice provided a development opportunity and chose a method that would challenge them. A student that chose to do a presentation commented; 'I felt I needed extra practice at my presenting skills to build my confidence when speaking in a group'. CPD.07. Additionally with the CPD students they related the relevance of choice to their practice, with comments from CPD.05 who chose to complete a teaching pack for the clinical area, 'It was nice to be given the opportunity to choose an assessment method as an adult learner. I felt it made the course more applicable to my practice and I believe I achieved something useful that will not just be filed in a draw.' And a student that chose to do an informative poster for the clinical area said that 'The wide variety of choice was good because it can be used to benefit your clinical area. CPD.11 and another who developed a teaching session for junior staff on the clinical area said 'I thought it was excellent to be given an option it enabled me to be assessed by producing a piece of work useful and relevant to my practice. CPD.08.
Discussion

Overall, the project has been received well by students and also staff involved in delivering the modules. The stresses and pressure exerted by examinations and presentations emerged as being a significant factor influencing students choice. Although extreme anxiety potentially disables learning, some degree of anxiety is necessary, (Boud and Falchikov, 2007). Providing evidence that this approach provides better grade outcomes has as yet not been explored. Whether one assessment weighted 50% in the context of a whole assessment profile would make a difference to outcome is unlikely. However with greater use of choice across a programme might provide insight regarding the impact of self determination on overall performance.

If selection of assessment strategy within the context of curriculum design is on the basis of the ideal format to test learning or achievement of learning outcomes then introduction of choice may not be appropriate. That said if module learning outcomes can be assessed by a variety of assessments then introduction of choice seems entirely appropriate and in keeping with the philosophy of adult learning. There is however some tension between what might be good for students in terms of exposure to varieties of assessments that bring additional benefits such as transferable skills or indeed preparing them for life long learning, and what they want. It is also not always possible or positive for students to stay within their comfort zones particularly when they are undertaking a programme leading to professional registration. Students on choosing a professional programme such as nursing inevitably expose themselves to challenge and arguably preparation should mirror that requirement. Students all come with and develop different strengths and weakness these need to be recognised in the context of their academic and professional development.

Choice of assessment methods within adult learning can support the freedom to learn through assessment. Although giving pre-registration students’ choice is contrary to the driver of nurses as a global workforce commodity which requires greater consensus about what needs convergence preparation and assessment e.g. numeracy. The project has raised many more issues about the advantages and limitations of giving students the choice of assessment methods. Many of the areas will be explored in ongoing work. In particular rationale underpinning choice of assessment method, impact of perceived levels of support, and peer influence on choice. Internally some reservations were raised about the impact of student choice on workload and resources. To date beyond setting up internal tracking systems it has had little impact.

Conclusion

The study provides initial evidence to support the continued development and implementation of choice of assessment and we look forward to reporting future findings as they emerge as the project group continues to implement and evaluate all cohorts involved in the project and undertake some interviews to investigate some of the outcomes in more detail.

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References


