Video Assessment as an Alternative Approach

Ann Framp RN MAdNursPrac; Janice Layh; Terri Downer RN/RM MAdP
School of Nursing and Midwifery

Introduction
Nursing education requires assessment of clinical competence as a component of academic qualification for this professional degree. As an assessment component of undergraduate clinical courses in nursing, an objective structured clinical examination (OSCE) has been traditionally used to assess competence in certain nursing skills, for example, parenteral administration of medications or administration of intravenous fluids. An OSCE is a simulated clinical situation that assesses a student’s performance in a selected practical clinical skill and is used predominantly for clinical laboratory assessment (Joy & Nickless 2009). The OSCE is a useful way of assessing but it also produces tension and anxiety in students (Barratt 2010). A different assessment strategy was developed to ensure a rigorous assessment but to relieve anxiety for students. Many advantages were found, when using video for assessment of students undertaking a clinical laboratory based nursing course.

Background
As part of a clinical course, it is necessary to assess the competence of students in performing critical skills required in nursing practice, for example preparing an intravenous infusion, administering an injection, patient education. OSCEs have been traditionally used in clinical courses where students were given a clinical scenario and assessors were present to assess competence. Some problems encountered in this method were that a large amount of resources were required regarding time taken to assess each student, a large number of assessors were required. There was also a risk of observer bias and variation amongst assessors which reduces the reliability of the assessment (Hand 2006). Further issues of validity and reliability also occur with the assessors that give student nurses the benefit of the doubt (Lavett-Jones 2010). Students describe being very anxious with an assessor standing over them and they only have one chance to perfect the skill. Therefore, an alternative method of assessing clinical competence was initiated, where students were to video each other in pairs or groups of three and then students would submit the recording for assessment.

Procedure
Students were randomly allocated a clinical scenario in week three of the course if they did not have a filming device, and they were allocated a time where a video camera could be made available to them. The students were to complete documentation that related to their case scenario (e.g. medication prescription), were to answer some theoretical questions that related to their scenario in order to link theory to practice, and a competency checklist was allocated that they could use to guide them during their scenario (Tollefson 2012). All of these items, including the device they saved their film onto were submitted for marking. An opportunity was provided over a two day period where manikins were prepared for the actual scenarios and students could come in and practice at a time that suited them. There was a tutor available over this period to guide students and answer questions.

Case Study
Helen Drew has presented with a history of vomiting over the last 48 hours. After consultation with the doctor, a stat dose of metoclopramide has been ordered. Please administer the medication as prescribed.

Advantages of Video Assessment
Students:
- Students work with a partner – enhances teaching and learning in a safe manner (able to self-correct)
- Can be re-filmed until students deem the assessment piece is ready for submission
- Viewing the video assisting them to gain insight into their practice
- Support available from course coordinator
- Prepares them for the practical environment in a safe manner
- Less anxiety
- Students have fun!

Assessors:
- Only takes 10 minutes to mark the assessment
- Student’s tutor assesses the submission - can be undertaken at a time that suits the assessor (ensures consistency in marking)
- Can rewind to review recording
- Can view the recording with the student to identify further learning needs
- Ability to moderate for grading

Student Comments:
“I found this whole experience a lot less stressful than previous assessment”.
“It was a great experience, it develops our ability of cooperation, communication, critical thinking, resource research assessing and planning patient education”.
“Carrying out the teaching exercise was good as it was kinesthetic that suits my learning style”.

Conclusions
The video assessment has been found to be effective as both a learning and assessment tool for student nurses enrolled in clinical courses. The students engaged in the assessment and effective learning was evident. There were many identified advantages in the videoing of clinical scenarios as students were able to undertake both self and peer appraisal and were able to perfect the clinical skill prior to submission which also assists in gaining competency and confidence in preparation for practicum placement. Advantages for educators were that the video could be viewed at a time suited to them, could be re-wound, could be used for moderation and for feedback should the assessment be unsuccessful. Less resources were used compared to a face to face OSCE and students enjoyed the assessment rather than being anxious and intimidated by an assessor watching over them.

Literature cited
Lavett-Jones, T, Standish, L, Atkinson, C, Richey, J 2010, Implementing a clinical competency assessment model that promotes critical reflection and enables students to identify their own learning needs, Nurse Education in Practice, vol. 11, no. 4, pp. 64 - 69
Tollefson, J, Clinical psychomotor skills, Assessment skills for nurses, 3rd edn, Cengage Learning, Melbourne.

For further information
Please contact:
Ann Framp email: aframp@usc.edu.au
Janice Layh email: jlayh@usc.edu.au
Terri Downer email: tdowner@usc.edu.au