



Grading the performance of clinical skills: Lessons to be learned from the performing arts

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SUMMARY

The drift towards competency based nurse interventions has seen a growth in concern regarding the most appropriate methods of assessment of such competencies. Nurse educators and practitioners alike are struggling with the concept of measuring the performance of nursing skills; due to an uneasy relationship between competence, capability, intuition and expertise. Different currencies of value may be ascribed to the assessment of nursing practice, resulting in the use of subjective judgements together with the development of assessment criteria which have different weightings, depending on the values of the assessor.

Within the performing arts, students' practice performance is also assessed, with seemingly many similarities between applying value to performance in dance or theatre and nursing. Within performing arts assessment a balancing act is also being played out between academic education and professional training (where complex performances are notoriously hard to evaluate).

This paper explores the nature of assessment within the performing arts and makes suggestions regarding their application within the context of nurse education. If nursing is indeed a blend of art and science, then it seems sensible to look to the performing arts to see if lessons could be learned.

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Introduction

This paper explores the nature of assessment within the performing arts and makes suggestions regarding their application within the context of nurse education. If nursing is indeed a blend of both art and science then it seems sensible to look to the performing arts in order to see if lessons could be learned.

Within the theoretical aspects of nurse education programmes Giroto (2000) comments that educators spend much time and effort in marking and moderating scripts (prior to scrutiny by an external expert); whereas, in the practice aspect of the programme (where the public is directly exposed to the neophyte practitioner), it falls to the practitioner to judge the student's performance. The assessment process may be seen as an encumbrance to an already over burdened workforce. Sadler (2009) suggests that within Higher Education assessment schedules are, in fact, failing to provide students with opportunities to demonstrate sophisticated cognitive abilities, integration of knowledge, complex problem solving, critical opinion, lateral thinking and innovative action. Furthermore, Rust (2002) contends that whilst in Higher Education there has been a laudable shift towards the development of student centred learning outcomes; the assessment task or tasks have remained largely the same and the linkage between the outcomes and that which is assessed is tenuous at best and almost always implicit. Others suggest that intended

learning outcomes are nothing more than the goals of education as prioritised by those who devised the programme, not a list of learner behaviours to be assessed (Teaching and Learning research Programme, 2009).

Taking a step back: what are we assessing?

Warburton (2002) argues that the ultimate goal of assessment should be the identification of the individual's strengths and matching these with specific scholastic or professional contexts in order to enable the student to maximise their competencies. Dixon (2000) explores the intricacies of assessing the performer and urges educators to take a step back in order to give due consideration to what is meant by assessment and to think about what it is that we are ascribing value to. It is argued that in formulating and applying criteria there is an inevitable balancing act which gives rise to conflict between ideas of theory and practice, academic education (with an orientation towards understanding, application of ideas, and experimentation) and professional training (emphasising technical mastery and vocational goals). Dixon (2000) asserts that performance is ephemeral, individual and never the same twice, and to attempt to ascribe a common value to something which is by necessity, individual never sits comfortably. The same could also be said of measuring or assessing nursing practice. In nursing, it could be argued that practice should also be individual, never the same twice because the nurse should be able to adapt to the patients' needs, values and situation. Whilst refined scoring systems may be used with outcome measures associated with various treatments, Benner et al. (1996)

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argue that whilst such scoring systems may guide clinical decision making, they can never replace clinical judgement as knowing the patient over time is required. Within the assessment and grading of clinical practice it remains unclear what exactly is being given value. The relationship between competence, confidence, knowledge, expertise and skills is an uneasy one.

Marks and grades have a bearing for students within Higher Education, they form the basis of final degree classifications; the certification of learning and, according to [Sadler \(2009\)](#) they influence the students' sense of achievement, their motivation and level of engagement. On the other hand, [Rust \(2002\)](#) is of the opinion that marks and grades have little meaning and are not helpful in providing the students with feedback. He contends that students focus on the mark or grade point average, or on other factors such as their position in the class league table of results; rather than on what has been learnt or what strengths and weaknesses have been demonstrated in the work. Indeed Rust goes on to say that the move towards a course design based on student centred outcomes, aggregating students achievements makes little sense.

In nursing it may be problematic to distinguish between and assess different levels of practice ([Calman et al., 2002](#)). However, [Benner \(1984\)](#) would suggest that it is possible to distinguish between novice, competent and expert practice. Therefore, it seems commendable that students should want to strive for the expert level rather than being satisfied with practice that is merely 'good enough'. However, Universities demand grades whereas the professional bodies demand competence and are not concerned with expertise; rather they are only concerned about incompetence. Herein lies the conflict.

The introduction of criterion referenced assessments may enable performance to be measured in a valid and reliable manner; [Chambers \(1998\)](#) warns however that such criterion referencing is task orientated, didactic, behaviourist and does not fit well in to contemporary styles of nurse education. Indeed it could be argued that the application of such assessments, from the student perspective may have more to do with personality and 'fitting in' to the ward team than clinical competence ([Calman et al., 2002](#)). Conversely, social acceptance may be conveyed without clinical competence whereby the qualified staff either grant or withhold acceptance of student nurses into the culture; acceptance having little to do with proficiency but being concerned with social acceptance ([Cope et al., 2000](#)). [Smart and Dixon \(2002\)](#) question whether worth is being wholly attributed to knowledge and skills or to particular human qualities. They go so far as to say that in assessing collaborative skills in performing arts "value may be accorded to skills such as listening, ability to compromise or lead, but criteria such as ability to cut corners, ability to manipulate others or ruthlessness are never seen" (p186). In short, a moral agenda is being set and furthermore they ask whether we are in effect assessing the person and how nice they are rather than their achievement of the learning outcomes.

Within the performing arts [Dixon \(2000\)](#) calls for a recognition of performance delivery in the form of stage presence; an intangible mixture of charisma, talent and ego. He suggests that passion, soul and spirit are often omitted as criteria within assessment and yet he asserts that it is these very qualities that lie at the heart of great performing. According to [Sadler](#) assessment mechanisms should enable students to demonstrate abilities in both design and production within their response in order to foster creativity in the students' analysis and expression; termed 'divergent works'. Such divergent works are complex in nature and their assessment requires skilled, qualitative judgements using multiple criteria, some of which may be abstract in nature ([Sadler, 2009](#)). Student nurses engage in clinical practice and participate in the work of the practice area dealing with complex patterns of physical, psychological, social and other interrelationships within the patient encounter and bring with them vast amounts of personal knowledge; and this could also be

perceived as a divergent work in terms of assessment. Assessing personal knowledge or tacit knowing is problematic. Pre-determined specific learning objectives may stifle the expression of freedom of thought ([Meyers and Nulty, 2009](#)). Furthermore, word-based criteria are not straightforward, being open to interpretation, which gives rise to debate when their meaning is probed ([Sadler, 2009](#)). As a consequence of a lack of universal agreement on meanings, criteria are interpreted differently within the same context, by different teachers, and differently by the same teacher in different assessment contexts ([Sadler, 2009](#)). A similar debate could also be played out in nursing where intangible competencies such as caring or intuition may not be judged or measured by competency frameworks ([Ashworth and Morrison, 1991](#)).

[Eraut \(1994\)](#) suggests that knowledge and understanding is embedded in competent performance, and its presence in candidates can be inferred from their performance. Indeed he goes on to say that in clinical practice any "grading system is inherently unfair" (p216) due to variations in the levels of challenge and support provided by different placements. For example, he argues it would be difficult for a student to attain a high grade on a ward which was short staffed.

[Meyers and Nulty \(2009\)](#) argue strongly for the close alignment of the modular learning outcomes and the learning environment in order to enhance the sophistication of the learners' thinking. In their view an assessment should require students to integrate, synthesise and construct their understandings in ways consistent with the discipline and the professional pathways on which the student has embarked. Such an alignment may not always be possible for schools of nursing to provide when practice placements are at a premium; students may have placements where ever there is room to accommodate them, rather than on sound pedagogical principles.

Within the visual and performing arts assessment frameworks are required that cover both content (knowledge and skills) and process (creative, performing, and responding) using both pencil and paper and performance tasks ([Warburton, 2002](#)). [Warburton](#) explores the work of [Laban](#) through what he terms the implicit/explicit divide in assessment; whereby it is important for dancers to internalise concepts that refer to

- a) what the dancer does (such as travelling or leaping)
- b) how and where the dancer does it (such as the use of effort and space) and finally,
- c) the way the dancer puts these concepts together in a choreographic work.

However, the error is often made of trying to assess such processes in the same manner that other kinds of learning are assessed ([Gardner, 1988](#)). [Gardner](#) asserts that artistic thinking and the development of such thinking is often undervalued in academic institutions. [Dixon \(2000\)](#) suggests that within Higher Education different currencies of value are used when assessing performance; arguing that whilst striving to be objective, we inevitably use subjective judgements and base the assessment on personal knowledge and taste and on professional and institutional expectations. In short, as teachers and deliverers of programmes "we are actually assessing ourselves, the students' ability to do it the way we like it, the way we've taught them". The same may be true of clinicians who are assessing student nurses in the practice area. Bias is a common theme in the literature on assessment in nursing practice. [Calman et al. \(2002\)](#) demonstrate that, from the students' perspective, assessment is not always taken seriously by those responsible for the task; often being completed in a rushed manner. In the students' view the assessment tools are open to bias, the completion of the documentation being dependent upon the assessor's personality and knowledge of the student ([Calman et al., 2002](#)). Therefore, it seems that the assessors in clinical practice may not all be looking for the same thing; there is an increasing shift towards team assessment in nursing with associate and primary mentors; a point also made by [Dixon \(2000\)](#)

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