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Video Assessment and simulation Good practice tips and learning points

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Video Assessment and simulation
Good practice tips and learning points

When developing video captured simulation and scenarios that may be amenable to assessment, educationalists, practitioners and researchers need to construct their pedagogy and structures to take account of ethico-legal requirements as well as participant experiences and perceptions. From our work with simulation and video assessment/ feedback the following observations and suggestions are offered:

Planning scenarios and video assessment

- Students do not need detailed *prior knowledge* of a simulation scenario before their engagement with the scenario.
- Students may hold different perspectives as to whether exemplar simulation scenarios should be 'expert' performances.
- Transparent ethical and governance frameworks are needed to underpin the capture of data and the design of learning resources and scenarios.
- Meticulous planning with good story boards, contingency plans and timetable management reduces the risks of negative student and participant experience.
- Clinical scenarios require the use of appropriately qualified, clinically competent staff to design and manage the scenarios.

Tips

- Decide whether students can 'opt in or out' of the video recording. Have a justification for the decision. When using the 'opt out' model have a documented rationale for so doing.
- Determine in advance the permission rights and confidentiality agreements necessary for the activity. Try to avoid data transfer where possible (for example to an external examiner).
- Ensure that students and participants are fully aware of the data management protocols for collection, storage, access and destruction of the video data whether for educational or research purposes.
- Clearly articulate the learning outcomes, activities and assessment feedback criteria for the session so as to guide staff planning and implementation. This should take account of issues and priorities associated with:
    a. Health and safety issues: infection control, uniform, manual handling, staff /student ratios etc
    b. Key nursing skills and values: communication, attitudes, professionalism, decision making, problem solving, practical tasks and skills. Determine whether the focus is task and/or process based.
    c. The number of students engaging in a scenario and how their roles are to be determined;
    d. The domains of practice and environment to be simulated or assessed;
    e. The expertise of the students and the complexity of the scenario /assessment.
- Audio/video recordings should ideally be on hard drives
- Students may have periods of apparent inactivity; make arrangements for the best use of this time.

Experience of simulation/role play

Students

- The nature of the simulation/ role plays with which students are to engage influences their degree of *anticipatory anxiety*.

- Student performance in simulation is related to their perception of the *degree of realism* experienced during simulation.

- Student performance in simulation and clinical assessment is related to their perception of the extent to which they are *being watched in close proximity*. This can engender anxiety.

- Student performance in simulation may be influenced by *who* is watching them.

Facilitators and other participants

- May find the transparency of being videoed and open to scrutiny challenging;

- Facilitators and actors may have different styles, preferences and practice roles As a consequence they may adopt a role that is not desired, or experience uncertainty and anxiety about their role in the scenarios and feedback/ assessment.

Tips

- It is important to foster realism in simulation by:
  - Attending to environmental factors like background noise and distractions;
  - employing strangers (actors) rather than people known to the students for role play activities;
  - designing scenarios with real client data whenever possible and using real client or practitioner experiences;
  - encouraging actors in the scenarios to perform in ways that resemble clinical practice and to 'stick to the script';
- Students need preparation for the scenario and the expectations concerning their performance and engagement with one another.
- Staff and participants need preparation for their role:
  - Plan briefing sessions paying particular attention to the degree of engagement in the scenario; the extent to which they should adjust to the observed student performance; and the nature and form of the feedback to be offered to students.
  - Schedule scenarios to accommodate facilitator fatigue

Feedback and Assessment

- Students may have different views concerning *peer and self assessment* using videos.
- Students may *prefer graded assessment* with *formative* feedback;
- Students liked *structured informal feedback* that is ideally both verbal and written
- Students appreciated the contributions that mentors from practice can make to their simulation experience;
- Students perceive that assessment is '*done to them'* and they may be anxious;
- When considering student co-design for assessment purposes, the clinical experience of the student may influence their participation.
- Prior to any assessment, students like *rehearsal* opportunities but not necessarily with the same scenarios.
- Events that are omitted in feedback may become 'taken for granted' acceptable practise by the students.
- Students compare the feedback given to different groups and notice inconsistencies (similar to marking traditional essays).
- Students may challenge the process and the criteria used to 'judge' their performance.
- Quality assurance strategies need to be in place.

Tips

- Have clear criteria for what it to be assessed and the objectives of the feedback:
  - Is it about successful completion of a task, or is the priority or sequence of student performance important?
  - Agree the focus and responses for acceptable and unacceptable student behaviours.
- Try to offer parity in feedback between groups-
  - what (how much and about what – equity) ,
  - when (immediate or delayed),
  - who (individual or groups)
  - and how (verbal or written or copy of video)
- Prepare facilitators and assessors for managing student anxiety giving feedback and consider the use of peer review for quality monitoring (remember the facilitator may be on camera).

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