

Achieving Fair and Reliable Performance
Assessment in Simulation

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Objectives

Upon completion of this presentation, participants will be able to:

- Differentiate between formative, summative, and high-stakes assessment in simulation
- Identify settings in which summative or high-stakes assessment is useful
- Assess a video-recorded simulation performance using an evaluation tool
- Identify challenges in reaching inter-rater reliability in the use of an evaluation tool

Assessment in Simulation

- Used as teaching/learning strategy
- Used for formative assessment
- Used for summative assessment
 - OSCE
 - CCEI
- Used for high stakes assessment



Is Your Simulation Program Ready for High-Stakes Assessment?

- Do we have valid and reliable tools?
- Can we ensure a similar testing circumstance for each participant being assessed?
- Are evaluators trained and non-biased?
- Do we have a shared definition of competency?



A Nursing Education Exemplar

- NLN High Stakes feasibility study, funded by Laerdal
 - 4 years, 4 phases
- EETIIRR study, funded in part by the NLN
 - Extended NLN High stakes study
 - Controlled, randomized experimental study
 - Sought to achieve higher IRR through faculty training intervention



Shared Mental Model

- A collaborative definition and conceptualization of what competence looks like
- Does not strictly dictate individual or team functions
- Helps team members function collaboratively



Evaluating Student Performance

Prep for Activity-15 minutes

- Read materials given to students
- Review scoring tools
- Gather in groups of 4-5 - discuss expected behaviors of students
- Watch video-16 minutes
- Score video-10 minutes
 - **Individually** score performance using criteria
 - Gather in same small groups to compare scores & discuss
- Report out & large group discussion-15 minutes

Student Video Performance

Formative

FORMATIVE ASSESSMENT SCORE SHEET: VIDEO # _____

SCORES: 3 = Meets criteria 0 = Does not meet criteria

SAFETY - Criteria for score of 3	SCORE	COMMENTS
Position: Check the patient using same hand & one other identifier		
Hand hygiene before & after patient care, gloves when in contact with body fluids		
Tasks not done as administrator read. Must consult provider regarding pain med before administration. If med is administered, must follow safe administration guidelines		
Uses equipment correctly. For example: bedpan, BP cuff, SPO2, incentive spirometer, stethoscope (to skin surface not gown)		
Reductions patient in straight alignment and maintains abduction of 30 deg.		
ASSESSMENT - Criteria for score of 3	SCORE	COMMENTS
Vital signs: takes BP, pulse, pain		
Mental status: alert & oriented to time, place, person;		
Resonance/level: pedal pulse on correct (R) leg plus one additional assessment.		
Drainage at incision site		
Rechecks mental status		
Notifies patient position and connects before other assessments/interventions		
CLINICAL JUDGMENT - Criteria for score of 3	SCORE	COMMENTS
Reports or takes action to address abnormal vital signs		
Responds to changes in mental status and patient complaint of pain		
Safety: avoids fire, tripping/fall, or other safety hazards		
One correct intervention required. Examples: Uses alternatives to restraints, offers bedpan, reposition, uses pillows to keep leg in alignment, etc. Conflict resolution, distraction		
COMMUNICATION - Criteria for score of 3	SCORE	COMMENTS
Provides organized report to provider or other care team member with essential prompting		
Communication with patient and daughter is accurate, active listening demonstrated		
Calls provider to report change in mental status and attempts to reassure patient		
Responds to confused patient respectfully		
TOTAL SCORE (maximum possible score is 18)		

SUMMATIVE EVALUATION SCORE SHEET: VIDEO # _____

SCORING: 1 = Meets criteria 0 = Does not meet criteria

SAFETY - Criteria for score of 1	SCORE	COMMENTS
Correctly identifies patient using name band & one other identifier		
Hand hygiene before & after patient care, gloves when in contact with body fluids		
Does not have to administer med. Must consult provider regarding pain med before administration. If med @ administration, must follow safe administration guidelines		
Uses equipment correctly. For example: baggie, BP cuff, SPD, injective syringe, distraction to distract not given		
Repositions patient in straight alignment and maintains abduction of hip		
ASSESSMENT - Criteria for score of 1	SCORE	COMMENTS
Vital signs taken @ pt's care		
Manual status alert @ oriented to time, place, person, responsible and/or pain in context (if applicable) additional assessment		
Obtains consent		
Rechecks manual status		
Notifies patient position and corrects before other assessments/ interventions		
CLINICAL JUDGEMENT - Criteria for score of 1	SCORE	COMMENTS
Reports or takes action to address abnormal vital signs		
Responds to changes in mental status and patient complaint of pain		
Safety issues first (reposition) than manual status or pain		
One correct intervention required. Complete: Uses distraction to restraints, offers bedpan, repositions, uses pillows to keep leg in alignment, reposition/turns		

TOTAL SCORE (maximum possible score is 16)

Grade A = 14.5 – 16
 Grade B = 12.5 – 14.4
 Grade C = 11 – 12.4
 Grade D = 9.5 – 10.5
 Grade F = < 9.5

Summative

HIGH STAKES SCORE SHEET: VIDEO # _____

SCORING: 1 = Meets criteria 0 = Does not meet criteria

SAFETY - Criteria for score of 1	SCORE	COMMENTS
Correctly identifies patient using name band & one other identifier		
Hand hygiene before & after patient care, gloves when in contact with body fluids		
Does not have to administer med. Must consult provider regarding pain med before administration. If med @ administration, must follow safe administration guidelines		
Uses equipment correctly. For example: baggie, BP cuff, SPD, injective syringe, distraction to distract not given		
Repositions patient in straight alignment and maintains abduction of hip		
ASSESSMENT - Criteria for score of 1	SCORE	COMMENTS
Vital signs taken @ pt's care		
Manual status alert @ oriented to time, place, person, responsible and/or pain in context (if applicable) additional assessment		
Obtains consent		
Rechecks manual status		
Notifies patient position and corrects before other assessments/ interventions		
CLINICAL JUDGEMENT - Criteria for score of 1	SCORE	COMMENTS
Reports or takes action to address abnormal vital signs		
Responds to changes in mental status and patient complaint of pain		
Safety issues first (reposition) than manual status or pain		
One correct intervention required. Complete: Uses distraction to restraints, offers bedpan, repositions, uses pillows to keep leg in alignment, reposition/turns		

TOTAL SCORE (maximum possible score is 16)

CUT SCORE: 75% = 12 points TOTAL

Do you consider this student competent to practice nursing? Circle Yes or No

Identify 2 key elements in his/her performance that supports this conclusion.

High Stakes

Challenges

- Design Issues
- Consistency of implementation
- Audio/video
- Selection of tools
- Selection of raters
- Training of raters

How fair is the existing evaluation process at your school or health care facility?

- Have **all** faculty and clinical educators been educated on how to assess clinical competencies?
- Does every faculty member or clinical educator evaluate students or nurses in the same way?
- Have there been deliberative conversations among faculty or clinical educators to clarify behaviors/ expectations of students or nurses?

Questions?

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