

Case 20

Peer Assessment of Problem Based Learning—Fostering Reflective Practice in Social Work Students

Contributor	Maeve Foreman
Email	mforeman@tcd.ie
Telephone	+353-1608-3242
Affiliation	School of Social Work and Social Policy, Trinity College, College Green, Dublin 2, Ireland.

20.1 Context

This paper reflects the author's experience, since 2003, of designing and delivering a Health Related Social Work course for the final year of a Master's in Social Work Course, School of Social Work and Social Policy in Trinity College, Dublin. Initially, assessment was by unseen examination and/or essay. In 2005, following an annual review of the course which included student evaluations and discussion with the Course Committee and the External Examiner, it was agreed that the assessment of this module would be based on 'in class' group presentations, supplemented by a short written submission of 750 words, outlining reading and key learning from the exercise.

My previous experience of class presentations was not good—they were tedious and feedback from students indicated that they were not great learning experiences. In looking to alternatives, both problem based learning (PBL) and peer assessment have been shown to contribute to reflective practice (Burgess, 2006a; Race, 2001; Boud, 1995; Burgess, 1992), a factor that is essential for linking social work theory to practice (Payne, 2002; Gould and Taylor, 1996; Schön, 1987). It was decided to base class presentations on 'virtual' social work cases, drawing on PBL techniques, and to experiment using peer assessment to grade them.

Acknowledging that there are several definitions of PBL, this course drew on Burgess's definition (2006a) and viewed problem based learning as starting from sce-

narios, based on real life cases, which had a number of learning themes and many potential solutions. The students share their existing knowledge and understanding, agreeing what they need to learn and how to go about this.

The aim of using both PBL and peer assessment was to link learning outcomes, learning activities and assessment and to enhance the students' understanding of some of the challenges they would meet in social work practice, thus, contributing to their professional development in this constantly changing field. This case study concentrates on the peer assessment element of the course.

20.2 Learning Outcomes being Assessed

20.2.1 Health related social work

The course aims to examine a selection of issues in health related social work and to develop the students' understanding of the nature of social work in various health care settings. Selected theories, like loss and bereavement and crisis intervention, are examined critically and their value in these settings demonstrated. Counselling, advocacy and interdisciplinary teamwork are emphasised as core to social work practice in health care.

20.2.2 Learning outcomes

- To become aware of issues involved in tackling challenging health related social work cases in various settings, including hospital, hospice and primary health-care.
- To be able to apply social work theory to practice;
- to engage with course material and reading list;
- to develop skills relevant to working on multidisciplinary teams; and
- to develop critical assessment skills.

20.3 Assessment Procedures/Details

20.3.1 Peer assessment

A problem based learning approach, using peer assessment, was adopted because the evidence suggests that they both assist in the development of reflective practice, essential for social workers today and contribute to deeper learning (Burgess, 2006a,b; Race, 2001). While it has been suggested that peer assessment should only be used initially for formative assessment or for relatively few marks, studies of summative peer assessment indicate that student ratings are both reliable and valid, with little difference between the lecturer and the student ratings. Bostock (2001) suggests that accuracy is generally good if assessment has clear criteria, is anonymous, moderated by lecturer,

and assessors have some experience or training. The size of the group and the fact that they were mature students in their 2nd year of a professional course suggested that it might work as a means of summative assessment.

20.3.2 The Process

- **Stage 1.** Develop criteria for assessment through small group discussion. Class feedback on grid (see Appendix A: Sample Grid) to be used for assessment, modifying if necessary.
- **Stage 2.** Assign 'virtual case' to each group. Two weeks given to prepare class presentation.
- **Stage 3.** Presentations. 15 minutes allowed for presentation and 15 minutes for discussion.
- **Stage 4.** Assessment. Completion of peer review grids. One week later, submission of short written assignment. Combined mark returned to student

20.3.3 Assessment criteria

Assessment criteria were developed in class, following an approach recommended by Race (1993). Each student listed six things they would expect from a good class presentation of a 'virtual' social work case. In groups of three to four, the students discussed the criteria they had devised; together they refined criteria and developed a checklist, with instructions to avoid 'subjective' words such as 'interesting'. The groups were then asked to make a list of the most important criteria, prioritizing them. Feedback taken from each group started with the most important criteria, then next most important, and so on. Criteria were clustered and combined where possible. As it was important to ensure that the criteria were aligned with learning objectives, I retained the right to moderate at this stage to ensure certain important criteria were included. The students were asked to distribute marks among the criteria but in this case they decided to give equal weighting, giving 10 marks to each of five criteria chosen. A grid was then produced ready for use in peer assessment

The criteria chosen were as follows:

1. **Clarity of content:** coherent, stayed within time limit, good use of overheads or powerpoint.
2. **Quality of content:** innovative or creative approach, key themes identified.
3. **Relevance of content:** how practical is approach taken.
4. **Content backed up:** use of core social work skills, theories, evidence, research.
5. **Good facilitation:** ability to lead discussion and tease out critiques and alternatives to approach given (see Appendix A: Sample Grid).

The students' final grade was based on both the presentation (50%) and a short written submission (50%), based on their reading and learning from the exercise.

20.3.4 Problem based learning

Case studies were drawn from personal work experience in a healthcare setting and based on areas covered in class, including terminal illness, elder abuse, domestic violence, para-suicide, long term chronic conditions and HIV. The students were divided randomly into small groups of three or four and each group was given a different 'virtual case'. (See Appendix B: Sample Cases).

20.3.5 Instructions to the class

Discuss allocated case in your assigned group as follows:

- What might be the main issues facing the person referred and their family/significant others?
- What do you need to know to make a full assessment and plan intervention? What experience is there within the group?
- What are the key social work tasks?
- What is known from existing relevant research, to ensure evidence based practice?
- Agree a plan of action.
- Review literature and search internet.
- Speak to support group for particular condition.
- Book time with course tutor, if needed.
- Arrange to meet before your presentation to agree format and plan content.
- Presentation (present your planned social work intervention as if to multidisciplinary team).
- Overview of case referred, key issues and how you have decided to approach work with the person(s) concerned (15 minutes).
- Discussion. Class can seek clarification, question your approach and/or offer an alternative (15 minutes) .
- Students and course tutor to complete assessment grid on each presentation based on criteria agreed in class.
- Assessments to be handed in at end of presentations, and average scores computed.

20.4 Strengths and Limitations

20.4.1 Strengths of peer assessment

The evidence extolling the virtues of peer assessment is large. Benefits are said to include (Race *et al.*, 2005; Race, 2001; Bostock, 2001; Brown and Glasner, 1999; Boud, 1995):

- promotion of learner autonomy and life long learning;
- deep rather than surface learning;
- development of key skills—critical, analytical and reflective thinking, self motivation and time management;
- fostering of collaboration rather than competition—good training for teamwork;
- sense of ownership of assessment process, thus improving motivation;
- greater understanding, not just of subject, but of how assessment works;
- increased ability to recognise and apply criteria, and evaluate own and peers' work;
- more closely parallels social work practice in health care settings where social workers are part of multidisciplinary group;
- reduced marking load for lecturer.

20.4.2 Limitations of peer assessment

Burgess (2006b) suggests that the students and the staff need to be prepared for this type of assessment, as some difficult questions may be asked and it can raise complex questions about culture and gender. Peer assessment can be helped if the student group is clear about the assessment criteria and, ideally, devises them; on the other hand, it can be hindered by lack of confidence or unwillingness to accept this approach on the part of the students.

It may lack some of the precision of more formal forms of assessment but this is more than compensated for by its benefits. As Race (1993, p. 6) noted: 'Learners find out a lot about any subject simply by applying assessment criteria to examples of work in that subject'.

Other possible limitations include the following:

- students may not feel confident in evaluating each other;
- students may not treat exercise seriously and allow solidarity with classmates to influence their marking;
- students may misinform each other—the lecturer may need to intervene.

What about passengers in group work? The students were told that they could divide the overall score between members according to their contribution, although this was an option they did not take up. Race (1993) suggests this is seldom necessary if the issue of 'passengers' is discussed in advance.

20.5 Contributor's Reflections on the Assessment

Although this was the third year of the course, it was the first time I actually enjoyed class presentations and learned from them. The feedback from students concurred with this—they found the sessions stimulating and were fully engaged. While, initially, they were very apprehensive, once they knew they could negotiate the criteria for assessment (Race, 2001) and were given clear written instructions (Bostock, 2001), their anxiety levels dropped. The grading was higher than average, although as it was only 50% of the total mark, the written submission moderated this somewhat.

As one of the criteria chosen by the students was 'good facilitation', all groups made an effort to involve the class in some form of experiential exercise and/or discussion. This concurs with Race's 1993, p. 11 experience:

The most important outcome of involving learners in the formulation of self assessment or peer assessment criteria is that learners address the task with criteria in their minds and the quality of their work seems to be much higher than it may otherwise have been.

20.6 Bibliography

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Appendix A: Sample Grid

Health Related Social Work, Masters’ In Social Work, Year Two: ‘Virtual’ Cases—Agreed Peer Assessment Criteria

Each group/case presentation will be marked out of 10 on each of the following:

- Clarity of Content:** coherent, stayed within time limit, good use of overheads or powerpoint.
- Quality of Content:** innovative or creative approach, key themes identified.
- Relevance of content:** how practical is approach taken?
- Content backed up:** use of core social work skills, theories, evidence, research.
- Good facilitation:** ability to lead discussion and tease out critiques and alternatives to approach given.

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
Clarity of content						
Quality of content						
Relevance of content						
Content backed up						
Good facilitation						
TOTAL MARK (maximum 50%)						

Appendix B: Sample Cases

Case 1

You are a medical social worker in an acute hospital setting, assigned to an infectious diseases clinic. The O'Brien Family is referred for assessment and possible follow up supportive counselling.

You are given the following information. Father, John O'Brien, aged 30 years, was suffering from severe weight loss and generally feeling unwell. His GP conducted an HIV test which came back HIV positive. The GP gave him this news last week and referred both John and wife Mary, aged 28 years, to the hospital consultant based in the Infectious Disease Clinic where you work. Mary subsequently had the HIV test and has just been told today by the consultant that she too is HIV positive.

They have three children aged eight, four and two years, who all need to be tested for HIV. John was a drug user for several years but has been stable on a methadone maintenance programme for the past two years. Mary has never used drugs.

Case 2

You are a social worker in the Medicine for the Elderly in-patient unit of a hospital.

Jessica O'Connor is an 82 year old woman who has been admitted from a nursing home with a broken arm. Her husband was with her at the time of her accident and says she fell trying to get out of bed unaided. She also has unexplained bruising on her upper arms and thigh.

She suffers from senile dementia and, although she is lucid on occasion, her short term memory is affected. The ward staff are concerned that she is being abused, either by nursing home staff or by her husband, and ask you to make an assessment and advise the multidisciplinary team as to how to proceed.

Case 3

You are a social worker in a busy Accident and Emergency Unit. You have been referred a 'para-suicide' case. A 15 year old girl, Una Maguire, has been admitted after she took an overdose of her mother's tranquilliser tablets. She very nearly died and is now in recovery. She has been assessed by the psychiatrist 'on call' who has said that she is not clinically depressed, is no longer suicidal and can be discharged home. They recommend a referral to you for 'follow up support'.

Her mother is angry with her for upsetting the family and while she has been visiting, has spent most of the time 'giving out' to her. Una is upset and tearful after each visit, and has told a nurse that she does not want to go home as her mother has a drink problem and is always picking on her and fighting with her. She has two younger siblings; a 12 year old brother and a 10 year old sister, both of whom have come in to see her in the evening on their own, as they live quite near the hospital.

The doctor wants to discharge her home today. The nursing staff ask you to see her and possibly the mother, as they are concerned about her discharge home.

Group Task

- What are the issues for the person and their family?
- What might their main concerns be?
- How would you approach this case?
- What is your role?
- What is informing your decision?
- Present what you plan to do to the multidisciplinary team meeting.