

# Good practice assessment: Key indicators and specific guidelines for assessment of First Aid unit standards

## Introduction

This document provides guidance and includes key indicators for good practice assessment. Additionally, it provides guidelines specific to assessment of First Aid unit standards 26551, 26552 and 25459.

It includes indicators that should be considered when establishing the overall quality of assessment practice. The indicators apply to various forms of assessment, and should be used by organisations as a prompt for staff involved in reviewing an assessment process.

## Key indicator categories

The key indicators are categorised according to the three stages of the assessment process:

1. Pre-assessment
2. Assessment
3. Post-assessment

### 1. Pre-assessment

- Is the assessment process explained to the candidate?  
*When/how will assessment take place? Are the processes for reporting of results and lodging appeals clear?*
- Do candidates know what they have to do to complete the assessment?  
*What are the assessment activities? When will assessments occur? What is the required standard? What is the reassessment process, if available?*
- Are candidates aware of the assessment conditions?  
*Is information about assessment time-frames, resources available and other details (eg open/closed book, individual/group work) provided?*
- Are candidates aware of the distinction between training and assessment?  
*Is information provided so that learners clearly understand how their assessment evidence (practical demonstration, written or verbal evidence) will be recorded?*
- Has the assessor scheduled enough time for all candidates to be assessed?
- Does the assessment process cater for candidates with special needs?
- If assessment is on-line, are provisions in place that ensure authenticity of candidates' responses?

## 2. Assessment

- Does the assessor have the relevant subject knowledge, and recent/current experience and expertise to carry out the assessment?
- Are the assessment conditions adhered to?  
*Time-frames, open/closed book, resources available, individual/group work, as appropriate.*
- What (if any) assistance is given to each candidate during the assessment, and is this appropriate?  
*Does the assessment include any input from others and does this affect the authenticity (eg level) of assessment?*
- Do the assessment activities and approaches enable candidates to meet the required standard?
- How is the assessor collecting evidence and is this appropriate?  
*Does the evidence being collected reflect the assessment activity? Will it support the assessor's decision? If there are workbooks, does their completion count towards assessment?*
- If there are group activities, is it clear how individual competence is being assessed?  
*What evidence is provided of individual achievement?*
- Do practical activities reflect real life tasks and the programme/training context?  
*Are role plays/simulated activities contextualised and realistic enough to assure candidate capability/competence when faced with a real world situation?*
- Is the assessor making the final assessment judgement?  
*Are all attestors of performance/verifiers used qualified, impartial, and briefed on assessment requirements? If peer involvement is used, what is it used for and is this appropriate?*

## 3. Post-assessment

- Is there a process for informing candidates of the assessment decision?  
*Does the feedback process ensure candidate privacy is maintained?*
- Does the marking/assessment decision regime ensure consistency?  
*How is marking consistency assured when there is more than one assessor? Are there assessment/marking guides containing evidence guides/sample answers and judgement statements?*
- What is the re-assessment process?  
*Are there 'alternative' assessments so candidates don't simply repeat the same task?*
- What is the appeals process?
- Is enough time provided for candidates to do more learning before reassessment?

## **Additional guidelines for assessment of First Aid unit standards 26551, 26552 and 25459**

### *General*

- Teaching/learning/practice activities and summative assessment activities should be clearly differentiated. If naturally occurring evidence is used for assessment purposes it should be clear when and how evidence is being gathered and the assessor needs to be confident about performance.
- Assessment should focus on basic First Aid at NZQF Level 2 (i.e. apply known solutions to familiar problems and apply standard processes). Emphasis should be on candidates being able to recognise that someone is unwell (i.e. needs to be taken to a doctor, health line or ambulance called) rather than diagnosis. They should know what questions to ask and how to treat the patient and do no harm until a medical professional arrives.
- It is important that assessor knowledge includes the current requirements and guidelines as follows:
  - New Zealand Resuscitation Council guidelines
  - Consent and Moderation Requirements (CMR) 0230
  - First Aid for Workplaces – a Good Practice Guide (Department of Labour, 2009)
  - First Aid as a Life Skill: *Training Requirements for Quality Provision of Unit Standard-based First Aid Training* (NZQA)
  - the primary reference being used.

### *Assessment material design*

- Activities for unit standard 26552 will ideally be 'closed book' to ensure that knowledge is actually tested rather than a candidate's ability to locate and/or transcribe specific information. Candidates should not be allowed to copy the answers directly from their workbooks, course notes or reference texts, or from a whiteboard or power point presentation or overhead transparencies.
- Activities need to ensure an individual's knowledge and skills are assessed. Peer assessment is not appropriate for summative assessment in First Aid (although peer observation and feedback can be appropriate during learning/practice). The assessor must take full responsibility for assessment decisions for each individual.
- When role-plays or scenarios are being used, it should be clear that only one person per scenario is being assessed, that other participants know what they have to do and the condition being assessed. This should include prompts to the candidate as the situation changes (e.g. the assessor or victim stating scenario details that would otherwise not be evident).
- Scenarios and written activities need to be clear and use situations that commonly occur in the real world.
- For assessment of CPR, a minimum of 2 minutes or 6 cycles should be demonstrated by each candidate and sufficient suitable manikins appropriate to the group size be provided (recommended ratio 1:4).
- For practical assessment, observation checklists should provide specific detail of the actions to be performed, and make it clear to the assessor that all actions must be completed and any variations noted.

*Assessor practice*

- It may be necessary to modify assessment activities to allow for candidate special needs and requirements – this should be documented by the assessor.
- No assistance should be given during practical assessment. The assessor needs to recognise when to stop the assessment due to the learner's inability to perform without further instruction/teaching and learning time. Assessors need to ensure that they are sensitive to the dignity of the learner requiring a reassessment opportunity.