




## WESTERN CAPE COLLEGE OF NURSING (WCCN) STANDARD OPERATIONAL PROCEDURE

### CLINICAL ASSESSMENTS

STANDARD OPERATIONAL PROCEDURE (SOP) ASSESSMENT TASKS	
Compiled by: WCCN HOC's, HOD's	Date: 23 June 2022 Ratified Academic Governance 14 July 2022
Signature:  Signature Director	30 August 2022 1 August 2024 updated
<b>Definitions</b>	<b>Assessments consist of:</b> <ul style="list-style-type: none"><li>• <b>Continuous assessments (CA)</b><p>CA is the assessment of students' progress throughout a course of study, rather than exclusively by examination at the end of it. CA is thus an umbrella term, indicating an approach to assessment that includes both formative and summative elements. Continuous Summative Assessments (CSA) (i.e., assessment tasks, assignments, tests, written or orals, etc.) counts towards students' final continuous assessment mark record (WCCN Assessment Policy 2016).</p></li><li>• <b>Formative assessment (FA)</b><p>FA is an assessment task (e.g., a 'quiz', a draft of an essay or report in a writing process, or a 'mock exam') intended as a Teaching exercise or as preparation for a continuous summative assessment (e.g., test, assignment, essay, report, assessment). No marks, or a low mark for purposes of encouragement, are allocated to FA exercises (WCCN Assessment Policy 2016).</p></li><li>• <b>Summative assessment</b><p>Is the assessment of students' progress at the end of a section of work (e.g., assessment tasks, assignments, tests, written or oral assessments), rather than exclusively by final assessment or examination at the end of the semester/year? A minimum of two and maximum of three assessments will be performed for a semester subject. A minimum of three and a maximum of five assessments will be conducted for year subjects. Assessments will contribute equal weight (percentage) towards the final mark.</p></li><li>• <b>Primary assessment</b><p>The 1st Opportunity to undertake an assessment is considered to be the "primary" assessment.</p></li><li>• <b>Deferred/Supplementary Assessment</b><p>A student who fails or defers the Primary assessment has the opportunity to take the Supplementary or Deferred assessment opportunity. This assessment will have the same content, format and duration as the Primary assessment.</p></li></ul>



○ **The following rules for deferment shall apply to theory and practical continuous summative assessments:**

- The College Management may grant a deferment to a student who is unable to take a continuous summative assessment and who has applied for such a deferment according to the prescribed procedure below.
- A student shall apply in writing to the Head of Campus/HOD for a deferment.
- The Head of Campus/HOD must receive the application within five (5) working days after the date of the primary assessment/continuous summative assessment. The deadline is 16:00 on the 5<sup>th</sup> day.
- In the case of ill health, a student shall submit an authentic medical certificate from a registered practitioner and/or verifiable supporting documents;
- In the case of reasonable and verifiable circumstances, a student shall submit supporting documents such as a police case number or a certificate of death of a nearby family member or in the event of religious and cultural events.
- If a student fails a deferred assessment in a subject, there will not be another opportunity until a next assessment cycle to take a further assessment in that particular subject.

• **Re-assessment**

- **One** re-assessment per assessment\assignment\ project\portfolio **may be** provided at the discretion of the lecturer in consultation with the HOD based upon the following:
- The Undergraduate, Advanced Diploma and Post Graduate Diploma students have obtained a mark in the subject below 48% for the summative assessments.
- Final year Undergraduate students, Advanced Diploma and Post Graduate Diploma students with one outstanding subject will be granted an opportunity for re-assessments if the integrated mark for that subject is between 35-48%, to complete programme.

• **Senate Discretionary Assessment (SDA)**

A Senate Discretionary Assessment may be granted by the Head of Campus with permission of the Senate in cases where:

A student owes no more than one (1) subject to complete a programme; provided that the student has written the final assessment or second opportunity assessment and has obtained an overall aggregate of at least 40% for the module.

The final mark for the module shall not exceed 50%.

	<ul style="list-style-type: none"> <li>• <b>Examination schedule:</b></li> <li>• Excel spreadsheet depicting timelines for assessment activities</li> <li>• <b>Consistency in marking:</b></li> <li>• Inter-rater reliability, inter-rater agreement, or concordance is the degree of agreement among raters. Agreement must be obtained to ensure that marking is consistent.</li> <li>• Markers must agree and the marks must be allocated to all respective students.</li> <li>• <b>Assessor:</b> means a person (s) who is appointed to mark an assessment script/transcript for an oral or practical assessment.</li> <li>• <b>Assessment committee</b> means the HOD and lecturers across all campuses involved in the setting of the assessments\instruments\instructions for a particular subject.</li> <li>• <b>Marking</b> means assessing and evaluating an assessment\instruments\instructions to add a value or competence to it based on a set memorandum.</li> <li>• <b>Assessment typist</b> person designated at central administration to distribute assessments\instruments\instructions to all campuses prior to the assessment.</li> </ul> <p><b>Feedback to students</b> Providing an opportunity for students to view marked assessment tasks after publication of marks with the focus on learning from assessments to improve learning.</p>
<b>Purpose:</b>	To ensure that assessments tasks adhere to quality requirements, assessments are standardized across campuses regarding content and are available to ensure uniformity in implementation.
<b>Information to students</b>	<p>The following must be provided in the subject guides, logbooks and or clinical learning guides\workbooks:</p> <ol style="list-style-type: none"> <li>1. The date, weight, type of assessment task, unit\s covered as indicated in qualification templates.</li> <li>2. Place where clinical assessment will take place.</li> <li>3. Summary of assessment definitions and important principles applied in the programme.</li> <li>4. How feedback regarding the assessment will be provided.</li> </ol>
<b>Planning the assessments</b>	



<p><b>Preparing the examination schedule and planning the assessments</b></p>	<ol style="list-style-type: none"> <li>1. The subject team across campuses determines the coordinators for different tasks such as theory or Work Integrated Learning (WIL) in each subject\year group.</li> <li>2. The subject team across campuses use the exposition\breakdown of learning time, master educational plan, and timetable\teaching roster to plan the assessment schedule.</li> <li>3. The subject coordinator and multi-campus team develop an assessment (examination) schedule for each subject to guide lecturers – subject coordinators to complete tasks. This will ensure adherence to timelines. The assessment schedule must be completed the previous academic year, signed by the Academic Head.</li> <li>4. The subject coordinator invites the assessment committee consisting of the HOD, and lecturers (represented by all campuses) involved in a subject will be responsible for setting the assessment.</li> <li>5. All members of the assessment committee will sign a clause of confidentiality.</li> <li>6. All assessment committee members will subdivide tasks and allocate responsibility for setting assessment tasks to the team members.</li> <li>7. All assessment committee members determine the content to be assessed in each assessment task – according to exposition, teaching roster and qualification template.</li> <li>8. All assessment committee members determine the knowledge, principles, concepts, and competencies that are key and core to the subject and assess these in an applied way.</li> </ol>
<p><b>Timelines</b></p>	<p>Assessment tasks are prepared six months in advance to:</p> <ul style="list-style-type: none"> <li>• Ensure availability 14 days before assessment date.</li> <li>• Allow input from all campuses in developing questions, compilation of task and quality assurance.</li> <li>• Allow for pre-and post-assessment moderation by internal\external moderators.</li> <li>• Ensure that changes in teaching approaches can be accommodated (alignment of teaching and assessment).</li> </ul>
<p><b>Procedure for developing assessment tasks</b></p>	<ol style="list-style-type: none"> <li>1. An assessment committee consisting of the HOD, and lecturers (represented by all campuses) involved in a subject will be responsible for setting the assessment.</li> <li>2. A collator will be identified for each assessment\subject.</li> <li>3. Assessments may be set electronically (encrypted with a password) on a computer which is not linked to the network or a hard copy if preferred.</li> <li>4. The collator compile assessment task.</li> <li>5. The Assessment Collator sends the assessment task to the Moderator (inform HOD assessment task has been sent) at least 30 working days prior to assessment. The assessment must be clearly identified e.g., subject, type of assessment, assessment number according to subject guide, number of pages, date of assessment, place of the assessment, clinical learning guide, assessment schedule for the subject, course name, assessors, weight of assessment and total of assessment, moderators etc. must be edited so that technically and grammatically correct documents (i.e., question paper/memorandum/assignment instruction sheet/OSCE instruction sheet) are submitted to the moderator. Memoranda must contain references and clear guidelines for mark allocation memoranda must contain a cognitive analysis table.</li> <li>6. Moderator returns assessment task and completes Section 1 of the <i>Moderation report</i> to Assessment Collator (Subject coordinator keeps</li> </ol>



	<p>moderation report and resubmits it for completion of post-assessment report). The Moderator's finding is binding.</p> <ol style="list-style-type: none"> <li>7. Assessment Collator makes corrections and sends to Assessment typist (Central Administration) within three days.</li> <li>8. The Assessment typist (Central Administration), photocopy the assessments\ clinical learning assessment instruments\instructions (The photocopier may not be connected to the internet, nor should it store a memory of the document photocopied.).</li> <li>9. The Assessment typist (Central Administration) distribute the assessments\instruments\instructions printed, to HOC's\identified clerk of campuses for safekeeping, 14 working days prior to assessment.</li> </ol>
<p><b>Conduct of a clinical learning assessment</b></p>	<p><b>Assessors</b></p> <ol style="list-style-type: none"> <li>1. During clinical learning assessments at the clinical facilities or an OSCE the assessors must ensure smooth running, quality, and security of the assessment environment.</li> <li>2. The assessors must establish a rapport with the nursing/midwifery leadership of the clinical facility and inform them timeously regarding the assessments.</li> <li>3. Ensuring that the clinical site is well prepared for conducting clinical assessments.</li> <li>4. The assessment starts on time following the schedule.</li> <li>5. Each student must sit for the clinical assessment on the date and time as scheduled.</li> <li>6. Students to complete scheduled shift after completion of clinical assessment.</li> <li>7. Compiling students` marks must take place immediately after the assessment and the marks must be recorded on the mark sheet.</li> <li>8. Daily regular reports based on the assessment and a general compiled report covering the whole clinical assessment must be written and forward to the HOD.</li> <li>9. Any complaint or appeal against assessors OR student`s action or attitude must be lodged immediately after the examination.</li> <li>10. Each clinical learning assessment shall where possible have two assessors, if two assessors are not available; one assessor my assess the clinical learning assessment. In cases where the student is not in agreement with the clinical assessor's mark allocation the student may submit a report to the Head of Academia and request a deferred/ re- assessment.</li> <li>11. All documents\ clinical learning assessment instruments and other tools (including those not utilised) must be kept in safe storage.</li> </ol>
<p><b>Critical points calculation</b></p>	<p>Critical points calculation:  <b>Method:</b></p> $\frac{\text{Critical point percentage}}{100} \times \text{student percentage (total)}$ <p>= answer critical point (critical mark percentage of students' total)</p> <p>Student percentage total- answer critical point= final mark percentage</p> $25 (\%) \quad \times \quad 68 (\text{student } \%)$



	<p>100</p> $= \frac{1700}{100}$ <p>= 17</p> <p>= 68% (student total) – 17 (25% of the student's total) = 51%</p> <p>If there is more than one critical factor, repeat the above, utilizing new final score (student %)</p>
<b>Moderation</b>	See SOP: Moderation
<b>Student feedback</b>	<ul style="list-style-type: none"> <li>• Students will receive feedback immediately after the clinical assessment, no marks will be given. <ul style="list-style-type: none"> <li>◦ If the safety of a patient is at risk – the assessment is stopped immediately, and marks are only allocated till point of risk.</li> <li>◦ Where corrective action is needed the student must be informed immediately e.g., in the case of incorrect health education to a patient\client.</li> </ul> </li> <li>• The marks are published on Moodle.</li> <li>• Students will receive feedback regarding all assessments.</li> <li>• Students who did not sit for the assessment will not be allowed to attend the view of the script/ assignment/clinical learning completed assessment sheets.</li> <li>• A markers report will be posted on Moodle providing a summary of how students performed in the assessment.</li> <li>• Verbal feedback will be provided in the block/ theory class time on the first opportunity after publication when the subject is due to be presented.</li> <li>• Students will be allowed to look at their script/ assignment/clinical learning completed assessment sheets.</li> <li>• Students may consult lecturers for clarification purposes.</li> <li>• Feedback may be delayed to the first class in the next block/ theory class period if students are in the clinical placement area when results are published.</li> <li>• No results will be communicated telephonically under any circumstances.</li> </ul>



## Storage and distribution of assessments \ clinical learning assessment instruments

<b>Storage and distributions of question papers and assessments</b>	<ol style="list-style-type: none"> <li>1. Storage and distribution of assessments \ clinical learning assessment instruments: Norms and Standards: <ul style="list-style-type: none"> <li>• Assessment papers/ clinical learning assessment instruments must always prior to the assessment be stored in a sealed envelope in a fireproof safe even when compiling the assessments, hard copies must be kept in the safe.</li> <li>• Assessment papers/ clinical learning assessment instruments should be transported between campuses via a smart lock courier system (to ensure delivery on the mornings of the assessments) to ensure the integrity of the assessments</li> <li>• Distribution of assessment papers/ clinical learning assessment instruments to all campuses, should be dealt with via the Assessment typist (Central Administration).</li> </ul> </li>   <li>2. Principles for the distribution of assessment papers/ clinical learning assessment instruments: <ul style="list-style-type: none"> <li>• The distribution chain should be as short as possible.</li> <li>• The number of persons involved in the distribution process should be restricted to the minimum.</li> <li>• The transfer of the assessment papers/clinical learning assessment instruments from one responsible officer to the other should be carefully checked and controlled on receipt.</li> <li>• Any discrepancies that are detected during the transfer and transport process should be reported to the Head of Campus who would notify the Academic head immediately.</li> <li>• All persons involved in the distribution process should complete a contract of confidentiality.</li> </ul> </li>   <li>3. Coordination of assessments (Multi campus): <ul style="list-style-type: none"> <li>• The same formative and summative assessments must be assessed on all campuses.</li> <li>• These assessments must take place in the same timeframe.</li> </ul> </li> </ol>
<b>Post- assessment</b>	
<b>Post-assessment, moderation, uploading</b>	<ol style="list-style-type: none"> <li>1. The assessment schedule <i>must be followed and adherence to timelines as per schedule</i> is of the utmost importance.</li> <li>2. The moderator must be informed timeously of the date and place where clinical assessment will take place.</li> <li>3. Assigned lecturers (Internal monitoring must take place in the five working days for marking including the courier of assessments \ clinical learning assessment instruments \ sheets): <ul style="list-style-type: none"> <li>• Recount all marks and sign on front page of assessment/clinical learning assessment instruments (signature of original marker/s and signature of person who checked must be on the Assessment papers/</li> </ul> </li> </ol>



	<p>clinical learning assessment instruments).</p> <ul style="list-style-type: none"> <li>• The signature of the moderator must be on the assessments/clinical learning assessment instruments that have been moderated.</li> <li>• Each campus assessment collator sends via courier the following to the Moderator <ul style="list-style-type: none"> <li>• Uniform mark sheets (See Addendum SOP Moderation)</li> <li>• Moderation report with questions 1-5 completed</li> <li>• Uniform mark sheets with a space for the moderator's mark (NB: check correctness of entries for all students who did the assessment and indicate absentees)</li> </ul> </li> <li>• One multi-campus moderation report with questions 1-5 completed must be sent to the moderator (Each campus marker's report - summary of student performance, problem areas etc. combined by the assessment collator)</li> </ul> <p>The moderator:</p> <ul style="list-style-type: none"> <li>• Completes questions 6-8 of section 2 of the <i>Comprehensive Moderation report</i> from the different campuses and informs the assessment collator and the HOD of any inconsistencies.</li> <li>• Signs electronically and sends the completed section 2's of the <i>Comprehensive Moderation report</i> to the Assessment Collator. The Moderator's finding is binding.</li> <li>• Sends the completed MAS generated mark sheets to the Assessment Collator.</li> </ul> <p>5. The HOD conducts a meeting, <b>day 13</b>, to discuss marks and moderation report; identify subjects and students at risk. Devise quality improvement measures. The method of assessment feedback to the students are discussed as well as the date before deferred or re-assessment.</p> <p>8. Day <b>14</b> the final assessment marks will be published on iLearn and MASS on the final publication date as indicated on the Academic calendar.</p> <p>9. This uploaded final mark sheet for publication will be sent via email to the Heads of Campuses, Head of Academia, Head of Department, Head of student matters and Learning and Teaching.</p>
<b>Deferred and Re-assessment tasks</b>	Deferred\Re- assessment and SDA assessments - Repeat steps.





## Addendum 1

Example front page of assessment



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### WESTERN CAPE COLLEGE OF NURSING

<b>SUBJECT</b>	<b>COMMUNITY NURSING SCIENCE</b> <b>Assessment 1</b> <b>Clinical Case Study</b> <b>MEMORANDUM</b>	<b>CODE</b>	<b>CNS400BD</b>
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<b>QUESTIONS</b>	<b>3 Questions</b>	<b>TIME</b>	<b>20 Minutes</b>
<b>PAGES</b>	<b>9 pages (excluding cover page)</b>	<b>DATE</b>	<b>12 February 2020</b>
<b>ANNEXURES</b>	<b>None</b>		

<b>COURSE</b>	<b>BACHELOR'S DEGREE IN NURSING AND MIDWIFERY, R174</b>
<b>EXAMINER</b>	<b>Dr Truter</b>
<b>HEAD OF DEPARTMENT</b>	<b>Dr Bock</b>
<b>MODERATORS (INT)</b>	
<b>MODERATORS (EXT)</b>	<b>Mrs L Jonker</b>
<b>INSTRUCTIONS</b>	
1. MARK ALLOCATION: 1 MARK/FACT UNLESS INDICATED DIFFERENTLY 2. INCORRECT DIAGNOSIS AND MANAGEMENT OF PATIENT IS IMMEDIATE FAIL 3. ASSESSMENT WEIGHT 25%	
<b>FULL MARKS = 50</b>	



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