Case Study Title: Advocating for Inclusivity:
Enabling Optionality through Authentic Assessment at Scale

Your Name: Dr Catherine Mahoney
Institution: Edinburgh Napier University
Subject area: Health and Social Care
Programme/Course: Bachelor of Nursing
Module/Unit: Working in Health and Social Care Teams
SCQF Level: 8
Assessment Name: Communication Resource
Contact email/LinkedIn profile: c.mahoney@napier.ac.uk

1. **How would you summarise your practice case study?**
   This case study presents the development of an assessment for pre-registration undergraduate nurses which enables learners to demonstrate *their* understanding of advocacy in professional practice and/or the wider world. For nurses, this may involve advocating for children, mentally ill patients, and patients who are uninformed about health care policies and their own rights (Gerber, 2018). The assessment was designed to capture the understanding and ability of learners to practice this key nursing skill. The assessment draws through the concept of active learning and is part of a module which uses drama as pedagogy to facilitate active real-world learning for cohorts of 400-800 learners at a time. Through this assessment learners are invited to demonstrate *how to* advocate rather than describing *what* advocacy is. This case study highlights that offering learner choice as part of assessment design results in highly meaningful outcomes. This assessment enables the opportunity to develop a resource so the *act of advocacy* can be demonstrated, this can be done through a variety of means e.g. words, pictures, film, but the means and medium is determined by the learner not the facilitator.

2. **Why did you develop or enhance your assessment and what was your rationale?**
   The module Working in Health and Social Care Teams addresses health and social care integration, a policy in healthcare which emphasises the importance of interprofessional team working in relation to facilitating human rights, safeguarding through the act of advocacy. When the module was developed in 2016, it only achieved 16% student satisfaction. Learners did not see the relevance of this policy focused module. However, a serendipitous invitation to the Scottish Parliament in

Edinburgh led to one of the module team viewing a play titled Mad, Bad, Invisible (MBI), a true account of a personal journey through 'dis-integrated' care, performed by actors with lived experience of addiction. And so, the idea was borne, could active real-world learning help us to resolve a particularly knotty educational problem we had so far failed to unravel, the answer was yes. Having established that drama significantly improved students' understanding of teamwork and advocacy (Kyle et al. 2023); the assessment needed to facilitate learners demonstrating this. Initially, we introduced an essay about advocacy – the what - this approach did not evaluate well, and student achievement was below 80%. Added to this, I presented the module at conference in 2018, audience feedback indicated that the assessment did not sit well with the innovative pedagogical approach. Taking this feedback on board, I liaised with international nurse educator colleagues, the challenge set through the feedback was to come up with a more active assessment where the learner could demonstrate 'persuasive' communication that could result in change for vulnerable people unable to represent their own voice. Inspired by a colleague's assessment, a letter of advocacy, I came up with the idea of learners creating a professional communication resource' e.g. video, podcast, letter, email, blog etc., which seemed to reflect more current communication means for learners. I wanted to give them the freedom to choose something meaningful aligned with their own learning preference (Freire 1970). In the spirit of authentic assessment, the topic and outcome could be relevant to their workplace or the wider world (McArthur, 2023). Above all, I wanted the assessment to enable safe rehearsal and minimise the nurse education 'theory/practice gap' (Dee, 2022).

3. **What enhancements or changes did you implement in assessment in making this more innovative, diverse or inclusive of diverse learner cohorts?**
   I removed the prescriptive aspect of the assessment design – it did not stipulate how the learner should present their understanding of the module learning outcomes, other than, asking them to create a communication resource which could be used in the 'real world'. The assessment brief states that: *'students may choose the format which best suits their learning profile'.* Optionality was further enhanced by allowing students to draw on 'real-world examples' or 'personal experience'. Often in nurse education, the topic and assessment format are determined by the academic, I removed this constraint completely thereby making the assessment meaningful, inclusive and equitable, reducing the need for individual adjustments as determined by the educator. I invited the learners to express their unique lived experiences and demonstrate their skills as a nurse. The formative assessment was embedded into

every tutorial which were designed to build the assessment piece by piece. Formative assessment took the form of dialogue in class which echoed the importance of communication in teams. Learners helped each other to formulate their ideas for advocacy through peer feedback, again reflecting the reality of working in teams and learning how to communicate constructively, confidently, critically and most importantly with compassion. The formative design was a key change, moving away from written formative and written academic feedback to active conversations related to learners lived experiences.

4. **What informed your approach to the changes you made, e.g. student feedback, observations of student difficultly, insights from literature or research findings, assessment pass rates etc.?**
   Student satisfaction of the module housing this assessment was the initial driver. Exploration of literature demonstrated that healthcare integration and advocacy were concepts which undergraduate nurses struggle to understand. Students struggled with this module, before we redesigned both the module and the assessment, they demonstrated disengagement and module outcomes were below key performance indicators (KPIs). I have been influenced by constructivist theory which suggests that learners construct knowledge rather than passively absorb information (Brandon, 2010; Giddens, 2020), my own research exploring the impact of active student lead learning and assessment affirms this theory (Kyle et al. 2023).

5. **What key changes have you seen as a result of this change to your assessment practice?**
   This assessment strategy consistently enables the module to meet KPI, student attainment ranging between 82 to 87% for cohorts of 400-800 students. Examples of student assessments carry impact; visible and verbal feedback alone is proof of authenticity and application to healthcare practice and the wider world. I have witnessed and evidenced a remarkable transformation in learner confidence and understanding because of this work (Kyle et al. 2023).

6. **How are you evaluating the effectiveness of these enhancements or changes implemented?**
   Exemplary student work features within the University assessment quick guides for academics, it has been showcased at conference and within other forums. I have presented this assessment approach in a number of fora including the Council of

Deans 'Innovations in Pedagogy' podcast (February 2025), Vice Principal's 'Rich Exchanges at Edinburgh Napier Univetsity (2025), and a TAPPS Sharing Event (2026) to name but a few.

7. **Tips for practitioners:**

Do you have any tips for practitioners wanting to make similar enhancements or changes in their assessments that you could add in?

Even if it feels like a risk, take the 'chance' and try this approach. I have demonstrated that even with large student cohorts, it enables learners to shape and share *their* understanding of the world and plan *their* educational journey, aligning not only with *their* career aspirations but also *their* passions in relation to life and the wider world (McArthur, 2023). Once you have put the work into educating other colleagues about the value of standing back, being less prescriptive, inviting student creativity rather than shaping their experience you will reap the benefits for not only your learners but yourself and your colleagues – 'less is more'.

References

Brandon, A. F., & All, A. C. (2010). Constructivism theory analysis and application to curricula. Nursing education perspectives, 31(2), 89–92.

De, S. (2022). An analysis of theory-practice gap in nursing. Nursing & Healthcare International Journal, 6(5), 000276.

Freire, P. (2005). Pedagogy of the oppressed (30th anniversary ed.). The Continuum International Publishing Group Inc.

Gerber L. (2018). Understanding the nurse's role as a patient advocate. Nursing, 48(4), 55–58. https://doi.org/10.1097/01.NURSE.0000531007.02224.65Kuh, G D and O'Donnell, K (2013) Ensuring quality and taking high-impact practices to scale. Washington, DC: Association Of American Colleges And Universities.

Kyle, R. G., Bastow, F., Harper-McDonald, B., Jeram, T., Zahid, Z., Nizamuddin, M., & Mahoney, C. (2023). Effects of student-led drama on nursing students' attitudes to interprofessional working and nursing advocacy: A pre-test post-test educational intervention study. Nurse Education Today, 123, 105743.

McArthur, J. (2023). Rethinking authentic assessment: Work, well-being, and society. Higher Education, 85, 85-101.