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Article:

Improving assessment and feedback literacy within the School of Nursing and Midwifery (SNaM): Supporting students in preparing for their summative care plan assessment with the use of group tutorials

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Abstract

Critical thinking and high-level communication are vital for professional nursing practice. The experience of writing assignments and receiving feedback during undergraduate nursing studies helps to develop both these skills. Boud and Associates (2010) have been significant contributors in the global arena of developing assessment and feedback in higher education, advocating that both students and teachers need to become responsible partners in learning and assessment. The aim and purpose of this study was to develop a more efficient method of supporting assessment and feedback processes within School of Midwifery and Nursing (SNaM), ultimately supporting both students and tutors. Tutorials seemed to be a pragmatic way to address this, ensuring that assessment support and feedback are taking place in the form of dialogue and conversation (Carless and Winstone, 2020). Online tutorials were designed to take place within a first-year undergraduate fundamentals of nursing practice module, they were structured using previous exemplars and providing students with a space to write and prepare draft work, an approach adapted by Murray (2015). A mixed methods approach was taken in gathering data about student and tutor experiences. Results indicate that most students found the tutorial approach helpful in supporting them with their care plan assessment, and discussions around feedback were more helpful than written feedback. Students valued the learning which took place amongst peers. All the tutors agreed that the tutorials were less burdensome on their workload capacity, and overall felt tutorial support was a much better approach, and an excellent space to respond to queries. Whilst clear benefits were identified some challenges also became apparent, and suggestions about how these can be managed moving forward are discussed.

Context and Objectives

Pedagogical literature suggests that written feedback is not always that effective (Carless and Winstone, 2020), so over the past 12 months the author has tried several different ways of providing feedback using audio and screen casts. Students much preferred these methods of using audio and screen casts, saying it really helped to put things into context for them. Whilst the students found this helpful, it remained labour intensive from an academic perspective, so there was clearly a need to develop this further. Pedagogical literature tells us that 'feedback dialogues' are a vital component and approach to assessment, and students learn through collaboration and dialogue (Race, 2019). This became the focus and drive in suggesting tutorials as a way of helping to support assessment and feedback literacy with the students rather than providing traditional written drafts. The author wanted to discover the benefits and any challenges of a tutorial approach and if the quality of feedback and experience of learning through this collaborative environment supports students even more with their preparation for a summative assessment. Whilst also reducing the workload burden for tutors and improving overall student performance. Very often the things that help students, can also help tutors (Arnold, 2017).

Carless et al (2017) discussed the need for a learning-oriented approach to assessment. The design of the tutorials to support the care plan assessment withing this module, aimed to address these discussions, with the purpose being to promote long-term learning and deep approaches to learning. We know that students learn both from assessment activities and from their interaction with staff about their performance in those activities, so the focus is on learning and on furthering their learning (QAA, 2013). The aim of the care plan tutorials was for the tutor and students to work collaboratively as a group, to help support the development of the student's own evaluative judgment on the criteria and nature of good work (Molloy, Boud, and Henderson, 2020). The tutorial approach could ultimately help to improve student performance, enhance their literacy skills, and support their academic standards and achievements as they move forward in the programme. If we improve assessment and feedback literacy within the SNaM, ultimately, we will help to improve the professional development of our 'future nurses' (NMC, 2018).

The care plan assessment that the tutorials were designed to support aligns with an authentic approach because a care plan is based upon the nursing process, which is an integral part of nursing

practice and the decision-making process that promotes critical thinking (Yura and Walsh, 1967). This specific assessment therefore should be more meaningful to students, staff, and external stakeholders which Rust (2012) argues is an important factor in focused assessment; developing a care plan will be an expectation of all registered nurses (NMC, 2018). Arnold (2017) discusses that context matters, so tutorials seemed to be an approach to this assessment that would make sense to the students and would be a way to help normalise critique and improvement in the students written work (Ashton and Stone, 2018). When we present students with unfamiliar assessment formats however, it can be hard for them to work out what is expected of them and even harder on occasions for them to recognise what kind of work is good enough to match required standards (Race, 2019). If we can show rather than just tell them what we are looking for, they are more likely to achieve well which is why previous exemplars were introduced. Students need to gain experience in making judgements about work of different quality and engage in evaluative conversations with teachers and other students (Sadler, 2010). Criteria can seem highly abstract to students, whereas exemplars represent the concrete embodiment of standards and can support students in developing their assessment literacy (Price et al, 2012). This is an approach the author wanted to utilise within the tutorials to support the students understanding but also to incorporate activities to encourage students in making judgements about the quality of the exemplars to help develop their own evaluative knowledge and expertise. Collaborative learning activities such as engaging with the marking criteria, exemplars, self-review of draft work and peer review seem to support the new paradigm shift which is more focused on student agency in relation to feedback and the design of feedback (Winstone and Carless, 2020). Peer discussion is key within this process and is useful in allowing students to generate ideas and negotiate meanings, tutor guidance helps to develop the characteristics of good quality work and to increase students' critical awareness of the differences between exemplars and their own writing (To and Carless, 2015). A tutorial approach can help to develop these essential skills early on, whilst also encouraging and promoting inclusivity and support for students who benefit from this style of learning (Hillege e al, 2014).

Methodology / Design

A mixed method approach was used to collect the data from both students and tutors. According to Borbasi and Jackson (2012), it is appropriate to use mixed methodology when data is collected from both qualitative and quantitative sources. Qualitative data provokes an understanding and empathy about an issue that is impossible to convey via figures and helps us to understand the quantitative data which provides accurate measurements. The Mentimeter polling tool was used to collate the student and tutor responses in pre and post evaluations. Mentimeter is an interactive presentation software that helps to engage students and enable every voice to be heard. Audiences join from the app, a QR code or via a link which is shared and enter a six digit join code to see and respond to the questions. "Voting with Mentimeter is anonymous, anonymous voting leads to more honest responses" (Mentimeter, 2022) helping to reduce any potential for bias. QR codes were issued to support easy access for students, enabling them to complete the pre- and post-evaluations as promptly as possible.

The student pre-evaluation asked specific questions regarding preparation for the assessment tutorial, trying to gauge what the student's level of understanding was at that time, and what they hoped to achieve. The student post evaluation asked specific questions about how helpful and effective they found the tutorials and how prepared they felt in writing their care plan assessment, what they liked and disliked and if they would like tutorial support moving forward for other assessments in the programme. The tutors were also given a post evaluation questionnaire to elicit their experiences and insight into how helpful this approach was for the students whilst gaining a sense of how helpful it was to the tutors in relation to their workload capacity. From the nature of questions asked, qualitative and quantitative data was captured to support a richer, more in depth understanding of experiences.

Tutorial Design

A total of three digital tutorials were developed and embedded as part of the timetable for the module. There were nine tutorial groups running during each tutorial with approx. twenty-three to twenty-eight students and one tutor in each, lasting 90 minutes. The tutorials were all held online using Microsoft Teams (MST) platform, the tutors set up their own tutorial meetings to ensure full functionality in creating breakout rooms and having the facility to record the session. Due to staff annual leave and sickness, some students were allocated different tutorial groups in the absence of their tutor on leave. The tutors were provided with a 'tutorial guidance' for them to follow during the tutorials to help ensure

a consistent approach was delivered throughout the three tutorials and to support tutors who were not overly familiar with the assessment (as seen in Appendix 2a).

A structured approach was adopted based upon pedagogical literature. The use of exemplars formed part of the first tutorial with a specific task for students to split into smaller groups of approx. five, to evaluate two exemplars from their own field of nursing. Evaluating how they aligned with the learning outcomes of the assessment and the assessment brief, whilst also evaluating the rubric and measuring how the exemplars met the rubric criteria. The students were tasked to discuss this in their smaller groups before joining the larger group to feedback.

Whilst there was agreement that students are amenable to the use of exemplars and find them beneficial, there was less consensus regarding how best to share exemplars with students as Carless (2015) also discusses. The tutorials were conducted as synchronous online sessions, so exemplars had to be stored in a file for students to gain access, we agreed to house these on a temporary basis and block download capability with the intent on removing them after the first tutorial.

The second tutorial had more of a focus on the students discussing and sharing their ideas and progress with each other in smaller groups of approx. four students for 30 minutes. Emphasising the need for each member of the group to contribute, encouraging questions, and inviting feedback from each other. During the last 60 minutes of this tutorial, time and space was given for students to work on their care plan drafts, whilst having each other there if they needed any guidance, feedback, and support. Students were invited to keep their cameras on or off, and to mute their mics to support their focus.

The third and final tutorials were structured into small working groups for 60 minutes, each student sharing draft work and feeding back to each other to help with their own learning and critical thinking. The tutor visited each small group in their breakout rooms, spending at least 20 minutes with each group to facilitate their learning and responding to any queries. The final 30 minutes of this tutorial was spent with the small groups each feeding back to the larger group, and the tutor inviting any final thoughts before submission of the care plan assessment.

Participation Group

All 1st year undergraduate degree nursing students were expected to attend the tutorials as part of their learning in the fundamentals of nursing practice module. Students were issued with a tutorial preparation guide with the specific dates of tutorials and what to expect at each tutorial to help them prepare (please see Appendix 2b). No exclusion criteria were identified because all students were enrolled on this module. A total of 209 students in the cohort were invited to complete the pre and post evaluation questionnaires. There were nine tutors supporting the tutorials and they were invited to complete a post evaluation questionnaire, after the final tutorial took place (as seen in Appendix 5a).

Prior to the pre and post evaluation links being sent out, a student participation information sheet (please see Appendix 6) was sent out with a statement explicitly outlining that consent was assumed with the students' engagement in completing the evaluations. Students were informed that participation or non-participation in the pre and post evaluation was not in any way linked with their grade attainment. Whilst it was not an option to withdraw from the tutorials, as these were timetabled learning events which students must attend as part of the NMC (2018) requirements of their programme, there was no compulsion to complete the pre and post evaluations and this was explained to students at the time. Students were informed, that it was not possible to withdraw their data after data collection had started due to the anonymity. This also applied to the tutors, there was no compulsion to complete the post evaluation and there was no possibility of withdrawing their data after data collection had started due to anonymity (please see Appendix 7). An ethics application was made and granted from the Keele institute for innovation in teaching and excellence ethics committee, offering assurances that any potential ethical dilemmas were managed and mitigated.

Questionnaire Design (please see Appendices 4, 5 and 6 for pre and post evaluation questionnaires)

Using a questionnaire is a practical and efficient way of gathering data from a large sample and is an effective means of measuring behaviour, attitudes and preferences (Boynton and Greenhalgh, 2004). Open and closed questions enable collection of qualitative and quantitative data which can either be analysed statistically or through thematic analysis (McLeod, 2018).

Using the Mentimeter polling tool helped with time management and was easily accessible to students and tutors, supporting participation and engagement. Questions elicited both qualitative and quantitative responses for students and tutors.

A Likert scale was used to determine the scaling of responses given which will make it easier to analyse, and open questions posed will be useful for collecting more in-depth insights into student and tutors' experiences of the tutorials.

Results and Findings (please refer to appendix 1 for graphs and table illustrations)

The overall findings from the student pre-evaluation questionnaires indicated that overall, the students knew what to expect from the tutorials. They hoped to achieve a better understanding, in how to complete the assessment and what they needed to do to complete the assessment successfully (Figures 1 & 2). Some students voiced that they wanted to listen and share ideas with their peers to gain an even better understanding (Table 1). Despite these findings, only half of the students who responded came prepared to the first tutorial, despite having had the student tutorial guide shared during the launch of their assessment.

Around two-thirds of students found the tutorials helpful, and nearly two-thirds of students found the discussions around feedback were more helpful than written feedback (Figure 3 & 4). When asked what the students liked about the tutorials many reported the fact, they had time to prepare during the tutorials, and share ideas and learn from each other as well as the tutor (Table 2). Students were also asked to comment on what they disliked about the tutorials, many of which raised frustrations that not everyone would take part in the discussions, some students did not put their cameras on which made engagement and interaction difficult, and some students felt reluctant to share their work, knowing that others had not yet started, fearing that their work would be copied (Table 3). 9 of the students who participated felt that the tutorials were not helpful in supporting their care plan submission, and 11 felt they would prefer written feedback rather than the tutorial approach supporting feedback dialogue. 7 students said they would not like to have any more tutorial support moving forward (Figure 5).

All tutors found the 'tutorial guidance' (Appendix 2a) helpful in supporting the structure of the tutorials and most tutors felt the students collaborated and generated discussion and learning during the tutorials which helped gain a better understanding of how to develop their care plan (Figures 8 & 9). All tutors felt they were able to feedback and discuss work during the tutorials and half of the tutors who participated, felt the students valued the time and space to discuss and develop drafts (Figures 10 & 11). When asked about the opportunity to critically evaluate the exemplars of previous care plan submissions, most tutors felt the students valued this with only one tutor disagreeing (Figure 12). Tutors' comments around the use of exemplars seemed variable, some acknowledging the benefits with perhaps more focus on grade boundaries, so students could measure and evaluate against the rubric marking criteria and perhaps to consider evaluating exemplars from other fields of nursing to reduce risk of plagiarism. One tutor commented that the use of exemplars gave too much support, so an edited version may be more useful whilst another tutor commented on their hesitancy in using exemplars at all, questioning if students were able to critically evaluate at Level 4 of the undergraduate nursing programme (Table 4). All tutors agreed that the tutorials were less burdensome on their workload capacity in comparison with marking written drafts and two-thirds of tutors agreed, moving forward, they would continue with tutorial support rather than written feedback (Figures 13 & 14). Overall, the tutors felt that providing tutorial support to students was a much better approach, and that the tutorials were an excellent space to answer commonly asked questions by students, whilst also acknowledging that not all students engaged with the process (Table 4). Suggestions of the tutorials being held in-situ rather than online may help with engagement and address concerns about how exemplars would be shared moving forward.

Discussion

The findings of this study suggest the aims and objectives have been achieved as students reported value in the dialogue that took place during the tutorials, and the collaborative environment seemed to support their preparation for a summative care plan assessment. The author was able to use their experience in facilitating the tutorials and their experience as a lecturer teaching on the module. Whilst this may have influenced and biased the interpretation of the data, this reflexive approach adds benefit to understanding and interpreting the meaning students and tutors ascribed to their experiences which can only add value and strengthen the results of this study. Moving forward, the

author would be keen to evaluate the grades students achieved and identify any correlation or relationship between students who attended and did not attend the tutorials.

Hillege et al (2014), highlight the need for discipline-specific embedded strategies as an effective approach to the development of academic literacies. The tutorial approach adopted in this study seems to be one way of achieving this development. An advantage of an embedded model is that explicit development of assessment and feedback literacy, can occur within timetabled classes rather than the 'bolt on' classes, which often students who are judged to be most at risk of academic failure, are least likely to attend (Wingate, 2006). The intent for this study was to embed the approach to maximise attendance, creating space in the curriculum for students to develop specific writing and feedback practice relating to their care plan assessment. Andre and Graves (2013) recognised an important advantage of a disciplinary specific approach is that students learn the conventions of writing that will be relevant in their nursing studies, so equipping them even further for clinical practice. Attendance at each tutorial was not captured as part of the study, so an evaluation of the embedded approach was not possible, moving forward this is something to consider. Tutors reported a range in attendance from approx. 8-36 students during each tutorial. Difficulties and challenges in managing the tutorials arose around tutor sickness absence and annual leave, consequently on several occasions there was a need to combine tutorial groups, rather than having a maximum of 26 in each group, there were approx. 36-42 students on some occasions, which may have had a detrimental impact on the students' experiences. To support tutors planned annual leave, tutorials were held at different times but during the same week to ensure no disparity across the student cohort, however this relied on tutors' capacity and availability. This was a significant challenge, recognising that workload pace and intensity has increased in higher education. For many tutors, workload remains unmanageable, with clinical academic staff working on average 56.2 hours per week according to a workload survey conducted by university and college union in 2021 (UCU, 2022). Workloads are being impacted by an ever-increasing administrative burden, reduction in staff numbers, and Covid-related changes to teaching and learning (UCU). Students and tutors reported challenges in having the tutorials online, with many citing technical difficulties, reluctance in putting cameras on and a reluctance to interact/engage during the breakout rooms. Student and tutors who participated in the study voiced their preferences of having face to face tutorials in-situ, which could help address some of the challenges identified.

Providing exemplars during the tutorials created much debate amongst the module team and posed challenges because of the online forum. Sambell, Brown and Race (2017), emphasise the benefits of using exemplars to help students develop appropriate assessment literacies. The productive use of exemplars is dependent on purposeful and deep engagement in the analysis and evaluation of the selected pieces of work, accompanied by conversation and dialogue among students, and between the students and teacher (Hawe, Lightfoot and Dixon, 2019). Irrespective of their perceived benefits, some teachers remain reluctant to utilise exemplars for fear of encouraging copying and plagiarism (Handley and Williams, 2011; Newlyn, 2013). This very concern created much debate within the module team. Exemplars, however, are not model answers but rather samples to be analysed and compared with work in progress, multiple exemplars can be used to emphasise that quality is manifested in various ways (Sadler, 1989). By enabling students to develop a better appreciation of quality work and narrowing differing perceptions between tutors and students, exemplars play a key role in facilitating student engagement with feedback (To and Carless, 2016). To and Carless agree with Hawe et al (2019) in highlighting the need to have a skilful tutor orchestrated discussion of using exemplars to support reasoning behind tutor judgments. Moving forward, something to consider might be to produce guidance to tutors in how best to support the use of exemplars in tutorials, to address any anxieties. Hawe et al suggested several ways of mitigating some of the concerns surrounding plagiarism to some extent by using exemplars of the same genre that students are to complete but with a different focus or in a different content area. Students could evaluate exemplars from other fields of nursing which could encourage a deeper level of thinking, requiring the students to then apply the learning process to their own field (Bloom, 1956), this would help to address some of the concerns raised by the tutors who participated in this study. Hendry, Armstrong, and Bromberger (2012) observed 'little or no overall benefit' where exemplars were made available to students without any clear direction or support, reiterating the need to consider tutorial guidance around their use. For the reasons outlined in the pedagogical literature, the care plan exemplars were removed after the first tutorial session in which they were discussed so students were not accessing them in isolation and without any dialogue and analysis which the tutors facilitated during the tutorials.

Conclusion

If students are to become masters of their own learning (Zimmerman, 1990), they must be provided with opportunities to develop the capacity to monitor and regulate their learning from the outset of their academic careers. This study has identified that overall, a tutorial approach was effective in supporting the students in preparing for their care plan assessment and during the tutorials there were opportunities to support and promote assessment and feedback processes with each other as well as the tutor. This is key to any students learning and poses the question if we should be embedding assessment and feedback literacy into the nursing curriculum. Reflections from tutors indicate a tutorial approach, whilst initially, may have evoked uncertainty and scepticism, did, in fact, reduce workload capacity and generated much more collaboration and meaningful learning. Embedding exemplars as part of our teaching design can support student motivation and self-efficacy, helping to expand knowledge, and develop evaluation and expertise (Hawe et al, 2019). These are skills essential in developing critical thinking which are integral to nurses working in clinical practice. Key to making this work effectively are tutors' skills, confidence, and expertise in guiding this analysis and evaluation. The value of seeing other student approaches is significant as discussed by Nicol and Mcallum (2022) and perhaps we need to give this greater consideration moving forward during the assessment process, where emphasis on assessment design is to promote learning through dialogue and uptake of feedback from various sources, including self, peer and tutor. All of which can be achieved using a tutorial approach and perhaps enhanced even further when face to face in the classroom.

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