

No.	INSTITUTION	FIRST NAME	LAST NAME
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## WELCOME

Trine Deichmann-Soerensen welcomes all participants to the rater training in Barcelona. She gives a short overview over the contents of the rater training and how the results will be shown.

Lars Heinemann gives some additional explanation about the rating criteria. Main aim of the rating training is to achieve a common understanding of the rating of a solution. The solutions of the students will be compared with a solution and the action what a nurse in reality would do.

## RATING SOLUTIONS

The raters start to rate the student solutions. In the first step everyone rates for her/himself. After the first rating each criteria is discussed and the solutions space is adjusted if necessary. The raters have to decide of each item is applicable to a case or not. If there exists a big difference between the ratings of one item this is discussed in detail. The aim is to achieve a common understanding how a solution of a task should look like.

In the group rating the results of the ratings are compared a second time the raters should agree on a common rating for each item. That can sometimes be the middle in between of two ratings for example 2.5 or 1.25 depending on the ratings and discussions of the group. The group ratings are interesting if you like to compare the results internationally.

## *SHELA AWAN KAND 1: SOLUTION FROM PRETEST IN NORWAY*

Item1: Problem of understanding the item. The Item includes is the solution well-structured “on the paper”? Is the student able to explain precisely what she plans to do? The Item is about the communication and if the student is able to describe in technical terms understandable his actions.

Item 16: She doesn't give reasons for her actions. She doesn't explain the priorities.

Item 17: There were big disagreements on finding a common rating, the rating should include the consideration of long term aspects as well, the short term actions were totally right. The raters couldn't agree on a common rating.

Item 24: Change item to: Er oppgaveløsningen basert på profesjonell situasjonshandtering?

Item 26: is applicable

Item 27: is applicable

Item 28: is not applicable

Item 30: is not applicable

Solution space: AWAN

Criteria 4 and 5:

Other patients should be considered as well. There nurse is not only responsible for Mrs. Awan so she has to consider this in her planning of the resources like time.

Criteria 4: the long term aspects should be considered as well.

The raters had problems on one hand to interpret the items in the same way and also to agree on common ratings for one case. The ratings in the first case differed in high extent.

The problem with rating was that some ratings were left out so the participants had first to fill out the empty spaces and in the second round discuss the differences in ratings of the different items for example rating one point or three points. Since the discussion about whether an item was applicable or not took longer than expected it was not possible to carry out the group rating in full extent.

#### *CASE LENE HANSEN 0011: SOLUTION FROM PRETEST OF NORWAY*

Item 26: Hygiene of the patient and hygiene of the care taker should be considered.

Item 30: discussion if the item "environmental relevance" is too far away from the case to be considered;

Item 36: Solution: "Bringing her over to the main house." Focus is on the patient but there is no discussion with the family.

Solution space:

Going to the toilet should be considered. Being by herself all the day who is helping her with going to the toilet? Since she has only got out of bed only once a day

#### *CASE MARIANN: PRETEST NORWAY*

At the third rating the raters were working in smaller groups to make the discussion easier. They work for half an hour and discussed their rating in a second step. This way the raters were able to come to a common agreement in the group rating.

Item 17: Adapt formation in NO rating document

*CASE SHELA: PRETEST GERMANY 004*

The case was rated were low because the Norwegian group interpreted the situation more dangerously.

Presentation: The Student should first explain the actions for the acute situation and after that the long-term actions.

She does not check artificial respiration. The student missed the clinical part connected with the coma.

Item 14: Situation at home should be considered for example home care. No cultural aspects considered. She says nothing about communication.

Item 14: Change description of Item in NO

Item 25: Considered a lot about cooperation with others (Doctor, diarist)

Item 17: time management: normally you need another person the control the amount of insulin you give. She didn't consider to ask for someone here.

Case Description: German description Diabetis Typ II is considered and the description of actual hip dysfunction is different.

In the Norway Case the consciousness of the patient is different from the German one.

Translation of metabolism was false – correction NO.

*CASE HANSEN: PRETEST GERMANY*

In the German case they are asked for the care plan. In the Norwegian task the question is more generalized and the description of the care plan is included anyways.

Presentation: Layout and structure was confusing, reasons for her presentation were not clear. The plan makes no sense for the other professionals. There is no information about the future. The presentation should include the structure of the questions.

The measuring of topic presentation is really difficult because there is the connection between the obvious presentation and the content structure which is easy to follow.

In all the solutions shows a level of a student of the first year.

It is not good enough to be presented to a college but its not respectful enough, it does not consider the care plan enough.

Item 15: how to look after patient in terms of social contact, family... She mentioned to have a dialog. Interpretation of criteria social context does not to only include the family but also the the social environment like public institutions.

The plan should include possibilities to get in social contact. The solution does not include concrete examples how to solve the problems. The solutions just include statements without reasoning.

There are no personal thoughts of herself (the carer) considered.

As well the questioning of the patient about she like to be cared by the care takers for example how to be washed is missing as well.

Item 21: lack of interaction with other professionals ?

*CASE MARIA- MARIANN: SPAIN PRETEST*

*FURTHER PROCEDURE:*

Problem to get a common understanding the comparability for the raters. The raters will need more practice for the rating procedure.

To Do

- Include changes in Solutions space AWAN
- Change Item 24 description in NO
- Change time frame in AWAN DE and ENG Question not only focus on the next hours (long term issues are not considered)
- Solution space Hunziker DE und ENG include problem of incontinence and going to the toilet
- Change Item 17 description NO
- Change Item 14 description NO