

Self and Peer Assessment

Three papers

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This document contains three papers on Self and Peer Assessment written by James Kilty whilst he was at the University of Surrey. They are reproduced here with his permission for use by the participants in the Ashridge Masters in Organisational Consulting. The three papers present a common procedure with different data and 'perhaps different slants'. A current reference is Dave Boud (1995) "Enhancing Learning through Self-Assessment" Kogan Page.

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The Human Potential Research Project at the University of Surrey is experimenting with methods of peer experiential inquiry for people who wish to develop their capacities for intelligent and flexible self-directed choice in co-operation with others. Self and peer assessment methods have been used routinely with diverse groups and have been offered to members of specific occupational groups as an important tool for professional development.

This paper offers a rationale for such a process, a summary of steps which have been tried out with various groups, some examples to illustrate the process and some guidelines for those interested in exploring the Possibilities inherent in the method.

The third person singular is expressed in the masculine version throughout this paper.

Introduction: Experiential inquiry

The Human Potential Research Project of the University of Surrey is dedicated to peer experiential inquiry into ways and means of enabling peer researchers to flourish more fully and enhance their potential to develop. Participants of any Project workshop, course or research process are invited to explore a theory of the human condition or of a domain of existence or life-style or behaviour, experience processes and methods relevant to the theory and form their own conclusions in the light of this experience. It is thus a form of action research in which Project facilitators also inquire into and develop appropriate theories and methods in the light of their own and participants' assessment.

One important area of inquiry is the development of an individual's capacity to experience his chosen work activity as positive, enjoyable and growth-enhancing, and to choose for himself self-fulfilling activities in day-to-day working. At the heart of the process, it is assumed that the human individual is an autonomous being who can increase his potential for intelligence, choice and co-operation by engaging in inquiry of the appropriate conditions for such actualisation with others of similar disposition, who provide such conditions for each other (Heron, 1971).

Self and peer assessment methods have been explored by a variety of groups facilitated by the author or by colleagues. These have included doctors, dentists, teachers, students, nurses,

counsellors, assessors, managers, co-counselling teachers and health education officers. In every case the methods explored have been open to the scrutiny of the inquiring group and, where feasible, the facilitators have been full participants of the assessment process. Thus the process has been whole-person, 'non-alienating research' (Rowan, 1976).

Learning-from-experience skills.

Informal ongoing self assessment and discussion amongst peers, usually based on critical incidents, is a common way in which practitioners of all occupations learn from their experience. Learning from experience is however a sophisticated skill, requiring a great deal of attention to the process and persistence in it, if what is available to learn is to be potentiated (see Boydell, 1974).

Decisions to change behaviour in the light of experience, to experiment with new forms of behaviour, or to acquire training in new techniques and methods or further training in areas of weakness are most valid if they are made on a basis of understanding the experience under review. This understanding can be acquired through analysis of the experience in terms of theoretical models, comparing 'espoused' theory with 'theory-in-use' (Argyris & Schon, 1974), and intentions with achievements, identification of critical incidents in the experience and analysis of the flux of events to determine why what happened actually did so. This includes comparing procedures actually used, with norms, assessing the experience using agreeable criteria and against acceptable standards. This can only be carried out if the person actually reviews the sensory data in his memory of the process and what he remembers of his thoughts, feelings and intuitive responses in the situation. The quality of this memory depends on the amount of attention he had in the experience for the experience, on the extent he was 'witnessing' the process he was immersed in.

Training in learning from experience skills

These skills tend to be acquired vicariously, erratically and incompletely and are under-used in practice. The wise trainer or manager will systematically enable his colleagues to increase his skill in learning from experience by:

- i) facilitating his self assessment
- ii) identifying the stages in the process
- iii) facilitating a review of the process
- iv) reducing his direction of the process until his colleagues can systematically use it without guidance.
- v) from time to time inviting review of how frequently and how well he uses it in his work.

Self assessment

A more elaborate self-assessment procedure is as follows:

- self monitoring in the experience,
- reflect upon performance,
- assess performance,
- determine causes of success and failure,
- set realistic targets for personal development,
- determine practical means for achieving targets,
- implement means for experimenting with or learning new behaviour.

The reflection stage permeates the two following stages and unfolds as the practitioner seeks to determine the causes of success and failure, illuminate his practice with the light of his theory, identify critical events and their antecedents, and deviations from routine procedures, or failures to adapt to an emerging crisis. A critical element in this process is the extent to which the practitioner is celebrating and self-accepting rather than invalidating and self-denigrating. The more locked into a self-punishing cycle the practitioner is, the less attention he has for alert review and the lower his motivation to choose to change. The stronger the negative pattern of thinking which keeps the practitioner blaming himself for weaknesses, the more he loses himself in his distress and sabotages his development process. The wise trainer interrupts such a pattern and helps the practitioner focus on his success and encourages his enjoyment of his positive qualities, his skills, his achievements and his improvement over a period of time.

Educational counselling is a person-to-person activity (Heron, 1977a, p22). In extreme situations the trainer will facilitate and support the practitioner's cathartic release of emotional tension to free his attention for introspection and analysis. Elicitation of laughter or positive feedback from the trainer or a change of activity can produce the same effect. Development seems to spring more easily from self-acceptance and self-appreciation.

A second critical element in the process is to clarify from the whole appropriate to the situation(s) or work style or role under scrutiny.

The criteria used may on reflection be found to be of lesser importance and standards inappropriate, thus radically changing the judgement on performance. A wise trainer, manager or peer will help his colleague make such criteria and standards explicit and enable him to determine the values he judges appropriate. This will help him determine inconsistencies in his espoused theory.

Another critical point in the process is to set realistic targets for change: these may be short-term or long-term, simple or complex, easily implemented or require perseverance. In the latter cases, the practitioner may find it helpful to set interim targets and seek support in the process. Unrealistically difficult targets provide the excuse to slip back into disclaiming responsibility for growth and the familiar comforting patterns of negative thinking. The wise trainer will encourage minimal goals to be set, to enable the experience of success to enhance hope for further growth.

Whilst the process above is primarily facilitative, using enabling, supportive and some cathartic interventions (Heron, 1975), a practitioner may well seek to be invited to receive recommendations on strategies and possible alternative behaviours, information and resources and about details of the experience he overlooked or did not notice, and feedback from the trainer or manager or peer helping him round the cycle. Such authoritative interventions can be rooted in a basis of support for the practitioner's self-evaluation and self-direction. Such skills are in their infancy in our traditional organisations. A manager can maintain his subordinate's dependence and frustrate his development of self-evaluation skills by pronouncing his own judgements first and, by focusing on negative aspects of performance, thus reinforce a negative self-image and unwittingly sabotage his colleague's development process.

Problem-solving cycles

A variety of processes are available for the practitioner who wishes to solve problems identified in self-assessment (Kilty, 1978; Heron, 1973; Mill and Eisen, 1969). These require commitment from the practitioner to take responsibility for seeking solutions to problems that concern him, rather than presume they are insoluble or that organisational forces conspire against him. Confidence in applying any particular process may be learned with trainer support as above.

In addition to those expressed in the two cycles, the higher order objectives behind carrying out such a process privately with a colleague, manager, trainer or friend may be expressed as follows:

- (1) I learn to monitor my behaviour more awarely and consistently, expand and refine the criteria and standards against which to assess my behaviour, and continue to research experientially or by reading the literature, independently or with appropriate others, what these might be
- (2) I become more committed to regular assessment of my own performance and take increasing responsibility to explore solutions to problems I feel concerned about
- (3) I become more self-reliant, self-determining and self-actualising in the process.

counsellor), or analysing written records or audiotapes or videotapes of past performance (Heron, 1977a p33).

OU one-sided appraisal of a person's competence, for example, by a manager, trainer, referee or examiner. These easily degenerate into oppressive, growth-inhibiting activities. if the person assessing is immune from-assessment himself or does not disclose or negotiate his criteria, or does not adequately sample competencies or highlight strengths or is not open in principle to modifying his assessment in the light of the assessee's self assessment or other data provided by him to justify revision upwards of the assessment.

SO self assessment in the presence of another who facilitates the process either by giving him catalytic free attention (Heron, 1975) or by enabling him to keep to a self-assessment cycle with or without a written criterion check developed by himself or by others. This includes proposing a self appraisal which will be later

Self and peer assessment methods in context

A useful two-dimensional analysis of different methods of assessment allows this to be seen in

	Unilateral assessment (U)	Assessment with 1 other (O) (1-1)	Assessment in a group (G) (1-group)
Self assessment (S)	SU ongoing self-monitoring and self-assessment	SO facilitated self-monitoring and self-assessment mutual interviews negotiated appraisal	SG self and peer assessment and accreditation peer review audit
Assessment by others(O)*	OU appraisal (non-negotiated) progress reports (ditto) references traditional exams	OO feedback on behaviour (+/-) negotiated appraisal mutual interviews oral examinations	OG peer feedback (+/-) devil's advocate procedure job interviews case conferences tribunals

*The assessee can be absent or present, not negotiating.

relation to others:

The two dimensions refer to (a) the person assessing the performance and (b) the number of people involved in the process. The six cells identified in this analysis are as follows. SU one-sided personal self-appraisal of competence, including self-monitoring in the work setting. This can range from informal ad hoc private subjective review through self assessment against standardised criteria to self assessment recorded for long-term audit, independently or with a peer audit group, for report to such a group or to a manager, trainer, lawyer or investigating colleague. As in any other cell, assessment can be carried out using schedules, checklists, rating scales, lists of objectives, task analysis, appraisal forms developed by the individual, peer group, manager, trainer or by a group of more senior colleagues or managers or drawn from the literature. It can be practised by means of silent mental review, verbalising privately using monodrama (being alternately client and

modified by or negotiated in the light of a manager's or trainer's appraisal or which is part of a two-way exchange including OO following. It can be extended to include management by objectives set at least in part by the person for whom objectives are to be set. In its extreme, it can legitimately include confronting questioning by the facilitator of the 'rattle and shake' kind (Heron, 1975) in order to help the assessee deepen his insight into his own behaviour. For example, he can challenge disclosed inconsistencies of behaviour or self-deprecations, or dubious or potentially inflated assessments, or discrepancies between behaviour and intention, or between espoused theory and theory-in-use (Argyris and Schon, 1974). It can degenerate if the facilitator allows the practitioner to lose his way in the process, omit important criteria or over-emphasise unimportant criteria or set inadequate or unattainable goals. This is also true if he engages in a defensive self-justification of behaviour or complains about client or colleague

behaviour or inadequacy of resources or organisational policies (Heron, 1973). OO face-to-face assessment by another with valid information about or experience of the practitioner or his performance. This can include direct feedback on inconsistencies or inadequacies in performance or inflated self-assessment; validation of practitioner unacknowledged strengths or progress; judgements on performance disclosure of and suggestions about criteria and standards interpretations of the situation and hypotheses about causal relationships, It includes the other-assessment part of negotiated appraisal. In practice it can easily degenerate, if not preceded by practitioner self assessment or if not given in a supportive manner designed to illuminate practitioner self-insight by presenting data unavailable to the practitioner at a time when he is open to hear it. It degenerates if appropriate validation is not given or if invalidating remarks are made or if weaknesses are pursued without regard to practitioner's feelings or self-concept. SG self assessment in the company of peers who may have chosen the area of competence under review, determined criteria and standards to which they subscribe, devised procedures to follow in making the self assessment and who may have agreed to research their own practice and report from time to time to their peers. OG includes the assessment of the practitioner by peers who may amplify their slightest doubts about or validate their colleague's performance. It also includes case conferences where the client may or may not be present, traditional job interviews where the interviewee faces a panel rather than a sequence of individuals, and tribunals investigating incidents or performance.

Self and peer assessment procedures

The rationale of self and peer assessment is discussed thoroughly elsewhere (Heron, 1977a). In essence it upholds the objective of developing self-directed self-monitoring persons who do not delude themselves about their skills or deceive themselves when they assess their performance. This objective is achieved by self-assessment complemented and refined by the chastening and awakening impact of assessment by sensitive fellow inquirers who share the same process. This provides the complementary conditions of self-disclosure and feedback used as a foundation in many of the personal growth disciplines (Luft, 1970).

It also provides a humane process of accountability for any group of practitioners from same occupations or who play a common role, e.g. counselling.

It is especially valuable for members of occupations or professions

- (1) who work largely independently or in isolation or
- (2) for whom clear criteria of excellence are difficult to express or
- (3) who find it difficult to arrange for feedback from those who receive their services or
- (4) for practitioners who wish to creatively develop or challenge existing criteria, standards and assessment methods.

It also provides a sophisticated and powerful training method for any group who combine training with practice, whether they are qualifying, neophytes or experienced.

It also provides a procedure or norm for guiding the processes of a team of workers in reviewing their activities.

In particular, doctors have been working towards a method of peer audit for some years (Sanazaro, 1974; Loshak, 1978). Others have produced audit procedures designed for nurses in an hierarchical organisational system, but usable in self assessment (Huczynski, 1977) or comprehensive guides to self assessment for managers (Ware, 1972).

Twelve steps have been used by practitioners as part of workshops or during courses or in meetings entirely devoted to self and peer assessment. There are four points at which the process might be terminated (+) depending on the group's willingness to explore the method or on the facilitator's judgement of their readiness. Prior commitment to test the process or develop an alternative is an essential precondition. The principle of voluntary participation is especially important to uphold in a course where some or all of the process is offered as an option of educational value, otherwise unwilling members are likely to sabotage the subtle processes involved.

A member of the group may be elected to act as guardian of the process the group may decide to facilitate as peers or a skilled facilitator, participating as peer or outside the scope of audit, may be used. In the last case, where feasible, he should be involved, offer himself as a model, rather than declare himself immune, and train the group to facilitate the process. Where large numbers are involved, fish-bowl techniques may be used, with early volunteers facilitating small groups later.

1. Select an area of practice to assess

The peer group may choose from all possible areas of practice one particular aspect or procedure or type of skill or role for assessment. With restricted time available for audit, it makes

sense for the group to select an aspect of practice is to brainstorm a list of potential candidates for assessment criteria. For ongoing audits, criteria that have been used are: Importance, the regularity with which group members would practise in the suggested areas of competence and, finally, participants' personal choice. The facilitator may well gently confront a group colluding to avoid uncomfortable or occluded issues, e.g. interpersonal skills. In case of doubt however, it makes sense to aim for a successful first trial of the process of audit before tackling a particularly difficult aspect of practice (BPMF, 1977). A second way of choosing the aspect to assess is for the facilitator to propose it; similarly, a member of a team might spontaneously suggest some problematic aspect of practice for them to work through this process. A third way is to choose the whole of practice, to provide an overall assessment of competence. Thus groups of co-counselling teachers in training, groups of counsellors and assessors (mixed professionals) on in-service training workshops and the "New Paradigm Research Group", who decided to audit their competence at carrying out holistic or non-alienating research (Torbert, 1977; Reason, 1978), went to Step 2 of the process. In each case, group members had been working sufficiently long together to give valid feedback.

2. Agree criteria of competent practice

This step involves the peer group prescribing for itself appropriate norms of good practice. These may be client-outcome objectives, objectives for the process of interaction with the client, general procedures for achieving the objectives and standards for well executed procedures. In doing this, the object is to achieve a consensus of realistic ideals for group members to measure themselves against after sharing, elaborating and modifying personal experience and training and knowledge of the literature on standards and methods. Thus a group of neophyte dentists decided to monitor how well they examine teeth, gums and soft tissue. Again, these were minimal criteria for routine practice to enable them to experience success in their first audit. In contrast, a group of experienced dentists decided to do an eight-year patient-outcome audit to assess (i) tooth loss (ii) appearance and function (iii) dental awareness (iv) periodontal status (v) iatrogenic effect and (vi) patient's treatment needs. Alternative approaches would include adopting any published list of criteria of competent practice or any organisational norm of form in use, so long as in principle it was modifiable in the light of experience. In this way a group of trainee GPs used a model (Byrne and Long, 1976) to review tape-recorded interviews, which they also

replayed to their peers. Difficulties in the procedure include boiling down lengthy brainstorm lists into a small number (say 5-8) of manageable criteria getting consensus agreement where group members differ in criteria and in standards; keeping experienced practitioner observers present amongst inexperienced practitioners from sabotaging the whole process if they disagree with the criteria and standards and managing a large group if syndicates have produced dissimilar ways of expressing criteria. In principle, since creative intelligence is being fostered and the growth process involves both self and peer assessment and development of criteria by peer experiential inquiry, some leeway in honouring individual differences and dissenting views should be allowed. A group may be invited to receive the sage comment of the mature after they have defined their own criteria, whilst being free to reject or incorporate these suggestions at will. Alternatively two or more experienced 'observers' may be invited to determine their own criteria, share these with participants as above, and modify these in the light of their comments on a reciprocal basis, and also to audit their own practice and be accountable in front of the training group as a model.

3. Devise methods to assess the quality of practice

At this stage, a group meeting once only would require a different procedure from those auditing daily practice. A simple option is for the facilitator to propose they carry out a private self assessment in their own terms, using their own sense of what the criteria mean, reflecting on specific instances in recent experiences or general impressions of their competence against such criteria, one by one. A second option is to agree on a simple numerical rating scale (0 - 5 or 1 - 10, allowing decimal values if preferred) with one number (e.g. 2 or 5) representing a minimum acceptable standard to that person. This would be supplemented by examples or elaboration to justify the rating if the assessment is to be disclosed. In contrast to this subjective, retrospective self assessment, an audit group's self assessment will be based on data recorded during several specific instances of self monitoring the procedure to be audited in daily practice. They can thus develop a more sophisticated recording tool by devising and sharing ideas for simple practical techniques to record their self-monitoring. Methods should be agreed which do not demand the expenditure of too much time and energy in a busy working day. Again, different members of the group could adopt those techniques they prefer. In practice too, they need to contract with the group to apply those

techniques in a specified way over a specified period of time and to be accountable to themselves and to the group at their next meeting. Forms produced have varied from simple lists of activities rated as completed or not, with comments on the example reported, to tables using nominal, ordinal, interval or ratio scales depending on the type of criterion. Sampling of behaviour has been at the end of specified days (Kilty & Randell, 1978) random choice of instances by an independent colleague, assistant or receptionist the first instances meeting agreed criteria or personal choice of an agreed number of instances each day.

4a. Informal/private self assessment

For one-off workshops, participants can be invited to assess themselves privately in a given time, e.g. 10 minutes, reflecting on their performance in a recent period against the agreed criteria. They may also be invited to assess the greatest area of development and the area of greatest need for development, and set some modest target for development in some realistic time. This is a point at which participants may discuss their option to continue as full participants, as non-participant observers or to leave the process at that point. In the last case, if the whole group do so, an option the facilitator can offer is to review the process and the immediate impact on participants. If the group chooses to continue, go to Step 8.

4b. Self monitoring in daily practice

This is simply application of the agreed self-monitoring and self-assessment techniques in daily professional life.

5. Revise practice in the light of self assessment

This is intentional change potentiated by the self confrontation inherent in the application of assessment, when substandard performance cannot be overlooked in an act of self deception.

6. Report on application of audit

In their peer review meeting, researchers share how well they kept to their contract with the group. Difficulties include forgetting to remind the helping colleague, who herself may forget retrospective recording, when details may have been forgotten boredom excessive demands on time difficulty in applying criteria, in using the scale unpredicted dearth of instances of the procedure. This part of the review process requires a moderate degree of trust and honesty, lest members scapegoat each other verbally or non-verbally for failure to honour their contract. The facilitator must carefully ensure a climate of tolerance of self and others' human fallibility. Researchers may disclose in random or set order,

in silence or with facilitation. They can be questioned by peers about their application and can compute a forgetfulness ratio, which is not an index of competence to practise. This step can provide an appropriate 'warm-up' to later, more significant, self disclosure and peer scrutiny.

7. Report on effect of audit

As in the previous stage, researchers can be invited to assess the effect of their audit (if any) on performance. This may be done as part of the self-disclosure on practice or in a round following it.

8. Disclose self assessment

Participants of a one-off event or audit are invited (in set or random order) to disclose their ratings of competence on each criterion together with a justification of that rating in subjective terms, presenting evidence of their personal standards. They are invited to describe instances of most and least competent practice together with prevailing conditions (e.g. personal and client emotional state). Peers are invited to give catalytic and supportive free attention, listening without comment. The intensity of the event and the consequent effect may be heightened by designating as 'hot seat' an empty chair beside the facilitator, who can give necessary support. No pressure should be put on individuals to go through the process. Those choosing not to should be enabled to accept the validity of their choice. Such a decision can be a valuable learning experience about risk-taking if participants stay with the affect stirred by the challenge. Similarly those choosing to disclose, learn most if the choice is aware rather than compulsive, e.g. from bravado. Aware anxiety is a positive indicator of readiness to take part, which the facilitator may point out. This step may be carried out without a time limit, or on an equal time basis, to emphasise the discipline of a peer process or to place simple safeguards on the process. An alternative, if a group is unfamiliar with significant self disclosures, or if time constraints prevail in a one-off workshop, is paired self disclosure with free attention and equal time. Individuals may be invited to decide if they will submit themselves to one or other or both of the two following steps on an entirely voluntary basis, if the group as a whole has agreed to continue. Again the choice-making process may be presented as a learning opportunity. In this case, the three steps are best followed through for each volunteer in turn, who may also be invited to estimate the honesty of his self-appraisal, to estimate the bias from sources such as a desire to be seen as competent or not to stand out as too highly competent.

9. Receive critical questions, amplified doubts, positive and/or negative impressions. Peers may be invited (a) gently to present questions which are aimed to clarify areas of uncertainty or point up aspects to which the person under scrutiny may be blind or to discreetly challenge the self assessment or (b) to amplify to their silent colleague their slightest doubts about the self assessment and to exercise their imagination about possible weaknesses in a 'devil's advocate procedure' or (c) to supportively and subjectively express negative impressions, judgements, interpretations of the competence of their silent colleague in the 'hot seat'. The interpersonal skills of the group are in greatest demand here indeed, the facilitator can use this as a training in such skill, by demanding subjectivised feedback, e.g. "*my impression is ... it may be me ... but nevertheless ... I feel ... about what I hear you say.*" or "*You seem to me to be ...*" or "*I wonder if when ... you might ...*" or "*I really doubt ...*" or "*I imagine that ...*". He must interrupt invalidating, attacking comment, verbal or non-verbal, and ensure an underlying supportive, catalytic climate. Hot-seat volunteers should be encouraged to sit in silence – any response is inevitably defensive – and to discriminate between accurate impressions and hidden projections which the personalised feedback is designed to highlight, for both parties. The facilitator's skill is in greatest demand at this point, few groups being capable of (b) or (c), except where members are already interdependent or have been in an humanistic environment for sufficient time to engender a safe climate. If (b) or (c) are agreed, they are best combined with Step 10 following and limited in time, e.g. 5 minutes of 8, 3 minutes of 9 plus 2 minutes of 10 or 3m, 2m, 2m. Few individuals can present a self-assessment in less than two minutes. The time required for the whole process can be computed likewise, subgroup size and time allocation can be computed knowing these constraints. Much learning is available for peers taking a risk to give either or both negative or positive impressions. Again a good facilitator will point out that aware anxiety is a good indicator of readiness.

10. Receive positive impressions. Peers are invited to share their unqualified appreciation of their colleague's competence, especially to highlight unacknowledged strengths. This risk-taking reinforces the celebratory aspect of self-assessment. Steps 9 and 10 may be tape-recorded, or a colleague may be invited to note down all peer feedback.

11. Revise criteria and methods
The group can decide, in the light of their experience, to modify or add criteria to revise the methods, scales and forms or to raise or lower their standards. Ideally, they will progressively refine and expand their criteria and raise standards over a period of time. Alternately, they may choose to audit different or more difficult and problematic aspects of practice and address themselves to issues of professional, organisational and societal change and development. The audit principles and methods are themselves open to inquiry and development.

12. Self and peer accreditation
In this process, individuals in an occupational group not covered by statutory requirements accredit themselves as to their competence, privately or publicly modified in the light of complementary or conflicting views of their peers (Heron, 1977b). Thus co-counselling teachers have accredited themselves to facilitate experienced groups, teach as assistants, co-facilitate, teach independently, teach advanced skills or train teachers as assistants, co-equals or independently (Heron, 1978). In any case, the hypothesis in this method is that members of established professions and occupations will become more aware of their areas of developing competence as well as the limits of their competence and their emerging aspirations and potential for further self actualisation.

Conclusion

In the long term, it might be anticipated that auditors communicate their findings to colleagues and to members of related occupational groups and to the public to intensify dialogue on inter-occupational boundaries to extend theories of action, especially into 'de-professionalisation' issues to explore the compatibility of peer audit and other forms of accountability and to extend their inquiry and action into organisation and social change dimensions.

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Introduction

Self and peer assessment is an example of the application of a new paradigm of research to the assessment of human competence and skill by individuals in groups of like-minded equals. It honours the capacity of human beings to meet their needs for, and exercise and develop their capacities for: intelligence, autonomy and co-operation in domains of activity they judge to be relevant. In its most comprehensive form it involves individuals in choosing one or more areas of personal or occupational life for inquiry, with the ultimate aim of enjoying an improvement in competence. This involves determining and developing an appropriate range of criteria of excellence and associated standards; agreeing methods of assessing performance and recording the assessment; applying these methods in practice; submitting the assessments to the scrutiny of peers; re-evaluating them in the light of feedback and identifying valid changes for future practice. It also involves the group evaluating and further developing all of the above in the same or additional areas of life.

This paper explores some of the steps used in many applications of self and peer assessment together with examples from its use. Although the majority of such applications have been with qualified professional persons (such as doctors, dentists, nurses, teachers and managers) or with students, in aspects of technical, interpersonal and intrapsychic competence, the methods are applicable to other groups in domains of living such as parenthood, coupledom, spiritual life, social relationships, community and political action. Where new forms of accreditation can be developed without hindrance from traditional institutions the method has been extended to accredit, for example co-counselling teachers.

The method provides a humane process of accountability for any group of practitioners from the same occupation, e.g. doctors, or who play the same role, e.g. counselling. It is especially valuable to those who work in relative isolation from each other, yet has also been used by those who work closely in a team. It also provides a valuable training tool for students, not only in self and peer assessment, but also in interpersonal skills and in experiential learning skills.

Procedural steps in self and peer assessment

The following steps have been applied in a variety of combinations to provide a simple procedure to facilitate the process of self and peer assessment.

1. Select an area of practice to assess

A typical group brainstorms a range of possible areas for assessment and applies pragmatic criteria developed for the purpose to reduce these to one particular aspect of their role, one domain of practice, one procedure or type of skill. Thus a group of health education officers filled a blackboard with items and eventually selected 'managing time on a daily basis' for audit. Experienced dentists selected their care of patients over at least eight years. Directors of Nurse Education chose their skills in negotiation as the critical area of performance of greatest concern to them. One group of doctors chose to assess their medical records as symbolic of and linking with all areas of practice. A group following a course in Styles of Group Facilitation decided to assess themselves in each of the three main areas of their course in turn: their personal and interpersonal development, facilitator skill and social and organisational change skill. Some groups, as part of workshops in the same subject, decided to assess the whole area of competence, e.g. in four different cases: counselling; assessing; facilitating experiential learning in others and teaching co-counselling. In some cases, the area for assessment has been suggested by the facilitator, for example, skills of studentship for student teachers. In other cases, facilitators have directed groups to areas that would be easy for their first attempt at self and peer assessment in order to develop confidence in the method.

2. Agree criteria and standards of competent practice

In this step, the peer group aims to recommend to its members an appropriately comprehensive set of criteria of good practice, within which each person determines his own realistic norms. These have been determined in a variety of different ways: items from brainstormed lists have been clustered under common headings; criteria have been proposed and debated and refined one by one; individuals have, each in turn after time for reflective thinking, proposed one major criterion (or agreed with one already proposed) adding a

further one or two to the list. Alternatively, criteria have been generated from the literature of the field; for example, a group of trainee family practitioners (already qualified as doctors) used a model of the doctor-patient interview to analyse tape recordings made with patients' permission.

In some cases, especially to foster the development of confidence in the method, facilitators have recommended restriction in the range of criteria. Thus some neophyte dentists, training for general practice, agreed to monitor how well they assessed teeth, gums and soft tissues in their routine examinations, excluding the more problematic interpersonal criteria for their first audit. In contrast, a group of experienced dentists decided in their 8-year patient care audit, to assess: (i) tooth loss (ii) appearance and function (iii) patient's awareness (iv) periodontal status (v) iatrogenic effect (dentist induced disease or deterioration) (vi) patient's treatment needs.

A group of experienced teachers following an M.Sc. in Educational Studies, assessing their competence in their pastoral roles, agreed to formulate individually their own clusters of criteria from a list of forty which had been brainstormed and discussed. One such set of composite criteria was:

- (i) knowing human beings; the pupils
- (ii) able to create a good climate with the group; with individuals
- (iii) empathic
- (iv) nondemanding; accepting of pupils as they are
- (v) human in the interaction; emotionally warm
- (vi) skilled in facilitation, work with feelings; towards resolution of concerns, self acceptance, etc.
- (vii) self monitoring and assessing; willing to learn.

3. Devise methods to assess the quality of practice

The simplest option is for individuals to carry out the self-assessment subjectively using personal interpretations of the criteria and standards. Audit groups choose more elaborate methods of recording a set of instances of self assessment carried out in daily life, for example, a matrix to record numerical ratings of performance on all criteria, on all occasions agreed, such as twice daily. In one case, a simple questionnaire was designed by doctors, to be administered to patients by receptionists, after consultation. In helping wary students or colleagues to come to terms with such methods, the process may be suspended after a private self-assessment to be taken up at a later date. Review of learning and

action planning can effectively complete the process at this point, especially if individual counselling follows.

4. Practical application of audit

This is simply application of the agreed self monitoring and self assessment procedure in work, study or daily life along the lines agreed in 3, together with any resulting experiential learning.

5. Audit group report on application

The best intentions may not be realised in practice - examination and discussion of the motivational, professional and environmental barriers to implementing agreed contracts can be illuminating.

6. Disclose self-assessment

This is an act of self-confrontation, which may be carried out in pairs, small groups or in the whole group, preferably on an equal time basis. Participants are invited to share their self-assessments, justifying these with reference to any evidence available, whether anecdotal or material. In singular events and in trials of the method, individuals may be allowed to 'pass', or to select from the list of criteria those most meaningful or representative. Silent empathic listening with a quality of encouragement and support enhances the self-confrontation, as does speaking from a designated chair. Many individuals find that the degree of challenge inherent in this step is sufficient and prefer to omit further steps. The exercise of free choice here is important; pressure to continue is best coming from within the individual rather than from the audit group.

7. Questioning

To clarify uncertainties on all sides or to highlight possible inconsistencies or inappropriate standards. This step has been used as the final step in a first audit.

8. Peer assessment

Peers are invited, on a voluntary basis, to respond, especially in areas covered in the self assessment and to express both confirmation and disagreement. The interpersonal skills required by both group members and facilitators increase with this and subsequent steps. Pseudo-objective feedback is generally invalidating of the person - objective data can only be reported on actual behaviour, then only if accurately remembered. Subjective feedback is given as such, e.g. "*My impression of your behaviour is ...* " "*I feel ... when you ...* ". It leaves the person assessed able to discriminate in silent ways against feedback which has doubtful validity or, which includes hidden negative (or positive) projections from

peers. Facilitators can train group members beforehand and interrupt inappropriate feedback, with requests to rephrase it.

9. Devil's advocate procedure

This involves peers amplifying their slightest doubts about their colleague's competence and is the most challenging and growth-oriented part of the process, demanding greatest skill from all parties. This has been used in many instances, especially where participants have already had experience of this method, or of interpersonal or personal development workshops and courses. In any case, steps 8 - 10 form a basis for sound interpersonal skills training.

10. Positive impressions

Peers are invited to share their unqualified appreciation of their colleagues' competence, especially to highlight unacknowledged strengths. Most people, whether giving or receiving, find this a challenge in a culture that generally does not support celebration of self or the paying of real compliments. It is often helpful to a fallible memory if a colleague is asked to note the statements made.

11. Review and action planning

An object of the process is to review and define the self assessment in the light of feedback and plan modifications to practice in the future. This may happen if members part, but can be encouraged in co-counselling pairs, each partner facilitating the other within an agreed contract (e.g. silent listening). Participants may be invited to review their assessment immediately after the process - in practice few have taken this option in view of the need for reflection time.

12. Revise criteria and methods

The group can decide, in the light of their experience, to modify or add criteria; to revise the methods, scales and forms; or to raise or lower their standards. Ideally, they will progressively refine and expand their range of criteria and raise standards over a period of time. Alternatively, they may choose to audit different or more difficult and problematic aspects of practice and address themselves to issues of professional, organisational and societal change and development. The audit principles and methods are themselves open to inquiry and development.

13. Communication of results

In the long term, it might be anticipated that 'auditors' communicate their findings to colleagues and to members of related occupational groups and to the public; to intensify dialogue on inter-occupational boundaries; to extend theories of action, especially into 'de-professionalisation' issues; to explore the

compatibility of peer audit and other forms of accountability; and to extend their inquiry and action into organisation and social change dimensions.

Two Case Studies

Two examples are given below to indicate the flexibility of the method in practice.

Student teachers.

A group of 30 student teachers met for their last session in the principles and practice of education before their first teaching practice. After hearing an outline of the procedure, they formed groups of five to brainstorm qualities and skills of a good teacher, which they wrote on large sheets of paper, later posted on the walls. They milled and examined all sheets (including one by the course tutor (author)) and selected two criteria from each - one each in which they judged themselves relatively good or poor - with the further instruction to choose a second asset if they chose a second deficit from any one list. They then sat in silence and reflected on their personal list, chose a partner and talked through their self-assessment in a short co-counselling session with a view to identifying two criteria. One was to be an asset which they would reinforce in the coming weeks and the other was a deficit which they would seek both opportunities in the teaching practice to develop in, and support from peers and colleagues in the school to do so. They then reviewed the process, and after teaching practice, their development through it.

University teachers.

A group of University teachers, interested in staff development, attended voluntarily a workshop on Self and Peer Assessment at a Conference in Stirling in 1979. They heard the principles of the method and an outline of the procedure. They chose to examine their skills in facilitating small groups and brainstormed a list of 34 potential criteria. These included:

- (i) giving a group a sense of purpose
- (ii) encouraging participation
- (iii) helping participants to feel responsible for group success
- (iv) has skill in a wide range of interventions
- (v) aware of/sensitive to others' feelings
- (vi) realising the institutionalisation of authority.

All carried out a private self assessment including the facilitator (author), on two or three criteria of individual choice. A special chair was offered as 'hot seat' - to intensify the process - this was declined. All participants were invited to choose to disclose their assessment or to remain

silent – the majority chose the former – that the latter option was taken, confirmed that autonomous choice could be made without pressure. The facilitator modelled the process, using the common group experience as source of data. He then received first negative, then positive impressions from group members, to agreed time limits. Volunteers chose between being asked clarifying questions, or receiving feedback – the majority chose the latter.

Subsequent discussion highlighted individual learning and institutional and interpersonal constraints to be considered in adopting such a procedure with colleagues. It was agreed that many areas of University teachers' competence could be assessed but that the procedure would need modification to be acceptable in practice.

Self and Peer Assessment in Undergraduate and Postgraduate Education

The exercise of professional competence not only involves the application of knowledge, attitudes and skill acquired in undergraduate study and the development of appropriate specialisation in postgraduate study but also the continued enhancement of these throughout a professional career. This means that fully professional persons will be willing and able to direct their own learning in association with other colleagues. Such a process involves the ability and desire to review experience, assess strengths and weaknesses, define learning needs, set targets for growth, define learning strategies and devise and implement learning opportunities - continuing the cycle in response to changing personal, professional and societal needs. This can be more effectively carried out with the support and challenge of peers.

If the skills and attitudes of self directed and peer learning are to be ends of University Education then substantive decisions about all matters of course, group and individual learning programmes need to be shared with and devolved to students, in consultation with teachers at an appropriate rate and to an appropriate degree. The areas for decision include; objectives, content, method, programme management, assessment and evaluation. The spectrum of devolution ranges from unilateral decision making by teachers, through proposals followed by consultation, consultation followed by proposals, consensus decision making with teacher (and even group member) as facilitator to unilateral decision making by students. All this can be done within limits prescribed by professional groups, University norms and course contracts, which in some cases have been developed for the purpose.

The rate and degree of such devolution will be governed by teacher and student readiness and skill and subject to sensitive experimental inquiry and evaluation.

In matters of assessment more detailed decisions are made about domains of excellence, criteria, standards, methods (types of method, sources of data, forms of assessment) application (timing, weighting) and review and evaluation of assessments.

Domains of excellence include knowledge, attitudes and skill. Skills include intellectual and technical; interpersonal and personal. The last includes self-directed learning skills and emotional competence, especially important for caring professionals. Which of these will be assessed and the extent these assessments contribute to the accreditation are matters for decision, as is the degree of collaboration with students in the selection of these domains, and ways of construing them.

Criteria. Each aspect of competence will require the application of an appropriately comprehensive set of criteria. Often these are implicit and undisclosed. At the very least these can be identified by teachers and published. A fine learning opportunity is presented to students if, as individuals or groups, they are invited to devise a set of criteria, which can then be scrutinised by teachers, as part of the exercise of their responsibility. Such a set can be negotiated and refined and extended throughout a course. A certain minimal set of criteria may be identified as non-negotiable.

Standards. Each criterion will have a minimal standard associated with it which may be required by a profession, or may be a personal ideal. The definition and reappraisal of standards forms a useful basis for learning, in a tutorial or group learning setting.

Methods. Types of method include self assessment, self and peer assessment, and unilateral assessment by the teacher. These may be combined, as for example of both teacher and student assign a rating on all criteria and compare their results and negotiate an agreed set. The particular set of criteria may be negotiated at the same time, specific to the work under scrutiny, or may be a constant set, applied to, say, all essays. Sources of data include written examinations, reports, records and essays; practical work in the field or laboratory or in real life, with or without supervision; seminars and discussion; projects and case studies; simulations and role play; psychodrama and experiential learning activities; research, private study and literature reviews; and so on. Particular items may be prescribed, others may be matters of restricted choice such as titles of essays, or type of project from a prescribed list,

and some may be matters of individual or group negotiation such as seminar subject. Examination questions may be designed together with students as a learning activity, whether or not the final choice rests with a teacher or external examiner.

Forms of assessment include observational, whether carried out by self monitoring or by others, subjectively or objectively; they include checklists of objectives, profiles and competencies, rating scales, questions, marking schemes. All these may be determined in collaboration with students.

Application. The amount of assessed work, the timing of assessments or deadlines, the relative weighting of different methods, the manner of reporting, the audience for reports, whether this be to individual students or groups, to departmental and university committees, or to professional bodies are matters of management decision. Many of these will not be negotiable with students as they are prescribed by a profession or a Senate. However, the exercise of professional responsibility on the part of a teacher will include debating with professional and academic colleagues all the above matters in the light of the meta-criteria described above. It also includes the piloting and testing of new approaches.

Evaluation. Some decisions and some constraints may be seen as valid, some only partly valid and some invalid – though differently viewed in different quarters. For example, a high degree of emphasis on final examination papers considerably restricts the domains of excellence assessed, and restricts the set of criteria which may be applied. Review and reappraisal of all matters of decision and the extent they are made in collaboration with students will usually be carried out unilaterally by staff. It may, however, be carried out with a degree of consultation with students.

Summary

- a) Unilateral assessment by teachers fosters dependency and counter-dependency in students.
- b) Professional competence requires training in independence and autonomy, interdependence and co-operation both in practice and in continuing education.
- c) Such training will simulate real professional life.
- d) Methods need to be explored which foster these competencies. These include self and peer assessment.
- e) Appropriate experimentation is required in all matters of course decision, and assessment in particular, to determine

the degree of collaboration with students desirable.

- f) In exercising their responsibility as 'guardians' of standards, 'transmitters' of a culture and 'repositories' of subject matter excellence, teachers tend to control. This responsibility can be exercised fully, without unilateral control. The teaching model is, however, different from the traditional model.
- g) Skills of facilitating such collaboration have been identified and require further exploration and development. These are an important subset of the skills of teaching. Such inquiry is fully congruent with the ideals of University Education.

Facilitator Skill

The following set of guidelines is suggested for those interested in facilitating the full self and peer assessment procedure with colleagues. Such a facilitator:

- a) does not expect colleagues to attempt what they would not or have not tried other than to follow their experimental lead as peer;
- b) uses self assessment regularly and is at least open to increasing their involvement in peer assessment;
- c) can provide a good model without pressure or demand, is open to disclosure of and challenge about their own presumed strengths and weaknesses;
- d) can create a climate of trust and openness sufficient to the task and process agreed: is aware of the 'defences' individuals prefer to use and can accept and work with these;
- e) can support and encourage people to talk in their own way and address difficult issues;
- f) can challenge supportively any attacking and defensive processes in a group or defuse situations to recreate support in a group;
- g) is not 'wedded' to particular procedures and can help groups to creatively modify them or generate their own;
- h) can help individuals work with the feelings generated in the process and can encourage a positive self-accepting attitude in the face of discovered weakness, or the challenge of the process;
- i) can keep sufficient attention out of their own involvement in the process to facilitate it;
- j) can generate their own set of criteria in the light of experience, and assess their own competence against them.

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Introduction

Self and peer assessment, as described in this paper, provides a new means for managers or practitioners in any field to audit their personal effectiveness in performance at work. It provides a comprehensive method, independent of the areas of work performance to be assessed, to guide groups of people with similar roles or in work teams, in drawing on their collective experience to examine their performance critically together. The method was developed in the early 70's by John Heron, founder of the Human Potential Research Project and has been applied by colleagues in and of the Project in a wide variety of settings in Europe, North America and Australia.

The Human Potential Research Project is based in the Department of Educational Studies at the University of Surrey in Guildford. It was founded in 1971 and has carried out and supported research into strategies people can use to develop their potential in ways satisfying to them. The basic style of research is co-operative inquiry – self and peer assessment in its extended form is not only a tool for assessment but also a form of this research, aimed at clarifying norms of good performance.

The method can be applied over a period of time and repeated as many times as the group requires, using particular tools developed by the group, to monitor and assess their daily performance, review their assessments and the methods of assessment together, and refine and develop these. As described it is a procedure which puts together a series of activities, designed to cover each element in the assessment process in which the content of each step is decided by group members in the light of their particular areas of expertise and is not prescribed in advance. It is a procedure designed to reduce the understandable fears and anxieties individuals have about having others scrutinise their performance and to overcome their understandable reluctance to talk about performance and their suspicions about how these others will react. It is designed to open up a real dialogue about performance in which individuals receive support from others as they confront their own areas of weakness as well as of strength.

The method is flexible and allows for selection of steps according to the confidence of group members.

Background

The method has arisen out of a number of considerations. Firstly that there are many people who work relatively independently of others with the same role (certain professionals, entrepreneurs, senior managers) or for whom there are no clear established criteria against which to judge their effectiveness. Secondly, that every person develops in skill and expertise primarily through their own self directed learning which includes repeated self-assessment. Thirdly, that people not only perform but also learn in co-operation with others and often discuss their learning and performance difficulties with chosen colleagues. Commitment to change arises from an individual's personal conviction of the need to change, not solely from demands by others, however powerful, to do so.

Self and peer assessment uses these principles to provide a forum for a real debate about criteria of quality and standards of excellence which does not arise often enough in day to day working life. It assumes a much greater emphasis on self-assessment than is traditionally the case and that if assessment is presented in an acceptable style by others, it can be used to modify the original self-assessment. This view is being found increasingly attractive as more groups explore the methodology and its underlying values. Our application has been with a number of groups:

- independent practitioners and very senior managers
- specialists in organisations who have little chance to meet each other in the normal course of their work
- people with similar responsibilities who do not often work together, but whose work interlocks
- members of work teams

Most of the work on self and peer assessment has drawn together people from different organisations, or people from large organisations who do not compete with each other in their work and who do not know each other well, and who have expressed concern about improving the quality of their work. In recent years work has been increasingly with close colleagues and full work teams, with which a much wider application is envisaged.

In recent years, increasing experience of its application with those in a variety of industrial and commercial organisations has led training and personnel managers to experiment with its introduction and train others in the process and encourage its adaptation to suit the particular setting. Training workshops in this method for industrial applications are planned for the Brunel Management Programme in association with the Human Potential Research Programme which also conducts workshops aimed at mixed groups of professionals and in company staff development work on this and other strategies.

Procedural Steps in Self and Peer Assessment

The following steps form a logical order in the process of self and peer assessment in that each stage requires those which precede it. They also reduce the likelihood of dysfunctional human relationships arising, especially between close colleagues, if they are followed in order, and if the steps that involve shared self assessment and peer comment are managed appropriately. Some guidelines for each step are indicated. It is assumed that appropriate contracts have been agreed prior to starting the process.

1. Choose an area of practice

The group selects an area of practice they wish to assess. This may be done by 'brainstorming' possible means and reducing these to one. The chosen area is best non-contentious for the first experience, in order to become acquainted with the method. For people who do not work closely together it may profitably be a central area of practice, which either symbolises or encompasses major job functions. Areas we have worked with include the technical, e.g. performing simple essential tasks, the interpersonal (e.g. negotiation or influencing skills, group leadership) and the personal (e.g. managing time, reactions to stress) or the last two together (e.g. managing self and others in periods of conflict in leading a group).

2. Decide on criteria of quality

The measures of performance are defined by a group, drawing on their experience. Such criteria may be the answers to questions such as "*What skills and attitudes do we need to perform this role or function well?*", "*What qualities are required?*". These criteria will be hallmarks of quality, if minimum or ideal operational standards can be defined which will help group members assess their performance. They will help each member define levels of performance at least minimally acceptable to

them as individuals or to the group. Examples include 'degree of personal control over diary', 'awareness of personal emotional state', 'being able to confront supportively'.

Examples to illustrate 1 and 2 above

Case study 1:

A group of NHS Regional Education and Training officers selected managing staff from a list of common key functions which included: managing resources, designing courses / preparing programmes, advising on training, doing training, budget control.

They each defined three criteria for assessing their competence to manage staff and agreed that they would select any three criteria from the combined list of all criteria. One contribution was: "setting objectives with staff; setting standards with staff; agreeing time scale with staff". Another was: "setting clear objectives with staff; balancing monitoring of staff with autonomy of staff; giving staff my time".

Case Study 2:

A group of Directors of Nurse Education working together in a 14 day seminar selected their negotiating skills as a "key result area" and generated seven criteria in a peer group before facilitation by the author of their self and peer assessment activity. These were:

- have available reliable data
- keep control of the negotiative environment
- understand the other person
- appreciate the psychodynamics prevailing
- listen
- persevere
- 'suppress' emotions at the time

3. Devise self-monitoring and self-assessment mechanisms

Since the next stage involves individually monitoring performance over a period of time and assessing its quality against the criteria and standards selected, some measuring instrument or information gathering tool is required. This is developed by the group to suit the purpose. Examples have included: subjective diary notes, a simple matrix of criteria against instances of self-assessment (where the elements may be filled in as a numerical rating for each assessment together with case notes for report to the group); products of work; formal institutional records of work. In some cases a review has been carried out at the end of selected days, in others, random assessments have been prompted by colleagues; in others, note and records

associated with clients (selected on agreed criteria) have been extracted and examined.

Case Study 3:

This case study illustrates the results of steps 1 – 3 above. A group of Health Education Officers produced the following pro forma on which to record their end-of-day assessment of how they managed time.

HEO: Managing our time

Criteria to be applied at the end of each chosen day:

Planning	long term, short term; giving time to planning; setting realistic time limits; programming to deadlines; adequate rest breaks.
Co-operating	communicating, negotiating, delegating; satisfying colleagues and clients;
Implementing	remembering the plan; being in the right place, at the right time, with the right papers; being aware of time and the necessity for rest breaks; creating the right conditions to reduce interruptions.
Reviewing and adapting	reviewing, rescheduling, adapting; coping with the unexpected.
Assessing	giving time to assessing; amount achieved; time 'wasted'; whether I've done what I want; evaluating my planning method.

Target dates:	12/6	15/6	19/6	22/6
Actual dates:				
Planning				
Co-operating				
Implementing				
Reviewing and adapting				
Assessing				
Comments				
rate on a five-point scale 1 = poor, 3 = pass, 5 = excellent				

They also aimed to make notes on their assessment at the end of four designated days between meetings as an *aide-memoire* to enable them to amplify their assessments before their colleagues.

4. Application in daily working life

The method devised is applied over an agreed period of time in private, or with the involvement of a peer in some way.

5. Review application

This is particularly helpful in early stages of getting used to self and peer assessment especially as people forget to apply the method under pressure of work, or to review the tools developed.

6. Share self assessments

This is the beginning of the most critical phase in the whole procedure when members disclose to their colleagues their own appraisals, supported by examples which may be anecdotal data or accounts of successes or critical incidents. Facilitators of the process discourage interruption from those listening, and encourage frankness. They also ensure that members keep contracts with themselves about disclosure and about what is disclosed.

7. Receive reactions from peers

A range of possible ground-rules has been developed to manage the process of peer appraisal. These are selected by the group as to the degree of toughness and challenge appropriate to the level of confidence of group members in each other and their skill in drawing out colleagues, offering evaluations or confronting each other. They are described more fully in other publications.

These options include:

support	validation, self disclosure, positive feedback
confrontation	negative feedback, direct questioning, devil's advocate

This part of the process needs careful management to pre-empt attack~defence responses. These can mar the process and reduce the likelihood that individuals learn and improve the quality of their work as a result of the review.

All feedback is encouraged to be empathic, subjective, concrete, person to person and intentionally supporting the receiver's growth and development, however confronting it is. Group members receiving feedback are

encouraged to identify any boundaries to its content they may wish to set.

Where close colleagues are involved, the working relationships between particular individuals may need to be examined and conflicts between them carefully resolved using such structured conversation techniques as are required.

This stage is best facilitated by a person experienced in human relations training.

8. Review self assessment: make action plans

Each individual reviews and modifies, if necessary, his own assessment in the light of colleagues' comments. He also identifies any changes he wishes to make in his practice and plans to implement these changes. In some cases, we have found that individuals set learning goals and devise action plans to acquire the necessary skills or knowledge identified.

9. Review methodology

The whole procedure ultimately is revised and refined by the group in the light of their experience with it. Groups are encouraged to continue the process themselves and develop methodologies suitable for their own settings.

Discussion

Senior members of companies have identified some strategic ways to introduce self and peer assessment into their organisations.

- i. at board level, corporate planning may be usefully extended by assessing members' separate contributions to implementing the plan-
- ii. After convincing senior management about the worth of the approach and gaining their support, suitable groups will be identified who are ready for this approach: such as
 - iii. training department members
 - iv. existing support groups
 - v. those with on-the-job training roles
- vi. Elements of the process can be introduced into some meetings to solve problems identified at the time.
- vii. A pilot experiment will be mounted to test the method in parallel with an existing appraisal system – the groups selected will compare the methods to ascertain future developments

Other conclusions included:

- viii. Similarities with other innovations such as quality circles, suggest the

method could easily be assimilated into them-

- ix. The increasingly turbulent and hostile environment external to companies may now aid people to close ranks and co-operate for survival, thus creating good conditions for the introduction of self and peer assessment
- x. In-service off-the-job training can readily incorporate self and peer assessment, so long as individual hopes for its future are not raised too high

Where in-company teams have carried out self and peer assessment, no group as yet is known to have continued the approach in its full version on their own. One close group of training analysts already open to examining themselves and giving support, found the overall procedure rather cumbersome to carry out regularly. They did however, incorporate the devil's advocate approach with significant ease and success into their informal strategy and improved their classification of criteria

Another team who were used to working independently on complementary aspects, but with resulting duplication of effort, considerably improved their functioning as a team, but could not meet again, because the team was disbanded and its members redeployed for independent reasons.

A third group, consisting of a manager, two co-ordinators and seven subordinates remained guarded and never sufficiently open. The manager was seen as autocratic and task oriented and rewards were experienced in getting jobs done. They did not see the point in giving the manager feedback and re-training their cynicism towards this and other parallel developments

In conclusion, there has been further confirmation of the need to have an existing person and process orientation in a team in which substantial interpersonal trust and security already exists prior to negotiating a contract for self and peer assessment. Where this exists, any training in the skills of offering the different styles of feedback can readily be incorporated according to need.

The next 6-12 months should considerably expand the information available from new trials of the approach.

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