



Contents lists available at ScienceDirect

Collegian

journal homepage: www.elsevier.com/locate/colli



Human influences impacting assessors' experiences of marginal student performances in clinical courses

Lynda J. Hughes^{a,b,*}, Amy N.B. Johnston^{a,b,d}, Marion L. Mitchell^{a,b,c}

^a School of Nursing and Midwifery, Griffith University, Nathan, Qld, 4111, Australia

^b Menzies Health Institute Queensland, Griffith University, Nathan, Qld, 4111, Australia

^c Nurse Practice Development Unit, Princess Alexandra Hospital, Ipswich Rd, Woolloongabba, Qld, 4102, Australia

^d Department of Emergency Medicine, Gold Coast University Hospital, 1 Hospital Blvd, Southport, Qld, 4215, Australia

ARTICLE INFO

Article history:

Received 30 October 2017

Received in revised form 30 January 2018

Accepted 3 February 2018

Available online xxx

Keywords:

Focus group

Clinical competence assessment

Student performance

Assessor experiences

Marginal performance

ABSTRACT

Background: Bachelor of Nursing programmes are designed to prepare nurses to be capable of providing safe and competent, individualised patient care. While research literature is rich with information exploring clinical competence and assessment in nursing programmes, there is a paucity of information on nursing students' performances in clinical assessment when their capacity to provide quality care is less evident.

Aim: Herein, we describe university employed assessors' perceptions of the human influences that impact their experiences of grading students' performances in clinical practice and other assessments within clinical courses when that performance is marginal; not a clear pass or fail.

Methods: Two focus groups and 14 semi-structured one-on-one interviews were conducted with assessors at a multi-campus Australian university.

Findings: Our findings indicated that assessors experience a range of challenges when grading student performances in clinical assessments when that performance is not a clear pass or fail. Thematic analysis identified 'human influences' significantly impact assessor experiences.

Discussion: The findings provide an understanding around the human influences of assessors' experiences. These influences include: the role of the assessor as gatekeeper, the impact of significant conversations; and assessor supports. Providing appropriate support through meaningful education appears to be the most needed and feasible intervention for this group of assessors. Thus, by understanding assessors' perceptions of the impact that human influences have on their experiences, supportive measures may be able to be developed to ensure assessors can enact the role of gatekeeper appropriately.

Conclusion: This study has contributed insights into assessors' experiences in grading marginal student performance in clinical courses in an Australian context. Gaining insight into assessors' individual experiences, enables planning and implementation of supportive measures, including clearly articulated guidelines, for assessors and potentially students.

© 2018 Australian College of Nursing Ltd. Published by Elsevier Ltd.

Problem

Nursing programmes are designed to prepare nurses capable of providing safe and proficient patient care. However, there is a paucity of information on assessment of nursing student clinical performances which are of marginal quality.

What is already known

Previous studies have found that assessors are sometimes reluctant to fail students who display marginal clinical performance, with students often being given 'the benefit of the doubt'.

What this paper adds

We provide an understanding, in an Australian context, of the role human influences play in clinical assessors' experiences; addressing both positive and negative experiential impacts.

* Corresponding author at: Griffith University, School of Nursing and Midwifery, Building N48 Nathan, Qld, 4111, Australia.

E-mail address: lynda.hughes@griffithuni.edu.au (L.J. Hughes).

<https://doi.org/10.1016/j.colegn.2018.02.001>

1322-7696/© 2018 Australian College of Nursing Ltd. Published by Elsevier Ltd.

1. Introduction

Clinical competence assessment measures a student's ability to perform required skills, with appropriate knowledge and attitudes, in order to determine their capability for practice (Helminen, Coco, Johnson, Turunen, & Tossavainen, 2016). However, concerns that students of nursing are passing clinical competence assessments, both during clinical placements and in laboratory assessments, despite not demonstrating competence have been reported (Butler et al., 2011; Duffy, 2003; Hunt, McGee, Gutteridge, & Hughes, 2012). Furthermore, students who display marginal performance in clinical practice, where their practice is not a clear pass or fail, are often given the benefit of the doubt (Duffy, 2003; Luhanga, Yonge, & Myrick, 2008). Thus, students graduate while potentially lacking evidence of meeting professional standards. The implications for clinical educators, clinical facilitators, nurse academics and other key stakeholders of passing student performances when it does not clearly equate to 'fitness for practice' are rarely reported in the literature. Thus, the aim of this study is to understanding assessors' experiences of grading students' performance when that performance is not a clear pass or fail within all assessment methods involved in clinical courses.

2. Literature review

It is a professional, patient and community expectation that nursing graduates are educationally prepared and capable of providing safe and proficient patient care (Cant, McKenna, & Cooper, 2013; Nursing and Midwifery Board of Australia (NMB), 2016; Yanhua & Watson, 2011). Allowing a student who demonstrates incompetent practice to progress in a Bachelor of Nursing programme could be seen as a serious breach of ethical responsibility by the assessor and/or the educational provider. Allowing students to pass who demonstrate marginal or incompetent practice potentially puts patients at risk and compromises the integrity of the education programme, the health service and the profession (Earle-Foley, Myrick, Luhanga, & Yonge, 2012). Authors of a recent integrative review identified evidence that 'failure to fail' is a real and continuing issue in undergraduate nursing programmes (Hughes, Mitchell, & Johnston, 2016). Furthermore, synthesis of the available literature identified process and personal challenges that assessors face when managing failing students (Hughes et al., 2016). The personal challenges have been reported but not effectively addressed in the literature (Black, Curzio, & Terry, 2014; Hughes, 2016a,b; Luhanga et al., 2008). Collectively, the authors highlighted that assessors need support when making judgements about sub-optimal student performances, however the aforementioned studies focused on direct care nurse mentors concerning failing students. The focus of this research is to uncover university based assessors' experiences with students' performances that are not a clear pass or fail across a multitude of assessment methods in an Australian context. The research question is: What are assessors' experiences of 'grading students' clinical performances when that performance was not a clear pass or fail?

3. Methods

3.1. Design

This qualitative study, underpinned by domains from the educational framework of Invitational Theory (Purkey, 1992), was part of a larger mixed-methods study. This explorative study, which will then inform the subsequent research around this phenomenon, used focus groups and one-on-one semi-structured interviews. Focus groups were the primary method of data collection as this

Table 1

Summary of participant demographic characteristics (N = 23).

Characteristic	Number (N = 23)
Gender	
Female	22
Male	1
Years as RN	7–40
Years as an assessor	<1–32
Role	
CF	5
CC	8
CC & CF	10
Self-identified experience levels*	
Novice	0
Advanced beginner	1
Competent	4
Proficient	11
Expert	7

CC – course convenors are academics who coordinate the clinical course in an undergraduate programme

CF – clinical facilitators are registered nurses employed by a university to supervise students at clinical sites and/or teach clinical laboratories

RN – registered nurse listed with the Australian Health Professional Registration Authority

* Benner's Novice to Expert rating scale (1982).

approach promotes interactions that explore and clarify shared and individual perspectives of the phenomena (Morgan, 1996). However, a combination of data collection methods were employed as it was important that each participant was accommodated to enable their voice to be heard and to contribute to the collective of assessors' experiences.

3.2. Participants and recruitment

Participants included academics who coordinated clinical courses, referred to as clinical convenors (CC), and registered nurses who were employed by a multi-site university to supervise students at clinical sites, referred to as clinical facilitators (CF). Recruitment was by work email distribution of an information sheet about the research. Potential participants contacted the research team and were purposively selected to obtain a wide cross-section of assessors. Both groups of participants (CC and CF) had members who had practised in both CC and CF roles, with participants discussing experiences from both role perspectives, as outlined in Table 1. Data collection continued until no new data emerged thus achieving theoretical data saturation (Fusch & Ness, 2015; Mason, 2010). Whilst all participants were employed by the one university, the experiences shared in the interviews covered their experiences across a number of tertiary institutions. The primary investigator was familiar to most participants through co-location of space. Participants were clear that the request for participation was from the research team not their employer, they were under no obligation to consent to participate and they could withdraw at any time without need for comment. Furthermore, all participants were reassured that their participation or otherwise would have no effect on their employment or position in the organisation.

3.3. Theoretical framework

Underpinning this study is the Invitational Theory (Purkey & Novak, 2016), which is based on supporting people to reach their full potential. This theoretical framework was deemed appropriate for understanding assessors' experiences of grading student performances in clinical assessments. This theory can be applied to students and equally to assessors who need to meet their full potential as education providers which may involve failing students. An

Download English Version:

<https://daneshyari.com/en/article/10158869>

Download Persian Version:

<https://daneshyari.com/article/10158869>

[Daneshyari.com](https://daneshyari.com)