



Preceptors' experiences of using a competence assessment tool to assess undergraduate nursing students



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ABSTRACT

The purpose of this study was to explore Irish preceptors' experience of using a competence tool to assess undergraduate nursing students' clinical competence. This study used a mixed methods design. This study was conducted in two phases, the qualitative phase involved six focus group interviews to ascertain preceptors' experiences of using an assessment tool to assess clinical competence. The quantitative phase involved a descriptive survey measuring preceptors (N = 843) attitudes linked with the use of the assessment tool.

The key themes that emerged from qualitative analysis were challenges of using the assessment tool, recognising competence and valuing adult learners. The challenges of using the tool included negotiating complex language and time constraints in completing assessments. Recognising competence revealed the use of intuition and subjectivity. While valuing adult learners acknowledged the reciprocal learning process between the preceptor and the learner. These findings reveal the inherent skills of preceptors to intuitively and subjectively recognise competence. The quantitative findings revealed merits and challenges for the preceptors using the assessment tool. In particular the complexity of the language was highlighted as an issue. A key recommendation from this research is the need to revise the assessment tool to support objective and subjective measurement of competence.

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Introduction

There is widespread discourse in the nursing literature regarding the assessment of clinical competence acknowledging that it is fraught with definition quagmires (Dolan, 2003; McMullan et al., 2003; Cowan et al., 2005; Kajander-Unkuri et al., 2013) including how competence is understood and how the assessment process is undertaken by preceptors. Levett-Jones et al. (2011) highlights that the level of performance that reflects competence is a contentious issue. Some authors suggest that competence focuses on the student's ability to perform aspects of the job (McMullan et al., 2003; Chen Yanhua and Roger Watson, 2011),

others suggest it includes attitudinal processes (Zhang et al., 2001; Raines and Lynn, 2010) whereas others believe it encompasses knowledge, performance and abilities in nursing (O'Connor et al., 2009). Dolan (2003) asserts that the problems associated with the assessment of clinical competence are likely to occur regardless of the assessment tool used. However, there is uniform acceptance that clinical assessment must be undertaken by trained assessors with a strong clinical background (Levett-Jones et al., 2011).

Nursing education in Ireland has undergone a period of unprecedented change particularly the movement from the apprenticeship system. This change is similar elsewhere in Europe, as most countries now deliver registered nursing programmes through third level institution; these include polytechnics, university colleges and universities (Tuning Project, 2011). Lahtinen et al. (2014) analysed nursing education in Europe and found that 68% of the countries provided nursing education at higher level and 32% provided it at diploma level. Furthermore, they highlighted that nursing courses at higher level are usually provided by universities. However, not all European countries deliver their nursing programmes in this way, for example in Germany, some nursing programmes are delivered at certificate level through a school of

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nursing, in Hungary and Luxembourg nursing schools provide nursing programmes to diploma level, in the Ukraine nursing is provided through a vocational school and Lichtenstein does not provide any nursing education (Lahtinen et al., 2014).

From a European perspective there are minimum standards laid down in relation to the content and the length of nursing programmes (Tuning Project, 2011). Furthermore, within Europe measures exist for the mutual recognition of nursing qualifications, to facilitate workforce mobility (Cowan et al., 2008). Despite this, there is widespread differences in levels of competence (Cowan et al., 2008) with diversity concerning the academic and professional content of nursing courses (Tuning Project, 2011). The World Health Organisation (2009) discusses the need for global standards for nursing education with a competency based focus. The Tuning Project (2011) highlights the competences that would be expected from a graduate nurse upon registration, these are *Professional values and role of the Nurse, Nursing practice and clinical decision making, Knowledge and cognition, Communication and interpersonal skills and Leadership, management and team working*. Spain, Denmark and the UK Nursing and Midwifery Council have incorporated these competencies into their pre-registration nursing programmes.

Competencies are also fundamental to the delivery of nursing programmes in Ireland. In 1994, training changed from an apprenticeship type programme to a three year registration programme. In 2002, a four year degree programme was introduced. This is delivered through a partnership between third level institutions and linked healthcare institutions. The Nursing and Midwifery Board of Ireland (NMBI – previously called An Bord Altranais, ABA) provide guidance and regulation in relation to nurse education and training. They audit the institutions to ensure they meet the requirements and standards for nurse education programmes (ABA, 2005). In addition, they provide a framework for the educational providers with five domains of competence to support the assessment of students in practice. These domains are *Professional and ethical practice, Holistic approaches to care and the integration of knowledge, Interpersonal relationships, Organisation and management of care and Personal and Professional development*. Although, the framework is used nationally each institution developed their own competence tool with their unique performance criteria and indicators. There are over ten different tools used in the Irish setting to assess clinical competence of pre-registration nursing students. Thus similar to the international perspective there is no standardised national competence tool for assessing student's clinical performance.

Although the gold standard nationally and internationally appears to be the adoption of a competency based approach in nursing and despite the existence of national and international competency frameworks, the assessment of competence remains challenging. There is a lot of debate regarding the objective measurement of competence (Butler et al., 2011; Fahy et al., 2011) with less consideration giving to the subjective process (Cassidy, 2009). Cowan et al. (2005) argue that the application of competence to nursing is problematic largely caused by its unclear definition. They highlight that the concept needs to be clearly defined to facilitate the development of competence standards and assessment tools. Furthermore Cowan et al. (2008) highlights that it is impossible to compare the competence of nurses from different European countries as there are no established measures of assessing competence. This is problematic when there are nursing shortages and acts as a barrier to the mobility of the workforce in Europe (Cowan et al., 2008).

It is apparent on a national and international basis there are many issues regarding the assessment of competence in nursing. In particular problems exist around the definition of competence, the

variation in competency based frameworks and the plethora of competence assessment tools. Considering the global concerns that exist with competence assessment it is crucial to investigate this difficult issue. Consequently, the purpose of this study was to explore preceptor's experience of using an assessment tool to assess clinical competence in an Irish setting. This unique experience was important in unearthing issues that exist for preceptors in relation to competence assessment. While objective measurement of competence is a critical element in assessing the learner (Butler et al., 2011), this study also considers the element of subjectivity and its influence on objectively measuring competence.

The objectives of this study were, to explore preceptors experiences of using a local competence assessment tool, to establish preceptors reactions to the language and content of the tool and to identify if the tool facilitated or hindered preceptors in assessing students who were competent or not competent. The inclusion criteria for the study were registered nurses who worked in clinical practice in general and psychiatry; completed a preceptorship course; acted as a preceptor and were involved in the assessment of pre-registration nursing students with experience of using the local competence assessment tool. The exclusion criteria were registered nurses who: had not completed a preceptorship course; did not act as a preceptor for pre-registration students and were not familiar with the competence assessment tool.

Background/literature review

Clinical staff are responsible for the assessment of clinical competence. Fitzgerald et al. (2010) highlight that there are a multitude of terms used internationally such as “mentor”, “buddy”, “supervisor”, and “preceptor” when defining the role of the registered nurse in supervising a student in clinical practice.

The terms preceptor and mentor are used interchangeably within the literature. In Ireland the preceptor role has been developed to support pre-registration students in practice. Since 2003 all registered nurses in Ireland have “a duty to provide students with clinical support to help them question, analyse, reflect upon their practice and develop autonomy in decision-making to enable them become safe, caring competent nurses/midwives” (ABA, 2003, p1). In the US and Canada preceptorship is part of pre-registration programmes and there is some overlap between the role of preceptor and mentor (Chandan and Watts, 2012). In the UK the Nursing and Midwifery Council (NMC) have produced *Standards to support learning and assessment in practice (2008)*. These standards stipulate that all pre-registration nursing students are supported and assessed by a mentor in practice. However, there is no agreed consensus regarding the international definition of mentoring (Chandan and Watts, 2012). The NMC (2008) define a mentor as someone who “facilitates learning, and supervises and assesses students in a practice setting” (NMC, 2008, p45). Mentors are knowledgeable, up to date and have a responsibility to ensure students are safe practitioners and eligible for registration (NMC, 2008). It is clear that there is some confusion pertaining to the roles of preceptor and mentor and there are international variations in the clinical assessment of undergraduate nursing students.

The need to prepare preceptors for their complex and demanding role is acknowledged in the literature (McCarthy and Higgins, 2003; Altmann, 2006). Irish preceptors attend a two day teaching, assessing and preceptorship course to prepare them for their role (National Implementation Committee, 2002). In the UK all mentors complete a specialised programme of at least ten days duration and qualified mentors need to maintain their skills through ongoing professional development and annual updating (NMC, 2008). Internationally, the literature highlights limitations with the educational preparation of preceptors for their role in

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