



Learning and teaching in clinical practice

Assessing competence in undergraduate nursing students: The Amalgamated Students Assessment in Practice model

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ABSTRACT

Assessment of competence is characterised by ambiguity and inconsistency despite its critical role in assessing readiness for entry to the nursing profession. In 2012 the Amalgamated Student Assessment in Practice (ASAP) model and tool were developed and trialled within an Australian University.

Developed in response to the inadequacies of existing tools to assess competence, the ASAP model offers an integrated multilayered assessment that is designed to enable focussed diagnosis of practice deficits and implementation of targeted support.

The ASAP model was evaluated by gathering clinical facilitator and student feedback over two 13-week semesters during practice and formal meetings, as well as review of student performance data.

The ASAP model functioned effectively as an assessment tool, focussed diagnostic tool, removal from Professional Experience Placement (PEP) support tool and a framework for documenting evidence. Student failure rates decreased and the number of complaints and successful appeals was reduced.

The ASAP model offers comprehensive focussed assessment of nursing students' performance in practice. It supports both formative and summative feedback and can be used to accurately identify specific areas of practice deficiency requiring redirection and support. It is transferable across settings and assessors.

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Introduction

Unprecedented levels of change in both health and higher education have created powerful context of reform for nurse education in Australia. The establishment of a national regulatory framework for health professionals in July 2010 created multiple and immediate challenges for nurse education providers with accredited courses leading to registration as nurses, midwives and nurse practitioners. Not least of these challenges was that posed by assessment of performance in practice and determination of competence. The registration of undergraduate nursing students with the Australian Health Professional Regulatory Authority (AHPRA) further highlighted the importance of assessing competence in practice and created an urgent need to develop responsive policy and process. Further, the strong emphasis on quality and safety in health care has also had a significant impact on the recognition that accurate assessment of performance in practice as

a precursor to safe professional practice is critical to health care delivery and public safety.

Higher education budget cuts, stringent performance measures and 'massification' have seen increased diversity in applicants and enrolments into nursing courses in Australia accompanied by equally varied student capabilities. These factors in the context of the regulatory framework, the burgeoning quality and safety agenda and pressure on clinical placements have highlighted the need for rigorous, consistent and accessible mechanisms for in-practice assessment of competence from the very beginning of pre-registration nurse education.

This paper is presented in three parts. The first provides a critique of competence and its assessment; the second introduces the Amalgamated Student Assessment in Practice (ASAP) model and tool, describing its development and purpose; and the third reports on the preliminary trial of the ASAP model and tool in the final year of a Bachelor of Nursing program. The complex nature of competence and its assessment are discussed as a backdrop to the development of the model and tool. Within this paper the term competence is used as it relates to the ability to practice in a manner reflecting the Competency Standards for Registered Nurses (NMBA, 2006).

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Background

Competence and its assessment

Nursing, in Australia, is a nationally regulated profession in which registration is dependent upon the ability to demonstrate competence to practice in line with the national competency standards for Registered Nurses (2006). Since their inception in the early 1990s (NMBA, 2006) the competency standards and their assessment have attracted debate largely owing to the lack of a universally understood definition of competence and commonly accepted assessment measures (Terry, 2013; Levett-Jones et al., 2011; Crookes et al., 2010; Scott Tilley, 2008; Cowan et al., 2005). Indeed this issue extends internationally as there are no agreed standards of competence between countries such as England, Ireland, Canada, Taiwan and Switzerland (Heaslip and Scammell, 2012; Yanhua and Watson, 2011; McCarthy and Murphy, 2007). Despite the recognised ambiguity around competence and its assessment, undergraduate nurse education providers in Australia are mandated by the national accreditation standards (ANMAC) to assess and attest to students' competence.

Accurate assessment of students' development towards competence in practice forms a complex and critical gateway to the profession. The national regulatory framework includes the professional standards (the competencies) required of registered nurses (NMBA, 2013). The range of practice areas and types that these 'Standards' must apply to renders them open to interpretation (Terry, 2013). As Cowan et al. (2007 p.453) argue '... nursing competency can be an intangible construct, not always conducive with direct observation ... [and] is often reflected by the characteristics required to act effectively in the nursing setting'. Student nurses develop knowledge, skills and attitudes/behaviours over time and mastery of their craft progresses at different rates (Garside and Nhemachena, 2013). Theoretical performance does not always equate to competent nursing practice (Cowan et al., 2005), however, in nurse education assessment of knowledge and skill within the controlled university environment is far more easily achieved and measured than the assessment of competence in practice. The elusive nature of competence, the ambiguity that surrounds it, and its relationship to nursing (Sedgwick et al., 2014) remains a major concern for preceptors and clinical facilitators who struggle to clearly define the makeup of a competent student nurse. The importance of accurate assessment of competence cannot be overstated and yet the rigour and reliability of tools to assess and record competence and its development is the subject of considerable debate and assessment of competence remains in essence an interpretive act.

Competence can be understood as the integration and application of knowledge, skills, judgement and interpersonal attributes in order to practice in a safe and ethical manner suited to both scope of responsibility and clinical context (Edmonton, 2006). It is generally agreed that there are three key elements contributing to competence: knowledge, skills and attitude (behaviour) (Sedgwick et al., 2014). What is not agreed is how each of these elements can be applied to making definitive assessments of competence.

The term 'knowledge' for example refers to the information that is gathered over time that allows nurses to operate in a safe, effective and proficient manner (Sedgwick et al., 2014) and there are many areas of knowledge to acquire. However the clinical experiences that nursing students are exposed to shape the type of knowledge mastered (Sedgwick et al., 2014). For example, exposure to a dialysis unit provides opportunity to gain extensive knowledge of the renal system and the technology used to maintain its homeostasis, however, this same knowledge may not be transferable to an unfamiliar area of nursing. Therefore, it could be

surmised that the competency of the nurse would be reduced when placed in a different setting. The same could be said for acquired skills within nursing. Not all of the many core nursing skills that need to be mastered are transferable across settings.

Student nurses have wide ranging facility placements and receive varied clinical exposure. Numerous preceptors and facilitators assess students, each with differing views on competence. Compounding this, the ways in which students make progress towards competence are not wholly predictable and it is unsurprising that to-date no one method has been fully suited to assessing competence (Norman et al., 2002). Redfern et al. (2002) agree finding inadequacies in the validity and reliability of existing assessment tools in their review of literature around the assessment of competence in practice.

A review of the literature conducted by EdCaN (2008) notes that assessment of competence should have more than one indicator and that available tools are time-consuming and/or blunt instruments that are best suited to mono-dimensional measurement with limited ability to diagnose specific problem areas. Butler et al. (2011) concur noting that the variety of specialisations and practice settings further complicate assessment in practice. These same authors also found that interpretation of language used in competency assessment was a primary challenge to assessors with definition of terms such as knowledge, skills and attitude remaining unclear (Watson et al., 2002; Cassidy et al., 2012; Butler et al., 2011). The problematic nature of clinical assessment has also been discussed by Girot (1993) and Gonczi (1994) who argued that focussing on skill attributes and other functional characteristics without paying due respect to interpersonal qualities and concepts of caring, risks overemphasising clinical skill performance without appropriate consideration of these less easily measured but essential professional characteristics.

The lack of clarity within Australia may in part be due to priorities against which the national competency standards for nurses were developed. Achieving the social and political imperatives that led to the establishment of nursing education in the higher education sector appear to have overshadowed the development of robust assessment instruments to assess nurses' performance (Grealish, 2012). The resulting ambiguity has led to a lack of rigorous and reliable instruments (Watson et al., 2002) and to subjectivity and individual interpretation of key terms germane to assessment of competence, a situation that has been recognised as problematic for a considerable time (Roberts, 2010; Wilkes, 2011; Fotheringham, 2010; Watson et al., 2002; Andre, 2000; Girot, 1993). Roberts (2010) suggests that there remains an uneasy relationship between competence, capability, intuition and expertise which contributes to the difficulties of finding an adequate way to assess students in practice. Despite the multiple tools and methods of assessing competence that have emerged, current processes remain unable to comprehensively capture and assess competence.

Current assessment measures also fail to adequately capture the complex, dynamic and varied dimensions of performance in clinical practice (Terry, 2013; Crookes et al., 2010). In her study of the way in which nurses understand and use the competency standards Terry (2013) found wide variation in both the interpretation of the standards and their application to assessment, a finding echoed by McCarthy and Murphy (2007). In a study of 39 Australian preregistration nursing programs, Crookes et al. (2010) found that there was no consistency between assessment tools and all were individualised to the program. This was consistent with previous findings by Norman et al. (2002) from their study of assessment tools used by seven Australian universities. These authors found that none were reliable and that there was no single method suitable for assessing competence.

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