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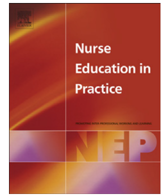

Nursing students' and preceptors' perceptions of using a revised assessment form in clinical nursing education

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ABSTRACT

Assessment of students' learning is a crucial question when great changes occur in the higher education sector. One such educational reform is the Bologna declaration, the requirements of which have resulted in significant modifications in documents as assessment forms for clinical education. The aim of this study was to investigate students' and preceptors' perceptions of using the revised version of an assessment form, the AssCE form. Using convenience sampling, a questionnaire survey was completed by 192 nursing students and 101 preceptors. Most of the participants found that the revised AssCE form was possible to use during different years of the programme, and factors in the AssCE form were possible to combine with learning outcomes in the course syllabus. Most participants perceived that the scale added to each factor facilitated the assessment dialogue and offered possibilities to illustrate the students' development during clinical periods. Findings also showed that students were most often prepared with self-assessment before the assessment discussions. More information about the use of the AssCE form, also in combination with learning outcomes in the course syllabus, may further support the use of the form and contribute to students' development during clinical practice.

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Introduction

When radical educational reforms, such as The Bologna declaration (1999), are implemented, it affects both teaching and learning in clinical nursing education, as well as assessment and tools for assessment. The requirements of this reform have resulted in significant modifications of structure and content in university education across Europe on both national and local levels. This study delimits the investigation to clinical nursing education and reflects the perceptions of nursing students and their supervising nurses (in this study named preceptors) of using a revised tool designed for assessment of nursing students and adapted in line with the requirements set out in the Bologna declaration.

Background

There are different methods available for assessment in the clinical part of nursing education. Summative assessment summarises all the evidence up to a given point according to standards, goals and criteria. Formative assessment implicates the occurrence of a gap between the actual level of what has been assessed and the required standard. Formative assessment also requires indications of how improvements can be made in order to reach the required standard (Taras, 2005). Formative assessment is of great value in education since it provides the possibility for deep learning, motivation and self-regulated learning (Koh, 2008). Feedback is a core component of formative assessment, and central to learning. According to Hattie and Timperley (2007), it is useful to consider feedback as part of ongoing assessment rather than as a separate educational entity.

Students' active involvement in assessing their own work can enhance their learning. McDonald and Boud (2003) state that it is a way to lay the foundation for the kind of skills students will need as lifelong learners. Galbraith et al. (2008) believe that if the students regularly receive formative assessment with feedback from their preceptors or peers about their self-assessment activities, self-assessment will be more effective.

The extent to which supervising nurses and clinical lecturers are involved in assessment in clinical education varies internationally. In the UK assessment involving grading is undertaken by mentors (Cassidy, 2009), in Australia by clinical facilitators or preceptors

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(Dickson et al., 2006), in Canada by preceptors (Myrick et al., 2011), and in the US by preceptors (Altmann, 2006). In Sweden, continuous formative assessment is done by preceptors (Löfmark and Thorell-Ekstrand, 2000), while clinical lecturers alone are responsible for the final grading. This grading is the conclusion of a decision-making process; it differentiates between grades and allows recognition of merits beyond pass or fail (Andre, 2000).

There are many examples of difficulties around the assessment process discussed in literature. It has been noticed that it is likely that assessors with different backgrounds, such as from nursing care or from university teaching, interpret assessment differently (Butler et al., 2011). Other examples include: that the definition of competence is open to debate (Yanhua and Watson, 2011), that there is no consensus about what should be assessed, and that there are no objective measurements (McCready, 2007). One way to solve these problems, as reported by Yanhua and Watson (2011), is the ongoing strategy to develop and test instruments that can provide a measure of competence that can be globally accepted. Another way, described in this study, is to use nationally regulated qualification descriptors and international guidelines for the nursing programme as a basis, and then continuously develop the initial assessment tool for clinical education (Löfmark and Thorell-Ekstrand, 2000, 2004).

The assessment tool for clinical education

This assessment tool has a history of about 14 years. The initial version of the tool, 'the ALITE form' (initials from the researchers) was developed from Swedish higher education qualification descriptors (SFS, 1992:1434; SFS, 1993:100) and international guidelines for nursing education (ICN, 1997; Salvage and Heijnen, 1997). The first version of the tool was evaluated and found highly valued by both students and preceptors. Almost all factors (18 factors) were important to assess: the least important and most difficult factor was 'use of research and developmental work' (Löfmark and Thorell-Ekstrand, 2000). Some extra information was therefore added to support the users. The next evaluation study of the assessment form was carried out six years later. Respondents were nurse researchers with involvement in nursing education. As a consequence of their standpoints, the tool expanded to include factors concerning cooperation with community and primary health care and patient safety (in all 21 factors divided into five areas). The standpoint towards the text explaining each factor could be marked by means of a scale of three levels of ability (from poorly developed to strongly developed). The second version was called the AssCE form (Assessment of Clinical Education) (Löfmark and Thorell-Ekstrand, 2004), and has been frequently used in nursing education at bachelor level in Sweden, and in some nursing programmes in Norway and Finland. A supplement with practical information about utilisation has been added to both versions of the assessment form.

The use of the assessment tool

Preceptors are recommended to use the tool as a formative assessment tool during the whole clinical period with continuous feedback. Students are requested to plan the clinical period using the AssCE form when formulating their own intended learning outcomes and to use their own assessment tool for continuous self-assessment. Assessment discussions at the halfway point and at the end of the period should be prepared by students and preceptors, with indications given of how well the content described in the factors are being achieved. Both students and preceptors should provide examples of situations to illustrate their standpoints due to their marking on the scale. The students have a very significant role in these discussions and are expected to lead the discussions. The clinical lecturers take part in the two meetings, discussing and contributing new perspectives and critical questioning in order to get substance for the final grading. This means that the meeting at the end of the period becomes a meeting of a more summative character.

Further development of the AssCE form

The Bologna declaration (1999) was the basis for a third version of the assessment tool. This higher education reform aimed to a general recognition of degrees across Europe, cooperation with regard to quality assurance, greater transparency, and emphasis on more flexible learning paths and lifelong learning. The content of the declaration has had a deep influence on education in Europe and has been described by Davies (2008) as a 'quiet revolution' for nursing education, given its extension of real opportunities for nurses in terms of mobility and employment. Over the past 10 years, there has also been a change in emphasis from knowledge acquisition and factual recall to more widely embracing learning outcomes such as problem solving, clinical judgement, communication skills, attitudes and professionalism (Shumway and Harden, 2003).

Concepts emphasised in the Bologna documents are progression, learning outcomes and criteria for grading all with regard to quality assurance. These concepts are used in the structure and content in the new elaborated assessment tool, called AssCE II. Progression is made visible in an introduction page, which gives an overview of overall learning outcomes within the areas of knowledge and understanding, skills and abilities, judgement and approach for years one, two and three in clinical education (in the following, these are shortened to 'overall learning outcomes'. Each factor is in AssCE form described in two levels of achievement of goals: 'Very good achievements of goals' and 'Good achievements of goals'. The third level, 'Inadequate achievements of goals', is not described in words, but is possible to mark. A scale with nine steps covering the three levels is added to each factor. The five areas in the assessment form are: Communication and teaching, The nursing process, Examinations and treatments, Management and cooperation, Professional approach. Table 1 illustrates an example of a factor corresponding the area Communication and teaching.

Each clinical course has its own learning outcomes described in the course syllabus. Learning outcomes are multi-dimensional and wide, while the way in which the AssCE form is elaborated provides guidance as to how the learning outcomes can be performed in professional practice. To illustrate this, an example can be taken from a syllabus in the nursing programme in one university in Sweden. One of the expected learning outcomes in the second semester in clinical education is to 'clarify and perform patient assessment, planning, implementation and evaluation due to the patients' need of basic nursing care'. The AssCE form includes four factors exemplifying and describing what the students should be able to do: (a) to describe the patients' needs in relation to nursing care, (b) to plan and priorities nursing care interventions, (c) to carry out nursing care, (d) to follow up on patients' needs, problems and the nursing care given. When the preceptor and the student assess the factors in their own assessment form, they have to consider the learning outcomes for the actual course, which are governing for the grading of the course. They also have guidance from the overall learning outcomes on the introduction page, which illustrate how the different factors can be assessed depending on the levels (years) in the nursing education.

A revised assessment form was implemented in clinical nursing education according to the educational reform of The Bologna declaration (1999), and was the motive for evaluation. The aim of

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