Nurse Education in Practice 12 (2012) 133–138

Contents lists available at SciVerse ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

The use of skills inventories to assess and grade practice: Part 2 – Evaluation of assessment strategy

Debbie Hatfield*, Jane Lovegrove

University of Brighton, Eastbourne District General Hospital, School of Nursing and Midwifery, Education Centre, Eastbourne, East Sussex BN21 2UD, United Kingdom

ARTICLE INFO

Article history:
Accepted 3 January 2012

Keywords:
Grading practice
Skills assessment
Assessment of practice
Clinical competency

ABSTRACT

This paper evaluates the introduction of an assessment tool to grade clinical competence in post-registration critical care courses using a skills-based assessment strategy. An audit of skills assessors was conducted alongside an analysis of theory and practice marks. Findings showed marks awarded for practice were generally higher than those awarded for theory which may be expected in a clinically-based profession. Whilst grading of practice requires further exploration, our experience shows that competence can be defined, measured and the resultant marks incorporated into a degree classification with relative ease. Consistency between assessors remains an issue but can be assisted by the use of clear skills templates and a user-friendly grading tool.

Introduction

This is the second of two articles discussing the creation and implementation of a grading tool for practice. The context is a post-registration degree for critical care courses at the School of Nursing and Midwifery, University of Brighton, UK. Design and implementation of the grading tool and use of skills inventories as a practice assessment strategy were described in the first paper (Lovegrove and Hatfield, 2011). This article refers to an evaluation of the assessment strategy which is based on a performance outcomes model of competence. The strategy had been previously explored by means of an audit of assessor practice (Lovegrove and Hatfield, 2005). A second audit is now presented which explores the ability and confidence of assessors to use the grading tool.

The School of Nursing and Midwifery created a post-registration degree incorporating a number of clinical courses in 1998. The design of the degree required assessment and grading of practice at higher education (HE) level six to reflect students' clinical ability in the final classification. Practice was consequently assessed by means of a skills inventory comprising a defined number of skills specific to a clinical area of practice and a grading tool. The grading tool assesses four weighted key features:

1. Professional conduct (15%)
2. Performance of a skill (35%)
3. Knowledge and comprehension (35%)
4. Reflection on and evaluation of practice (15%)

The periodic review of the degree created an opportunity to review the changes made to the tool following the first audit. Over the previous five years, external examiners had expressed concern regarding high marks awarded for practice which were not always matched by high marks awarded to theory, a feature known as 'grade inflation' in the literature (Walsh and Seldomridge, 2005; Weaver et al., 2007; Gray and Donaldson, 2009). During this period the requirement for assessors to be prepared to HE level six and attend an annual update became mandatory. For the second audit, three clinical specialities with students attending critical care courses were surveyed: intensive care, coronary care and neonatal intensive/high dependency care. Some additional questions were included to address the new assessor requirements.

Method

The aim of the audit was to examine the validity and reliability of the grading tool used to grade clinical practice. In particular, the ability of the assessors to use the tool and the consistency of assessment decisions across clinical courses. The audit formed part of the usual evaluation process used to monitor quality of assessment within the curriculum.

A total of 171 questionnaires were distributed to all clinical staff who had assessed students using the new grading tool over the preceding year. This comprised clinical mentors and assessors in nine intensive care units, eight coronary care units and six neonatal units. Clinical mentors oversee the assessment of all skills within

* Corresponding author. Present address: School of Nursing and Midwifery, University of Brighton, Robert Dodd Building, 49 Darley Road, Eastbourne, East Sussex BN20 7UR, United Kingdom. Tel.: +44 1273 641102; fax: +44 1273 643857.
E-mail address: D.Hatfield@brighton.ac.uk (D. Hatfield).

1471-5953/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
doi:10.1016/j.nepr.2012.01.013

a skills inventory, ensuring an appropriate assessor has been selected to assess each skill. Clinical mentors may also assess individual skills. Assessors are responsible for assessing individual skills (Lovegrove and Hatfield, 2011). Throughout this paper one term will be used to refer to both clinical mentors and assessors, that is, *assessors*.

Permission to circulate the questionnaires to clinical staff was sought and obtained from managers within each National Health Service (NHS) organisation. Questionnaires were distributed to assessors by the manager of each unit and returned individually by post. The questionnaire included both open and closed questions and invited further comment in order to collect quantitative and qualitative information for evaluation. The returned questionnaires could only be identified by speciality and size of unit.

Findings and discussion

Sixty five of the 171 questionnaires were returned; a response rate of 38%. Responses from the three clinical specialities varied: intensive care 39%, coronary care 33%, neonatal units 42%. The low response rate, whilst disappointing, may possibly be due to the voluntary nature of the request and the four week period in which to complete the questionnaire. Inevitably, the low response rate limits the validity of the findings.

Experience and knowledge of assessors

To assess and grade individual skills clinical staff are required to fulfil the following criteria:

- hold a relevant post-registration clinical qualification for the speciality,
- have a minimum of three years clinical experience in critical care,
- have manager approval to assess specific skills for students,
- be familiar with the assessment process and documentation by attending annual updates with the course leader.

To verify the practice experience and qualifications of the assessors, respondents were asked to state their years of experience in the field of practice in which they assessed, and the academic level of their qualification in critical care. Of the 65 assessors who responded, 63 (97%) had more than five years clinical experience in their specialist area. (See Table 1).

The results demonstrate a high level of clinical experience amongst the assessors. Clinical knowledge and experience within the specialist area of practice are aspects that are widely thought to influence the skill of the assessor. Neary (2001) comments in her paper on responsive assessment, that the expertise of the skilled practitioner enhances the assessment process.

Sixty two (95%) of the 65 assessors held a qualification in the specialist area in which they assessed. Of two assessors who stated they did not hold a critical care qualification, one had 20 years, and the other 27years experience in their speciality. Twenty four (37%) assessors held a critical care qualification at diploma level five (Quality Assurance Agency, 2008), 20 (31%) at level six and 5 (8%) at masters level seven. Four of the assessors qualified at masters level worked in the coronary care setting. The prevalence of level seven qualifications amongst the cardiology assessors could be attributed to local availability of an MSc. in Cardiology. It would appear that assessors have appropriate academic qualifications and sufficient practice experience to assess post-registration skills, although Gray and Donaldson (2009) note Cassidy's (2009) warning of assuming an experienced practitioner equates with a proficient assessor.

Table 1
Years of experience in clinical speciality.

Years of experience in clinical speciality	Number of assessors
0–5 years	2
6–10 years	25
11–15 years	12
16–20 years	18
Over 20 years	8

To evaluate the assessors' familiarity with the assessment process, assessors were asked to state if they held a mentor qualification and had attended a mentor update within the past year. In the United Kingdom, a mentor is someone who has undertaken a mentor preparation programme approved by the regulatory professional body the Nursing and Midwifery Council in order to supervise and assess students leading to registration, (NMC, 2008a). Mentors are expected to attend annual updates to ensure they

- 'Have current knowledge of NMC approved programmes.
- Are able to discuss the implications of changes to NMC requirements.
- Have an opportunity to discuss issues related to mentoring, assessment of competence and fitness for safe and effective practice'.

NMC, 2008a: 30

The provision of a mentor is best practice but not essential for students undertaking non-recordable post-registration programmes such as critical care courses.

Sixty four (98%) assessors held a mentor qualification. One assessor who did not have a mentor qualification held a certificate in teaching in adult education and a post graduate diploma in professional healthcare education. Two of the assessors who held mentor qualifications also held post graduate certificates in education. Forty seven (72%) assessors had attended a mentor update within the past year. Whilst assessors of individual skills are not required to hold a mentor qualification the fact that 98% do so is likely to enhance the reliability of the assessment process. Seldomridge and Walsh (2006) comment on expectations of clinicians to evaluate clinical performance with little preparation and recommend orientation and regular updates for assessors provided by the university faculty. Luhanga et al. (2008) in their study of preceptors also reported lack of experience as a preceptor as one reason for failing to assign fail grades to students in clinical practice. The term 'preceptors' in this Canadian study refers to clinical staff who assessed nursing students in their final clinical year.

Familiarity with the grading tool and skill assessed

Assessors were asked to state the number of occasions they had used the grading tool over the previous year. Twenty three (35%) assessors had used the tool on more than ten occasions, 16 (25%) on 7–10 occasions, 14 (22%) on 4–6 occasions and 10 (15%) up to 3 occasions. Two assessors did not answer this question.

Assessors had been encouraged to concentrate on assessing a few specific skills rather than assess all skills for an individual student. The rationale being that the more frequently a skill is assessed by an assessor, the greater the ability to discriminate between levels of performance, a point not widely discussed in the literature. With fewer skills to assess the assessor may increase familiarity with the evidence base for each skill. While it may be desirable for clinical staff to be aware of the current evidence base for all the skills to be assessed, the reality is that due to demands of practice it is difficult to achieve this goal. The audit found that 46 (71%) of the 65 assessors assessed specific skills. Norcini (2007) advocates using a number of assessors to increase objectivity.