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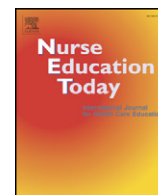

Assessing students' English language proficiency during clinical placement: A qualitative evaluation of a language framework

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SUMMARY

The increase in nursing students for whom English is an additional language requires clinical facilitators to assess students' performance regarding clinical skills, nursing communication and English language. However, assessing language proficiency is a complex process that is often conflated with cultural norms and clinical skills, and facilitators may lack confidence in assessing English language. This paper discusses an evaluation of a set of guidelines developed in a large metropolitan Australian university to help clinical facilitators make decisions about students' English language proficiency. The study found that the guidelines were useful in helping facilitators assess English language. However, strategies to address identified language problems needed to be incorporated to enable the guidelines to also be used as a teaching tool. The study concludes that to be effective, such guidelines need embedding within a systematic approach that identifies and responds to students who may be underperforming due to a low level of English language proficiency.

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Introduction

The increase in linguistic diversity amongst nursing students has been widely documented over the last decade. In undergraduate nursing programmes in Australia, for example, the number of international students increased more than 500% from 2002 to 2011 (Health Workforce Australia, 2013). A linguistically and culturally diverse workforce helps provide culturally appropriate care for the diverse populations now typical in many western countries (Donnelly et al., 2009). However, concern is often expressed anecdotally amongst nursing academics and nursing staff about the language proficiency of students for whom English is an additional language (EAL). Whilst this concern has been raised in other discipline areas (Birrell, 2006; Bretag, 2007), it is particularly relevant in nursing where effective communication is essential for patient safety.

The link between safety and English language is highlighted by the Nursing and Midwifery Board of Australia, which states that it is 'committed to best practice regulation that protects the public by ensuring nurses and midwives can communicate effectively in English to provide safe care to clients' (NMBA, 2011 p. 1). The assurance relies on mandatory English language testing prior to registration, not only for nurses who have graduated from overseas universities but also for nursing students graduating from an Australian university with less than five years of education in English (NMBA, 2011). The importance of English language is also noted in nursing education standards leading to registration in Australia, where it is noted that students' English language proficiency needs to be assessed before undertaking workplace practice; and ongoing assessment of competencies, including communication in English is necessary throughout an undergraduate degree (Australian Nursing and Midwifery Accreditation Council, 2012). However, no guidelines are provided as to how language proficiency should be assessed.

English language proficiency is often interpreted differently by various stakeholders (Dunworth, 2010), and in the clinical environment can overlap with broader communication skills, clinical tasks and clinical knowledge (Elder et al., 2012; Woodward-Kron et al., 2012). During clinical placements, students' language proficiency is often assessed by clinical facilitators (referred to henceforth as facilitators); the term used in this paper to refer to those responsible for supervising and assessing students while on clinical placement. However, it may be difficult for facilitators 'to disentangle language issues from content knowledge and other health-specific aspects of communication' (Elder et al., 2012 p.417). At the large, metropolitan university where the study reported in this paper was conducted, the University of Technology, Sydney (UTS), facilitators had previously assessed English language proficiency with a simple 'yes' or 'no' tick box on the clinical assessment form. Without guidelines as to what constituted 'yes' or 'no', the assessment process was challenging for facilitators and provided little feedback for students.

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In response to these issues, a framework was developed at the UTS to help facilitators identify and describe features of students' English language proficiency and make more nuanced assessments. This paper presents the results of a pilot evaluation of these guidelines, which are part of a larger programme addressing the English language development of EAL nursing students at this university.

Assessment of English language during clinical placement

Sophisticated communication skills and a high level of spoken and written English language are necessary in clinical environments (Pilotto et al., 2007). Clinical facilitators play a central role in students' learning and development of spoken language during their placements by encouraging them, providing feedback and debriefing on clinical events (Malthus and Lu, 2012). However, supervising EAL students can be challenging for facilitators who may have difficulties communicating with students and feel they lack strategies to effectively supervise EAL students (Jeong et al., 2011). Particularly challenging is the role facilitators play in assessing students' performance during clinical placement, ensuring they meet national competencies (NMBA, 2006), including effective communication. Assessing communication in the clinical setting requires consideration of multiple factors, including English proficiency, specific communication techniques appropriate to patient-centred care, cultural knowledge and appropriate clinical skills (Wette, 2011).

One of the challenges in assessing spoken English during clinical placement seems to be the difficulty in differentiating between language use and cultural differences. An analysis of written comments made by facilitators on students' clinical assessment forms (San Miguel and Rogan, 2012) found that students were expected to have clear spoken and written communication, and a good bedside manner, including qualities such as being courteous, polite and respectful. These qualities contribute to 'professional demeanour' (Jette et al., 2007, p. 838), a broad term encompassing 'the way in which an individual speaks, asks and dresses', which is important in establishing rapport with patients and building effective relationships with registered nurses and facilitators. However, professional demeanour may be influenced by differing cultural norms, which may lead to misunderstandings related to cultural expectations.

The difficulty of assessing English language rather than cultural behaviours has been noted by Chur-Hansen and Vernon-Roberts (1998, p. 355) who, in a study of supervisors' written comments assessing undergraduate medical students' clinical performance, suggest that 'perhaps Asian students are regarded as having 'language problems' because they are not vocal and do not question their teachers, when in fact they are obeying cultural rules of respect'. These authors propose that clinical educators may 'make unsubstantiated judgements based upon fragmentary information, or upon factors not necessarily related to English language proficiency, such as personality or appearance'.

A second challenging issue in student assessment is making decisions about underperforming students. There may be an unwillingness to document communication weaknesses 'due to lack of ability to clearly describe the problem or for fear of being seen as racist or bigoted' (Cross and Smalldridge, 2011, p. e365) or 'because raters are uncertain about their judgment, or afraid to take responsibility for the negative consequences thereof' (De Haes et al., 2005, p. 588).

The Guidelines

In order to address some of these challenges, a set of language guidelines was developed to help facilitators make decisions about the English language component of the overall clinical assessment of students during clinical placement. The guidelines were developed collaboratively with nursing academics and a language academic based on 'intuitive' and empirical methods (Fulcher, 2003). Intuitive methods included the professional expertise of facilitators, nursing academics and a language educator with expertise in clinical supervision or clinical language education. Empirical methods were based on previous research investigating facilitators' feedback comments regarding language, interpersonal skills and professional demeanour (San Miguel and Rogan, 2012).

The guidelines describe three 'levels' of English language performance, satisfactory (3), in need of development (2) and unsatisfactory (1), with each level containing an overall description and more detailed descriptors in four areas; pronunciation; vocabulary; asking for clarification and demonstrating understanding. These categories were identified as important elements of clinical communication in previous research (San Miguel and Rogan, 2012). The guidelines are generic enough to be used across all years of the undergraduate programme alongside the overall clinical assessment form, which provides assessment criteria specific to each placement. Importantly, the guidelines were designed to be used in any clinical context by facilitators who may have little or no formal knowledge of language issues.

Pilot Study

The guidelines were piloted by eight experienced facilitators across eight clinical settings. These facilitators were invited to participate by the Director of Clinical Practice who was familiar with their expertise and experience. Ethics approval was granted for the study by the university ethics committee. All participants signed informed consent. A briefing was held with the facilitators to introduce the guidelines for use in their next two-week placement with first year nursing students. Each facilitator supervised up to eight students per clinical group but only used the guidelines with EAL students. Facilitators were not given any information as to what level of language was acceptable for a first year.

After the clinical placement, facilitators were invited to attend one of two focus groups to provide feedback. Each focus group was attended by facilitators, the Director of Clinical Practice and the two researchers, one of whom is a nursing academic, and one a language education academic. The focus groups were audio recorded, transcribed and analysed for key themes. The researchers analysed the transcripts independently to interpret the facilitators' experiences in using the guidelines, creating themes which were then clustered into two major categories. The researchers compared their analyses until agreement on themes and categories was reached.

Findings

This section of the paper describes the two main categories identified from the focus group discussions. The first category relates to facilitators' views on assessing students' communication during clinical placement. The second category focuses on facilitators' evaluations and comments about the guidelines and includes: facilitators' perceptions of the purpose of the guidelines; the processes they adopted in using them; and their suggestion that the guidelines are 'a good start'.

Assessment of Communication

This category centres on facilitators' recognition of the complexities in assessing English language and their desire for guidance in doing so. They expressed confidence in assessing clinical skills and tasks but lacked confidence in assessing language because '*we're not language specialists*'. They acknowledged the necessity of assessing English language as it was on the clinical assessment form but were challenged by this as '*a lot of us are finding our way … so we'll always assess skills yep black and white they've got it, English language not so sure*'.

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