Exploring the acquisition of entry-to-practice competencies by second-degree nursing students during a preceptorship experience

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SUMMARY

Background: Nursing programs across Canada have begun to implement at an unprecedented rate second-degree nursing programs in response to consumer demands and a nursing shortage. While these types of programs are enjoying considerable popularity among prospective students and employers, it is imperative that nursing programs assess their graduates' ability to meet Registered Nursing entry-to-practice competencies (ETCs).
Objectives: This study sought to determine if second-degree undergraduate nursing students achieved the entry-to-practice competencies established by the provincial regulatory body for registered nurses of Alberta, Canada.
Setting: The study took place in southern Alberta, Canada as the first cohort of second-degree undergraduate nursing students were completing the final practice course for the program.
Design: In this exploratory study, quantitative and qualitative data generation approaches were used. Quantitative data were collected using the nursing program's standardized Clinical Evaluation Tool which is mapped to the 119 ETCs established by the regulatory body. Qualitative data were generated by conducting focus group interviews with students, faculty advisors, and preceptors.
Participants: A convenience sample consisting of both male and female students (n = 14) submitted their mid-term and final clinical evaluations for inclusion in the dataset. Thirteen preceptors submitted mid-term and final clinical evaluations. Three students, three faculty advisors, and two preceptors participated in focus group interviews.
Results: At mid-term, statistically significant differences were noted on 31% of the indicators within the clinical evaluation tool between students and preceptors with preceptors consistently ranking students higher than the students' ratings of their performance. Student and preceptor ratings of students' clinical performance were more consistent on the final evaluation. However, where there were differences, preceptors rated students higher than student ratings. Qualitative data analysis suggests that the concept of competence is complex and multifaceted and understood differently by students, preceptors, and advisors.
Conclusions: The findings of this study suggest that there is ambiguity among second-degree students, preceptors and faculty advisors surrounding the concept of competence. In order to develop an understanding of competence, nursing program administrators must encourage faculty advisors, preceptors and students to engage in a discussion at the outset of the preceptored practice experience in regard to what is meant by competence within various practice setting. Further, we suggest nursing programs in collaboration with their clinical partners and re-examine their practice evaluation tools to determine the degree to which they are sensitive to the clinical practice context.

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Introduction

Fast-track entry-to-practice nursing programs, including second-degree entry programs, have increased in popularity within Canada. In 2009/10, 52 of 111 Canadian undergraduate nursing programs offered one or more entry-to-practice, fast-track programs; an increase of 67.7% from just two years previously (Canadian Nurses Association, and Canadian Association of Schools of Nursing, 2012). The ultimate goal of undergraduate nursing programs including second-degree programs is to produce graduates who meet the entry-to-practice competencies (ETPCs) in their respective jurisdictions. Responding to the Alberta (Canada) governments' call to increase the number of undergraduate nursing graduates, the University of Lethbridge, Faculty of Health Sciences developed and subsequently admitted the first cohort of students to a second-degree program in September 2009. Drawing on data collected during this cohorts' senior preceptored clinical course in the summer of 2011, we set out to determine if these students achieved the ETPCs established by the provincial

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regulatory body, the College and Association of Registered Nurses of Alberta (CARNA).

Competence is defined by CARNA (2006) as "the ability of a registered nurse to integrate and apply the knowledge, skills, judgment and interpersonal attributes required to practice safely and ethically in a designated role and setting" (p. 17). Competencies define practice expectations of entry-level registered nurses and reflect practice standards. Hence, competencies are "the specific knowledge, skills, judgment and interpersonal attributes required for a registered nurse to be considered competent" (CARNA, 2006, p. 17).

Literature Review

There is a dearth of literature that discusses second-degree nursing graduates' end of program competence. In fact, the vast majority of research and literature on accelerated baccalaureate nursing programs originates in the United States where accelerated nursing programs have existed since 1971. A search of the CINAHL database for studies that addressed the end-of-program competence of second degree nursing students generated three relevant studies. In summary, one study assessed the capacity of an accelerated second-degree program to teach caring (Raines, 2007). In another study (Raines, 2009), at the time of graduation, 58 accelerated students were asked to rank themselves on seven domains of practice (Benner, 1984). While the students ranked themselves as competent on all seven domains, the "three lowest rated domains were: monitoring and ensuring quality of health care practice, diagnostic and patient monitoring role, and effective management of rapidly changing situations" (pp. 9–10). Alternately, the highest ratings were seen in more concrete domains such as the administration and monitoring of therapeutic interventions. In a follow-up survey of the same 58 participants at six months following graduation, ratings in all domains had increased, and the participants perceived that they were better prepared for practice than they thought they were when they first completed their program.

In 2010, using a Likert scale, Raines surveyed 22 accelerated second-degree baccalaureate nursing students to determine their perceived level of competence (1 = not competent, 4 = competent, and 7 = highly competent) at the beginning of their program and again at the end of their program. At the beginning of the program the overall mean competency score was 1.87 (SD = 0.73). By the end of their program statistically significant increases in competency ratings were noted on all seven of Benner's (1984) domains of nursing practice (M = 3.84; SD = 0.54). The highest rated domain was "the helping role," and the lowest rated domain was "effective management of rapidly changing situations" (p. 165). Twenty-two nurse experts also rated the student participants' nursing practice competency at the end of their program and awarded competency ratings between 4.14 and 5.0 on all seven domains, with "the helping role" rated highest and "monitoring and ensuring quality of health care practices" rated lowest (p. 166). The nurse expert ratings were significantly higher than the students' own end of program competence ratings on all seven domains. Given that there is limited evidence from a program perspective regarding second-degree nursing graduates' ability to meet ETPCs, this study examines student competence from the student, preceptor and faculty member perspectives.

Method

In this exploratory study, quantitative and qualitative approaches were used to generate data. Quantitative data were collected using the nursing program's standardized Clinical Evaluation Tool (CET). Students participating in the study submitted a copy of their and their preceptors' CET at mid-term and then again when the practice course was completed. Qualitative data were generated through focus-group interviews. A focus-group interview was conducted with students only, preceptors only, and faculty advisors only.

Research Questions

The research question for quantitative component of this study was "To what degree do preceptor assessments of second-degree students' practice performance agree with students' assessments of their performance?"

Based on the quantitative data analysis, the research questions that guided the qualitative component of this study were:

1. What are second-degree students' perceptions regarding their ability to competently practice as an entry level registered nurse in the province of Alberta?
2. What are nurse preceptors' perceptions of second-degree nursing students' ability to competently practice as an entry level registered nurse in the province of Alberta?

Since faculty advisors hold the responsibility for the evaluation and final grading of students' performance (Myrick and Yonge, 2005), we also wanted to explore how faculty advisors understand the concept of competence. The research question for this part of the study was: What are faculty advisors' perceptions of the entry-to-practice competencies exhibited by second-degree student participants?

The Context of the Study

The preceptored practice course is the final practice course students undertake in the nursing program. Students complete 350 h in a practice setting of their choice under the supervision of a registered nurse preceptor. Students in this study completed their preceptored practice course in acute care or community settings. In all cases, the student-to-preceptor ratio was 1:1. Criterion used to select preceptors varies across practice settings and is determined by the leadership team within each practice setting.

As part of course and program requirements, all students undertaking clinical practice courses are evaluated utilizing a standardized clinical evaluation tool (CET). The 62 indicators contained in the CET have been mapped by the faculty's Evaluation and Curriculum Committees to the 119 CARNA (2006) ETPCs. This contributes to the content validity of the CET within the Alberta context. Although the reliability of the CET has never been formally assessed by the nursing program, internal consistency was determined to be favorably based on the calculation of Cronbach's alphas in the current study (students n = 14; preceptors n = 13) for each of the four standards included in this tool. Standard 1: Professional Responsibility (α = .784). Standard 2: Knowledge-based Practice (α = .919). Standard 3: Ethical Practice (α = .712). Standard 4: Provision of Service to the Public (α = .936).

Each CET indicator is evaluated using a four-point Likert scale: Unacceptable (U), Inconsistent (1), Competent (C), or Excellent (E). Students require consistent scores at the competent or excellent level to be awarded a satisfactory (passing) course grade. Descriptors of behaviors associated with each level of performance determined by the nursing program are provided in the CET. In this study, student and preceptor rankings of the student's performance were examined to determine the congruence of the ratings within the student–preceptor dyad and the average rankings on each of the CET indicators for both students and preceptors.

Ethical Considerations

Prior to the start of the study, ethical approval from the university ethics committee was received. Student participants were recruited by a graduate student research assistant who presented information about the study at the end of a theory class attended by all second-degree students. Interested students were contacted later by the research assistant to further discuss study procedures. For example, students could participate either by submitting their and their preceptors' CETs only or, by