



Assessing clinical practice of student nurses: Views of teachers, mentors and students



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SUMMARY

Background: Assessment received by students affects the way that they conduct their studies and shapes their interests in clinical placements. It is therefore important that mentors and teachers have high quality assessment strategies to ensure the competence of nursing students.

Objectives: The objective of this study is to describe the views and experiences of nursing students, nursing teachers, and mentors on the final assessment of nursing students in clinical practice. The study also investigates respondents' views on using a standardized national or European scheme for clinical assessment in the future.

Design: Descriptive survey design with a questionnaire.

Settings: Implemented in five Finnish universities of applied sciences and in five partner hospitals.

Participants: Nursing students (n = 276), nursing teachers (n = 108) and mentors (n = 225).

Methods: A questionnaire was used to collect data. Survey data were analyzed by using SPSS version 19. Descriptive statistics and cross tabulations were used to characterize the data.

Results: Nursing students felt that they had spent enough time with their mentors during their clinical practice period to ensure that the mentors could assess their behavior. Mentors also evaluated that they had spent enough time with the students. Students and mentors both indicated occasional difficulties with the language used in the competence assessment document. Most of the nursing students and mentors shared the view that it is always necessary for a teacher to be involved in the final assessment discussion.

Conclusions: The study highlights the importance of assessment skills of mentors and the important role of the teachers. Findings from this study indicate that nursing students' clinical practice assessment already includes many good practices, but we still have some difficulties in ensuring effective measures of competence.

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Introduction

The assessment of nursing students in clinical practices continues to be a major ongoing dilemma in nursing education. Assessment must describe student nurses' abilities in performing the tasks required by their job description, i.e., their 'fitness to practice'. According to Levett-Jones et al. (2011), clinical assessment results are consistent with general clinical performance. Nursing students should be able to improve their practice by appropriate assessment. However, in order to ensure that nursing staff is competent in caring for patients, high quality assessment strategies are needed.

There is lack of clarity on the issue of competence in nursing education; competence depends on each area of expertise and personal character traits can be assessed by subjective means (Fordham, 2005). It is very significant to determine what is going to be assessed; Fong Leung et al. (2008) found that the format of assessment affects students' way of studying and interests. Therefore, it is important to understand that nursing students have different learning needs and preferences because of their different learning styles. For example, Bailey and Tuohy (2009) emphasize that a successful learning process includes support from teachers, relevant skills, prior experiential learning and required theoretical knowledge. In Henderson's et al. (2012) study, nursing students also evaluated that their individual needs and views were not sufficiently taken into account.

Before graduating, nursing students are often worried about the responsibility they are going to have to carry as registered nurses, and worry whether they have enough skills to work with patients (Cooper et al., 2005). Nurse leaders evaluated new graduate nurses as not fully prepared to provide safe and effective care and assessed that they have a lot of improvement needs in their competencies

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(Berkow et al., 2009). According to the Willis Commission (2012) report, pre-registration education is only the beginning of a life-long educational journey.

Background/Literature

Teachers and mentors face a number of ethical and practical problems in the assessment of nurse students' clinical performances. Mentors need more support from teachers for maintaining mentorships, and teachers should more frequently visit clinical sites when students are placed there (Hutchings et al., 2005). In a study by Jokelainen et al. (2011), mentors recognized the fact that they need to reserve more time for mentoring students.

Oermann et al. (2009) found that 83% of nursing schools used pass/fail grading in clinical courses rather than letter or numerical grades. Most programs (70%) used the same evaluation tool in all of their courses, but modified it to suit each course. Assessment forms might be difficult to understand (Fahy et al., 2011), but mentors still spend a small amount of time in the assessing process (Butler et al., 2011). Mentors used mostly three or four different assessment methods. Observation was the most often used method and the others were as follows: questions, written evidence, documentation, feedback from staff, feedback from patients, and assessment criteria (Hyatt et al., 2008). Assessment should also take the views of students and staff into account. Nursing students also have a possibility to improve their skills by noting assessment received from patients (Davies and Lunn, 2009).

Students' self-assessment is a process that can enable nurses to be lifelong learners. However, Dearnley and Meddigs (2007) found that, in some cases, students do not have the required skills and need support in learning the rules of assessment practices. Students may overestimate their knowledge and skills when they are self-assessing their performance (Cole, 2009). Furthermore, findings by Lauder et al. (2008) question the connection between self-assessment and competence. However, Blackman et al. (2007) noted that students who had assessed themselves as needing minimal clinical supervision performed significantly better in their final assignments.

For example, Hunt et al. (2012) noted that a very small proportion of students failed their clinical practice assessments in England. However, Duffy (2003) and Yonge et al. (2011) have suggested that mentors have difficulties in failing students.

Aims and Objectives

The aim is to describe the views and experiences of nursing students, nursing teachers, and mentors on the final assessment of nursing students in clinical practice. The study also investigates responders' views on using a standardized national or European scheme for clinical assessment in the future.

Design

Descriptive survey design with a questionnaire.

Methods

The study population included nursing students ($n = 276$) and nursing teachers ($n = 108$) in five Finnish universities of applied sciences and mentors ($n = 225$) in five partner hospitals. The data were collected between February and December of 2012. These five Finnish universities of applied sciences were chosen geographically from different parts of Finland and they were supposed to represent both larger and smaller universities of applied sciences. The partner hospitals were settings in which nursing students conducted their clinical training. These ten organizations acquired approval for this

research according to their ethical principles and protocols. The author has received the written documents.

The questionnaire included background variables and structured questions rated on a four-point response scale (*always, usually, sometimes, never*) that offered a possibility to comment on answers. A literature review, five expert groups, and pilot testing were used to identify and validate the questionnaire. The scale of 76 (students), 87 (teachers) and 73 (mentors) items consists of seven categories, namely before final assessment, during final assessment, assessment criteria, assessment forms, role of the student, role of the mentor and opinions of standardized national or European scheme.

Data Collection and Ethical Considerations

Permissions needed for conducting the study were obtained from the leaders of the ten partner institutions that included five universities of applied sciences and five hospitals. In these five universities of applied sciences, all nursing teachers who are used to assessing nursing students' clinical practice were invited to participate in the study. They were informed of the voluntary nature of answering the questions. Most of them filled in the questionnaire in staff meetings where the current author was on site to answer teachers' queries. The participants were able to hand in the questionnaire anonymously and were also allowed to leave it unfilled if they so wished.

Previously determined groups of students were invited to participate in the study in a classroom situation before filling in the questionnaire. The students received information about the study aim and the questionnaire was introduced by the author. Students were informed that their participation was strictly voluntary and they completed the questionnaire form anonymously.

Out of the five partner hospitals, two psychiatric units, two internal medicine wards and two surgery wards were chosen to participate in the study with the help of head nurses. From each of these wards, ten registered nurses who have mentored and assessed students were chosen to fill in the questionnaire with the help of ward nurses. The current author visited all of these 30 wards, and mentors were able to ask her about the survey. The questionnaires were handed in with addressed envelopes. Due to research ethics, the author could not know which of the mentors filled in the questionnaire and ward nurses did not receive information on who did not respond.

Survey data were analyzed by using the Statistical Package for Social Sciences (SPSS) (Version 19). Descriptive statistics (means, standard deviations, ranges, frequencies, percentages) and cross tabulations were used to characterize the data. Cross tabulations were created with chi-square test to find statistically significant differences between groups. Level of significance was chosen as $p < 0.001$ and only the results with an acceptable level of differences were reported in Tables 4 and 5 (Polit and Beck, 2010). This study was specifically concerned with differences between groups. Groups were used as background variables.

Results

Response rates were attained from 73% of nursing teachers, 84% of students, and 79% of mentors. The majority of nursing teachers (61%) were over the age of 50. Most (68%) usually made 21–80 final assessments on nursing students' clinical practices each academic year. The ages of the nursing students ranged from 20 to 51, with 20–29 years being the most frequently occurring age range (82%). 45% of nursing students had completed at least 5 clinical modules and 70% of participants had collected between 100 and 200 ECTS units.

Mentors' ages ranged between 23 and 62 years. Most (46%) had been working as members of nursing staff for 11 to 25 years. 82.7% made fewer than 5 final assessments on nursing students' clinical practices each academic year, and 16.9% usually made 5 to 20 assessments per year. 80% of mentors had received training on acting as a

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