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Assessment of undergraduate nursing students from an Irish perspective: Decisions and dilemmas?

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ABSTRACT

Assessment of clinical competence plays a pivotal role in the education of undergraduate nursing students in preparation for registration. The challenges that face preceptors are represented in the international literature yet few studies have focused on the factors that influence the decision-making process by preceptors when students under-perform or appear to be borderline status in relation to clinical practice. This study explored the lived experiences of the preceptors during the assessment process using a phenomenological approach. This was a qualitative study that utilised a phenomenological approach to explore the lived experiences of the preceptors in relation to student assessment of those students who were incompetent and underperformed in clinical practice. Three categories emerged from the findings: First impressions, Emotional turmoil of failing a clinical assessment and competing demands in the workplace. It is proposed that employing a tripartite approach would enhance the assessment process to ensure a more robust and decision-sharing mechanism. This would support decisions that are made in the cases of incompetent or borderline nursing students and increase the objectivity of the competency assessment to ameliorate the emotional turmoil that is experienced by preceptors.

1. Background

Assessment of clinical competence amongst undergraduate nursing students is challenging and complex (Baglin and Rugg, 2010; Cassidy, 2009; Price, 2012) and many studies have identified a reluctance by preceptors to fail incompetent and underperforming nursing students in practice. In Ireland, clinical assessment is conducted by preceptors, also known as mentors in the United Kingdom (UK) (Black et al., 2014). A preceptor is "nurse, who supports students, should have completed a teaching and assessing course to enable them support, guide and assess students and assist them learn the practice of nursing" (An Bord Altranais, 2005, p. 42). A mentor is a registrant who "facilitates learning, and supervises and assesses students in a practice setting" (NMC, 2008, p45). The term preceptor will be used in this article and can be used interchangeably with mentor throughout this article.

The role of the preceptor is internationally recognised in many professions as the person who provides day to day support to undergraduate students that includes teaching, reflection and the provision of feedback (Hallin and Danielson, 2010; Hunt et al., 2016). Duffy (2004) was the first author to identify this problem of a 'failure to fail' in a United Kingdom (UK) based study. Since then many emotional difficulties and fears have been identified in the assessment of nursing students' competence (Black et al., 2014; Gallagher et al., 2012; Hunt et al., 2016). More recent reports from the UK and Australia suggest that up to 53% of nursing students report being bullied on placement (Birks et al., 2017). While within the United Kingdom contemporary literature reports that preceptors too are feeling bullied and manipulated by a more narcissistic type of student (Hunt et al., 2016). Much of the literature on nursing students describes the difficulties surrounding clinical assessment of students by their preceptors (Hunt et al., 2016; Black et al., 2014). Bradshaw et al. (2012) advocate the adoption of a national tool to address the lack of consistency in nursing student assessment. This is also an issue of international importance and is reported by Luhanga et al. (2008, 2014) from Canada; by Cangelosi et al. (2009) from the USA; by Enrico & Chapman (2011) from Malaysia; by Black et al. (2014) from UK and also by Cassidy et al. (2012) & McCarthy and Murphy (2008) from Ireland.

In Ireland, the undergraduate nursing programme is assessed using an adaptation of Steinaker and Bell's levels of learning (1979). These range from Year 1- dependant, Year 2 and Year 3 - supported participant and Year 4 - Proficient. Competency is based on the

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achievement of the six domains of competence: Professional and Ethical Practice, Holistic Approaches to Care and the Integration of Knowledge, Interpersonal Relationships, Organisation and Management of Care and Personal and Professional Development and Leadership (NMBI, 2016). Each nursing student is required to pass all of the six competencies in each placement that involves three separate interviews during the clinical placement. Clinical placement co-ordinators (CPC) (Government of Ireland, 2000) also support nursing students to achieve their competencies. The role of the CPC is similar to practice education facilitators in the UK or United States of America (USA). The CPC clinical placement co-ordinators are currently not involved directly in the assessment process but are involved in the development of a competence development action plan to address the deficiencies of the underperforming nursing student. If a nursing student is unable to achieve the competence required in all six domains after two failed attempts of clinical placement, then the nursing student is required to leave the programme. The preceptor is the only person who can currently pass or fail the nursing student. Assessment of nursing students and the clinical performance requires a combination of psychological, technical and practical skills (Cassidy, 2009). Consequently, many problems are cited in current literature that present the difficulties experienced by preceptors in assessing nursing students. Firstly, because nursing is synonymous with caring, many preceptors find it difficult to fail a nursing student because of their psychological association with caring and compassion (Luhanga et al., 2008; Duffy, 2004). Secondly, contemporary research by Black et al. (2014) identified that moral courage and integrity are also required by the preceptor if a nursing student is to fail a student on clinical placement. Finally, the role of the preceptor is made more challenging owing to the fact that preceptors also carry a patient case load which does not reflect the additional time spent with nursing students. Therefore, a lack of time and a lack of clarity in the assessment documentation further contributed to the challenges of this nursing student assessment (Duffy, 2004; Rutkowski, 2007; Heffernan et al., 2009).

The international evidence suggests that preparation and support for the role of a preceptor is vital in to be confident and competent when assessing undergraduate nursing students (Hanley and Higgins, 2005; Butler et al., 2011; Black et al., 2014; Hunt et al., 2016). The process of decision-making in the identified borderline or incompetent nursing student however is unclear and in need of examination. This paper reports on an Irish study that explored preceptors' lived experiences in the assessment of nursing students whose competence was in question.

2. Study aim

The aim of this study was to explore the experiences of the preceptors when faced with the dilemma of whether or not to fail a nursing student who was incompetent or underperformed while on clinical placement.

3. Methodology

This is a qualitative study that used one to one interviews to explore the experiences of preceptors and collect data. The study adopted a qualitative approach based on hermeneutic phenomenology as described by van Manen (1997). Phenomenology attempts to discover meanings through lived experiences. This study aimed at understanding the experiences of preceptors who had experience of nursing students who were underperforming or failing while on clinical placement. The nursing school and two clinical sites were informed about the study and the preceptors who met the inclusion criteria were invited to take part in the research.

4. Sampling and sample

A purposive sampling technique was used to recruit nine preceptors comprising of eight female participants and one male participant from two clinical sites. An inclusion criterion for the study was a preceptor who had a minimum of two years working experience as a preceptor with undergraduate nursing students in a general (adult) teaching hospital. This ensured that only those preceptors with experience would be eligible for the study. The interviews were arranged at a time and location that suited the participants in the general hospital sites. All of the preceptors suggested a room away from clinical activity in the hospital setting when they were finished work.

5. Data collection

The data was collected from individual in-depth interviews which took between 40 and 60 min. An interview schedule was used to guide the discussions and allow for further exploration of the phenomena. Opportunities were provided to fully explore preceptors descriptions of the assessment of nursing students in a relaxed environment and the interviews were audio recorded and transcribed verbatim. At the end of the interviews participants were provided with an opportunity to add any supplementary information that may not have been addressed by the interviewer.

6. Data analysis

Once the interviews were completed the data immersion commenced and this was achieved by reading and re-reading the interview transcripts. The data was analysed using Elo and Kyngas (2008) content analysis three step framework: Step 1 involved preparation: this necessitated reading, re-reading the transcripts while selecting words/sentences and attributing a unit of meaning to them by coding the text line by line. Step 2: units of meaning were assigned to a group or theme and irrelevant data were discarded. Step 3 involved further analysis of the themes for meaning until the final themes emerged through a process of conceptualisation.

7. Trustworthiness

Trustworthiness is central to the concept of rigour in qualitative studies. Participants attempted to give as open and honest accounts of the difficulties they experienced to the researcher who also had prior experience of the role of a preceptor in supporting student nurses. The findings were independently analysed and were compared and validated with the transcripts for inter-rater reliability by an independent researcher against the final abstractions (Robson, 2011). Another criterion for trustworthiness is audit-trailing (Grbich, 2007) therefore all the decision-making and records were kept for this purpose. Credibility was also evident in the results of the descriptions that were represented by the direct use of quotations from the participants.

8. Ethical issues

Full ethical approval for the study was obtained by the Local Research Ethics Committee at the two Clinical Directorate sites. Written permission was sought from the Directors of Nursing of both clinical services to conduct the interviews. Participants were informed both verbally and with written information about the study and that they were free to withdraw from the study if they