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Original research

Comparison of postgraduate student and educator appraisals: A retrospective analysis

Paul Ross [a, f, *], Rachel Cross [b], Olivia Sonneborn [c], Brendan MacDonald [d], Cathy Dean [e], Charne Miller [f]

[a] Intensive Care Unit, Alfred Health, Commercial Road, Melbourne, Victoria, 3004, Australia
[b] La Trobe University, Austin Clinical School of Nursing, Level 4 Austin Tower, PO Box 5555, Heidelberg, 3084, Victoria, Australia
[c] Peri-anaesthetic Care, La Trobe University, La Trobe Clinical School, The Alfred Centre, Prahran, 3181, Melbourne, Victoria, 3004, Australia
[d] Cardiac, La Trobe University, La Trobe Clinical School, The Alfred Centre, Prahran, 3181, Melbourne, Victoria, 3004, Australia
[e] Perioperative Care, La Trobe University, La Trobe Clinical School, The Alfred Centre, Prahran, 3181, Melbourne, Victoria, 3004, Australia
[f] La Trobe University, La Trobe Clinical School, The Alfred Centre, Prahran, 3181, Melbourne, Victoria, 3004, Australia

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1. Background

The professional codes and guidelines for nursing in Australia and internationally are mandated by professional regulatory bodies, whose purpose it is, to provide the benchmark domains for nursing practice and behaviour (Nursing and Midwifery Board of Australia, 2016; Nursing and Midwifery Council of United Kingdom, 2015). Critical care specialities such as cardiac, emergency, intensive care, peri-anaesthesia and peri-operative additionally have professional practice standards specific to the organisations of the Australian College of Critical Care Nurses (ACCCN, 2015), College of Emergency Nurses Australasia (CENA, 2013) Australian College of Perioperative Nurses and Australian College of Perioperative Nurses (ACORN, 2016). These organisations provide speciality benchmark industry domains for critical care nursing. The content and appraisal processes of the clinical education for nurses in these critical fields is, therefore, shaped by the critical domains identified by these peak associations.

In Australia, the assessment of nursing standards and clinical competence is performance based and relies on observation and assessment in the context of the clinical setting (Nursing and Midwifery Board of Australia, 2016). Regular progress review is considered a requirement whether in the academic arena (Anderman et al., 2010) or the clinical healthcare setting through performance appraisals (Green et al., 2014). Complex methods of assessment using rating scales which integrate assessing skill and competency compared to 'snapshot' checklist methods aid this assessment process (Tolhurst and Bonner, 2000). Competency and performance assessments in nursing commonly utilise standardised scales as the framework to guide assessment, such as the Bondy (1983) criterion scale.

The purpose of a formative and summative appraisal is to provide an authentic form of assessment that assists development and provides clear performance feedback on a regular basis of both the theoretical and practical knowledge domains (Green et al., 2014). A formative appraisal allows the educator to evaluate and provide timely feedback, which leads into the summative appraisal that indicates if outcomes have been achieved in the clinical practicum (Oermann, 2013). Constructive feedback allows students to reflect on performance and identify their own learning needs (Bonnel, 2008; Green et al., 2014). Appraisals are designed to develop student's abilities to form judgements, not just a test of knowledge and understanding (Pelliccione and Dixon, 2008). The educational aim of the formative and summative appraisal as a form of assessment, is to provide accountability and self-regulation which is integral to current nursing professional status (Stuart, 2014).

Evans (2008) highlighted that in the Australian nursing education setting that undergraduate training, has generalised and clear

* Corresponding author. Lecturer Practitioner - Intensive Care, La Trobe University & Alfred Health, La Trobe Clinical School, The Alfred Centre, Prahran, 3181, Melbourne, Victoria, 3004, Australia.
E-mail addresses: p.ross@alfred.org.au (P. Ross), r.cross@latrobe.edu.au (R. Cross), o.sonneborn@latrobe.edu.au (O. Sonneborn), b.macdonald@latrobe.edu.au (B. MacDonald), c.dean@latrobe.edu.au (C. Dean), c.miller@latrobe.edu.au (C. Miller).
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standards for competence for entry to practice requirements. At the postgraduate setting for advanced or specialist practice there is less congruence regarding competencies and expectations (Evans, 2008). Standardisation and agreement on competency and assessment across university based nursing courses remains an ongoing educational dilemma. Calman et al. (2002) study of pre-registration university nursing courses across Scotland highlighted the varying theoretical frameworks for competence assessment and the adaptive process for assessment to suit the institution. Other research determined that continuing education and recency of practice were standard methods but that the research provided no definitive answer to the issue of continuing competence (Pearson et al., 2002). Despite numerous tools for the assessment of competence, including portfolios, direct observation, self-assessment and objective structured clinical examinations (OSCEs), not one definitive effective measure has been established (Evans, 2008).

The speciality areas that are incorporated into postgraduate education need to align the required needs identified by regulatory and peak bodies with the actual learning needs of these adult learners. To date, there is a lack of information describing areas of competency of postgraduate students as well as the implementation of the formative and summative appraisal process. Information that describes postgraduate student performance would highlight areas of existing clinical competency on entry to the course and areas for targeted development. This descriptive knowledge would contribute to discussions regarding competency standards at the postgraduate level and what should be taught and how it should be assessed by educators. Additionally, examination of student and educator agreement regarding student performance at formative and summative appraisals would further illuminate the effectiveness of this process to build shared understanding and insight amongst students, and ultimately enhance performance.

2. Objectives

The aim of this study was to describe performance by postgraduate students on areas of clinical and professional conduct as identified in the 'Registered nurse standards for practice' (Nursing and Midwifery Board of Australia, 2006) and to compare postgraduate student and educator clinical appraisals at formative and summative assessments.

2.1. Design & setting

The study used a retrospective research design to analyse the performance appraisals of all students who had successfully completed the first half of a postgraduate certificate in their respective speciality areas. Retrospective data collection was accessed from completed 2015 semester one electronic Clinical Performance Appraisal Tool's (e-CPAT) from postgraduate students and clinical nurse educators. Students were completing postgraduate certificates in the specialities of cardiac, emergency, intensive care and theatre specialities of peri-anaesthesia and peri-operative nursing at an Australian University. Low risk ethical application was granted from a National Health & Medical Research Council endorsed University Human Research Ethics Committee.

2.2. Participants

Participants in this study were nursing students and clinical nurse educators from five speciality areas of postgraduate nursing studies; cardiac, emergency, intensive care and theatre specialities of peri-anaesthesia and peri-operative. Each are postgraduate certificates, one year courses for qualified nurses working in the afore mentioned specialities in Australia. The extracted data for analysis were from one semester of the two semester programs. In the first semester the focus was on the management of the single system and intervention of the critical care patient. The blended course structure for these courses constituted both clinical and university based training and education provision, with a combination of clinical and academic assessments. A nurse educator assigned clinical supervision model was utilised for effective support and assessment.

3. Methods

Formative and summative assessments were based around domains for professional practice (Nursing and Midwifery Board of Australia, 2006), with each domain encapsulating a minimum standard for successful completion. Student performance were assessed against 34 criteria which were clustered around the four practice standards domains that included the 'provision and coordination of care', 'critical thinking and analysis', 'collaborative and therapeutic practice', and 'professional practice provided' (Nursing and Midwifery Board of Australia, 2006). Performance was graded according to the Bondy (1983) criterion levels of dependent, marginal, assisted, supervised and independent.

The e-CPAT consisted of sections for student self-assessment and one for nurse educator assessment for each of the 34 criteria. Students and nurse educators were provided training on understanding criteria and also using the e-CPAT tool using a standardised protocol at the commencement of the semester. The appraisal document for formative and summative remained the same as prior paper version, but using the e-CPAT provided increased mechanisms to add evidence, reflections and feedback. Formative assessment was conducted in the beginning third of the semester and then summative was completed at the end of semester for successful completion of the program.

A face-to-face meeting between student and educator was required to enable a discussion of e-CPAT appraisal and subsequent feedback were fully discussed by both parties in order to optimise a shared understanding of the appraisal, why the student was rate at a particular level, and what was needed to achieved the desired rating. Students who were deemed as 'not achieving' the required minimum level at the formative appraisal had an individualised plan of learning developed that was implemented in collaboration by the student, educator/s, and the course coordinator.

3.1. Statistical analysis

Data were extracted by course coordinators into a re-identified excel document [2013, Microsoft] and subsequently imported into a Statistical Package for the Social Sciences [SPSS; IBM Version 22.0, 2015] database for analysis. Results are described using frequency statistics. Responses to items were recoded to reduce the number of codes to optimise the cell size for analyses that examined student and educator agreement. Recoded items were generated by contrasting 'independent' ratings, with a combined category of 'supervised' and 'assisted' ratings. Non-parametric (chi-square) tests were used to compare the student and educator results for each item at the formative and summative evaluations with continuity test results reported for two-by-two matrices.

4. Results

Results from 126 students were collated across the five postgraduate courses. The most common post graduate studies being undertaken included emergency (41.3%) and intensive care (37.3%). There were an additional 15 students studying cardiac nursing