



Competence evaluation processes for nursing students abroad: Findings from an international case study



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ABSTRACT

Background: Assessing clinical competence in nursing students abroad is a challenge, and requires both methods and instruments capable of capturing the multidimensional nature of the clinical competences acquired.

Objectives: The aim of the study was to compare the clinical competence assessment processes and instruments adopted for nursing students during their clinical placement abroad.

Design: A case study design was adopted in 2015.

Setting and Participants: A purposeful sample of eight nursing programmes located in seven countries (Belgium, Denmark, Greece, Norway, Poland, Portugal and Italy) were approached.

Methods: Tools as instruments for evaluating competences developed in clinical training by international nursing students, and written procedures aimed at guiding the evaluation process, were scrutinised through a content analysis method.

Findings: All clinical competence evaluation procedures and instruments used in the nursing programmes involved were provided in English. A final evaluation of the competences was expected by all nursing programmes at the end of the clinical placement, while only four provided an intermediate evaluation. Great variability emerged in the tools, with between five and 88 items included. Through content analysis, 196 items emerged, classified into 12 different core competence categories, the majority were categorised as 'Technical skills' (=60), 'Self-learning and critical thinking' (=27) and 'Nursing care process' (=25) competences. Little emphasis was given in the tools to competences involving 'Self-adaptation', 'Inter-professional skills', 'Clinical documentation', 'Managing nursing care', 'Patient communication', and 'Theory and practice integration'.

Conclusions: Institutions signing Bilateral Agreements should agree upon the competences expected from students during their clinical education abroad. The tools used in the process, as well as the role expected by the student, should also be agreed upon. Intercultural competences should be further addressed in the process of evaluation, in addition to adaptation to different settings. There is also a need to establish those competences achievable or not in the host country, aiming at increasing transparency in learning expectations and evaluation.

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1. Introduction

Professional entrance into the nursing field requires abilities, qualities and standards of knowledge and practice, conceptualized as competences that enable the applicant to function safely within the profession (Wu et al., 2015). The competences expected, as well as the instruments and procedures adopted to measure these competences, have been

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established over the last decade mainly at institutional and national levels (e.g., [Dobrowolska et al., 2015](#)).

With the increased global migration of nurses ([Wheeler et al., 2013](#)), strategies aimed at standardising competences to a greater degree, or at least developing international standards, are required. Nevertheless, as documented recently by [Yanhua and Watson \(2011\)](#) little consensus among educators on competences to evaluate during nursing programmes, as well as on the validated tools to use, has been achieved to date. Moreover, despite the fact that different study abroad programmes have been established ([Brown et al., 2016](#)), no data is available with regard to the evaluation processes and tools used in the case of nursing students who experience traineeship mobility abroad, and as a result, being trained in two higher institutions located in different countries.

Specifically, in the last decade the Erasmus programme (European Regional Action Scheme for the Mobility of University Students) has been the predominant student exchange programme within Europe, aiding students' clinical competence, personal development and sensitivity toward global and cultural issues ([Milne and Cowie, 2013](#)).

The programme was built in 1981–1986 through pilot student exchanges, and was formally adopted in 1987–1988: currently, all 28 European Union (EU) countries participate in the programme, as well as non-EU countries such as Norway and Turkey. Students may study abroad for at least three months or have a traineeship for a period of at least two months. In 2012–13, one in five Erasmus students chose the traineeship programme, 16% more than the previous year. For 2020, it is expected that at least 20% of all graduates in the European Higher Education Area will choose a traineeship abroad ([European Commission Erasmus Statistics, 2014](#)).

Erasmus traineeship nursing students are required to achieve competences in different clinical and cultural contexts ([Kelleher, 2013](#)), using a foreign language. The evaluation of the competences achieved is mandatory and required for a series of reasons such as: a) monitoring and recognising competences developed abroad by the home institution; b) establishing competence equivalency achieved by the student in the host institution, thus recognising and transcribing the amount of credits gained abroad; and c) assessing the benefits of student mobility.

Therefore, the main aim of the study was to advance knowledge on competence assessment processes and instruments adopted for Erasmus Nursing Students (ENSs) across countries. Specifically, comparing clinical competence assessment processes and instruments adopted for ENS evaluation across countries, was the principal aim of the study.

2. Background

Competence is described as theoretical and clinical knowledge, together with the set of values and attitudes used in the practice of nursing, incorporating psychomotor and problem-solving abilities, with the goal of providing safe care for patients ([Wu et al., 2015](#)). Competence evaluation must be evidence- and criterion-based, including both quantitative and qualitative evaluation criteria along with context-specific criteria ([O'Connor et al., 2009](#)). Competence evaluation should be based also on a reliable and valid process across settings, as well as across evaluators who should be trained to capture the multi-dimensional nature of nursing competences ([Hvalič-Touzery et al., 2016](#)). The adoption of valid and reliable measurement tools at the beginning, in the middle and at the end of clinical placements, may increase the accuracy of the competence evaluation, helping students to identify those aspects where more learning is needed ([Wu et al., 2015](#)).

The various competence evaluation instruments and methods documented by the most recent systematic review in the field, include: a) students being observed or interviewed by the preceptor; b) written assessment forms to ensure continuous feedback from students; c) clinical practice diaries to help students reflect on the connection between competences; and d) student self-assessment tools ([Yanhua and](#)

[Watson, 2011](#); [Wu et al., 2015](#)). Moreover, available tools reflect three different approaches to competence evaluation: a) a behavioural-based approach, aimed at measuring observable behaviour referred to as competences; b) a general approach, aimed at identifying overall attributes, i.e. knowledge and critical-thinking skills, and c) a holistic-based approach, aimed at including a complex combination of knowledge, attitudes, values and skills used by students in different clinical settings. The latter is considered the best approach able to help students to achieve a high level of competence. Moreover, the tools available are structured or semi-structured in competence categories and items, based upon different metrics, and evaluating different aspects considered important to entry in the nursing profession ([Wu et al., 2015](#)).

However, while the majority of the above-mentioned tools have been developed and validated at nursing programme levels, to the best of our knowledge the only tool shared among different countries has been developed by the European Health Care Training and Accreditation Network (EHTAN) project, involving Belgium, Germany, Greece, The Netherlands, the UK, and Spain. After reviewing documents on required Registered Nurses competences in different countries, the EHTAN project developed two versions of the tool, for migrant and non-migrant nurses, respectively. Both of them consist of 108 items categorised into eight competence domains ([Cowan et al., 2007](#)). To date these tools have not being validated among nursing students.

More recently, as part of the modernisation process pursuant to [Directive 2005/36/EC](#), a public consultation was developed and the need to update educational requirements in the nursing profession in light of the advancements achieved in clinical practice over the last 10 years, has emerged. Thus, the European Federation of Nurses Association has developed a Competence Framework taking into account existing documents on nursing competence developed (e.g., the International Council of Nurses). A Competency Framework has been defined as a guideline to facilitate Directive changes within the nursing curriculum and include six key competences: Culture, Ethics and Values; Health Promotion and Prevention, Guidance and Teaching; Decision-making; Communication and Teamwork; Research, Development and Leadership; and Nursing Care ([European Federation of Nurses \[EFN\], 2015](#)). However, the translation of the framework into nursing education daily practice and specifically, in the evaluation of competences achieved by students abroad, has not been documented to date.

3. Methods

3.1. Study Design

A case study design ([Bromley, 1986](#)) was undertaken in 2015 and the research protocol was approved by the Internal Review Board of Udine University, Italy.

3.2. Participants

A purposeful sample ([Patton, 1990](#)) was adopted. Included were Bachelor of Nursing Science courses (BNSc): a) having a Bilateral Agreement (BA) with the coordinating centre of the research project (Udine University, Italy); b) who had developed experience in the field of ENS competence evaluation, being part of the Erasmus exchange programme for at least two years; c) who have more than one active BA, thus reflecting a tendency toward internationalisation, and d) willing to participate in the study. The invitation was sent to seven BNSc programmes located in Belgium, Denmark, Greece, Norway, Poland and Portugal by an Italian BNSc, from August to December 2015. All institutions agreed to participate ([Fig. 1](#)) in the study project.

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