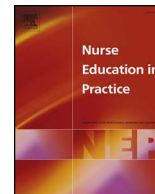




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Dialogic oral exam in nursing education: A qualitative study of nursing students' perceptions



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ABSTRACT

The purpose of this article is to explore nursing students' experiences of dialogic group oral exams used in the assessment of a medical nursing course. We discuss a small-group, educator-facilitated exam (dialogue exam). The data were gathered in April 2015 via an online survey including open questions. The participants were nursing students ($n = 58$) at a University of Applied Sciences. The data were subjected to inductive content analysis. The results suggest that students' experiences of the dialogue exam can be represented by four themes: context bound dynamics, new shared understanding, verified competences and holistic nursing care. The students liked the dialogue exam format, preferring it to the traditional individual written exam. The prerequisite for successful use of the dialogue exam format is that candidates perceived the exam situation as safe. Students need to be given information about the schedule and assessment criteria beforehand and should have some experience of the format.

1. Introduction

There has been a shift in the focus of education programs in health care. Curricula have moved away from being process-based towards being competence-based. Whereas students used to be required to demonstrate that they have completed a specific learning course they now have to demonstrate mastery of a variety of competences. The continuously changing nature of work requires graduates to have new skills and competences, such as shared expertise, collaborative and team working skills. Assessments cover not only specific course content but also more general competences such as problem solving and decision making skills (Virtanen et al., 2015). It is important that educational courses promote the development of these competences and assessment methods should take into account the learning approach. The term constructive alignment is used to describe situations in which the whole learning process is logically and coherently organised: planning, learning outcomes, teaching and learning methods, assessment methods and learning atmosphere. This requires a broad perspective on learning and the learning process. The constructive alignment perspective implies that when learning outcomes are changed new methods of assessment should be developed (Biggs and Tang, 2009).

The purpose of this study is to start a debate about the assessment methods used in nurse education. A small-group dialogue exam facilitated by an educator is discussed.

A review of the literature on assessment suggested that small-group, dialogue-based assessment is very rarely used (Habron et al., 2012) or at least that there has been little research on the method. There have been studies of written group exams (Hodges, 2004; Lin and Brookes, 2012) and individual oral exams (especially in relation to medical doctors' education) (Carter, 2012; Davis and Karunathilake, 2005; Lunz and Bashook, 2008; Tibbo and Templeman, 2004); however there is scant published research on oral group assessment (Dressel, 1991; Drouin, 2010). There were a few studies published in the 1990s, but hardly any in the 2000s. There is need for research on assessment using small-group oral exams.

In this study a dialogue exam is defined as one in which a small group of students (four or five) take part in an educator-facilitated discussion of a particular case. The participants try to find solutions to the problems the patient's care poses based on documented cases. The goal is to create a learning situation in which the learning objectives are to understand the key issues of the topic on which the case centres and achieve a comprehensive perspective on patient care, rather than learning by rote in preparation for an exam. The setting of a dialogue exam has a resemblance to clinical conferences or case studies (see e.g. Rossignol, 2000; Yehle and Royal, 2010) that have traditionally widely used in nursing education, however, in a dialogue exam a setting of the exam is carefully structured according to the framework of dialogue pedagogy as well as the students' assessment adheres to the evaluation

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criteria.

2. Literature

An electronic literature search was conducted of three international databases published between 2007 and 2017: Academic Search Elite, Science Direct and ERIC. The English search phrases were in Academic Search Elite: “dialogue exam*” or “oral group exam*” or “collaborative group exam*” or (“collaborative learning”) AND (“oral assessment” or exams or examination*). In Science Direct search phrases were: “dialogue exam*” OR “oral group exam*” OR “collaborative group exam*” OR (“collaborative learning”) AND (“oral assessment” OR exams or examination*) and in ERIC: (“collaborative learning” AND (“oral assessment” OR exam OR examination) OR “dialogue exam” OR “oral group exam” OR “collaborative group exam”).

Based on the electronic literature search, only one research concerning oral dialogue exam was found (Pietilä et al., 2008). Because there is very little research on dialogic small group exams we discuss, in addition to dialogue philosophy and pedagogy, research on group exams and oral exams. There has been some research and discussion of the use of pedagogic dialogue in learning; however there is a dearth of material relating to its use in evaluation of learning. It is known that pedagogic dialogue supports the development of professional competence and expertise. In the dialogue philosophy of Emmanuel Levinas (1996), dialogue is defined as an active, reflective interaction intended to lead to reciprocal understanding through a step-by-step process. The key idea is that participants will become aware of their own thinking as well as that of others. According to this philosophy students involved in a dialogue exam will be encouraged to think as individuals, make decisions and manage uncertainty and thus their ability to reflect on their own competence and development will be enhanced (Silkelä, 2003.) Sarja (2003) stated that joint learning tasks are required if group discussions are to be genuine opportunities for collaboration and development of dialogue. The best tasks reflect real-life practice in the relevant profession or discipline (Biggs and Tang, 2009). Dialogue can be an opportunity to combine the viewpoints of participants and promote reciprocal communication. A learning task has to be challenging enough that the group will be committed to the dialogue; the aim of the task is to support the group towards self-direction, collaboration and development of expertise aiming to new understanding (Silkelä, 2003).

It is important to create a favourable learning environment for dialogue; it will not emerge automatically (Sarja, 2003). According to Burbules (1993) pedagogic dialogue must fulfil three preconditions: (1) Active, voluntary participation of the group members; all the participants have the opportunity and freedom to express different views and questions – this requires an understanding of the core of the phenomenon under discussion. (2) Commitment i.e. a desire to understand the views, emotions and thoughts expressed by others. Dialogue requires the individual to give away both authoritative position and exclusively reproducing others’ viewpoints. (3) Reciprocity i.e. all the participants respect and take care of each other (Burbules, 1993, 80–82.) In dialogic learning there is an emphasis on breaking down the borders between theory and practice as the aim is to find solutions to practical problems that can be justified on using theoretical knowledge. Dialogue emphasises the relationship between the participants. It requires commitment, reciprocity and reflectivity from the participants. At its best dialogic learning provides opportunities to deal with the problems encountered. Solving the problems will elicit greater awareness of various models of thinking and action models that often remain unconscious. These models enable conscious self-management later (Sarja, 2003.)

Dialogic learning process is a form of collaborative learning. This kind of learning assumes a constructivist view of knowledge according to which students are seen as active rather than passive participants in their own learning. A key assumption is that students learn when they are encouraged to articulate and explain their understanding to others and, in turn, when they must evaluate and respond to others (Castor,

2004).

Group learning is emphasised in collaborative learning and so group assessments are appropriate as they encourage students to analyse, synthesise and evaluate their knowledge through group discussion and thus promote a deeper understanding of the subject of assessment. At its best the group exam may become a learning experience in itself (Hodges, 2004.). There is evidence that group exams enhance student achievement (Hodges, 2004; Peck et al., 2013).

It is surprising that oral group exams are so rarely used given their many potential advantages. The reported advantages of oral exams (Huxham et al., 2012; Carter, 2012) include support for the development of oral communication skills e.g. through providing an opportunity for clarification, justification and defence (Carter, 2012); authenticity, oral exams are more authentic than most other types of assessment; promotion of critical thinking and resistance to plagiarism, because students must explain their understanding in their own words. Collaboration with fellow students promotes knowledge building and social relationships (Drouin, 2010). It has also been suggested (Huxham et al., 2012; McAdams et al., 2013) that oral assessments facilitate students’ professional growth and development of a professional identity, thus preparing them to meet the challenges of their future work. It is also important to acknowledge that not all students find oral examinations a positive experience (McAdams et al., 2013); they can be perceived as very challenging and may make students nervous (Carter, 2012). It is important to prepare students properly for an oral examination and this includes telling them what the evaluation criteria are (McAdams et al., 2013).

2.1. Study context: conducting the dialogue exam

The learning outcomes for a medical nursing course are (i) that the student is able to plan, implement and evaluate the care of medical patients in the different stages of illness and (ii) that the student can apply his or her theoretical knowledge holistically as part of patient care. Teaching and learning is by active discussion and small group work. At the beginning of the course students are given genuine patient cases (for example a patient with a heart failure) for which they must make nursing plans in small, independent groups. The groups present their nursing plans at the beginning of classes and which the lecturer and the students deepen their knowledge and skills by discussing the case and searching for new knowledge relevant to holistic nursing care of the patient involved.

Students who participated in the course were given beforehand the assessment criteria of the dialogue exam based on competences of the core curriculum and Bloom’s taxonomy. The assessment criteria consist of competences related to knowledge, skills and attitudes. Information about individual grading was also given at the start of their course: the grade of each student is based on their performance according to the assessment criteria. At the beginning of the exam session, educators split up the students into groups of 4 or 5 by drawing lots. The students were also told the schedule and the course of the exam.

The dialogic exam was facilitated by two senior lecturers with expertise in medical nursing. At the beginning of the exam session they explained briefly how the exam worked and gave each group two patient cases to discuss. The cases encompass the main issues dealt with in the medical nursing course. The students were allowed 10 min to prepare and were then given the opportunity to choose which case would be discussed first. During the exam the leading lecturer focused on the dialogue among the students. To facilitate fluent discussion the lecturer would ask students to elaborate points when necessary and also made sure that all students were given an opportunity to participate. When groups produced incorrect or incomplete proposals the lecturer supported them to find correct solutions. It is important to emphasise that some problems do not have a single cause or a single solution. The other lecturer focused on the assessment of the students based on the aforementioned criteria. She or he documented each student’s responses and

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