



Review

Exploring mentors' interpretation of terminology and levels of competence when assessing nursing students: An integrative review

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ABSTRACT

Objectives: The purpose of this integrative review is to evaluate the empirical and theoretical literature on the challenges mentors face in interpreting and assessing levels of competence of student nurses in clinical practice.

Design: An integrative review of the literature.

Data Sources: An extensive and systematic literature search was conducted covering the period 1986–September 2016 across twelve databases covering health and education related publications. Grey literature was searched from wide relevant sources.

Review Methods: Sources were eligible for review when they referred to mentor's interpretation or assessment of student nurses' level of competence in practice settings. Methodological rigor of the included studies was evaluated with the Mixed Methods Appraisal Tool.

Results: After screening 1951 records by titles, abstracts and full text, 8 were selected for review. The methodological quality of the studies was moderate. The studies reported:

- Difficulties in the language used to describe competencies.
- The challenge of distinguishing between different levels of competence.
- Lack of clear and constructive feedback to students.

Accurate and fair assessment of students is impeded by a lack of transparent and explicit criteria.

Conclusions: There is a need to establish a transparent and common language to distinguish between and facilitate interpretation of different levels of competence. Well-designed rubrics might offer the solution to the challenges faced in practice-based assessment and necessitates further research into their use.

1. Introduction

Pre-registration education programmes for health professionals (HPs) combine theoretical and practice-based elements. Internationally, concerns exist related to lack of reliability and validity when assessing HPs during practice placements.

Assessing the practice element against competencies set by professional bodies is essential to evaluate that learners have developed an adequate level of competence, are safe to practice and to protect the public (Trede and Smith, 2012; Yorke, 2005). In the UK, the Practice Assessment Document (PAD) requires nursing students to be assessed by mentors against competencies set by the Nursing and Midwifery Council. This Integrative review (IR) collates empirical and theoretical literature to provide a broader, deeper insight into the challenges mentors face in interpreting and assessing levels of competence and proposes a potential solution.

2. Background

The complexity of assessing clinical practice has challenged educators for decades. A plethora of studies raise concerns regarding lack of reliability and validity of HP students' assessment in practice placements, including occupational therapy (Ilott and Murphy, 1997), social work (Tanicala et al., 2011; Eno and Kerr, 2013; Rawles, 2013), medicine (Cleland et al., 2008; Dudek et al., 2005; Paisley et al., 2005; Govaerts et al., 2013; Sabey and Harris, 2012) and dentistry (Licari and Chambers, 2008; Willis, 2009).

Internationally, nursing literature also consistently identifies concerns that judgments in practice-based assessments are subjective and do not always accurately reflect students' performance with reports from the UK (Black, 2011; Duffy, 2003; Hunt et al., 2012), Australia (Glover et al., 1997; Miller, 2010), United States (Cangelosi et al., 2009; DeBrew and Lewallen, 2014), New Zealand (Gallagher et al., 2012;

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Whiteford, 2007), Ireland (Bradshaw et al., 2012; Butler et al., 2011; Cassidy et al., 2012), Italy (Finch and Poletti, 2014), Malaysia (Enrico, 2011), Scandinavia (Jokelainen et al., 2013); Singapore (Jinks and Haroon-Iqbal, 2002) and Canada (Larocque and Luhanga, 2013; Yonge et al., 2011). Inconsistencies in the processes used to assess student nurses vary between countries and institutions, and the methods used have rarely been systematically assessed for reliability and validity (Helminen et al., 2016).

Numerous barriers to effective assessment of the practice element are reported in the literature. A major barrier relates to familiarity with the PAD, with particular reference to the terminology being ambiguous, and the language used is vague and contains too much academic jargon (Brown, 2000; Butler et al., 2011; Cassidy et al., 2012; Dolan, 2003; Duffy, 2003; Duffy and Watson, 2001; Fahy et al., 2011; Miller, 2010; McCarthy and Murphy, 2008; Neary, 2001; Norman et al., 2002; Scholes et al., 2004). Consequently, mentors experience problems translating and applying assessment outcomes into observable practice activities in turn leading to problems in accurately assessing learning and assigning grades. Mentors and students have reported spending significant time trying to work out what the competency statements mean rather than assessing the student against them (Neary, 2001; Scholes et al., 2004), resulting in them negotiating their own objectives and learning outcomes. Thus, when required to justify their decisions regarding students not meeting competency standards, mentors struggle to prove their concerns are justified (Duffy, 2003; Brown et al., 2012; Gainsbury, 2010).

Difficulties in discriminating between different levels of practice are also acknowledged in the literature; mentors struggle to identify the benchmark of what constitutes a pass or a fail (Butler et al., 2011; Heaslip and Scammell, 2012), most noticeably when dealing with borderline students (Duffy, 2003). This partly relates to the complexity and lack of consensus on what ‘competent’ means but there is also evidence that mentors have differing views about what is considered an ‘acceptable’ standard of competence that a student needs to pass (Cassidy, 2009). Neary (2001) found that current grading tools provide generic descriptors that lack specificity so remain open to interpretation. The lack of transparent criteria against which students’ competence can be judged not only influences the accuracy of completing students’ documents, but also how mentors deliver effective and constructive feedback (Fitzgerald et al., 2010).

3. Objectives

This IR systematically synthesises and evaluates empirical and theoretical literature on the challenges mentors face in interpreting and assessing levels of clinical competence in pre-registration nursing.

4. Method

The review adopted the IR framework (Table 1) of Whittemore and Knafl (2005) who modified Cooper’s (1998) framework for systematic reviews and meta-analysis to make it suitable for IRs. The strength of IRs is their rigorous methodology. Their distinctive feature is drawing conclusions from empirical studies and theories to enhance the holistic understanding of the topic in question. This feature made the IR an appropriate approach by creating a more well-rounded evidence review (Whittemore and Knafl, 2005).

Table 1

Whittemore and Knafl’s (2005) IR framework stages.

1. Problem identification
2. Literature search
3. Data evaluation
4. Data analysis
5. Presentation

Table 2

The variables identified in the scoping exercise.

- Understanding/familiarity with the PAD
- Understanding of competency/criteria
- Understand what need to be demonstrated to be worthy of a pass/identifying levels.
- Provision of accurate and constructive feedback
- Inconsistency between assessors

4.1. Stage 1: Problem Identification

The problem identification process includes the development of conceptual and operational definitions of variables to be examined. A scoping exercise was undertaken locally across one Higher Education Institution (HEI) and five hospitals to seek the views of stakeholders representing key roles in the provision of practice education including academics, mentors, students and clinical practice facilitators. They identified issues with significant impact on the quality of the assessment process and outcome (Table 2). These were mirrored in international literature so merited further analysis as the basis for the IR variables.

4.2. Stage 2: Literature Search

Since the focus was educational rather than clinical, the search question in this review employed the ‘Best Evidence Medical and health professional Education’ (BEME) guidelines for reviews undertaken in medical and health care education. BEME focuses on health-related educational searching methods and recommends search questions where the queries can be broken down into Participants, Educational aspects and Outcomes (PEO).

A broad identification of search terms was conducted through examining each essential subject component and identifying synonyms, alternative spellings, and related terms. For example, synonyms to the terms ‘mentor’ and ‘student’ were utilised to expand and include international alternatives. Synonyms are detailed in Table 3.

Table 4 shows the inclusion and exclusion criteria. Articles had to be related to any of the variables identified in the scoping exercise shown

Table 3

PEO synonyms used to expand the essential terms.

Population	Exposure	Outcome	Not
Mentor*	“Work based	Interpret*	Patient*
Assessor*	assessment”	Language*	“Patient*
Preceptor*	“Workplace	Terminology*	assess”
Supervisor*	assessment”	“Level* of	“Tool
Trainer*	“Workplace	competence”	validate”
“Clinical educator”	based	“Level* of	OSCE*
Undergraduate*	assessment”	performance”	Simulate*
Student*	“Practice-based	Discriminate*	Classroom*
Learner*	assessment”	Reliable*, Valid*,	assess*
Trainee*	“Performance	Fair*, Robust*,	
Mentee*	assessment”	Rigor*, Effective*,	
Preceptee*	Placement*	Accurate*,	
	“Clinical	Sensitive*,	
	placement”	Specific*	
	“Student	Capabil*,	
	placement”	Competence*	
	“Practice	Fitness*	
	placement”	“Fitness for	
	“Education*	practice”	
	measurement”		
	“Practice		
	document”		
	“Clinical		
	competence”		
	“Performance		
	indicator”		

The asterisk (*) wildcard means the root of a search term can be used, allowing the search engine to expand the query into multiple possible keywords

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