

Perspectives of Hospital Nurse Educators, Clinicians and Managers on Clinical Assessment for Undergraduate Nursing Students



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Influencing the Future

Programmes offered by NUS ALCNS

- ◆ Bachelor of Science (Nursing)
3 years
- ◆ Bachelor of Science (Nursing) (Honours)
4 years
- ◆ Master of Nursing
- ◆ Master of Science (Nursing)
- ◆ Doctor of Philosophy



Times Higher Education Supplement (THES) 2015:

- World University Ranking by Reputation: 24th
- Top Asian Universities: 2nd

QS World University Rankings 2015:

- NUS Medicine: 2nd in Asia

home.

THE STRAITS TIMES WEDNESDAY, MAY 4 2011 PAGE B2



Employers that were surveyed rated NUS medicine graduates favourably.
HP FILE PHOTO

NUS scores high in medicine rankings

It's top in Asia, No. 18 in world, in global ranking exercise

By AMELIA TAN

THE National University of Singapore (NUS) has received a booster shot, being named the 18th-best university in

the world and the top in Asia - for medicine.

It also scored highly in biological sciences and psychology in a ranking exercise of global universities by London-based Quacquarelli Symonds (QS).

The latest exercise from QS - more well known for its annual ranking of worldwide universities - focuses on a narrower spread of disciplines.

In the results released this morn-

ing, NUS was also rated 28th in the world in biological sciences and 22nd in psychology.

Nanyang Technological University (NTU) was in the 151st-200th band for biological sciences and 51st-100th band for psychology.

NTU was unranked in medicine as it essentially does not have a medical school. It will open one in 2013.

Earlier last month, QS, an education and career consultancy, released

rankings for engineering disciplines and computer science.

NUS was rated seventh, and NTU 16th, in the world for civil engineering.

In the latest exercise, QS took into account the view of academics and employers. About 15,000 academics worldwide were asked to name institutions that excel in research areas they were familiar with. About 5,000 employers were polled on which universities they preferred to recruit from.

Harvard University was named No. 1 in medicine, psychology and biological sciences.

Penn State names The University of Cambridge, Massachusetts Institute of Technology and Stanford University also did well.

The University of Tokyo was rated 20th in medicine, 18th in psychology and 19th in biological sciences.

QS intelligence unit head Ben Sawyer said NUS and other universities in Hong Kong and Singapore have an advantage over other schools in the world as their use of English makes them attractive to the best global students and faculty.

He pointed out that NUS ranked higher in medicine than the University of Tokyo because NUS graduates were rated more favourably by the employers surveyed.

Dean of the NUS Yong Loo Lin School of Medicine, Professor John Wong, said: "We are privileged to be recognised for the impact that our great faculty and students have made, and continue to make, in our commitment of doing our very best, be it in patient care, education or research."

Mr Chan Kwong Lok, chief planning officer of NTU, said the university is encouraged by the rankings.

He added that psychology and biological sciences are relatively new disciplines which have been introduced in the university in the past 10 years.

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Transition to Practice

Module Objectives

- Integrate theory and clinical knowledge through experience in a clinical practice
- Enable students to function as registered nurses

Learning Time

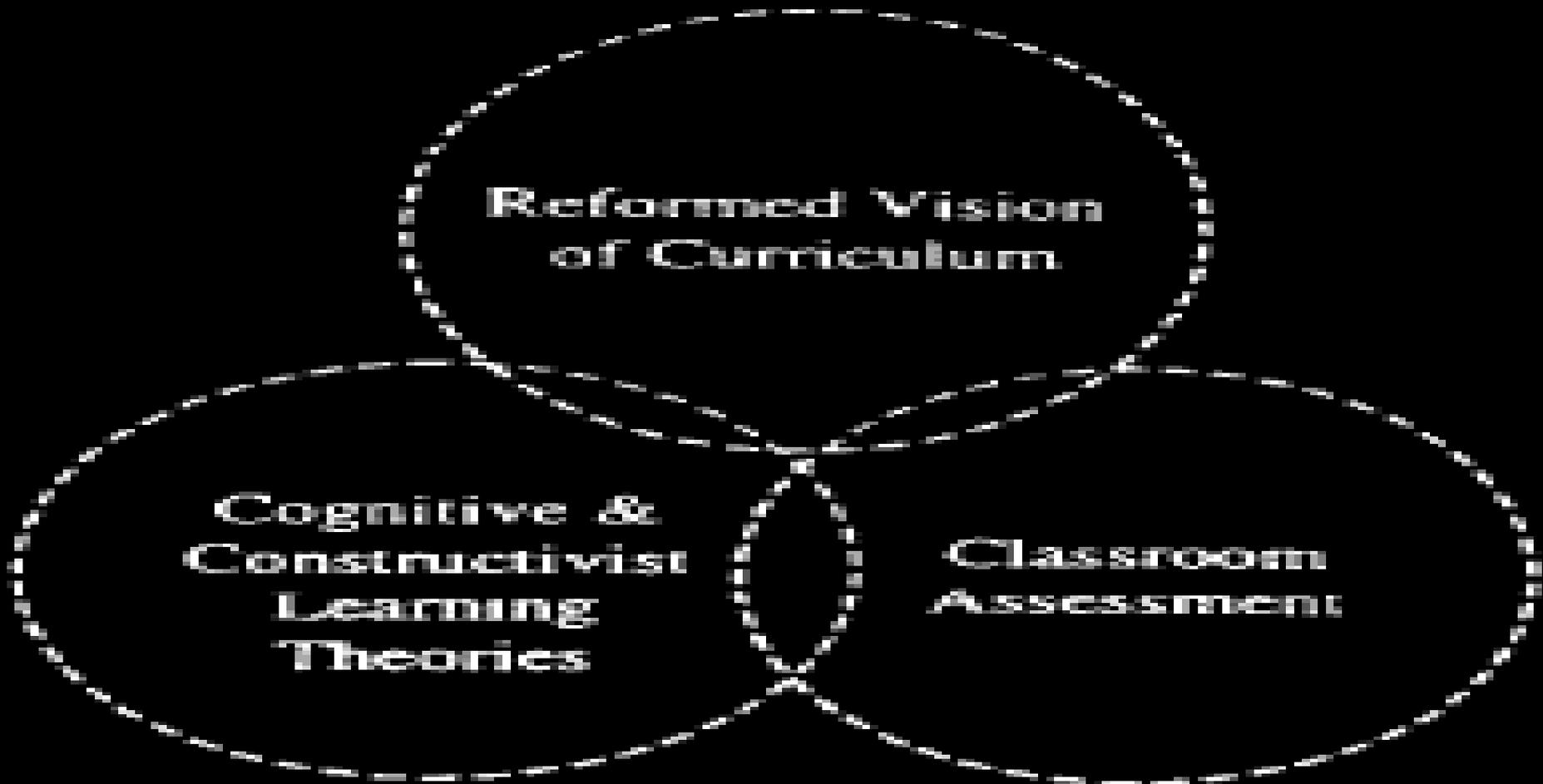
- Clinical practicum for 9 weeks at 40 hours per week
- Total = 360 hours

Assessment

- Student Clinical Assessment Tool (SCAT)
- Continuous Clinical Education Record (CCER)
- Learning Portfolio
- Non-graded Mandatory Pass

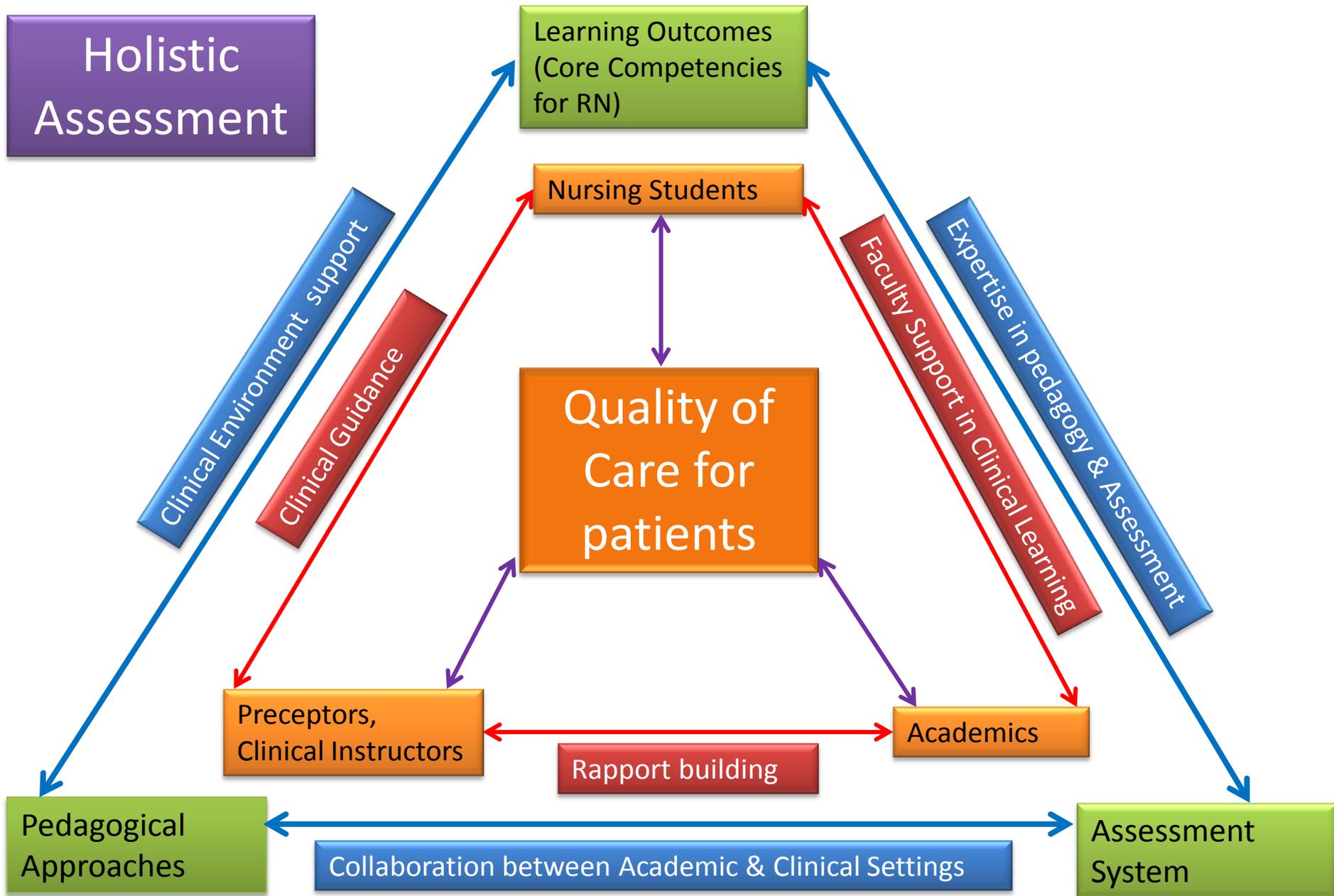


Shepard's Emergent Paradigm



**Emergent Paradigm
(circa 1990s - 2000+)**

Conceptual Framework



- Knowledge, accountability and responsibility of legal obligations
- Ethical nursing practice
- Culturally appropriate care

Professional,
Legal and
Ethical nursing
practice

- Effective communication
- Holistic quality of care
- Safe environment via quality assurance and risk management
- Promote health and prevent illnesses

Management of
care

Core Competencies of RN (SNB)

Leadership
and nursing
management

- Effective managerial and leadership skills
- Quality improvement
- Safe working environment

Professional
Development

- Accountability for one's professional development
- Research

Preclinical
Theory

- Systematic review

Phase 1
Exploratory
study

- Exploration of views and perspectives from students, clinicians, academics and patients

Phase 2A
Modeling

- Development of Holistic Assessment Tool

Phase 2B
Psychometric
testing

- Psychometric testing of the Assessment tool
- Refinement of Holistic Assessment Tool

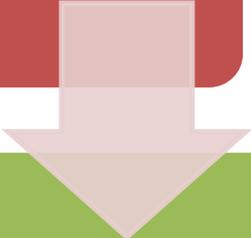
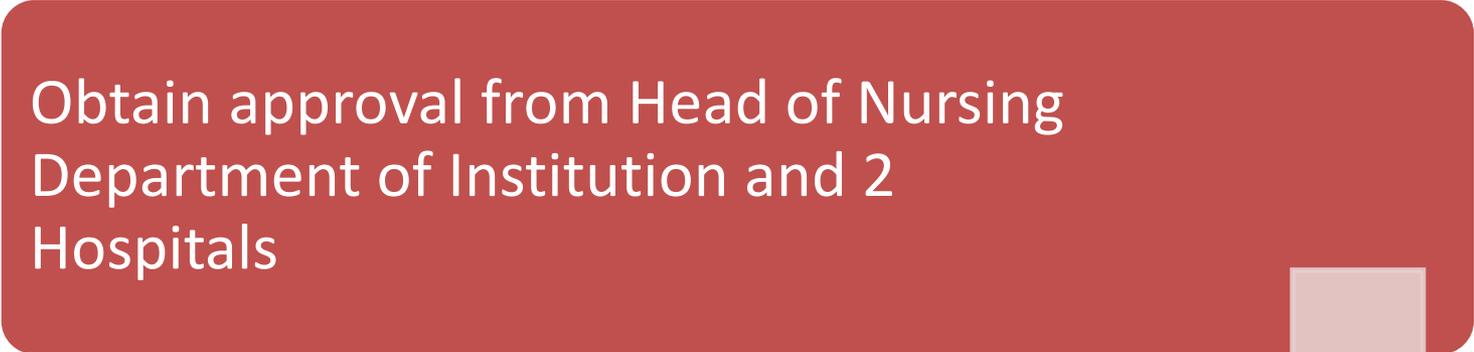
Research Plan

Objectives of the Study

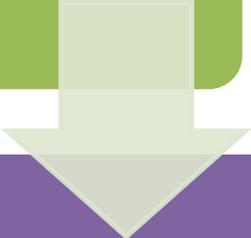
- The study aimed to explore the perspectives of **Hospital Nurse Educators, Clinicians and Managers** on clinical assessment for undergraduate nursing students in transition to practice.

Ethical Considerations

Obtain approval from Head of Nursing
Department of Institution and 2
Hospitals



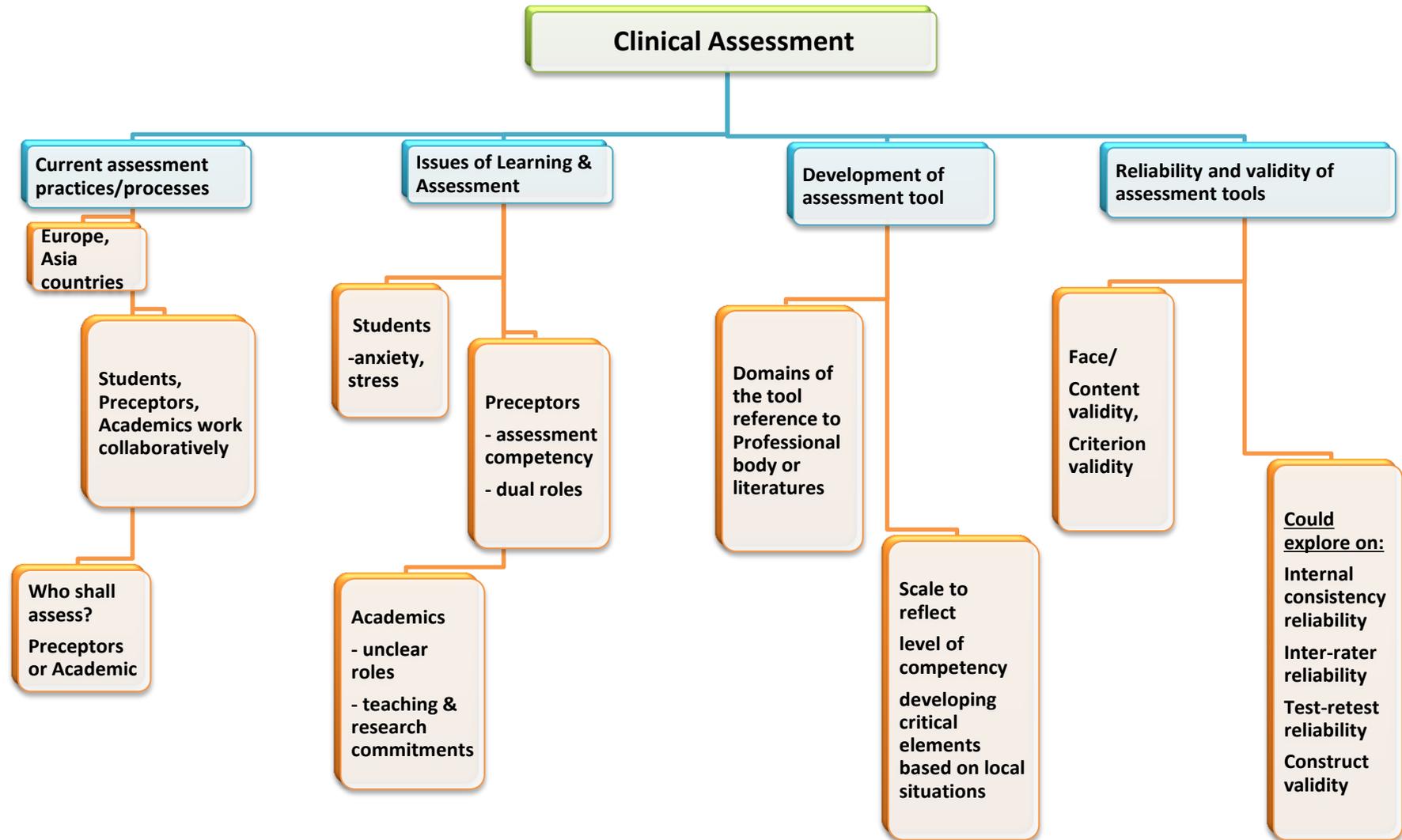
Proposal submitted and approved by
the Institutional Research Board (IRB)
of the university



Informed consent was obtained from
participants, and strict confidentiality
and anonymity were maintained



Preclinical Systematic Review



Wu, X.V., Enskär, K., Lee, C.C.S. & Wang, W. (2015) A systematic review of clinical assessment for undergraduate nursing students. *Nurse Education Today*, **35**(2), 347-359.

Exploratory study

Phase 1
Explore views and perspectives about learning & assessment

Exploratory Qualitative

Data collection & analysis
Focus group discussions
Thematic analysis
([Braun and Clarke, 2006](#))

Final year Nursing undergraduates
N=24 (3 groups)

Preceptors
N= 17 (3 groups)

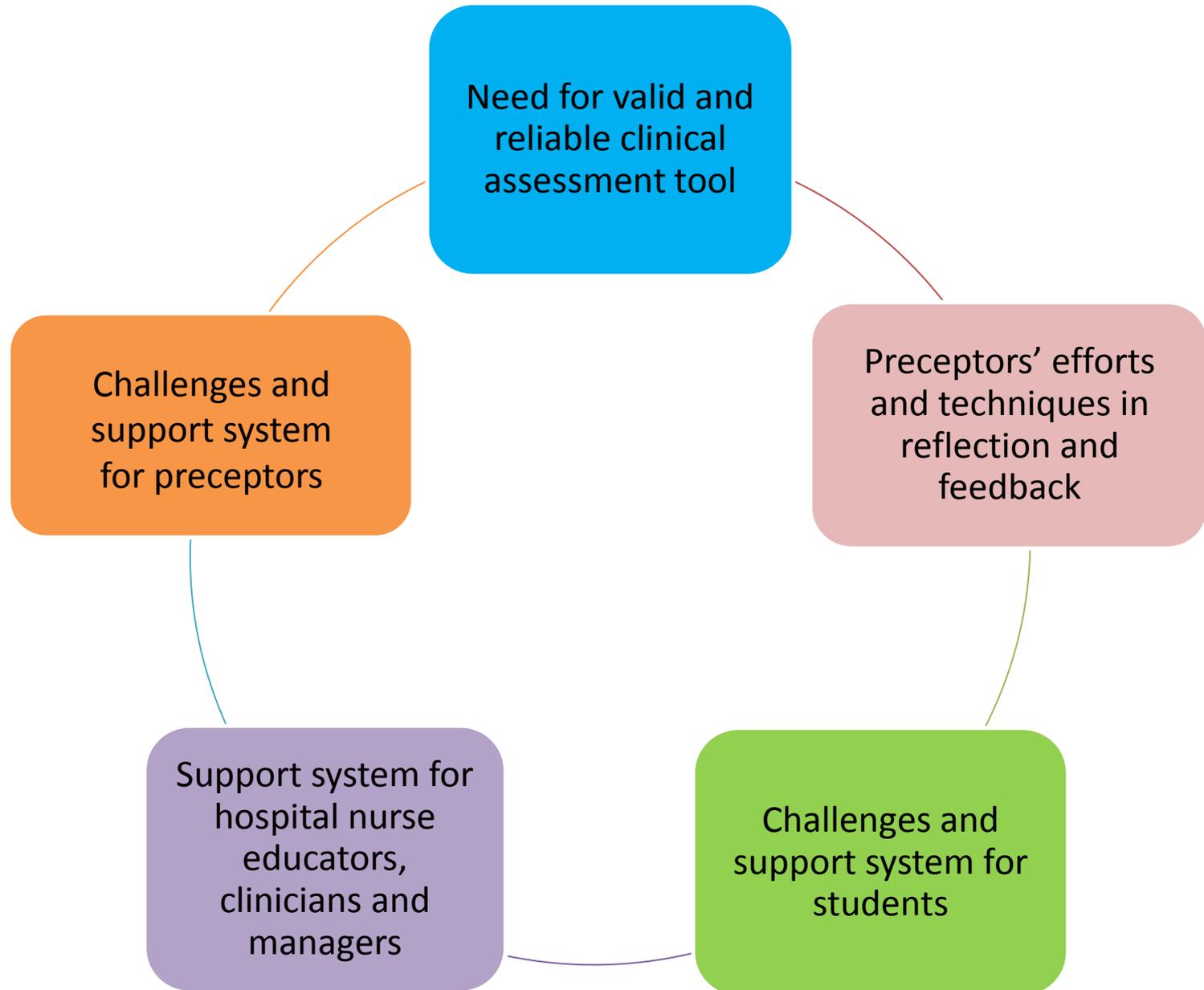
Nurse Educator, Nurse Clinician, Clinical Instructor
N= 14 (2 groups)

Academics
N= 8 (2 groups)

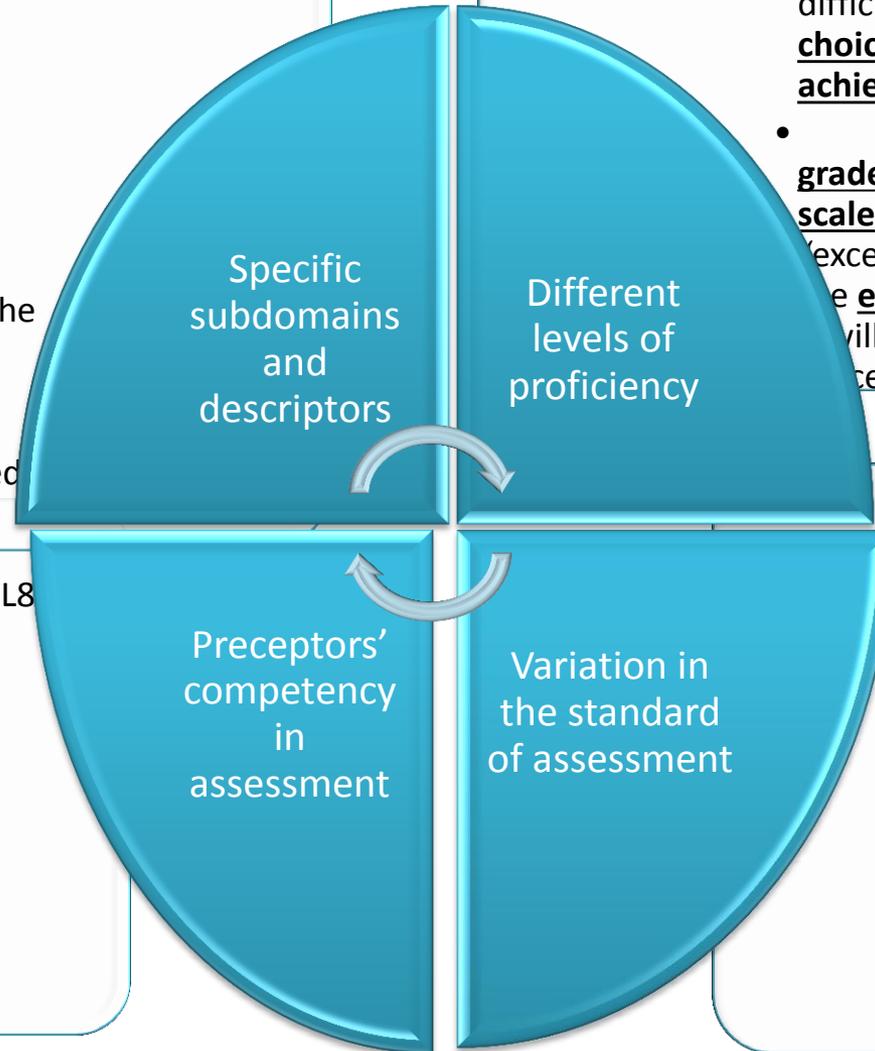
Demographic data of the participants

		Focus group discussions (n = 14)	f (%)
Gender	Female	14	100.0
	Male	0	0
Age	25-30	3	21.4
	31-40	7	50.0
	41-50	3	21.4
	51-60	1	7.2
Ethnic group	Chinese	10	71.4
	Malay	2	14.3
	Indian	0	0
	Filipino	1	7.1
	Myanmar	1	7.1
Years of experiences as Registered Nurse	6-10 years	5	35.7
	11-20 years	8	57.1
	21-30 years	1	7.1
Job title	Nurse Manager	1	7.1
	Nurse Educator	4	28.6
	Nurse Clinician	4	28.6
	Clinical Instructor	5	35.7

Findings: Main Themes



Need for valid and reliable clinical assessment tool



- probably change or rephrase you know the term used. very **vague**, very **general**. **more specific descriptor** will be better (N1P3L36)
- **more specific about the sub-domains**. **expectations** that we want the students to achieve(N2P15L4)
- more specific, able to identify the different disciplines. able to **identify the nursing problems**, chest-tube care? management related to particular area related to the specifics of the ward? Neuro is the CLC, They have to master these core skills (N2P12L8)

- preceptors **not very familiar with assessment**, so they are **not comfortable with putting as achieve neither or not achieve** (N1P2L21)

- They **don't dare to commit** when they are doing the initial assessment. come to us and let us put as achieve or not achieve. A few preceptors **struggle with SCAT form** (N1P4L34)

- when it comes to the doing the assessment part, probably it's a bit difficult. Because there's **not much choice except 'achieved' or 'not achieved'**(N2P8L3)
- **grade scale, scale grading, rubric scale**, that is like maybe is like "excellent", or "poor", "good", with the **explanation which criteria** then will be much more better for the preceptor to tick (N1P2L46)

- we are using the same form to assess that same student, how come at the end we have **two very different views**, address in the future assessment form, to make it **more objective** (N2P13L36)

Preceptors' efforts and techniques in reflection and feedback

- students' reflection didn't follow the guideline. They just **write whatever story they have**. So when it didn't follow the school's format, preceptors may assess these reflections differently (N2P10L45)
- **depends on how your preceptor see the reflection and how to interpret** this reflection differently (N2P11L2)
- preceptor what they do is just **verbally feedback**. so there isn't any follow up for that reflection(N1P10L28)

Preceptors and students efforts in reflection & feedback

- When you look at the feedback from the preceptor and from the students when they do the self-evaluation, it's **quite much general**. So I don't know **how effective** is that, we can do quarterly. Maybe like 3-weekly (N2P9L10)
- more **specific performance feedback**, Rather than just generic (N1P4L5)
- if ask them to write in detail, it takes time. **write in point form, today what's the event that happened? What is the thing that the student has done not correctly, or pose some clinical issues** (N2P9L48)

Specific performance feedback

- **verbal quick feedback** to the student performance for the day, **sitting down and write down feedback**, I think it's **very difficult** (N1P5L23)
- because of the **time**, because of **clinical situations**. Because the student shift hour is until three, whereas the nurses are working until four (N1P5L27)
- we encourage the preceptor and preceptee that the end of the shift is not just say 'Bye Bye' and go back. At least **spend 15 minutes, to talk about what happened. what we have done, what skill that we have learnt, what area we can improve**. we also **encourage, sister to sit in. Just to reflect what I have done today, what I have learnt, whether which area you think you can improve**(N2P18L25)
- fix a period of by when maybe **two weeks or three weeks** then the students need to have a **formal feedback from the preceptor** (N2P16L6)

Format and frequency of feedback

Challenges and support system for students

Different styles of the students

Different student have different learning style, so they may actually learn differently, and then they may actually adapt differently, **some students can adapt faster, some students may not really able to come to that expectation** of the preceptor or sister (N2P8L93)

Challenges encountered

They are **too focused on the case** itself, but not the patient. So they are **nursing more of the casenote than the patient**. they cannot tell you head to toe, what exactly the patient is about (N2P15L4)

TTP students they are **very task-orientated**, so they are very focused and they don't do small talk. they just **go to work and it's all work work work work work work**. (N1P18L24)

Support system for students

We did **do adjustment between the preceptor and preceptee to make them feel more comfortable** if they agree with that arrangement (N1P19L14)

There's things happened to this particular student, **we meet up and find out what exactly the root cause** (N1P19L29)

We want to see that is whether is this preceptor, this student has been **given proper guidance and teachings**, Closer supervision (N1P21L6)

Challenges and support system for preceptors



- preceptor they themselves is also **taking case so they are also very busy**. when they are busy, we **can't control our emotion very well**. Then the preceptor also feel very bad, but to the preceptor is okay, I only say then tomorrow I come back I will forget (N1P17L44)
- Preceptors **afraid to highlight the disadvantage of the students**. In the sense that they are **worried if I highlight, what would happen to the students** if the students fail the posting (N2P1L31)

- most preceptors if you give them a little bit of **incentives**, it will **spur them on to do more, Sort of motivation** (N1P26L1)
- they somehow **feel motivated from the students**. they find that if you can win the students over, you can see that the **respect from the student** (N1P26L30)
- We actually awarded. we have **awards for preceptors. teachers' award. recognize our preceptors' effort**. we submit their names (N2P22L24)

- **two full day workshop** plus the competency of the preceptor's **precepting skills. Learning theories, differentiation of the role of preceptor and preceptee; various learning styles, what are the challenge and obstacles plus the various ways to support learning, put up learning contract, manage the difficult or challenging situations, promoting conducive clinical learning environment; culture of learning, assessment tool** (N1P12L8)
- after they go for the programme, they understand better and you can see that there is a difference. they tell you 'Sister, **now I understand what is preceptorship all about, it is not just guide the student, teach the graduate that's it. There is more to it** (N2P5L20)

- Preceptors has no prior experience exposed to the tool, so usually the **CI or sisters, guide them how to use the assessment tool**. usually the first round of the assessment, we'll do along with them to show them, role model (N1P13L45)
- As a ward staff, they are **more comfortable to speak to their own CI or sister**, normal human being behavior. we always want them to know that **there are resources that are available. That they're not alone** (N2P3L1)

Support system for hospital nurse educators, clinicians and managers

Communication among NE, NC, NM

When there is a problem raised, we will **find out what exactly happened**, we see from our level whether we can **identify the problem objectively and provide some suggestions**, potential students that I need to really keep an eye in the subsequent weeks. Then we may be still bring up to the NE (N2P25L19)

Our **NE work with us very closely**. Asked us **how's the students progress** and then if the problem get really worse, then they also step in to find out more details while we are not free (N2P25L29)

Background work of Ward NM

Before they arrive, **we already identified which are the staff or which are the preceptor** that can precept the student (N2P3L22)

Even though we are albeit **rushing time to look after our patients** but at the same time we also want to **guide these students** (N2P24L19)

Feeling of recognition

It's our duties. We go around and say "You have been doing a good job! Don't give up!", **provide mental support** (N1P27L5)

We know that we are being recognized some way or other. It might not be in the verbal form, might it be written. But we know that the management is aware that the other leader's effort la, the nursing officer's effort (N2P24L11)

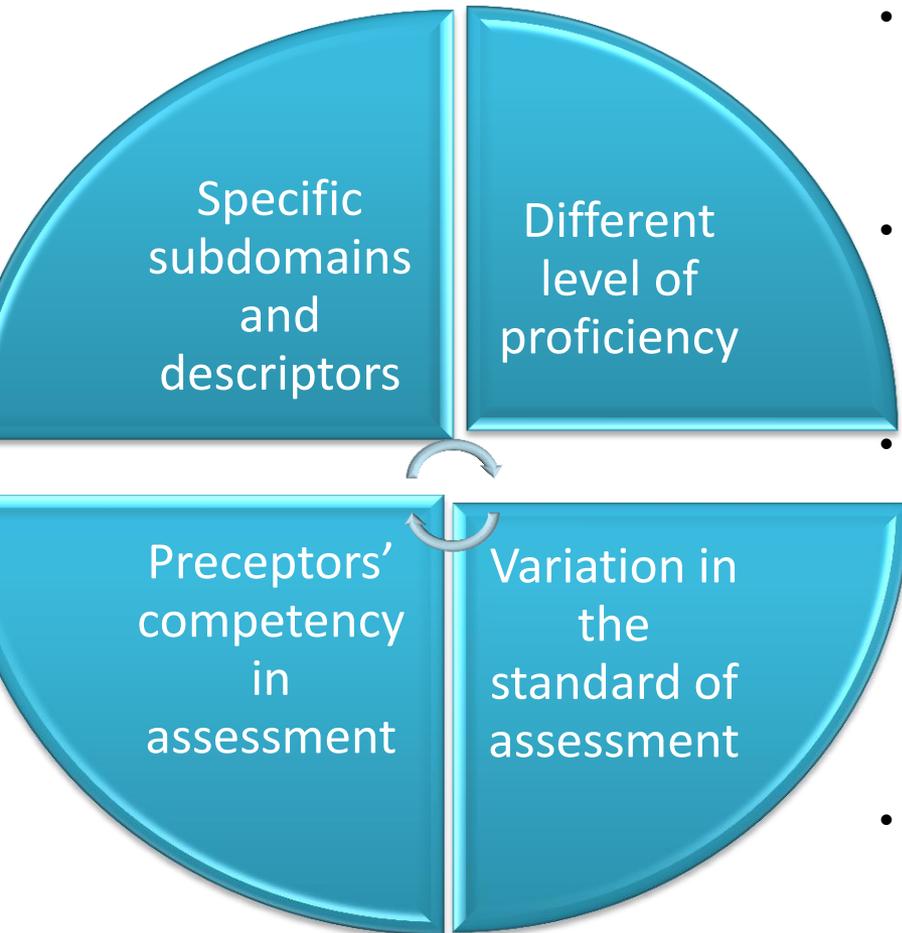
Communication between school and hospital

We usually **worked hand in hand**, then unless we have a need to **highlight to the clinical liaison**, then we will we will highlight. I will communicate with the school clinical instructor (N2P26L23)

We need to pay more attention than the lecturer tell us about this student... they are **not telling us to be biased or be more objective towards this person**. It's just highlighting to us that this **one probably need more support** (N1P20L5)

Discussion

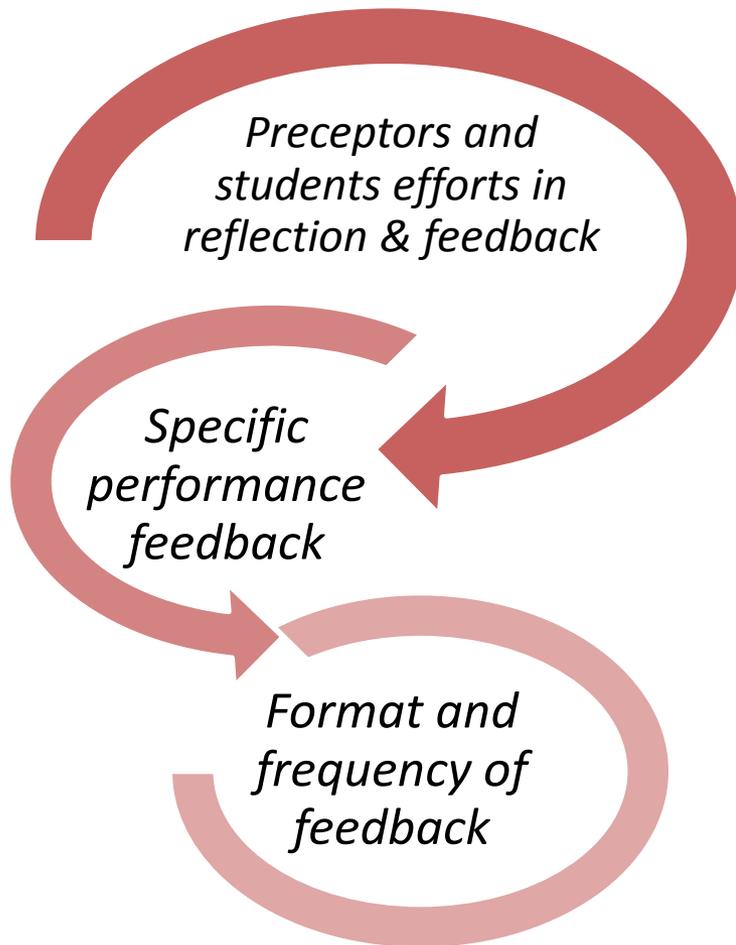
Need for valid and reliable clinical assessment tool



- Nursing scholars have emphasised the importance of **holistic approach to patient care and nursing education** ([Carper 1978](#)).
 - Faculties are responsible to raise the students' awareness that nursing is much more than **skills**, and learning **human behaviour** is often challenging due to the varied influences ([Northington et al. 2005](#)).
 - The assessment scale aims to provide a platform for **open and transparent discussion between preceptors and students on the progress** in clinical learning ([Garrett et al. 2013](#), Löfmark & Thorell-Ekstrand 2014).
 - Apparently, lecturers, preceptors, and students often **interpret the assessment system differently** ([Neary 2001](#)).
- A structured clinical assessment tool with behavioural cues ([Ossenberg et al. 2015](#)) would enlighten the preceptors to **enhance clarity in their assessment and feedback**.
- **Engage preceptors in creating and pilot-testing the criteria of assessment tools** to enhance their understanding and commitment. ([Schoonheim-Klein et al., 2005](#))

Discussion

Preceptors' efforts and techniques in reflection and feedback



- **Written discussion** tends to be more profound and analytical compared to **face-to-face discussion** ([Niederhauser et al., 1999](#)).
- **Web-based discussion** enhance professional discussion, connect knowledge to practice, and promote the development of metacognition such as increased awareness of personal learning process (Atack 2003, Mettiäinen & Vähämaa 2013).
- Preceptors could explore the **appropriate format of feedback** to suit the learning needs of the students.
- Preceptors need to identify each students' strengths and weaknesses and provide **constructive feedback** ([Chow et al. 2014](#)).
- A **well-structured assessment system** could of help for preceptors to **provide ongoing feedback and concrete recommendations for improvement** in clinical practice ([Wu et al. 2015b](#)).

Discussion

Challenges and support system for students

Different styles of the students

Challenges encountered

Support system for students

- **Interaction with preceptors** correlated positively with increased perception of the students about **competence in organization, collaboration, delegation, initiating nursing care, communication, self-evaluation, and seeking new knowledge** ([Kim \(2007\)](#)).
- **Understanding a student's style and providing reassurance** could help the student to get familiar and manage the clinical situations eventually (Öhrling & Hallberg 2000).
- **Role modelling and adequate support** of clinical teachers could nurture students to develop crucial resilience traits and enhance their confidence in problem-solving ([Chen 2011](#), [Coşkun et al. 2014](#)).

Discussion

Challenges and support system for preceptors



- Preceptorship course conducted by the hospitals. However, many found that the **course lacked of focus on clinical assessment**
- Hospitals and academic institutions should **provide formal education and ongoing support for preceptors** (Duffy 2009, Carlson 2013).
- Creating a supportive learning environment provides a platform for **preceptors to discuss and reflect on their teaching experiences, and supports their professional development** ([Carlson 2013](#)).
- **Experienced preceptors could be invited to share their experiences with junior preceptor** on a regular basis, to enhance junior's confidence (Bourbonnais & Kerr 2007).

Discussion

Support system for hospital nurse educators, clinicians and managers

Communication among NE, NC, NM

Background work of Ward NM

Feeling of recognition

Communication between school and hospital

- Consistent with the study on nursing education in 20 western European countries indicated that preceptors had **little time dedicated to clinical supervision, limited academic background, and insufficient cooperation between higher education and clinical placement** (Spitzer & Perrenoud 2006).
- Creation of a **supportive learning environment** comprising a common understanding among nurses that precepting takes time ([Carlson et al., 2010](#)).
- **Lack of pedagogical and assessment training, and exposure of clinical teaching** often contributes to the limited number of preceptors ([Seibel 2014](#)).
- Hospitals and academic institutions should **collaborate to conduct educational programmes** ([Rogan 2009](#), [Staykova et al. 2013](#)).

Implications for practice

- The themes emerged in focus group discussions could assist in the development of a more reliable and valid clinical assessment tool in evaluating the clinical competence of nursing students.
- The qualitative findings could assist in developing a clinically relevant educational programme, to better prepare preceptors and increase their confidence in clinical facilitation and assessment.
- The programme shall consist of effective clinical teaching, reflective questioning techniques to promote critical thinking, techniques on clinical assessment and providing constructive feedback, conflict resolution related to problem-solving strategies and highlighting what students were taught at university and what preceptors should focus on (Duffy 2009, Hallin & Danielson 2010).
- Reasonable duration, and follow up on the preceptor's clinical teaching and assessment skills (Bourbonnais & Kerr 2007).
- Preparation of a handbook with relevant contents serves as a quick reference ([Staykova et al. 2013](#)).

Limitations

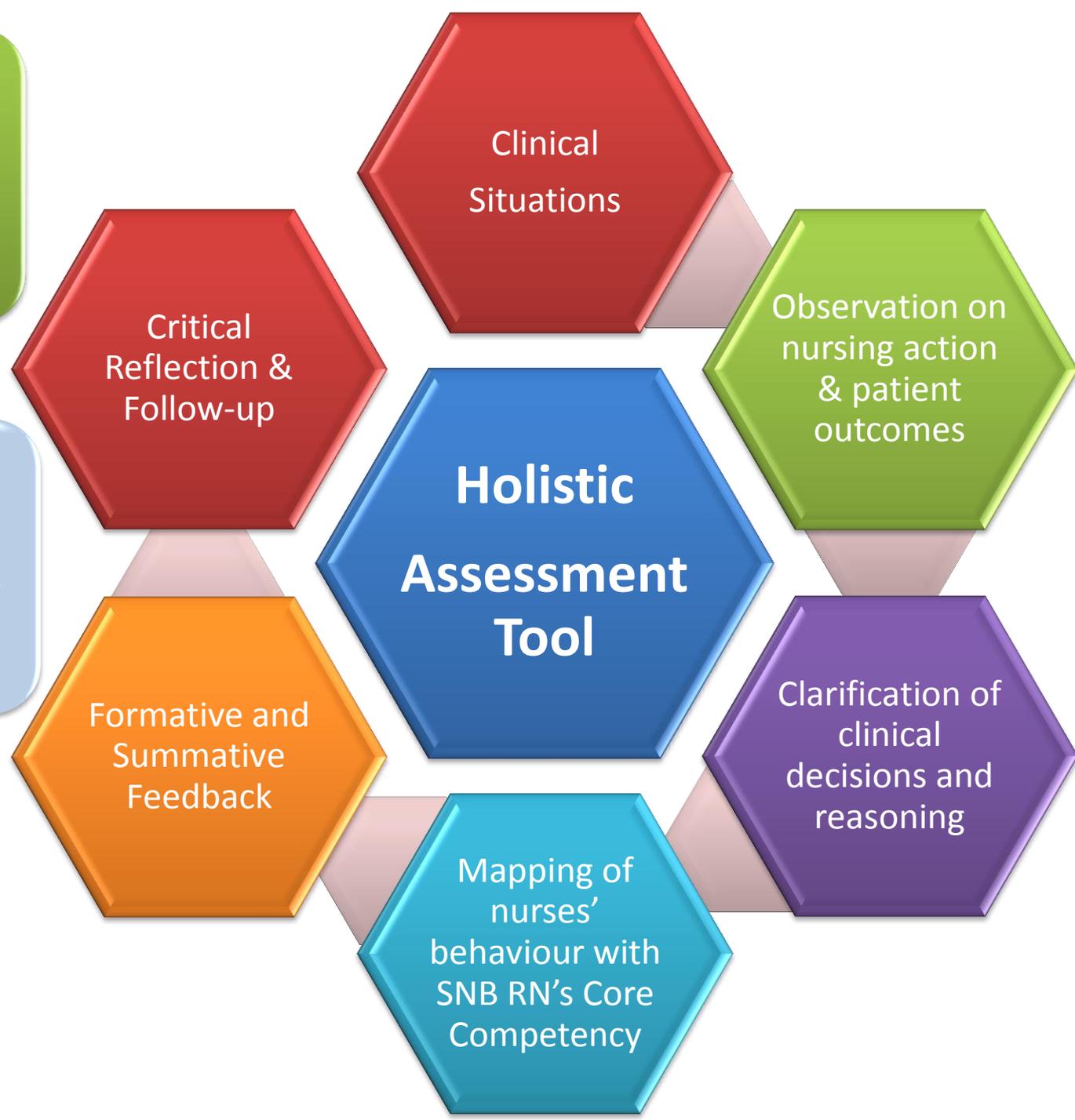
- Though the study was conducted in two tertiary hospitals, the **transferability is limited** by its sample size and the organizational culture in the context of Singapore. Hence, further studies could **explore in different clinical context** to provide greater understanding of preceptors' perspectives on clinical assessment.
- Future studies could **explore the academics' perspectives** on clinical assessment, as they provide support to students and preceptors in clinical assessment.

Conclusion

- The study has raised the awareness of the professional and educational issues in relation to clinical assessment.
- Workload, time, support system and formal educational programmes influenced preceptors' preparation and confidence in assessment.
- Nursing leaderships in hospitals and educational institutions have a joint responsibility to shape the clinical environment to ensure a holistic clinical learning and assessment for students.
- Involvement of all stakeholders in the development of the clinical assessment tool is essential.

Phase 2A
Development of
Holistic Assessment
Tool

Results of Phase 1
↓
Identify indicators to
strengthen the
assessment tool



Phase 2B

Psychometrics testing of the
assessment rubric

Reliability test

- Test-retest reliability
- Inter-rater reliability
- Internal consistency reliability

Validity test

- Content validity
- Construct validity
- Criterion validity

Future Implications



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