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

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National University of Singapore: A Leading Global University centred in Asia, 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
National University of Singapore

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

NUS scores high in medicine rankings

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

By Anitha Tan

The National University of Singapore (NUS) has received a boost in its standing in the world, and the top in Asia – for medicine.

NUS has moved higher in medical sciences and psychology in a ranking exercise of global universities by London-based Quacquarelli Symonds (QS).

The latest ranking shows that NUS is among the top 1% of medical schools globally, placing it above many of the top institutions in the world.

The National University of Singapore (NUS) is ranked 2nd in the world in medical sciences and psychology.

NUS Medicine Dean, Professor Tan, said, "We are pleased with our continued strong performance in medical sciences and psychology. This reflects the hard work and dedication of our faculty, students, and staff.”

The NUS MRC Institute of Molecular and Cell Biology (IMCB) and the NUS Centre for Molecular and Cellular Biology (CMCB) are among the top 50 in the world in molecular and cell biology.

The NUS National University of Singapore (NUS) is ranked 18th in the world in physics and astronomy, 24th in chemistry, and 27th in computer science.

NUS is the top university in Asia for both arts and social sciences, and for life sciences and medicine.

The NUS Medical School is ranked 18th in the world for medicine and 24th in the world for physiology.

NUS is one of the top 5 universities in Asia for both medicine and physiology.

The NUS Medicine Faculty isRanked 2nd in Asia for Medicine

The NUS Medicine Faculty is ranked 2nd in Asia for Medicine in the QS World University Rankings 2015.

The NUS Medicine Faculty is ranked 18th in the world for Medicine in the QS World University Rankings 2015.

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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
Holistic Assessment

Knowledge

Professional Judgment

Clinical Skills

Attitudes, values, behaviours

Core Competency for RN (Singapore Nursing Board/SNB)

in Clinical Context
Shepard’s Emergent Paradigm

Reformed Vision of Curriculum

Cognitive & Constructivist Learning Theories

Classroom Assessment

Emergent Paradigm (circa 1990s - 2000+)
Conceptual Framework

Holistic Assessment

Learning Outcomes (Core Competencies for RN)

Nursing Students

Quality of Care for patients

Preceptors, Clinical Instructors

Rapport building

Pedagogical Approaches

Collaboration between Academic & Clinical Settings

Pedagogical Approaches

Clinical Environment support

Clinical Guidance

Preceptors, Clinical Instructors

Faculty Support in Clinical Learning

Expertise in pedagogy & Assessment

Academics

Assessment System
Core Competencies of RN (SNB)

- Professional, Legal and Ethical nursing practice
- Management of care
- Leadership and nursing management
- Professional Development

• Knowledge, accountability and responsibility of legal obligations
• Ethical nursing practice
• Culturally appropriate care
• Effective managerial and leadership skills
• Quality improvement
• Safe working environment
• Effective communication
• Holistic quality of care
• Safe environment via quality assurance and risk management
• Promote health and prevent illnesses
• Accountability for one’s professional development
• Research
• Cultural sensitivity 

Preclinical Theory

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
Clinical Assessment

Current assessment practices/processes
- Europe, Asia countries
- Students, Preceptors, Academics work collaboratively

Issues of Learning & Assessment
- Students - anxiety, stress
- Preceptors - assessment competency - dual roles
- Academics - unclear roles - teaching & research commitments

Development of assessment tool
- Domains of the tool reference to Professional body or literatures
- Scale to reflect level of competency developing critical elements based on local situations

Reliability and validity of assessment tools
- Face/Content validity, Criterion validity
- Could explore on: Internal consistency reliability Inter-rater reliability Test-retest reliability Construct validity

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

<table>
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<tr>
<th></th>
<th>Focus group discussions (n = 14)</th>
<th>f (%)</th>
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<tr>
<td>Nurse Clinician</td>
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<tr>
<td>Clinical Instructor</td>
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Findings: Main Themes

- Need for valid and reliable clinical assessment tool
- Preceptors’ efforts and techniques in reflection and feedback
- Support system for hospital nurse educators, clinicians and managers
- Challenges and support system for preceptors
- Challenges and support system for students
• 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 it will be much more better for the preceptor to tick (N1P2L46)

• **more specific** about the **sub-domains and descriptors**

• **Different levels of proficiency**

• **Preceptors’ competency in assessment**

• **Variation in the standard of assessment**

• 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)

Need for valid and reliable clinical assessment tool
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)

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)

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)
Challenges and support system for students

### Different styles of the students

Different students have different learning styles, 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.

(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

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

Reward and appreciation for preceptor
- Preceptors have no prior experience exposed to the tool, so usually the CI or sisters guide them on 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 behavior. We always want them to know that there are resources that are available. That they're not alone (N2P3L1)

• 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)
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. 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.

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

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.

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.

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 highlight. I will communicate with the school clinical instructor.

We need to pay more attention then 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.
Nursing scholars have emphasised the importance of a 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 & Vähämäa 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

<table>
<thead>
<tr>
<th>Different styles of the students</th>
<th>Challenges encountered</th>
<th>Support system for students</th>
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- **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](#)).
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).
• 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 increases 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.
Holistic Assessment Tool

Clinical Situations

Observation on nursing action & patient outcomes

Clarification of clinical decisions and reasoning

Mapping of nurses’ behaviour with SNB RN’s Core Competency

Formative and Summative Feedback

Critical Reflection & Follow-up

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

- Holistic Assessment at Workplace
- Performance Appraisal & Career Advancement
- Increased motivation & professional development
- Quality of Care
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References


References


References


