



Preceptors' views of assessing nursing students using a competency based approach

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ABSTRACT

The purpose of this study was to evaluate clinical competence assessment in BSc nursing registration education programmes. This research was undertaken in two phases and incorporated both quantitative and qualitative methodologies. In the first phase, two focus groups were conducted with preceptors working in general, mental health and intellectual disability nursing ($n = 16$). In the second phase, a survey was undertaken with preceptors ($n = 837$) in these disciplines.

This paper reports on the focus group findings of preceptors' views and experiences of assessing undergraduate nursing degree students using a competency based approach. A semi-structured interview guide was used to focus the discussions. Three higher order categories that emerged included: attitudes to competencies, being a preceptor and competencies in practice. Competing demands in the clinical environment impacted on preceptors' experiences of the assessment process. Difficulties such as the wording of competency documentation and incorporation of skills into the assessment were articulated. The importance of a regional and national review of competency assessment systems to find a common language for student assessment as well as promoting greater student skill development within competency frameworks is recommended. These findings; highlight the importance of making assessments more workable within the current environment and aim to inform future development of competence assessment.

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Introduction

Assessment of competence was formally integrated into undergraduate nursing degree programmes in Ireland in 2002. To facilitate this, it was recommended that student nurses be assigned a named preceptor (Government of Ireland, 2000). While there are differences in the definitions of preceptorship and mentorship, these terms are often used interchangeably in the literature (Yonge et al., 2007). In Ireland, a preceptor refers to a registered nurse who has completed a teaching, assessing and preceptorship course. This role involves supervision, teaching and assessing pre-registration undergraduate nursing degree students in clinical practice (An Bord Altranais, 2005).

The framework for assessing clinical competence is based on five overarching domains of competence proposed by the Irish

Nursing Board (An Bord Altranais, 2005). These include professional/ethical practice, holistic approaches to care and the integration of knowledge, interpersonal relationships, organisation and management of care and personal professional development. Competence assessment approaches based on these domains were developed by higher education institutes in conjunction with their health services partners to suit local needs (O' Connor et al., 2009).

Given the individualisation of each competence assessment approach, it was decided by key stakeholders in the Mid-West region of Ireland to evaluate their model of competence assessment four years after its introduction. Exploring general, mental health and intellectual disability preceptors' views of the local process was considered vital to assist improvements in the assessment of clinical competence for BSc undergraduate nursing students. The findings also contribute to the wider debate on whether the development of locally devised competency assessment tools based on a national framework is desirable.

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Background

Competence is a complex and multifaceted phenomenon (Higgins et al., 2010). According to An Bord Altranais (2005, p. 12), it is defined as 'the ability of the Registered Nurse/Midwife to practice safely and effectively, fulfilling his/her responsibility within his/her scope of practice'.

The model of competence used to guide competency assessment in this study (Fig. 1) views competence as a holistic integrated concept which is context bound and draws on knowledge, skills, attitudes, values and professional judgement to perform in specific situations (Goncz, 1994). A modification of Benner's, (1984) novice to expert model of skill acquisition and Steinaker and Bell's (1979) levels of learning are used to reflect the level expected of students during each year of the programme. Critical elements which are competency statements, guide students' clinical assessments in practice within the five overarching domains of competence (An Bord Altranais, 2005).

According to Hanley and Higgins (2005), assessment attempts to discern what the student is learning and concentrates on both measurement and progression. Important features of competence include safety, professionalism, psychosocial and psychomotor skills (Norman et al., 2002). A competency based assessment approach has the potential to enable development of critical, analytical, problem solving and decision-making skills (Burke and Harris, 2000). However, it has also been suggested that assessment of clinical learning (Norman et al., 2002) and competence is problematic (Redfern et al., 2002; Webb and Shakespeare, 2008; Mc Carthy and Murphy, 2010).

Dolan (2003) evaluated the effectiveness of a revised approach to competency assessment in Wales. One of the aims of this study was to explore preceptors' perceptions of this revised system. Findings indicated that competency assessment did not enable fundamental skill development for students and a need to include specific skills was identified (Dolan, 2003). The study also found that there were inconsistencies in preceptors' interpretations of competency statements and the amount of supporting evidence required of students. This suggests that there were variations in preceptor approaches to assessment and assessments that were undertaken did not specifically focus on fundamental skill development.

In Ireland, evaluation of competency assessment in clinical practice is at an early stage (Mc Carthy and Higgins, 2003; Hanley and Higgins, 2005; O' Connor et al., 2009). Mc Carthy and Murphy (2008) explored the degree to which preceptors ($n = 470$) used educationally developed assessment strategies to clinically assess BSc nursing students in one university in Ireland. Results indicated that many preceptors did not fully understand the process and were not using all of the recommended clinical assessment strategies.

O' Connor et al. (2009) described a collaborative project conducted by three universities in Ireland to apply and evaluate a competence assessment tool to be used by nursing students ($n = 29$) and their assessors ($n = 27$) in three different placement areas. Preceptors reported general satisfaction with the structure and use of the tool. However, they identified lack of time and short clinical placements as difficulties for the assessment process.

Findings from these Irish studies have some similarities with international literature. In particular, different tools and approaches were used and common problems were encountered by preceptors. Concerns have been raised about lack of understanding of competency assessment (Mc Carthy and Murphy, 2008), difficulty interpreting the language in competency assessment tools (Hanley and Higgins, 2005) and the time consuming nature of the process with insufficient preparation and support (O' Connor et al., 2009). This paper reports on the focus group findings of preceptors' views of assessing undergraduate nursing students using a competency based approach.

Methods

Study design

This study was undertaken in two phases using a mixed method approach that included focus groups and a survey. Focus groups are an effective way of uncovering a range of ideas and feelings from different perspectives about new phenomena (Joyce, 2008) and provided preceptors from different disciplines in nursing, the opportunity to share experiences and views about the competency assessment process. Focus groups are recognised as a useful means to develop and enhance the reliability and validity of questionnaires, particularly when the construct is new (Parahoo, 2006).

Level Four- Domain Two - Holistic Approaches to Care and the Integration of Knowledge	
<i>Performance Criteria:</i>	
<ul style="list-style-type: none"> • Evaluates clients/patients/service users' progress towards expected outcomes and review plans in accordance with evaluation data and the consultation with the clients/patients/service users. • Implements planned nursing care/interventions to achieve the identified outcomes. 	
<i>Indicators:</i>	
<ul style="list-style-type: none"> • Incorporates relevant research findings into nursing practice. • Creates and maintains a physical, psychosocial and spiritual environment that promotes safety, security and optimal health. 	
<i>Critical Element:</i>	
<ul style="list-style-type: none"> • Identify a piece of relevant research which supports best nursing practice. • Outline how this research may be incorporated in nursing practice. • Outline areas in the health and Safety Act that pertain to the provision and maintenance of a safe environment. • Establishes and maintains a therapeutic relationship with the patient. • Identify at risk situations and take appropriate action to maintain optimal health. • Recognise, respect and acknowledge the spiritual needs of clients/patients/service users. 	

Taken from Department of Nursing and Midwifery in conjunction with Health Service Executive- West, St. John's Hospital and Daughters of Charity Service, St. Vincent's Centre, Lisnagry (2012)

Fig. 1. Example of a Level 4 competency undertaken in Year 4 of the programme.

Hence they provided a reliable method to develop a questionnaire which was used in phase two of the study to survey a large sample of preceptors. The latter is reported in another paper (Butler et al., 2011).

Preceptors were recruited through poster advertisements in the clinical sites. Inclusion criteria for the study were registered nurses working in disciplines of general, mental health and intellectual disability nursing who had completed a preceptorship training programme and had undertaken competency assessment with students. Sixteen preceptors took part in the two focus groups (one with 9 preceptors from general $n=3$, mental health $n=3$, intellectual disability nursing = 3) and one with 7 preceptors from general $n=3$, mental health $n=2$, intellectual disability nursing = 2). Interviews were conducted between April and June 2006 and were facilitated by members of the research team who worked in pairs. A principal moderator guided the discussion and the second moderator observed the group processes, interjected to clarify points and took notes. Each session lasted one to one and a half hours. A semi-structured interview guide was used to focus the discussions (Table 1). Ethical approval for the study was granted by the university and three health service research ethics committees. Ethical principles were adhered to throughout the research, e.g. informed consent, confidentiality and the freedom of participants to withdraw at any time.

Data analysis

Verbatim transcripts of focus group interviews were analysed using thematic content analysis as described by Burnard (1991). Each transcript was read and written notes were made about descriptive codes and themes that emerged from the data. Following initial coding, open codes were condensed into higher order categories. Four of the researchers critically reviewed all categories derived from the data. Three higher order categories that were subsequently agreed included: attitudes to competencies, being a preceptor and competencies in practice.

Results

Higher order categories identified and agreed were: attitudes to competencies; being a preceptor, and competencies in practice.

Attitudes to competencies

Preceptor values and beliefs about a competency based approach to assessment and their experiences of students formed the higher order category, 'attitudes to competencies'. The flexible nature of competencies was valued in so far as the timing of assessments could be negotiated between preceptor and student to

fit in with the challenges of nursing in a busy clinical area. Conversely, the importance of making time for competency assessment was also recognised.

We always make time to do blood pressures and temperatures...we'll always make time to give medicines. ... So if we can make time to do all these things, there's no excuse not to make time to do a proper assessment.

Preceptors valued students' ability to integrate knowledge, skills and attitudes when delivering care. As exemplified by a participant from the discipline of mental health, great value was placed on the education and facilitation of students' ability to:

...know how to treat a patient, know what depression is, and to interact theory and practice together.

One preceptor also placed great value on the importance of students gaining a variety of experiences from different registered nurses.

I think it is more important that the student is with a nurse so what if it is not the preceptor...they [students] are there to be educated about nursing practice...we all do it [nursing] differently.

Preceptors' overall experience of working with students and using the competency document was positive.

..., it's as much a learning process for yourself; you're actually keeping up to date in a roundabout way ... it's a learning process I think for both people.

In contrast, one preceptor highlighted that while competency based assessment promotes positive student learning, at times, this process may cause students to be:

...completely stressed and driven half demented.

A guiding principle of competency assessment is one which supports the notion of life-long learning, and in keeping with on-going professional development encourages students to be active participants in their learning. However, preceptors had mixed views of students' involvement and responsibility in this process. These ranged from feeling that some students feared the process or viewed the completion of competencies as a 'means to an end'.

... it depends too on the student ... some are nervous about it and maybe fear a failure.

They just want to get them over and done with and try to get as many done as possible...

In contrast, other preceptors experienced motivated students, who were active, creative and self-directed in their approach to understanding competencies.

You're intrigued, you feel well done, I never would have looked at it like that.

Being a preceptor

The higher order category 'being a preceptor' emerged from collapsing the categories; relationship building, facilitating learning and competing demands. Preceptors identified positive relationship building with students as crucial for clinical learning. Getting to know students and continuous communication were considered essential to understanding learning needs and creating a secure learning environment.

You should get to know the student that you are working with as you are communicating with them on a constant basis.

Table 1

Preceptor focus group interview guide.

Tell me about your experiences of the competency assessment process.
What are your feelings about being an assessor?
Tell me about your preparation for your role within the competency assessment process.
Tell me about the support mechanisms in place to facilitate the competency assessment process.
How user friendly do you think the competency assessment document is in facilitating assessment of clinical competencies/ please explain...
What (if any) are your needs in assessing students' competencies?

Examples of prompts included the following:

What are your feelings about...?
Are there any challenges... if so, what are they?

Several preceptors commented on the personal satisfaction gained from working alongside students and the importance of encouraging and supporting their clinical learning.

... I like working with students. I like seeing them when they come on the wards the first week to build their confidence. They need to be encouraged along. We all started to learn at some stage....

If you ... make an effort to show them things, get them involved in procedures they maybe haven't done before... they'll respond much better to you.

Facilitating learning required preceptors to guide students so that teaching and learning is linked with clinical experiences.

You want to steer them for the direction you feel relevant...

It was also perceived that competencies challenge preceptors to reflect on their own learning:

... If they ask you a question that you don't know the answer to, it puts you in a bit of a spot. I have to say it's been a great learning process for me as well...

Increasing workloads in the clinical setting combined with professional responsibility, supervising students and fulfilling the competency process were considered quite demanding of preceptor time.

I suppose one of the disadvantages of it is that it's quite time consuming.

Having to adapt to the turnover of students and having different levels/years of students on a day-to-day basis added to the already heavy preceptor workload.

You might have one student with you one day, a completely different one the next, from year one to year four.

The majority of preceptors felt that workload issues and staff shortages were major challenges to supervising and assessing students.

Staff shortages and time management are major issues. It's to work with that...

Competencies in practice

Conceptualisation and documentation, skill focus and theory and practice exemplify this higher order category and provide insight into participants' views of competency assessment in practice.

A unique feature of competencies is that they allow for subjectivity in how they are conceptualised, which encourages different interpretations of competency statements by preceptors.

Other people could be looking for things I'm not looking for and they're interpreting the competencies to suit what they're looking for.

Significantly, participants felt that the wording of competencies within the document was not user friendly.

...sometimes I think that the language isn't user friendly...we are a bit bamboozled by it.

Very flowery, very wordy... and you're searching for the simple meaning under it.

However, one participant felt it was important that language within competency documentation is not simplified too much as it may result in a reductionist approach to assessment.

My concern is that if we simplify the language, we'd be going back a level where we're specifically stating what is required. We'd be going back almost to... – tick 'yes', tick 'no'....

Having a mid way interview (in addition to a preliminary and final interview) allows an additional opportunity to review students' skill development before the competency is formally assessed. In that respect, the value of the local model in supporting skill development was acknowledged.

It's systematic... it's a good assessment tool...if there is something going wrong, you meet them [students] half way through it [competency assessment], or you see them when they are not gaining as much skill as you would like them to gain.

However, another viewpoint highlighted challenges to assessing competence in certain skills.

I know they have the knowledge but have they actually got the skills...the skills that are involved around therapeutic relationships, trying to measure that is quite difficult, in terms of a competency.

To overcome this, some preceptors referred to the importance of incorporating a set of core skills within competency assessments. In contrast, others favoured a free text facility in the document that enabled the documentation of on-going skills acquisition.

As one preceptor said:

...maybe there should be a one liner on the end of the competency to say 'new skill learned this week, or this month'... they could just write in 'insertion of catheter', 'removal of catheter', and that's their skill learned...

Apart from the discussion that arose around skills integration, it was also remarked that some students often presented just theoretical evidence of learning during competency assessments.

I'm writing up a paper, ... she presented the mission statement, she presented the confidentiality policy, she did this and she did that. I'm a lot more interested in whether she was able to give injections and whether she was able to tell me the patient was suicidal...the important things.

Consequently, helping to match theory with practice was highlighted as a critical preceptor role.

...they can bring you in reams and reams of stuff on communication...they can write it up and it looks very good and it's excellent, it's actually matching it up, theory into practice...

One preceptor viewed knowledge, skills and attitude as intertwined and facilitation of learning as a process of engaging students to develop all three areas.

You see now there is a three-pronged approach. It's knowledge, its skill and it's the attitude. Combine the three, and it's enabling the students through that process of engaging in nursing.

Discussion

The main themes for discussion include language and documentation, challenges of competency assessment in a busy learning environment and integrating skills, knowledge and attitudes.

Language and documentation

In this study, preceptors' views on the performance criteria and indicators relating to the domains of competence outlined in An

Bord Altranais (2005) as well as locally devised critical elements (competency statements) were captured. The findings of this study indicate that preceptors sometimes had difficulty with the language used to describe performance criteria and indicators and in deciphering skills, knowledge and attitudes relative to these criteria. Similar findings have been reported by Hanley and Higgins (2005). In their study of higher diploma students' perceptions and experiences of a clinical competency assessment tool in an intensive care setting participants found the language of the competency assessment tool vague and difficult to understand (Hanley and Higgins, 2005).

Many of the participants found that as their preceptorship experience grew, they had better understanding of the assessment criteria language. However, some found the language difficult to interpret. This could be explained as a need for greater clarity within the assessment criteria but it may also be indicative of the fact that assessment of competence is a complex area (Butler et al., 2009). While these issues could be addressed at a local level, there is an argument for a national collaborative approach for the development of a uniform competency assessment tool between third level institutions in Ireland and the Nursing Board. This approach would enhance national understanding and promote consistent strategies for assessing students' clinical competence. Researchers in the UK (Norman et al., 2002) and more recently in Ireland (O' Connor et al., 2009) have made similar suggestions.

Challenges of competency assessment in a busy learning environment

The competency assessment process includes a preliminary, intermediate and final interview whereby knowledge, skills and attitudes are assessed in relation to specific competencies. Practical learning experiences require careful attention to verify that a comprehensive assessment is undertaken. In this study, preceptors viewed the process as positive as it facilitated an opportunity to learn from students. This seems to resemble what Liu et al. (2010) have identified as 'reciprocity of learning' or that 'teaching is learning' around personal skills, professional knowledge, respect and self-esteem.

However, competing demands of patient care, staff shortages, the time consuming nature of competencies and having different learning levels/years of students on a day-to-day basis were perceived as major challenges to supervising and assessing. This warrants further exploration given that demands in the workplace are competing with student supervision and assessment (Henderson and Malko-Nyhan, 2006; Holland, 2010). Other researchers have highlighted the need for on-going preceptor training in assessment (Hanley and Higgins, 2005; Mc Carthy, 2006) and differences in preceptorship skills assessment (Mc Carthy and Murphy, 2008). Standards around preceptorship practices also merit attention so that student learning opportunities are protected and judgement of competence can be made. Watson (1999) has previously pointed out that senior nurse managers have a role in ensuring consistency of preceptors in times of staff shortages. It is argued that standards for preceptorship will be an essential component for successful competency assessment processes in the future. Further research may explore attitudes towards preceptoring in practice and consideration needs to be given to the format of preceptorship assignment in placements given the range of work schedules in health services.

Integrating skills, knowledge and attitudes

It was evident from this study that preceptors valued integration of knowledge, skills and attitudes within student competencies.

However, some participants found it challenging to identify nursing skills to integrate into individual competencies. Another issue raised was the difficulty in measuring certain skills in terms of the competency. Dolan (2003) reported in her study that just 14% of supporting evidence in completed competencies was skills based and called for a more structured approach that incorporated a skills list. A later study by Mc Carthy and Murphy (2008) found that skills menus detracted from more holistic approaches that are required to encourage integration of theory and practice. In this study it is recommended that the wording of competency assessment tools ensures that they clearly specify requirements for demonstrating skills, knowledge and attitude. A co-ordinated approach at a national level could be applied to develop a workable strategy for promoting greater skill development within competency assessment frameworks. This approach would make it more helpful for preceptors to determine the competence of nursing students in essential skills for safe and effective practice.

Conclusion

A limitation of this study is that it was undertaken within one region in Ireland and included preceptors' views of competence assessment where a locally devised assessment tool was in operation. Nonetheless, it is argued that the findings are consistent with national and international research which has explored preceptor experiences in this area. Engaging preceptors in dialogue around competency assessment serves to stimulate discussion on the best way to continually improve clinical assessment processes while making them more workable within busy healthcare environments. Competing demands in the clinical environment impacts on preceptors' experiences of the competency assessment process and is an area that warrants further research. Reviewing competency documentation to find a common language for student assessment as well as promoting greater student skill development within competency frameworks is critical to the enhancement of clinical assessment skills.

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