



# Assessing undergraduate nursing students in clinical practice: Do preceptors use assessment strategies?

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## KEYWORDS

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**Summary** Health care organisations such as the World Health Organisation (WHO) and An Bord Altranais (ABA, The Irish Nursing Registration Board) demand higher standards of new graduate nurses than heretofore. This is in conjunction with the implementation of degree programmes for undergraduate nurse education. These organisations stipulate that graduates must be well-educated, accountable, and can demonstrate the skills of a safe, caring and competent decision-making practitioner. The Bachelor of Science (BSc) four-year degree programme for undergraduate nurse education was introduced in Ireland in 2002, and is provided in universities and colleges of higher education throughout The Republic of Ireland. During the implementation process, each university and college of higher education developed a range of assessment strategies to clinically assess students. Preceptor nurses were subsequently assigned the responsibility of clinically assessing students, a remit previously undertaken by Clinical Ward/Unit Nurse Managers. Preceptors are qualified nurses, working in clinical units who are specially prepared to support BSc students during clinical placements.

The purpose of this study was to explore to what extent preceptor nurses use the devised assessment strategies to clinically assess BSc students in one university in The Republic of Ireland. Data were collected by using a questionnaire distributed to all known preceptors in General, Psychiatric and Intellectual Disability nursing, during year four of the first cycle of the BSc programme. Findings from this descriptive study revealed that many preceptors were inexperienced, did not fully comprehend the assessment process and were not applying all of the recommended assessment strategies when assessing students in clinical practice. In light of these findings suggestions are made in the context of further research, management and education.

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## Introduction

Assessment is central to any programme of education but is particularly relevant to nursing in order to ensure those who become registered nurses are safe and competent practitioners (An Bord Altranais (ABA), 2003). As part requirement of the 4-year undergraduate Bachelor of Science (BSc) nursing programme in Ireland, ABA (2000) specified that students were to achieve competencies in five domains of nursing (Professional and Ethical Practice, Holistic Approaches to Care, Interpersonal Relationships, Organisation and Management of Care, Personal and Professional Development). Additionally, ABA identified broad educational assessment criteria e.g. reflection-on-practice, a feedback mechanism (interviews) and the application of Steiner and Bell (1979) Experiential Taxonomy for assessors (preceptor nurses) to use when assessing students. In Ireland, a preceptor who is an employee of a health care agency, is defined as 'a registered nurse who has been specially prepared to guide and direct student learning during clinical placement' (ABA, 1994, p. 26). Despite the emphasis on competency, no detailed format was stipulated by ABA to operationalise their recommended concepts for clinical assessment. Hence, each university and college of higher education offering undergraduate nursing programmes designed and developed clinical assessment strategies in partnership with its clinical health care providers, to meet the outcomes of their curricula and the ABA requirements. As the first BSc undergraduate nursing programme in Ireland was nearing the end of its fourth year, and no formal evaluation of clinical assessment strategies had been undertaken nationally or locally, it was considered important to investigate this aspect of student education.

Hence, a research study was conducted to explore to what extent preceptor nurses use the devised educational assessment strategies to clinically assess BSc students within one university in Ireland. A large volume of data was collected, beyond the scope of presentation here, therefore this paper is focused on the findings pertaining to preceptors' use of assessment strategies only. Issues pertaining to preceptors *per se* and the differences identified between the nursing disciplines are not discussed in this paper. These findings will be presented in future publications.

Students undertaking the BSc in Nursing in Ireland are supported and supervised by preceptor nurses during clinical placements. Preceptors, following attendance at a preceptorship course and/or a teaching and assessing module/course, as well as completion of the *E-Learning programme* (ABA,

2000), are assigned to students during their clinical placements. This is recommended as a clinical support mechanism for students (Nolan et al., 2002; ABA, 2003). In addition to teaching, supporting and supervising students, preceptors are now responsible for assessing students during clinical placements. Prior to the implementation of the BSc programme, Clinical Nurse Managers on each ward/unit were assigned this responsibility.

Assessment strategies discussed in this paper were designed by lecturers at the university, and clinical nursing staff (General, Psychiatric and Intellectual Disability) from the clinical sites affiliated to the university. These strategies embrace the following four concepts; an adaptation of an experiential learning taxonomy (Steiner and Bell, 1979), reflection-on-practice (Gibbs, 1988), a structured interview process (engaging in self-assessment and feedback), and domains of competencies (ABA, 2000). A repertoire of discipline specific practical nursing skills is included for General and Intellectual Disability students and to a lesser extent for Psychiatric students. Students are provided with clinical work books of predetermined learning outcomes/competencies and a menu of practical skills to be achieved, and subsequently assessed by preceptors for each year of the BSc programme. At the end of each year of the four-year programme, BSc students are graded as pass or fail on the clinical nursing module.

## Background

With the transfer of nursing education to universities and colleges of higher education internationally and more recently in Ireland (2002), assessment of students' clinical performance has become a contemporary topic for discussion. A review of the nursing literature from 1999 to 2007, revealed an abundance of discussion papers internationally, but no published research into preceptors/mentors experiences of using specific educational strategies to assess undergraduate degree nursing students in the clinical environment.

Part of the curriculum design of any nursing education programme is to ensure that the methods of assessment reflect the content, structure and learning outcomes of the programme (Quinn, 2000). Assessing students' clinical competence must include both theory and practice. However, intricacies involved in designing clinical assessment strategies that are user-friendly, measure students' knowledge and skills and that attract academic and professional credit, are presenting challenges to nurse educators (Wass et al., 2001;

Hewitt-Taylor, 2002). Nolan et al. (2002) assert that problems with assessing students' clinical practice are long-standing. These have emanated from continuing difficulties with defining competence (Eraut, 1994; Watson, 2002) and hence, identifying appropriate and effective clinical assessment strategies (Dolan, 2003). The concept of 'competence' continues to be an issue that goes hand-in-hand with assessment of practice, giving rise to discussion and debate as to how competence should be measured or demonstrated in practice (Hewitt-Taylor, 2002; Cowan et al., 2005). According to Eraut (1994) competency achievements are generally intended to give information of what individuals can do in a specific area but do not imply that individuals are competent beyond that area described. Indeed, this may give rise to issues where a student nurse or indeed a preceptor/mentor may be deemed competent at one point in his/her clinical career but does not necessarily remain competent throughout their professional life. The complex and rapidly changing nature of nursing practice further accentuates difficulties with remaining competent. Hence, serious consideration must be afforded to the selection, preparation and on-going education of preceptors. This is to ensure, not only the clinical competence of the preceptor but moreover, their adeptness with undertaking assessment of degree students as they journey toward achieving clinical competence.

With no recognised definition for competence, wide variations of undergraduate clinical assessment strategies are used internationally. Some of these noted in the literature include: clinical performance appraisal tool, observation, portfolios, objective structured clinical examination (OSCE), competency domains, reflection-in and on-practice, models engaging Benner (1984) and Stake (1967), taxonomies by Steinaker and Bell (1979), Gagne (1985) and Bloom (1956). Additionally, some of the more traditional assessment strategies continue to be used in colleges of higher education such as essays, reports and case studies (Foster, 2004). These assessments may fulfil a function for testing factual recall but may not fully measure a student's predicted competence (Wass et al., 2001). With this variation in assessment strategies, Robb et al. (2002) argue that nurse graduates may vary on their level of clinical competence, which may have implications for practice in areas other than where nurses undertake their original undergraduate nursing education. Another aspect identified in the literature is the variation in the 'assessors' of students in clinical practice, internationally. In Ireland, clinical assessment of students

is now undertaken by preceptors, in the United Kingdom (UK) by mentors, in Australia by university employed clinical facilitators in years one and two and by preceptor nurses in year three. In China, assessment of students is undertaken by university employed mentors and clinical instructors and in the United States by preceptors. With this vast diversity of assessors undertaking student assessments, it is likely that assessor's interpretation of levels of competence will vary. This could have a significant influence on student's level of clinical competence and thus impact unfavourably on nursing practice.

Gerrish et al. (1997) undertook an exploratory study to identify criteria used to assess nursing practice in England at diploma, degree and post-graduate levels. Data were collected by interviewing lecturers and analysis of curriculum documents. Gerrish et al. (1997) found that assessment of practice varied across universities but the two predominant approaches were direct observation of students in practice, and assessment of written evidence of performance in practice. All programmes were found to have different operational strategies for clinical assessment. Interviews with lecturers revealed that they were acutely aware of the challenges involved in assessing practice at different levels. These challenges were perceived to be compounded by limited availability and expertise of practice assessors, limited active participation of academic staff in clinical practice and restrictive university regulations.

More recently Dolan (2003) undertook a study to determine whether a revised assessment system of student nurses' clinical competence in one college of nursing in Wales, was an effective measure of students' clinical competence. Moving from a 'tick box' system of assessment to a 'competency statement' (issued by the Welsh National Board) based assessment, students had to provide written evidence to support categories and levels of competence. Using focus groups with nursing preceptors, students and lecturers, as well as content analysis of documentation, findings highlighted that there was not an adequate balance between students developing basic clinical skills and gaining a holistic experience of care. Furthermore, lecturers, preceptors and students had different interpretations of the system or process of assessment, a problem identified also by Neary (2001). Dolan (2003) also found that preceptors had insufficient time to dedicate to the assessment process and some preceptors lacked motivation. The main concern was the amount of supporting evidence students had to present, and the major differences in the quality of evidence that students produced. This concurs

with Phillips et al. (2000) who found that the quality of assessment varied enormously. According to Dolan (2003), this reflects the subjectivity of assessment strategies already acknowledged in the literature as a problem for assessors (Lofmark et al., 1999).

A qualitative study by Tiwari et al. (2005) investigated the perceptions held by students (undertaking a 4-year BSc programme) and teachers, on clinical learning in China. Using focus group interviews, 38 participants volunteered for the study. Specific assessment strategies are not identified but reported findings in this study demonstrated that what the student learned was largely determined by the clinical assessment tasks or procedures. Students reported their learning strategies as, memorization, rehearsing the procedure well before the assessment (such as an aseptic technique) and selectively rote learning what was to be assessed. Students were not focused on the understanding of their practice and/or developing their critical thinking and problem solving skills. This was viewed as a surface approach to learning that according to Biggs (2003) is not the fault of the student but reflects the assessment strategy utilised by the educational establishment.

In spite of the range of assessment strategies used to measure clinical competence across universities, there has been little evaluation of the effectiveness of competency assessment tools in nursing (Nolan et al., 2002; Hanley and Higgins, 2005). Additionally, Redfern et al. (2002) assert that much of what is done by way of assessment is not published. A number of studies have been conducted on clinical assessment however, researchers have not specifically outlined the strategies utilised, hence, it was difficult to get a clear vision of what strategies preceptors/mentors were using or found helpful in the assessment process. Concurrent with the array of discussion papers on competency was the debate on the validity and reliability of assessment tools used in nursing practice. In a review of the literature on methods used to assess competence to practice in nursing, Redfern et al. (2002) suggested that every method of clinical assessment had its strengths and weaknesses but some lacked adequate reliability and validity such as, questionnaire rating scales and observation. However, Redfern et al. (2002) reported that others such as OSCE's had been confirmed as reliable and valid, and reflection-on-practice, if based on rigorous analysis of critical incidents, was also considered valid. Thus, Redfern et al. (2002, p. 71) concluded that 'a multi-method approach to assessment was necessary to enhance validity, thereby ensuring the

comprehensive assessment of students' complex repertoire of skills required for clinical practice'.

This paper presents the findings of a study that explored the extent to which preceptor nurses use the educationally devised assessment strategies to clinically assess BSc in Nursing students in one university in The Republic of Ireland.

## Methods

### Methodology and study design

A quantitative approach with a qualitative dimension was used for this study. This was deemed appropriate due to the large numbers of preceptors engaged in the clinical assessment of BSc students. Additionally, it was considered that a quantitative approach would yield the most accurate information whilst the qualitative dimension would provide an opportunity for preceptors' views and comments to be voiced. As there was no validated instrument that could meet the objectives of this study, a 24-item self-administered questionnaire was constructed. The questionnaire was formatted in a list of preset statements that were generally closed-ended/fixed alternative using Likert scales predominantly and one grading scale. The final two questions were open-ended to gain some insights into preceptors' views of their preceptoring role (not reported here). In order to determine content validity, accuracy and completeness of the 'Assessment of Clinical Practice Questionnaire' two educational research experts reviewed the questionnaire and considered all 24 items as suitable. Furthermore, a pilot study involving 10 preceptors was carried out to check for reliability/clarity and their comments contributed to minor re-wording of one question in the demographic section.

### Study population

This study was conducted in one region in The Republic of Ireland over an 8-week period, from January to March 2006. During this period 800 students were undertaking the BSc programme in General, Intellectual Disability and Psychiatric nursing. All known preceptors working with BSc students in the three disciplines of nursing were invited to participate. As no contemporaneous record of the total number of practicing preceptors was available, approximate numbers (970) were ascertained from Directors/Managers of nursing in the designated clinical nursing sites.

## Ethical considerations

Approval from six hospital/health care Ethical Committees was requested and granted. Permission to access preceptors was secured from the appropriate nursing and managerial personnel in the clinical sites. All participants were provided with an information leaflet about the study and submission of the completed anonymous questionnaire was taken as the participant's informed consent.

## Distribution and collection

Questionnaires for General nursing preceptors were distributed by the researchers and college lecturers to the Clinical ward/unit Nurse Managers in the multiple hospital/health care sites. Clinical Nurse Managers subsequently distributed these questionnaires to individual practicing preceptors. General nursing clinical sites included six acute hospitals, two care of the elderly hospitals, thirteen community hospitals and sixteen public health care centres. Questionnaires were returned by internal/external post but were predominantly collected by the researchers and college lecturers.

Questionnaires for Psychiatric and Intellectual Disability nursing preceptors were delivered by the researcher to one named Clinical Nurse Manager at each of these main nursing centres. These were subsequently distributed by the named Clinical Nurse Manager to practicing preceptors in their respective clinical sites. A total of fifty four Psychiatric clinical care sites were included. These ranged from acute, community, continuing care to specialist care areas. Thirty three Intellectual Disability clinical care sites ranging from acute, community to day care areas were included. Researcher, stamped addressed envelopes were provided for return of completed questionnaire in these respective areas.

Additionally, three classroom cohorts of preceptors attending post-graduate courses in the university were invited to complete the questionnaire.

Researchers distributed and collected these questionnaires.

## Sample

All known preceptors ( $n = 970$ ) in the relevant clinical sites were invited to participate. by distributing the questionnaires to Clinical Nurse Managers. Preceptors were included for this study if they had attended a preceptorship course pertaining to the BSc in Nursing programme. Of the preceptors invited to participate, questionnaires were returned by 470, 48.5% response rate.

## Data analysis

Collected data from the coded questionnaire were inputted into a Microsoft Access programme by the researchers prior to analysis by SPSS version 13.0 for windows. Data were analysed using descriptive statistical analysis with the support of a statistician.

## Results

Of the 970 questionnaires distributed to the preceptors in the three disciplines of nursing 470 preceptors completed the questionnaire giving an overall response rate of 48.5% as outlined in Table 1. Despite repeated reminders, the response rate from Psychiatric and Intellectual Disability nursing was low. The researchers attributed this outcome to the request for postal return of questionnaires (Oppenheim, 1996). In contrast, the general nursing response rate was good, possibly because the researchers and college lecturers collected the questionnaires personally. However, during the period of data collection, one of the large general hospitals did experience a major turnover of staff, and the numbers of preceptors dropped considerably. In addition, this hospital experienced an outbreak of a contagious virus, restricting access of non-essential personnel.

**Table 1** Response rate from the three Disciplines in Nursing  $n = 470$

	Total no. of questionnaires distributed	Total no. of questionnaires returned	Overall response rate %
All Disciplines of Nursing	970	470	48.5
Intellectual Disability Nursing	120	27	22.5
Psychiatric Nursing	170	38	22.4
General Nursing	680	405	59.6

Hence, the response rate from this large general hospital was also extremely low.

### Demographic data

Preceptors were predominantly female (93%) and had English as their first language (97%). Preceptors ages ranged from 20 to 50 years, with 26–35 years being the most frequent age range (45%). The majority of preceptors were Registered General Nurses (86%), with 8.7% Registered Psychiatric Nurses and 5.5% Registered Intellectual Disability Nurses. A number of preceptors had dual nursing qualifications (22%) and some had three nursing qualifications (1.8%). The majority of preceptors (39.1%) were educated to Certificate level only, 9.8% to Diploma level only, and 5.5% to Bachelor's level only. In relation to academic qualifications, 32.5% had two academic qualifications, 6.8% had three academic qualifications and 1.3% of preceptors were educated to Masters Level.

### Formal preceptor preparation

Almost half of the preceptors (49.8%) attended a 2-day preceptorship course, 36.2% attended a half-day course, 5.7% attended a half-day refresher course and only 8.5% completed the ABA on-line *E-Learning* preceptorship course. A reason for the low attendance at the 2-day course (recommended by ABA, 2000; NEF, 2000), could be that preceptors had already completed other formal education on teaching and assessing. However, when asked if they had completed other formal education on

teaching and assessing, only a small number of preceptors 25.7% (121) answered yes to this question.

With the introduction of the BSc in Nursing programme in Ireland in 2002, a new dimension to the preceptor role (assessing BSc students) was formally introduced. Since the first BSc group of students have now completed a 4-year programme, a profile of preceptors limited experience in assessing BSc students over the four-year programme is presented in Fig. 1.

### University devised clinical assessment strategies

#### An Bord Altranais competencies

Assessment of competencies reflects the five Domains in nursing as outlined by ABA. Each Domain outlines pre-determined learning outcomes (as set by the university), to be achieved by students. In year one and two, thirteen clinical learning outcomes (CLO), must be achieved annually, whereas, in years three and four, students must successfully achieve fourteen clinical competencies annually, to pass clinical modules. (For the purpose of this paper CLO and competencies will be referred to hereafter as competencies). Preceptors' use and application of the ABA competencies is presented in Table 2. This table highlights that preceptors report good knowledge and an excellent ability to apply the ABA competencies to their clinical area. The majority of preceptors discuss the competencies with students and seek other practitioners'

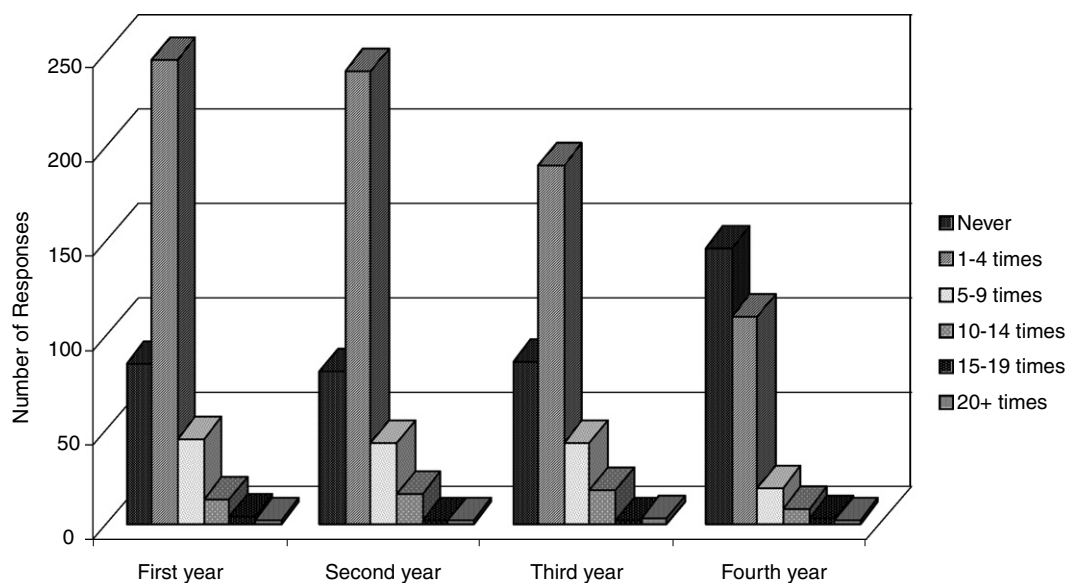


Figure 1 Preceptors' experiences in assessing students from years 1 to 4 of the BSc programme  $n = 470$ .

**Table 2** Preceptors' use and application of An Bord Altranais competencies  $n = 470$ 

	Agree to strongly agree	Disagree to strongly disagree	Undecided or missing data
Clear understanding of the ABA competencies	59.2% (278)	33.6% ( $n = 158$ )	7.2% ( $n = 34$ )
Ability to apply competencies to area of practice	87.2% ( $n = 410$ )	2.3% ( $n = 11$ )	7.4% ( $n = 49$ )
Use of competencies to assess students	75.8% ( $n = 356$ )	6.4% ( $n = 30$ )	17.9% ( $n = 84$ )
Discuss competencies with students	81% ( $n = 381$ )	5.8% ( $n = 27$ )	13.2% ( $n = 62$ )
Assess clinical practical skills (activities) rather than competencies	54.2% ( $n = 255$ )	22.8% ( $n = 107$ )	23% ( $n = 108$ )
Include others evaluations of students	68.7% ( $n = 323$ )	18.3% ( $n = 86$ )	13% ( $n = 61$ )

evaluations of student performance to complement their assessment of students. It is interesting to note in [Table 2](#) the number of preceptors (54.2%) who choose to base their judgement of a student on their ability to undertake clinical practical skills rather than using the ABA competencies.

### Reflection-on-practice

Reflection-on-practice as a clinical assessment strategy is used in conjunction with the ABA competencies. Students present written reflective notes on each competency, using the [Gibbs \(1988\)](#) Reflective Cycle (GRC), to their designated preceptor as supporting data to achieve each competency. Guidelines for using the GRC are included in each student workbook. Preceptors discuss these reflective notes with students at the end of each clinical placement. In [Table 3](#) preceptors' use and application of reflection to assess students is presented. Preceptors reported having a clear understanding

of the reflection process and the majority agree that it is a helpful strategy for students to self assess their own practice. However, this table highlights that preceptors encounter difficulties with guiding students through the GRC. More specifically, preceptors reported that students' reflective notes do not influence them when engaging in the clinical assessment of students.

### Adapted Steinaker and Bell Experiential Taxonomy (ASBET)

The [Steinaker and Bell \(1979\)](#) Experiential Taxonomy recommended for clinical assessment ([ABA, 2000](#)) was adapted from the original text by the current researchers into a 'user friendly' framework to assist students and preceptors to distinguish levels of learning in clinical practice. This ASBET framework utilizes the first four levels of clinical learning, which a student must sequentially achieve in order to progress through each year of

**Table 3** Preceptors use and application of reflection and Gibbs Reflective Cycle (GRC)  $n = 470$ 

	Agree to strongly agree	Disagree to strongly disagree	Undecided or missing data
Clear understanding of the reflection-on-practice process	71.7% ( $n = 337$ )	8.3% ( $n = 39$ )	20% ( $n = 94$ )
Can guide students in using GRC	45.7% ( $n = 215$ )	28.1% ( $n = 132$ )	26.2% ( $n = 123$ )
Read student's reflective notes prior to assessing a student	48.3% ( $n = 227$ )	32.9% ( $n = 155$ )	18.7% ( $n = 88$ )
Discuss student's reflective notes with students	53% ( $n = 249$ )	27.2% ( $n = 128$ )	19.8% ( $n = 93$ )
Sign off competencies when reflective notes completed	53.2% ( $n = 250$ )	27.8% ( $n = 131$ )	18.9% ( $n = 89$ )
Student's reflective notes influences my assessment	30.2% ( $n = 142$ )	45.6% ( $n = 205$ )	26.1% ( $n = 123$ )
Reflection-on-practice helps students to self-assess his/her own practice	73.9% ( $n = 347$ )	6.8% ( $n = 32$ )	19.3% ( $n = 91$ )

the BSc programme (exposure to participation in years one and two, identification to internalisation in years three and four). The fifth level, dissemination is not utilized until students are undertaking post graduate programmes. This framework is included in each student workbook. It includes working examples for each level, thereby providing easy access for student and preceptor to work toward the required level. The ASBET is the principal educational decision making framework for preceptors to use as they make a professional judgement about students' levels of clinical performance. As well as providing assessment indicators for students and assessors at each level of learning, the ASBET is used to monitor student progression through the 4-years of the BSc programme. In this study preceptors' use and application of the ASBET is presented in Table 4. In contrast to the previous assessment strategies reported above, significantly fewer preceptors were using the ASBET framework to assist them with assessing students. This table indicates that less than 50% of preceptors have a clear knowledge and understanding of the ASBET, or refer to this framework during the student assessment process.

### Interview assessment process

For clinical placements of more than 3-weeks duration, preceptors are required to conduct three separate interviews with each student (first, middle and final interview). The purpose of the first interview is to identify/agree learning opportunities/competencies and clinical skills from the workbook, at the appropriate ASBET level, for students to work toward achieving. At the middle interview students self-assess and discuss their own progress

with their preceptor. Concurrently, preceptors provide feedback on clinical progress and student's current status in achieving agreed competencies/skills. The purpose of the interview at the end of each placement is for the preceptor to make a final overall assessment of whether a student has achieved the agreed competencies/skills. Students are provided with guidelines pertaining to the three interviews, and details relating to all interviews are recorded in the student workbook. In this study, preceptors reported having a clear knowledge and understanding of the process involved in conducting the first and middle interviews with students. However, only 66.8% of preceptors reported carrying out an overall assessment at the final interview (see Table 5).

### Discussion

The World Health Organisation (WHO) (1999) emphasised the need for well-educated nurses who are flexible, accountable and competent to work within hospitals and the community. In addition, ABA stipulated that they require evidence that 'a student is competent to practice and can demonstrate the skills of a safe, caring and competent decision-making practitioner' (ABA, 2003, p. 7). Therefore, the clinical assessment of undergraduate students is fundamental to achieving the aspirations of these health care organisations for the profession of nursing. Despite the BSc programme being at an early stage of development in Ireland, findings from this study highlight that preceptors have made significant progress in using the new multidimensional student assessment tool. However, this study also demonstrates a number of inconsistencies with preceptors' understanding of

**Table 4** Preceptors use and application of the Adapted Steinaker and Bell Experiential Taxonomy (ASBET) *n* = 470

	Agree to strongly agree	Disagree to strongly disagree	Undecided or missing data
Clear understanding of the ASBET and the four levels of learning	37.4% ( <i>n</i> = 176)	32.7% ( <i>n</i> = 154)	29.8% ( <i>n</i> = 140)
Can guide students through the four levels of learning	44.9% ( <i>n</i> = 211)	27% ( <i>n</i> = 127)	28.1% ( <i>n</i> = 132)
ASBET is a useful tool for preceptors to distinguish a student's level in clinical practice	41.1% ( <i>n</i> = 193)	15.1% ( <i>n</i> = 71)	43.9% ( <i>n</i> = 206)
Use the ASBET as a guide when assessing students	39.4% ( <i>n</i> = 185)	28.7% ( <i>n</i> = 135)	31.9% ( <i>n</i> = 150)
Discuss ASBET with student to ensure both working toward same level	43.6% ( <i>n</i> = 205)	26.6% ( <i>n</i> = 125)	29.8% ( <i>n</i> = 140)
Consider the ASBET useful for student to monitor his/her progression	46.8% ( <i>n</i> = 220)	17.4% ( <i>n</i> = 82)	35.7% ( <i>n</i> = 168)



**Table 5** Preceptors use and application of the interview assessment process to clinically assess students  $n = 470$ 

	Agree to strongly agree	Disagree to strongly disagree	Undecided or missing data
Clear understanding of interview process	86% ( $n = 404$ )	4.2% ( $n = 20$ )	9.8% ( $n = 46$ )
Student identifies learning needs at 1st interview	73.9% ( $n = 347$ )	13.8% ( $n = 65$ )	12.3% ( $n = 58$ )
Discuss competencies and skills achievable at first interview	91.5% ( $n = 430$ )	1.7% ( $n = 8$ )	6.8% ( $n = 32$ )
Document agreed competencies/skills at first interview	84.2% ( $n = 396$ )	4% ( $n = 19$ )	11.7% ( $n = 55$ )
Ask student to self-assess at mid-interview	78.3% ( $n = 368$ )	5.7% ( $n = 27$ )	15.9% ( $n = 75$ )
Give verbal feedback at mid interview	88.5% ( $n = 416$ )	3.2% ( $n = 15$ )	8.3% ( $n = 39$ )
Ask for supporting evidence at final interview	81.3% ( $n = 382$ )	5.3% ( $n = 25$ )	13.4% ( $n = 63$ )
Make overall assessment at final interview	66.8% ( $n = 314$ )	20.2% ( $n = 95$ )	12.9% ( $n = 61$ )

the assessment strategies and subsequently their limited use of some of the approaches to assess students in clinical practice. This study highlights areas that need to be closely monitored by nurse educators within the university.

### The ABA competencies

The results demonstrate that a large number of preceptors focused predominantly on the assessment of practical skills a finding similar to that of Neary (2000), Dolan (2003). This is not to devalue the skills in any way, as indeed the assessment of clinical skills is a significant feature of student competency and must remain a strong component of overall clinical assessments. However, in this study, it is difficult to interpret from the findings if preceptors' assessment of practical skills occurred as a direct observation of students' performance of individual practical skills or, if it incorporated a more in-depth educational approach to assessing the student's knowledge and understanding of skills being undertaken. Hence, it is not known how preceptors interpreted the competencies for assessment purposes. These conclusions concur with previous research (Lofmark et al., 1999; Phillips et al., 2000; Neary, 2001; Dolan, 2003) which found that irrespective of having set assessment strategies, assessors can have their own interpretation of competency leading to various approaches used by assessors to assess students in clinical practice.

Assessment of students practical skills was the mode of clinical assessment used throughout the 1970s (Priest and Roberts, 1998), a strategy that later triggered concerns about nurses' overall knowledge and understanding of these skills to work as a

registered nurse (Gerrish, 1990). If assessments of students' clinical skills continue to occur as a substitute for the competencies, then students run the risk of engaging in surface learning only as Biggs (2003) outlined, and gaining limited experience in linking theory to practice. Furthermore, if students are not being challenged to engage in critical thinking or decision-making, they may never achieve a holistic approach to caring (Redfern et al., 2002; Dolan, 2003; Tiwari et al., 2005). These are considered core elements of clinical practice for graduate nurses that must be developed at varying stages and levels throughout the four-year BSc in Nursing programme.

### Reflective practice

Reflective practice is a technique for learning from experience (Jasper, 2006). The principal aim of reflection is to help students to engage in more in-depth learning that enhances professional practice (Schon, 1983). Literature relating to the use of reflection as a learning strategy is inconclusive (Carroll et al., 2001; Nicholl and Higgins, 2004). However, some would argue that it is the core elements such as; critical analysis, synthesis, evaluation, clinical reasoning skills, problem-solving skills and self-awareness (Atkins and Murphy, 1993; Burns and Bullman, 2000), which should be taught and developed as opposed to reflection *per se* (Carroll et al., 2001). In this study a large number of preceptors did not have the knowledge or skills to undertake reflection-on-practice as an assessment strategy. This suggests that the use of reflection is poorly developed in the clinical area and thus reflective notes submitted by students can not be considered as supporting evidence

toward achieving the ABA competencies. This finding concurs with that identified by Dolan (2003) who found that despite students submitting written evidence to support competencies, preceptors did not always read the evidence provided.

Given that the literature suggests that reflective practice is "a highly sophisticated skill" (Greenwood, 1998, p. 3) and difficult to teach (James and Clarke, 1994), this study reflects Nicholl and Higgins (2004) arguments about the use of reflective practice in undergraduate nurse education. They suggest that educationalists must be cognisant of the complexity of this subject and must "make explicit their interpretation of the concept and how to teach it" (Nicholl and Higgins, 2004, p. 583), thus avoiding negative overtones by students and preceptors. If students are not engaging in reflective techniques this will further impinge on their ability to integrate theory with practice as well as the development of problem solving and decision making skills (Redfern et al., 2002).

### Adapted Steinaker and Bell Experiential Taxonomy (ASBET)

According to Brown et al. (1996), when establishing student professional competency, it is essential to use experiential approaches to ensure the aims of assessment are achieved. In this study the majority of preceptors were not using the ASBET framework. Hence, it is difficult to determine how preceptors judge a student's progression or level of clinical performance. The focus of the ASBET is to provide a theoretical concept through a series of levels for students, commencing with a basic knowledge (exposure) and then progressing through increasingly complex intellectual stages until higher levels of understanding are achieved (internalisation). With these steps and stages outlined for students in their workbooks, they can progress from novice to competent practitioner (Neary, 2000). In the absence of referring to such a framework, preceptors have no recognizable standard for indicating the level of clinical progression/performance of students. This could result in poor levels of practice not formally identified until students are well into the course. Furthermore, this could lead to students being educated to meet minimum competency levels (Watson, 2002; Biggs, 2003), reducing quality nursing care, and impede students from becoming expert practitioners (McAllister, 1998). Findings in this study concur with those of Chow and Suen (2001) and Dolan (2003) where students reported that preceptors were giving them clinical

learning assignments inappropriate to their level of learning. However, if we are to progress to awarding higher academic weightings for clinical modules, then preceptors will need to engage more consistently with distinguishing between different levels of practice.

### The interview process

Interviews provide opportunities for both students and preceptors to discuss issues pertaining to progression as well as assessment. This interpersonal process enables students to demonstrate their ability to integrate their knowledge, skills and attitudes to preceptors. According to Nicklin and Kenworthy (2000), this raises students' awareness between the thinking, feeling, and doing, required in clinical practice. In this study preceptors encouraged students to self-assess at mid-interview, a strategy supported by Quinn (2000) as it contributes to both personal and professional development. The majority of preceptors also reported that they gave feedback to students, a strategy noted by Neary (2000) to be valued by students. However, some preceptors reported that they do not wait until the final interview to make the final overall assessment of students, suggesting that this assessment is made at some other stage of the student's placement. Whether preceptors base their assessment on students' demonstration of practical skills or their overall teamwork and decision-making skills throughout their placement is unclear from this finding. Whilst this could be acceptable if some students were not progressing throughout their placement however, it is difficult to interpret from this study what influences preceptors overall decision-making or judgement of a student's competency. Perhaps this again reflects the preceptors' interpretation of the assessment process alluded to earlier (Lofmark et al., 1999; Phillips et al., 2000; Neary, 2001; Dolan, 2003).

Qualified practitioners who have the authority to assess a student's competence to practice hold a responsible and accountable role as gate keepers that regulate entry to the Register of Nurses (Howard and Eaton, 2003; ABA, 2003). The magnitude of this responsibility must be accentuated if we are to meet the standards required by WHO and ABA. Whilst numerous studies supported the notion of ongoing professional development, education and support for assessors (Neary, 2000; Burns and Paterson, 2005; McCarthy, 2006), this study demonstrates the need for educationalists to provide more support for preceptors in under-

taking the assessment of students in clinical practice.

## Limitations

It is important to emphasize the limitations of this study in order for the findings to be interpreted in context. The study was conducted in one university in The Republic of Ireland as the first four-year cycle of a new BSc undergraduate nursing programme was nearing completion. In addition the assessment of students was also a new responsibility assigned to preceptors. Therefore, the findings are generalizable only within this specific setting in a specific region of The Republic. However, the study does provide quantitative data from almost 50% of the cohort of preceptors involved in clinically assessing students in one region in Ireland at a time when literature on the topic is limited. It cannot be assumed that the findings in this study are, or would be, similar to those of all preceptors involved in assessing undergraduate students. However, the information gained does raise issues which nurse educators have identified elsewhere (Lofmark et al., 1999; Phillips et al., 2000; Neary, 2001; Nolan et al., 2002; Dolan, 2003; Nicholl and Higgins, 2004). The quantitative nature of the study did not provide an opportunity to clarify preceptors' responses. However, given the time constraints of the study, the questionnaires were a useful means of collecting data in a topic on which no research previously existed in The Republic of Ireland.

## Conclusion

The clinical assessment of undergraduate nursing students is an under-researched concept in nurse education in The Republic of Ireland and other countries. This study has provided some insights and information on the strategies used to assess BSc nursing students and the extent to which preceptors use these strategies to assess students during clinical placements. The increasing recognition given to the clinical assessment of students in the literature and the focus on assessors to undertake this assessment process requires nurse educators to continually monitor these processes. Whilst some progress has been made toward preparing students to become competent decision-making practitioners, many preceptors in this study, were inexperienced, did not fully comprehend the assessment process, and were not applying all of

the recommended assessment strategies when assessing students.

This study has highlighted several areas of interest. Firstly, to provide preceptorship programmes, and assume that qualified nurses understand the process of assessment is optimistic. When introducing a change (such as clinical assessment) to a preceptor role then a consistent flow of information to and from all those involved is essential. Further, to assume that all preceptors have the skills to assess is to overlook the needs of some preceptors who may require additional support to recognising for example, the importance of reflection and/or levels of learning. To enable preceptors continue with the assessment process in a more consistent fashion, nurse educators must make the assessment strategies more user-friendly and more transparent for preceptors. In addition, they must continually support preceptors towards achieving an adequate balance between developing students' clinical skills and helping them gain a holistic experience of professional nursing care. This is to ensure that graduate nurses are well educated and competent to meet the current and future needs of patients/clients in the diverse health care settings in the 21st century.

Several recommendations can be made from this study and while it is recognised that these findings are context specific they should be of interest to other organisations. Recommendations include:

## Education

- Continue to use the current anthology of clinical assessment strategies.
- Engage in dialogue to award higher academic weighting for clinical modules.
- Nurse educators to provide on-going workshops in the use of clinical assessment strategies for preceptor nurses.

## Management

Hospital management must give more support to preceptors in acknowledging their multifaceted role and facilitate attendance at preceptorship programmes, workshops or other formal education programmes.

## Research

- Further research on students' experiences of being assessed by preceptors using the current clinical assessment strategies.

- Replication of this study when the BSc in Nursing programme has been in operation for a longer period of time e.g. when three or more cohorts of students have graduated.
- An observational study of preceptors to comprehend how they are actually engaging in the clinical assessment process.

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