Assessment of Student Nurses` Clinical Practice : A Phenomenographic Exploration

Prof Peter T. Sandy
(University of South Africa)
PhD, MSc, BSc(Hons), PGDip(Ed), PGCert (Ed), MI (Con), HEA, ANSA
E-mail: sandypt@.ac.za

Dr A H Mavhandu-Mudzusi
(University of South Africa)
PhD, Mcur, Bcur (Hons), Psy (Hons)
Email: mmudza@unisa.ac.za
Aim

- Explore mentors` experiences and understanding of factors influencing assessment of student nurses` clinical practice in a secure forensic mental health service in England.
Intentions

- Conceptual explanations: assessment & study site
- Motivation for the study
- Methodology: a rationale for its use
- Method: data collection
- Method: data analysis
- Study findings
- Implications of study findings
- Study recommendations
- Conclusion
Conceptual Explanation

• Assessment

  • Is a process in which evidence of performance is gathered and evaluated against **agreed criteria** in order to make a decision about learning.

• Secure forensic mental health settings

  • High
  • Medium
  • Low
Motivation: Why the Study?

- Clinical assessment: its importance
  - Clinical learning enables students to acquire skills for quality care provision.
  - Newly registered nurses do not always have adequate practical skills.

- Reasons
  - Inconsistencies in assessment practices
  - Mentors' Lack / limited motivation

- Implications
  - Patients would be at risk of being offered poor care
Scarcity of research on factors influencing assessment of student nurses` clinical practice
Methodological Fit

• Phenomenographic methodology
  • Developed in Sweden in 1970s
  • It focuses on experiences and understanding of phenomena
  • Phenomenographers seek to identify:
    • Multiple experiences and understanding that a particular group of people have for a particular phenomenon. **WHY?**
    • Experiences & understanding are referred to as **conceptions**
    • Relationships between people`s conceptions
Phenomenography: Researcher`s Position

• Adopts an insider perspective. Why?
  • Empathic understanding

• Adopts an outsider perspective: standing alongside of participants. Why?
  • Allows researchers to ask critical questions (Hermeneutics of questioning)

• The research aim can be achieved through this engagement and interpretive activity
Sampling and Sample Size

- Ethical clearance
- Sampling
  - Criteria: purposive and homogenous
  - Participants were recruited who were knowledgeable about the phenomenon
- Sample size
  - Five focus groups with six participants each (5x6=30)
Inclusion Criteria of the Study

• Registered mental health nurses with
  • Two or more years of experience of mentoring students in mental health settings.
  • A “mentorship in practice” qualification who are willing to share their experiences of mentoring students.
Method: Data Collection

- Focus group interviews (Open and deep format)
- Open indicates that there is no definite structure to the interview.
  - Researchers are prepared to follow any lines of reasoning that the interviewee might address
- Deep indicates that the interview will follow a certain line of questioning until it is exhausted.
  - Conceptions are joint products of researchers and interviewees
Seven Steps Approach to Analysis (Sjöström & Dahlgren, 2002)

- Step 1: Familiarisation: Read transcripts several times to increase familiarity of material.

- Step 2: Compilation: Search transcripts for statements that correspond to the aim of the study.

- Step 3: Comparison: Analyse identified statements for similarities and differences.

- Step 4: Grouping: Group statements with similar meanings together (formation of conceptions).
Seven Steps Approach to Analysis (Sjöström & Dahlgren, 2002)

- **Step 5: Articulation**: Re-examine or repeat analysis of conceptions to enhance meaning. This stage informs the formation or identification of descriptive categories.
- **Step 6: Labelling**: Labels the descriptive categories of conceptions to reflect their meanings.
- **Step 7: Contrasting**: Compare descriptive categories for similarities and differences to ensure that each has a unique character.
Findings

- Four main themes
  - Learning outcomes
  - Transparency
  - Assessment
  - Clinical placements
Learning Outcomes

• To develop understanding
  • “I have been mentoring for many years, but I still find it hard to understand some learning outcomes.”
  • “Not understanding the learning outcomes equates to not knowing what to look for when assessing.”

• To be involved
  • “Working with lecturers enables us to seek clarification about issues, such as learning outcomes.”
  • “I have not seen a link lecturer for while. You cannot reach them.”
Transparency

• To be open
  
  • “It is hard to openly admit that you don’t know. It is even harder to admit ones limitations to a student.”
  
  • “I have not attended any update workshops since my mentorship training. So, I am not sure of my role as a mentor.”

• To seek support.
  
  • “Apart from supporting students, I have full clinical responsibility to provide care to patients.”
  
  • “Our workload prevents us from adequately assessing students.”
Assessment

• To get a structure
  • “I only assess students when I have time. You cannot plan assessment. It has never worked for me”.
  • “What mentors observe and the feedback they provide are influenced by the degree to which they like the students”.

• To alleviate anxieties
  • “Some perform poorly in practice. The thought of failing them sometimes makes me feel very anxious”.
  • “We should be confident to fail students who have failed to achieve the minimum competencies”
Clinical Placement

• Appropriate student population
  • “Last semester, I had three students to mentor, but hardly made contact with them.”
  • What some of us don`t realise is that the number of placements have reduced.”

• Adequate placement duration
  • “The three week placement is too short for mentors to carry out comprehensive assessments.”
Implications of Study Findings

- Practice
- Training and education
- Research
Implications for Practice

• Accurate assessment of performance could be difficult task to achieve. Why?
  • Infinite number factors that could influence the assessment process.
  • It is practically impossible to consider all the variables influencing assessment.
  • It would therefore be difficult for mentors to achieve absolute validity and reliability of students` clinical assessments.
Clinical Assessment: Improving its Reliability & Validity

• Mentors to:
  • work closely with link lecturers. Why?
  • work closely with other members of the multi-disciplinary team
  • use “protected time”
  • Use multiple assessment methods
Implications for training, Education & Research

- Attend mentorship training and updates, focusing on
  - Coping with stress
  - Approaches to enhance reliability of assessment
  - Planning and recording of assessment
  - Sufficiency
  - Authenticity

- Limited understanding of factors influencing assessment in practice
Recommendations

• **Research**
  - More research on factors influencing assessment in practice
  - Suggested research methodologies
    - Interpretative Phenomenological Analysis
    - Q-methodology, Mixed methods

• **Policy Development**
  - Facilitate a non-judgmental and consistent approach to assess students.
Conclusion

• Clinical assessment: a complex activity
• Influential factors: multiple
• Limited understanding
• Recommendation
  • Research
  • Training
THANK YOU
References


• Nursing and Midwifery Council (NMC) 2008. *The code, standards of conduct, performance and ethics for nurses and midwives*. London: NMC.
