

Challenges in Assessment Situations in Clinical Studies: How do Nurse Mentors in Home-Based Health Care Services Experience Assessment Situations in Supervision of 2nd Year Bachelor Nursing Students?

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ABSTRACT

Purpose of the study: Describe nurse mentors' experiences in using the Learning Outcome Assessment Form in supervision of 2nd year nursing students' clinical study and teach learning outcomes' relation to practice, how roles and responsibilities of nurse mentors in the community home-based health care services affect assessment situations.

Methodology: Explorative & descriptive qualitative method through focus group interview is applied. In autumn 2017 to spring 2018, focus group interviews done on nurse mentors from three districts of home-based health care services in the county of Oslo. Semi-structured guide used in the focus group interviews that lasted for 40-45 minutes and held in the respective district of the participants. Focus group interviews were audio recorded and transcribed verbatim. Data analysis done through Kvale and Brinkman's (2015) systematic interpretation.

Results: Nurse mentors experience that learning outcomes are broad and difficult to translate into learning situations in practice. Nurse mentors seldom use the official Learning Outcome Assessment Form in the evaluation of expected level of students' performances, but collaborate and share responsibilities with co-nurse mentors in assessment situations and call attention of teachers when students have slow development in clinical studies. Nurse mentors' lack of time seem to affect nursing students' clinical supervision and assessment.

Conclusion: The research shows that most of the learning outcomes are abstract in form and can be difficult to apply in the concretization of learning situations in practice. The nurse mentors often based assessment situations on their own values, attitudes and norms. Therefore, there is a need for collaboration between the university and home-based health care services in order to translate the Learning Outcome Assessment Form to fit into the learning situations in the clinical areas. Nurse mentors and teachers should be given time, education and training in supervision and assessment of nursing students in practice.

Keywords

Assessment, Home-based health care services, Nurse mentors, Nursing students, Supervision.

Background

The Norwegian Department of Education introduced the National Qualification Framework for lifelong Learning in 2011 after the

Bologna agreement in 2008. This applies to all levels of education. Then, the Norwegian Council for Professional Education in Nursing prepared and recommended the descriptions of national learning outcomes in bachelor nursing education in Norway [1]. Subsequently, the Oslo Metropolitan University (OsloMet), Faculty of Health Sciences, Institute of Nursing & Health Promotion developed a curriculum in which learning outcomes

provide directions in nursing education both in theories and clinical studies, also reflected in the learning outcome form.

In the same university, the bachelor nursing curriculum program lasts for three years with academic studies and training in various clinical studies. Clinical study assessment begins in the first year and criteria of assessments increase in complexity as students pass through the mandatory requirement of nursing courses. Each year, the nursing study course program reflects knowledge-based practice within a sociocultural learning approach [2], which emphasizes collaborative reflective learning and awareness of the use of knowledge-based practice: research-based knowledge, experienced-based knowledge and patient- based knowledge [3], both in academic and clinical studies.

In the clinical studies, a mentor who is an employed registered nurse, prepared in the supervision and assessment of students carries out nursing students' assessment in collaboration with the teacher from the University. Mentoring involves supervision and assessment of nursing students based on the expected learning outcome in the mid- term and final assessment of the eight weeks clinical study. The Learning Outcomes [4] since 2014 is in use up to the current date in the said university. However, there is a need for a systematic study to determine nurse mentors' perceptions and experiences in using the "learning outcome assessment form" [4] on assessment situations in supervision of 2nd year bachelor nursing students' clinical study in home-based health care services.

Literature review

Clinical supervision facilitates students' learning and development in the delivery of care to patients in clinical studies [1,5]. Assessment is a core element in supervision of students and provides a normative response based on professional expectations, requirements and criteria [6]. Formative and summative assessment are supervision activities [7]. Formative assessment is both a process and summative in nature while summative assessment is the final assessment of the clinical study as a whole. Assessment of students is a demanding process, especially when assessment perceived as synonymous to supervision [6]. Several studies [8,9,10], and previous reports [1,11], show that there is a need to increase awareness and develop more knowledge in assessment of students.

The introduction of the learning outcomes in the university involves a shift in focus from teaching to learning that has implications on what is important to learning, how learning occurs, and how one understands and recognizes learning [12]. The Learning Outcomes are relatively general in nature [6], and give challenges in creating common understanding between the student, teacher and mentor [13]. Moreover, when the Learning Outcomes shall serve as an instrument for learning, the student, teacher and mentor must specifically define its contexts. Furthermore, the report "Project in Practice" [1], recommends partnership between educational institution and clinical study areas in developing the Learning Outcomes.

Home-based health care services

The Patients' Rights Act [14], states the right to necessary health care as central to the rights of the people in Norway. The home-based health care services offer help to clients with various diseases and health needs. These situations can be in short or long-term basis when extending help such as in attending to daily living needs, giving healthcare to clients with impaired health due to chronic and/or mental illness, disabilities, aging and dying etc. [15]. Home-based health care services make up a large part of the local government health services organized into smaller geographic areas called districts or zones, and community in large cities. Report and decisions about the services made in units called "Book Office", designs details of service descriptions for an overall assessment of the patient's need for help. If health service needs a change, the Book office makes changes through new assessment [16]. However, Book Office model, criticized for being inflexible in terms of services' complex character and as a step to meet the criticism; home-based health care services introduced Oslo Model, which will make it possible to customize the services better [17]. Moreover, in home-based health care services, continuity of help is a particular challenge to meet. A home visit for e.g. includes everything from extending help to personal hygiene, care of wounds, provision of medicines, preparation of simple meals to more complicated procedures. In addition, nurses encounter more and different patients' groups that often ranges from 15-20 visits on a daily basis [16].

Home based health care services is a clinical study in the university bachelor-nursing program, characterized by various health needs and diseases with complex character. At present, most patients experience faster transfer from the specialist health care services (e.g. hospitals) to the municipality home based health care services than before the implementation of the Coordination Reform- Proper treatment at the right time and right place [18]. The consequence of the reform entails also challenges in building relationship between the educational institution and practice. The number of health workers in the home-based health care services is lower than in the specialist health care services [19], this can give lesser time to nurse mentors in supervising nursing students. This situation probably requires maturity and a degree of autonomy of a student in an increasingly specialized and complex home- based health care services. Therefore, there is a reason to believe that the conditions above can affect assessment situations in supervision of nursing students in clinical studies.

Second year nursing students' preparedness to clinical studies in home-based health care services

Home-based health care services is a clinical study area in bachelor curriculum program in Oslo Metropolitan University, Institute of Nursing & Health Promotion that covers a total of ten weeks. In the first two weeks, the students have theory introduction in the university in themes such as dementia, pharmacology, welfare & technology, rehabilitation at home, etc. Clinical training skills before exposure to clinical study are required, for example training on care of wounds and NEWS clinical examinations held in the university's simulation unit. Nursing students also have

a day seminar covering students' group studies, presentations, discussions and reflections on multiple issues concerning care and management in home-based health care services, followed by the eight weeks supervised clinical studies in the home-based health care services [12]. In other words, the theory introduction, training in the simulation unit and clinical studies make up a total of the program plan's learning outcomes formulated as; knowledge, skills and general skills in the Learning Outcome Assessment Form [4] for clinical studies in home based health care services.

Assessment of students in practice

Students' supervision in nursing clinical studies is through the peer study model and/or one-to one style of supervision [20]. An alternative study model called peer study model is developed [20], since the traditional one to one style of supervision seem impossible to realize as continues changes in health services become more extensive in the clinical areas and less numbers of nurse mentors make students' supervision difficult to meet. The peer study model means that two students go together, guide, support and assess each other in the learning process. However, nurse mentor in practice is the one that has "control" with both students [20]. As mentioned before, assessment is a core element of supervision [6]. The student's formative assessment is done continuously during the eight weeks clinical period and is a part of both the summative assessment in the middle and final term assessment. Both assessments provide evaluation of students' performances by discussing and acknowledging student's progress, strength and weaknesses based on the clinical study learning outcomes, subject plans, etc. [12]. The formal assessment meetings agreed upon in advance takes place when mentor, teacher and student participate in a triangular meeting in the course of the clinical study. In the Institute of Nursing and Health Promotion's program plan [12], teachers and mentors shall expect students to specify learning situations and is formulated as learning outcomes for a period of eight weeks. Learning outcomes shall be realistic, concrete, and approved by teachers and mentors. Moreover, on assessment meetings, all learning outcomes in the learning outcome form shall be discussed and graded, and if necessary, added with written complimentary text describing students' performances as well as what is central to the learning process to the rest of the clinical study period and/or next clinical period.

Mutual responsibilities in relation to supervision between the university and practice embodied in a document where students, teacher and mentors' duties specified as guidelines to practical studies [1]. Despite such guidelines, we know little about how nurse mentors in practice experience the learning outcome form in connection with assessment situations in supervision of 2nd year bachelor nursing students. We, therefore conducted focus group interviews in the home-based health care services in Oslo county's three districts that have 2nd year bachelor nursing students in clinical studies.

Purpose

To describe nurse mentors' experiences in using the Learning Outcome Assessment Form in assessment situations in supervision

of nursing students' clinical studies, its relation to learning situations and how it affects the roles and responsibilities in the community home-based health care services.

Theoretical Orientation

Sociocultural learning approach is the Oslo Metropolitan University's philosophy of teaching and learning. Sociocultural learning approach emphasizes social interaction in the development of cognition [2]. The same author [2] lays the foundation of the theory of sociocultural learning approach and claims that students' discussions, critical reflections and collaboration are central in the construction of knowledge.

In the use of learning outcomes, knowledge-based practice [3] within a sociocultural learning approach implies that students integrate theory and practice by using the best available a) research-based knowledge, b) clinical experience-based knowledge, and c) client-based knowledge [3]. In the above context, we use the Learning Outcome Form [4] in knowledge Based Practice [3] within a Sociocultural Learning Approach [2] as illustrated below.

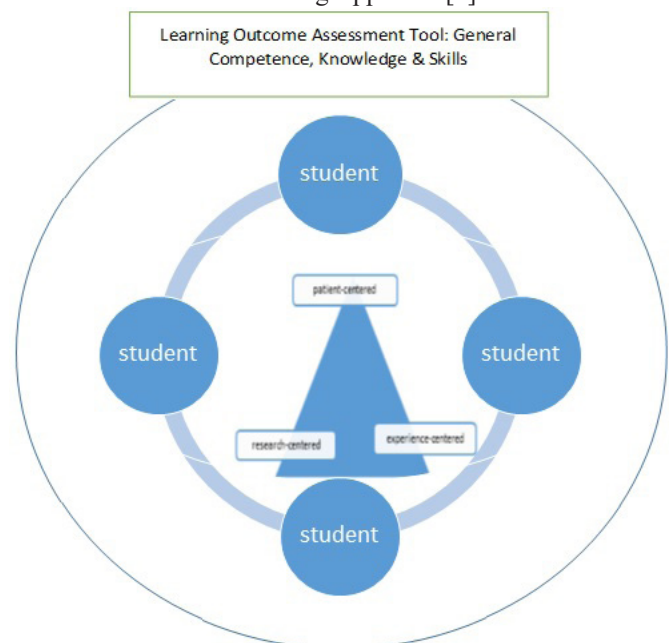


Figure 1: Using the Learning Outcome Assessment Form in Knowledge Based Practice within a Sociocultural Learning Approach in Oslo Metropolitan University [21].

The Research Method

The study has a qualitative design. Focus group interview is used. Focus group interview is a research method in which groups of interviewees discuss a given topic for research [13], in other words a focus group interview generates data on the synergy of group interaction. The intention is to bring knowledge of interviewees' perceptions, feelings, experiences, attitudes, and ideas on the selected themes of a topic. Recommended participants in a focus group interview is 6-10 persons [22].

In autumn 2017 to spring 2018, the researchers did focus group interviews on nurse mentors from three districts of home-based

health care services in the county of Oslo. Since only three to four persons participated in every district, we characterized the interview as a focus group interview. The researchers used a semi-structured interview guide that covered the following themes: perceptions of assessment situations, characteristics of learning situations at the clinical study area, coherence between learning outcomes and learning situations, and perceptions of roles and responsibilities in relation to the assessment in supervision of students. The focus group interview had a moderator who asked questions, and made sure that discussions among the participants remained in focus. The focus group interview held in the respective district of participants had a duration of 40-50 minutes. Focus group interviews were audio recorded and transcribed verbatim.

The study is a part of a Collaborative Research Project, where ten researchers/teachers from the research group Collaboration & Learning in Education & Profession, OsloMet, Faculty of Health Sciences, Institute of Nursing and Health Promotion, worked together on the challenges in assessment situations in clinical studies. A Norwegian article produced on this regard is a part of the anthology book from Gyldendal Academic Publication 2019 in Norway.

The study is presented in the Global Nursing Education & Research, 22th International Conference in November 12-13, 2018 Melbourne, Australia.

Analysis

Qualitative analysis approach inspired the analysis of the transcriptions of the research project [15]. The researchers are teachers who follow up nursing students in the home-based health care services and more or less know the clinical areas & nurse mentors. Being familiar in the field, advantages and disadvantages are possible to have during interviews and in the process of analysis. The teachers, which are researchers could affect or lead participants in a desired direction and/or pursue questions and achieve a more immersed insight than researchers who do not know the field. To balance the challenge of proximity and distance, the researchers pursued not to interview nurse mentors they knew from before. The researchers got the help from a research colleague to lead one of the focus group interviews. The researchers carried out coding and categorization of meaning based on the levels of interpretation: reading text without knowledge of the topic, sensing what we called reality, and do systematic analysis [23]. To enhance the rigor of the research in the analytic process, the researchers cooperated with the research manager and three more researchers from the research group which led to a more rigorous and distinct meanings in the research results.

Ethical considerations

Respondents received information on the research project. Confidentiality, anonymity and voluntary consent strictly observed. Permission to conduct research granted from the head of the three districts' home-based health care services and the Norwegian Ethical Committee though the collaborative project.

Results and Discussions

Coherence between Learning Outcomes in the Learning Outcome Form and Learning Situations in Practice

The research reveals that some nurse mentors seem to experience no coherence between official learning outcomes in learning outcome form and learning situations in practice. It is further claim that it may not even fit home-based health care services because they have different patients in all ages with different needs, multiple disease patient groups as dementia, disabilities and critical care. Oftentimes, some nurse mentors experience that some second year nursing students do not understand what learning outcomes mean, for example in the learning outcome assessment form [4], it is written “has knowledge on actual patient phenomena?”, and what does it mean in relation to learning situations in practice?.

As cited above, learning outcomes like “has knowledge on actual patient phenomena” is implicit in context and can be difficult for a nursing student to interpret, understand, and give concrete examples of learning situations in practice. Moreover, most nurse mentors in this study experience that the teachers in mid-term assessment meeting oftentimes ask nursing students to define what a patient phenomenon is in order to point out knowledge on actual patient phenomena in practice. By clarifying the important key words in the learning outcome, it becomes easier for nursing students to associate the learning outcome to learning situations in practice. On the other hand, some learning outcomes have explicit criteria from the Learning Outcome Assessment Form [5], as written “has knowledge on relevant pharmacology, can handle medicine and analyze the relationship between multi-diagnosis, multi-medicines and patient situation”. In cases like this, nursing students identify at once learning situations as concrete handling of medicine, pointing out rules for control and documentation of medicines as relevant to later learning outcome. As the two examples of learning outcomes appear, the learning outcomes can be implicit or explicit in nature. However, learning outcomes with implicit character are more than those learning outcomes with explicit meanings.

The above finding across the three focus group interviews shows that the learning outcomes criteria are more or less abstract in form. Moreover, most nurse mentors claim that teachers under assessment meetings give more emphasis in using learning outcomes by chronologically going through the Learning Outcome Assessment form [4]. and less listen to what nurse mentors experience is important to student's learning. Based on the research result, problems in understanding the learning outcomes arise even practice orientation and discussions of the Learning Outcomes prior to the clinical study is obligatory in the university to assure that nursing students understand the meaning of learning outcomes [12]. Besides, teachers assist nursing students in identifying learning situations that are relevant to learning outcomes during group discussions in the university and/or in front of nurse mentors in the process of learning and during assessment situations. Moreover, when the nurse mentors emphasize other norms in assessment situations and the teachers emphasize the criteria of the official learning outcomes, assessment situations can be problematic. Incongruence in assessment process may arise

between home-based health care services nurse mentors and the teachers from the university when emphasis on students' learning and use of learning outcomes are unclear; and therefore, affect the quality of students' assessment in the clinical area.

One of the studies [24], in students' assessment shows that students and nurse mentors experienced the language as unclear and less concrete in the Learning Outcome Assessment Form [4]. Moreover, the Learning Outcomes are relatively general in nature [6], and give challenges in creating common understanding between the student, teacher and mentor [13]. In addition, a study [25] shows that only half of the students and mentors understand and consider the descriptions and criteria in the Learning Outcomes discuss and differentiate students' progress in practice.

As mentioned earlier, the introduction of the learning outcomes in the university involves a shift in focus from teaching to learning that has implications on what is important to learning, how learning occurs, and how one understands and recognizes learning [26]. Moreover, a critic about the descriptions of learning outcomes [27] is that its knowledge components have an instrumental approach to learning in the expense of values, attitudes and ethics, and to what degree can we emphasize pre-defined learning outcomes. Furthermore, in the light of same study [27], the authors look for the value of unexpected and spontaneous learning because pre-defined learning outcomes can alter motivation and promotion of potential learning.

Formative assessment is essential to students' learning process. Nevertheless, when assessment situations shall promote learning and show directions to expected learning outcomes, then learning outcomes shall be concrete and easy to understand to promote and direct learning. However, formulation of concrete Learning Outcome Assessment Form can be challenging especially when learning outcomes shall fit all clinical studies. In addition, the report "Project in Practice" [1], recommends partnership between educational institutions and clinical study areas in developing the Learning Outcomes.

Characteristics of students' assessments in home-based health care services

One criteria in formative assessment is to continuously assess student's clinical study [6]. This is a process where a nurse mentor assess the student's progress for e.g. right after a procedure in the clinical area or assess students' progress over time as in mid-term or final assessment. Assessment is not just to observe what a student does, but also to raise questions in order to determine what a student thinks and reflects about a learning situation [6].

In this study, most nurse mentors expressed that they assist and guide nursing students in assessment situations by asking questions and stimulating them to reflect while performing nursing procedures or/and discussions before and after learning situations in between visits to clients. The nurse mentors claim that they use earlier local plans implanted in their minds and their values and attitudes on caring. For e.g. "would I like to be cared for by this

nursing student?", since they do not carry with them and are not necessarily aware of using the assessment form in the process of student supervision and assessment in practice. Most nurse mentors claim that they seldom use the official learning outcomes as criteria in the evaluation of expected level of students' performances.

From the above result, it is obvious that most nurse mentors-based students' supervision and assessment on their own values, attitudes and norms. In this connection, the nurse mentors' assessment criteria appear to be subjective and personal in the process of student assessment in practice. According to research [6], collective criteria within workplace often reflect common perceptions of fundamental attitudes and communication forms that one believes shall characterize the provision of patient care, which also influence assessment of nursing students. However, it is necessary for mentors to distinguish differences between formal criteria and their own values [26]. This is important for nurse mentors in executing proper and legitimate assessment of students. This means that the university shall continue raising awareness in practice about the use of the formal criteria in assessment of nursing students. Both nurse mentors and teachers must work together in the use of Learning Outcome Assessment Form in home-based health care services. In that way, nurse mentors will learn and be aware of learning outcomes and obliged themselves to use the formal criteria in the assessment of nursing students in the clinical area.

When time hinder nurse mentors to supervise and assess nursing students

In nursing, students learn while they practice nursing tasks, which requires nurse mentors to be present and do continues supervision [28]. As the home-based health care services experienced organizational changes after the new health reform [18], which result to a more complex patients' situations and diseases and lesser number of health workers, the university provides two study models to follow up nursing students. Aside from one to one style of supervision, peer study model is used [29], in which supervision and assessment of students are more active and planned when two students go together, as students help each in the clinical study and ease the nurse mentors' duty to follow up nursing students. However, in a peer study model, nurse mentor is expected to have control of both students, which means for e.g. that students shall communicate with nurse mentor before a day's practice or before a day's practice is over, which can be hardly possible to realize in a hectic daily work.

According to this research study, most nurse mentors claim that lack of time, regardless of what supervision method is applied, gives them less control in following up students' performances and progress and/or when students need more help in the clinical study.

Our finding shows that lack of time in relation to students' supervision is a problem in practice. This problem can reduce the quality of supervision and assessment of nursing students. A research study [30] supported our finding on nurse mentors' time

management, showing that time pressure hinders proper supervision of students. Moreover, the same research reveals that time problem becomes more apparent when student is weak and mentor does not know if student will pass the clinical study. In such cases, there is a reason to believe that nurse mentors' time pressure due to heavy loaded working hours, make it extra difficult to supervise and assess students especially when students need more help to learn in practice. Moreover, a study [5] points out that time pressure in practice can affect the quality of students' assessment. Furthermore, a study [11] on five educational institutions shows that time as a resource experienced as most inadequate in nursing education. However, it is not clear, if time pressure gives consequences to mentors' inadequacy in supervision and assessment or because time is not allotted in nurse mentor timetable at work [30].

Mentors' perception of roles and responsibilities in relation to supervision and assessment of nursing students

This study reveals that some nursing students show problems on attitudes towards patients or/and patient care, the nurse mentors talk together and agree to follow up such students and observe closely to assure proper assessment. The nurse mentors share responsibilities in supervision and assessment and call attention of teacher when students have slow development in the clinical study.

On the above research result, the nurse mentors' collective assessment strategy emphasizes sharing of professional knowledge among colleagues in cases where nursing students have problems in the clinical study. In addition, collective assessment strategy promotes collaboration and shared responsibilities in supervision of students of the nurse mentors and eventually the teacher from the university.

Continues assessment is important to students' learning process. It is initially in the process of learning that students develop nursing role in a more personal level. Any sign of student's slow development happens now and then, as in the development of students' affective knowledge. Some researchers [10,31,32] reveal the difficulties of mentors in failing students who show inappropriate attitudes in practice. Moreover, this study shows that emotional dimension in assessment makes the situation difficult to fail students, especially when students do well in other areas of the clinical study. Collaboration is relevant in practice to emphasize learning and development of students [33]. Another theory supported our findings showing that when colleagues seek advice in challenging situations in practice, colleagues also show their pedagogical competence [34]. Moreover, a study [32] advice that in mentors' training empathy, respect, sensitivity and worthiness are important issues to discuss and reflect on because mentors need to express students' unacceptable manners in practice. In addition, respect and worthiness of patients shall reflect students' attitudes and concerns.

Passive role in mid-term- and final assessment

Nurse mentors are important in assessing nursing students. However, findings in this research reveal that some nurse mentors experience a passive role on students' assessment meetings. In

addition, some nurse mentors claim that in assessments meetings, they experience the feeling of being assessed along with the students as the teachers ask questions, students answer and nurse mentors add supplemental comments.

A passive role in this respect is a paradox because nurse mentors interact, observe and guide students' daily clinical learning activities, and therefore have better basis to assess nursing students. As agreed upon in supervision of nursing students, the nurse mentors have the main responsibility of the daily formative assessment of nursing students while the teachers, on behalf of the nursing education, have the formal responsibility of the assessment process, and participate in mid-term and final assessment. Possible reason why nurse mentors felt their responsibilities as passive is that the teachers lead the assessment meetings. The teacher as representative of the university has a role that provides certain legitimacy in assessment of students. In addition, the teacher assess student study groups based on impressions on group counseling, written clinical study tasks and by raising questions in the mid-term and final assessment. Another possible reason is, nurse mentors may not have fully internalized the use of learning outcomes since some nurse mentors still use local plans and own values in assessing nursing students and some actually do not use the learning outcomes as criteria in evaluating nursing students' performances in the home-based health care services clinical study. These reasons appear to be incoherent with university's objectives and the learning outcome assessment form [31]. However, according to a study [35], which pointed out that, teachers seem not consulting practice in planning of students' clinical studies. Moreover, when nurse mentors experience their roles in the mid-term and final assessment as passive and both parties have different understanding of the learning outcomes, the university and home-based health care services have a serious challenge to work with in the future.

Limitation of the study

The research study has in-depth results but no general conclusions are drawn, the focus group interviews were small and expressed experiences are limited to the groups. It is a hope that the collaborative research group will come up with more results on challenges in assessment situations in clinical studies to support this research. More studies need to understand nurse mentors' experiences in assessment situations in supervision of nursing students not only in home-based health care services, but also in clinical study areas in general.

Conclusion

The findings across the three focus group interviews show that most of the learning outcomes are more abstract in form and can be difficult to apply in concretization of learning situations in practice. The nurse mentors seldom use the official learning outcomes as criteria in the evaluation of expected level of students' performances as nurse mentors often based assessment situations on their own values, attitudes and norms. The nurse mentors collaborate, share responsibilities in assessment situations and call attention of the teachers when students have slow development in

clinical studies. However, time pressure can hinder nurse mentors to follow up thoroughly students who need more help.

Recommendation

Learning outcomes, as instrument for assessment and supervision of nursing students need contextualization and concretization, and shall reflect different forms of knowledge to provide teachers and nurse mentors insights, where they can sense and point out students' performances in relation to theory and learning outcomes in daily learning situations in practice. Educational institutions should have constructive alignment in their organization implying clear teaching philosophy both in the university and practice, taxonomy in learning, sound collaboration between educational institution and practice, and nonetheless provision of time, education and training for university teachers and nurse mentors in clinical areas in order to teach, supervise and assess students in nursing education.

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