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PILOT PROJECT FOR THE ASSESSMENT OF CLINICAL COMPETENCE

FINAL REPORT

INTRODUCTION

"It is impossible to become an autonomous practitioner without going through a highly structured skills based experiential learning process" (Kitson 2001 p 92).

The assessment of competence in nursing practice represents a challenge to the profession and much of the published literature reflects the difficulties and complexities involved (Benner 1984, Nicol et al 1996, Manley and Garbett 2000, Neary 2000). Mental health nursing has been slow to join the outcomes movement for various possible reasons; the lack of clarity surrounding the role and the lack of standardisation as to what constitutes mental health nursing care (Mc Cabe 2000). Mental health nursing is a largely private activity, a lot of our work is unseen, thus it can be difficult to assess the effectiveness of every intervention with a patient. The notion of competence is often associated with observable, measurable skills which can sometimes appear to run counter to the realities of ambiguity and intangibility inherent in our role. Nonetheless, mental health nursing must articulate and assess what constitutes safe and effective practice in order to protect people in our care as well as to define and communicate what we do as mental health nurses, as Mc Cabe (2000 p113) states;

"If one does not know what to expect from every psychiatric nurse, it becomes impossible to define the profession, articulate our unique body of knowledge, monitor the quality or the impact of our care"

The challenge for mental health nursing is to develop methods of assessment that are rigorous enough to assess fundamental core skills as well as being flexible enough to be adapted to the range of situations and relationships in which mental health nursing is practiced.

In this study I plan to:

- Describe the background to the study.
- Provide a short description of the pilot site.
- Give details regarding the sample and methodology of the pilot in St Vincent's Hospital, Fairview.
- Present and discuss the main themes arising from focus group discussions.
- Describe the limitations of the study.
- Make recommendations based on our experiences of this assessment tool at St Vincent's Hospital, Fairview.

BACKGROUND TO THE STUDY

The inclusion of St Vincent's Fairview in the clinical competency pilot study was first discussed at the end of July 2000. The pilot had already been introduced into the areas of general and learning disabilities nursing and it was considered appropriate to examine the usefulness of this assessment tool for mental health nursing.

Following two information sessions with the Pilot Co-ordinator, a core team was designated for introducing and co-ordinating the study. This core team comprised of one nurse teacher and two clinical placement co-ordinators

PILOT SITE

St Vincent's Hospital Fairview is a voluntary hospital which, in conjunction with the Eastern Regional Health Authority, provides the mental health service for Area 7 comprising of a population of approximately 138,000.

Mental health services provided at St. Vincent's Hospital/Area 7 include:

- In-patient hospital services
- Adolescent Unit
- Substance Abuse Programme
- Therapies/Counselling Services
- Day Centre
- Day Hospital
- Hostels
- Rehabilitation Unit
- Community services

There is a complement of 120 registered nurses in the hospital and community and at the commencement of the pilot there were 30 students undertaking the diploma programme in psychiatric nursing with St Vincent's Hospital/ Dublin City University.

SAMPLE AND METHODOLOGY

Given the very tight time frame, (see limitations) recruiting and preparation of participants started immediately. The students were selected by convenience sampling, i.e. available students on placement during the pilot period and placement areas/ staff who were willing to participate. The pilot ran from the 4th September 2000 to 5th November 2000. The pilot commenced on 4th September 2000 with four first year student volunteers for the last three weeks of their placement. On 3rd October a further four students commenced the pilot; these students had just entered third year. The third years worked with the portfolio for a period of six weeks on placement. Given the short pilot period students were asked to focus on one domain of their choosing only. Students were encouraged to choose different domains from each other so that as many domains as possible could be examined in as much depth as possible. However most first year students chose domain 3 (Communication Skills) to work on as they found this domain easier to interpret and work with than some of the others. As a result of these conditions, not all domains were tested.

Information sessions were carried out in group settings and one to one sessions in the school of nursing and in the placement area. For the purposes of the pilot and again influenced by time and resource limitations, the role of facilitator was carried out by the students existing mentor in the placement area. The role of assessor was carried out by the clinical placement co-ordinators and the verifier and overall co-ordinator role was performed by the nurse teacher. Focus groups involving all participants were held on the 17 October 2000 and 16 November 2000.

THEMES EMERGING FROM FOCUS GROUPS

P.A.F. versus Portfolio System.

There was general consensus that the portfolio system was more useful than the P.A.F. structure. As one third year student commented: "Compiling portfolios prepares us for the future" (i.e. P.R.E.P.)

Students felt that the emphasis had changed from placement requirements to the students' own learning needs: "You are passing domains rather than placements." (1st Year student) As such, students felt that they had more control over their learning and professional development. A first year student commented: "The student has more control over which areas are assessed and can take the lead." Students felt that the element of being in control of their own learning was very important and promoted self-confidence: "You have it in front of you for three years and can see patterns developing, see what you've done." (3rd Year Student) This was seen to be a welcome change from the P.A.F. system where competency is defined by individual placement area and is not progressive or continuous.

Facilitators and Assessors welcomed the portfolio format in that it did not have the same element of "failure" as the P.A.F. There was wide consensus that failure in the P.A.F. could be "devastating" to the student's confidence and mentors found it difficult to fail students, partly for these reasons and partly because of the structure of the P.A.F. document. The concept of ongoing development of competence was seen as more positive.

Structure and format of instrument

There were many comments as to the terminology of the assessment tool; this was felt to be "too academic," "unclear" and "open to misinterpretation." Students stated that this would be a particular difficulty in first year and as a result of this first year students would need more guidance and support in relation to understanding and completing the portfolio.

Students also commented on the lack of space for responses and stated that the evidence required for the various domains frequently overlaps or is repetitive. The portfolio format was also seen as “too long” and “time consuming” to complete.

Implementation issues

One facilitator commented on the usefulness of spreading the responsibility of facilitating/assessing among staff rather than one person having total responsibility. Students agreed with this point of view, adding that varying and exchanging roles helped to prevent bias which could be present in the P.A.F. system.

Facilitators and assessors both commented on the need for education and training of staff as more clarity is needed regarding roles. In particular, the role of verifier and the pre-existing and ongoing relationship between the assessor to the student.

A facilitator commented on the difference in the facilitator and traditional “mentor” role which she found difficult: “The facilitator may not be involved in the process of obtaining proof with the student therefore it can be difficult to get a sense of what happened.” This theme of product versus process was a recurring one throughout the focus groups.

In relation to the area of “proof, “ one student stated that fabrication or plagiarism could be an issue with this assessment tool. Students stated that the requirement to have obtained theoretical instruction in the school prior to assessment in the subject area was not practical, given the diversity of placements. Most students felt that the 80% time requirement in placement before assessment was fair.

A facilitator observed that it was difficult to get a realistic sense of the validity of these competencies due to the “artificiality” of the pilot situation.

Concept of competence

Concerns were also raised around the concept and nature of competence and non-competence. What evidence should indicate competence? What is the meaning and implications of non-competence? The participants were aware that critical elements would be incorporated in future use, but how are these decided? What criteria are to be used? How will the student deemed to be not competent be supported? There were also issues around the ongoing nature of individual competencies. Facilitators were worried that students could be deemed competent in a particular area and may not develop any further in this area. Again, development of critical elements in this regard was seen as important. Facilitators also suggested that the levels of competency should be staged to reflect the student’s level of training. A third year student suggested that the pre-existing learning outcomes for various level of student could be used to assist this process. A facilitator suggested that a separate portfolio for each year of the students training might be useful.

Appropriateness of the assessment tool for mental health nursing

There were many comments around the tool’s usefulness for mental health nursing.

As already outlined and discussed more fully in other reports the language and structure of the portfolio is not “user-friendly.” This becomes an even more pertinent issue in mental health nursing where assessment tools need to incorporate not just the empirical but also the personal and aesthetic ways of knowing as defined by Carper in 1978. This was evidenced in several comments from students. “I didn’t like it at all, it’s too clinical, there is no personal aspect as to how you feel” (1st Year Student). “It’s too much about physical and practical skills – “if the nurse does this, the patient will get better” there’s no sense of process” (3rd Year Student).

Facilitators also remarked on the difficulty of assessing the process of the students learning when the emphasis was on evidence or product. The existing P.A.F. system has been adapted by staff in St Vincent’s Hospital Fairview to incorporate reflection in this regard. Students are expected to prepare process recordings, critical incidents and reflections on own practice for submission and discussion as part of the P.A.F. assessment. Students found the lack of depth in this affective domain to be a limiting factor. This issue is also reflected in Neary’s (2000) study of students and practitioners concerns regarding assessment. Two areas that were highlighted as particularly problematic were “Communication Skills” and “Development, Education, Teaching and Reflection.” (Domains 3 and 5) Students felt that the performance indicators in the Communication Skills domain related more to information provision than human interpersonal contact. “The communication skills part is just applied to physical needs, it’s not client or practitioner orientated” (3rd Year Student). There was much discussion as to how interpersonal skills could be assessed.

There was consensus that the domains as themes were suitable but that some performance indicators (especially in domains 3 and 5) were too narrow or not reflective of the scope of mental health nursing. As one facilitator commented “The domains are fine when you can decipher their meaning but the indicators in some sections are not. We would need to integrate therapeutic principles into them.”

Similar concerns were voiced regarding domain 5 (Development, Education, Teaching and Reflection). An assessor stated that she would like to see more reflective practice requirements incorporated into the performance indicators in this domain. Facilitators and students stated that the performance indicators here did not encapsulate aspects of personal development which they would expect nurses to demonstrate.

The concept of competence being ongoing and not finite was seen as particularly relevant for mental health nursing. As one assessor commented "Gaining communication skills is about ongoing development - not just competence." Several students suggested that the portfolio should be broad enough to encompass evidence of student reflection and development. Two students and one facilitator suggested incorporating reflective diary entries into the portfolio.

LIMITATIONS OF THE STUDY

The pilot study of the competencies as an assessment for mental health nursing was introduced to us at a very late stage of the overall pilot project. As a result of this we sometimes felt that we were an "add on" or an "afterthought."

Resources and Support

Because of the project co-ordinator's time commitments to other pilot sites, we did not receive adequate support in terms of:

- Information/ discussion about the project and assessment tool.
- Introduction and implementation in practice area.
- Data collection methods i.e. focus groups.

The project co-ordinator highlighted this difficulty of being unable to provide us with adequate support in two meetings at An Bord Altranais.

The pilot was introduced and co-ordinated by a nurse teacher and two clinical placement co-ordinators. Balancing already heavy workloads was a problem and as other reports have pointed out holidays and staff shortages affected participation and motivation levels of some participants. Undoubtedly the current pressures of inadequate staffing and increased demands on practice staff will have implications for the introduction and implementation of any new assessment framework.

Time frame

The pressure of time was an inhibiting factor – we had a very short lead in and were often trying to explain assessment procedures to participants which we barely grasped ourselves.

Because of the tight time frame (pilot ran from 4 Sept 2000 – 5 November 2000). We were limited in terms of student numbers and available students on placement. As a result of this not all domains were tested for their relevance to mental health nursing. These details may have implications regarding validity and representativeness of findings for mental health nursing generally.

The main limitation of this study is that the competencies have already been launched and written into the new standards document prior to the completion of the pilot and submission/discussion of findings. We were able to negotiate some changes to the competencies (i.e. domain titles and some performance indicators) but these suggestions were based on individual informal opinions as opposed to evidence from the pilot.

CONCLUSION

Participants in the pilot study generally welcomed the idea of a competency system of assessment that involved students gaining evidence of their learning achievements and compiling a portfolio. This was seen as an improvement on the current P.A.F. system. Practice staff felt that they would need support in relation to role clarification and implementation issues. Practice staff need for role clarification in assessment of students was also documented in studies by Chambers(1998) and Neary(1999). All agreed that the structure and format of the tool needs refining. The major concern in relation to the tools suitability for mental health nursing was its capacity to assess the interpersonal and reflective qualities that are central to the mental health nurses role. The ongoing nature of competence acquisition in skills/qualities such as effective communication and personal development was also an issue. It was felt that while the domain titles provided scope for assessing practice, performance indicators and critical elements in domains 3 and 5 would need to be more fully developed to encompass these issues.

RECOMMENDATIONS

- Adequate resources to be employed should a new assessment tool be introduced: staff education and training, support, preparation and time.
- Flexibility for individual practice areas to develop their own assessment and evidence criteria within the domain framework.

- Support and constructive guidance in developing specific assessment/evidence criteria that are educationally sound.
- Ongoing review and refining of the tool in terms of current structure/ format, feedback from users, developments in nursing and nurse education.

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