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Supporting performance and assessing competence in practice

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My professional journey



Competence based assessment

- A form of self-regulatory credentialing to structure the demonstration and maintenance of competence.
- Emphasis on the ability to apply knowledge, skills, attitudes and values to safe and effective patient care.
- ‘Signing off’ competencies a widely accepted part of any practice assessment in a range of health and social care education programmes.

Performance vs Competence

- ‘The actual behaviour and actions done in the real-life context’ (While 1994)
- ‘Performance is what is directly observable, whereas competence is not directly observable, rather it is inferred from performance’ (Gonzi et al 1993)
- ‘The ability to act in the real world whatever the conditions, through the successful integration of theory and practice’ (Milligan 1998)
- ‘an overarching set of knowledge, skills & attitudes required to practice safely and effectively without direct supervision’ (NMC 2010)

Assessing students – what do we know?

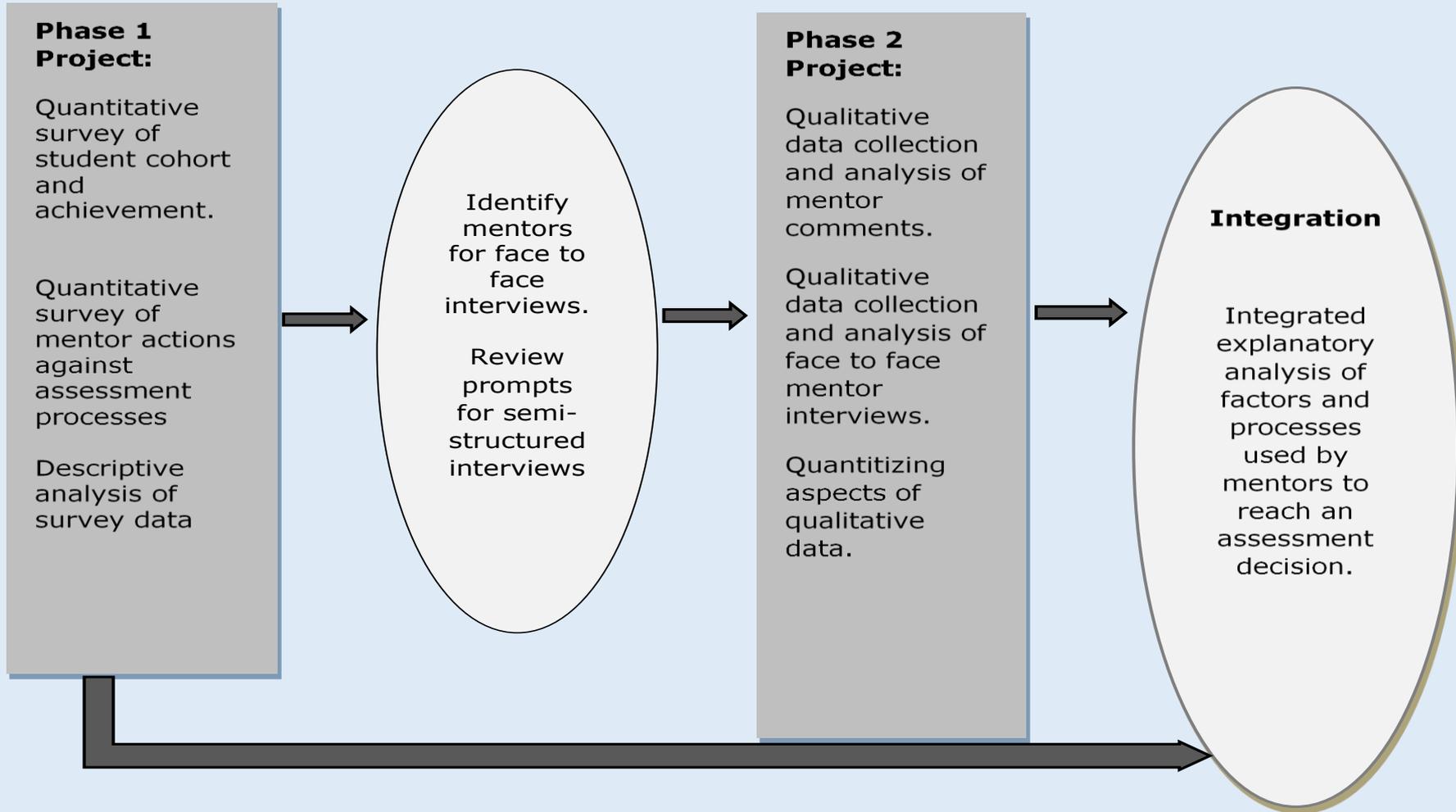
Concerns have been widely expressed across a range of professions that assessment may be subjective, lack consistency, and that assessors fail or may be reticent to judge student performance as unsatisfactory. Equally there is evidence to suggest that cognitive aspects of acting as a practice assessor (understanding student's programme, keeping up to date, giving feedback & conducting assessment) underpin assessment difficulties experienced

Developing an understanding

“What factors underpin mentor judgements of student nurse competence in practice and how do mentors reach a decision to pass or fail a student in practice?”

The study design

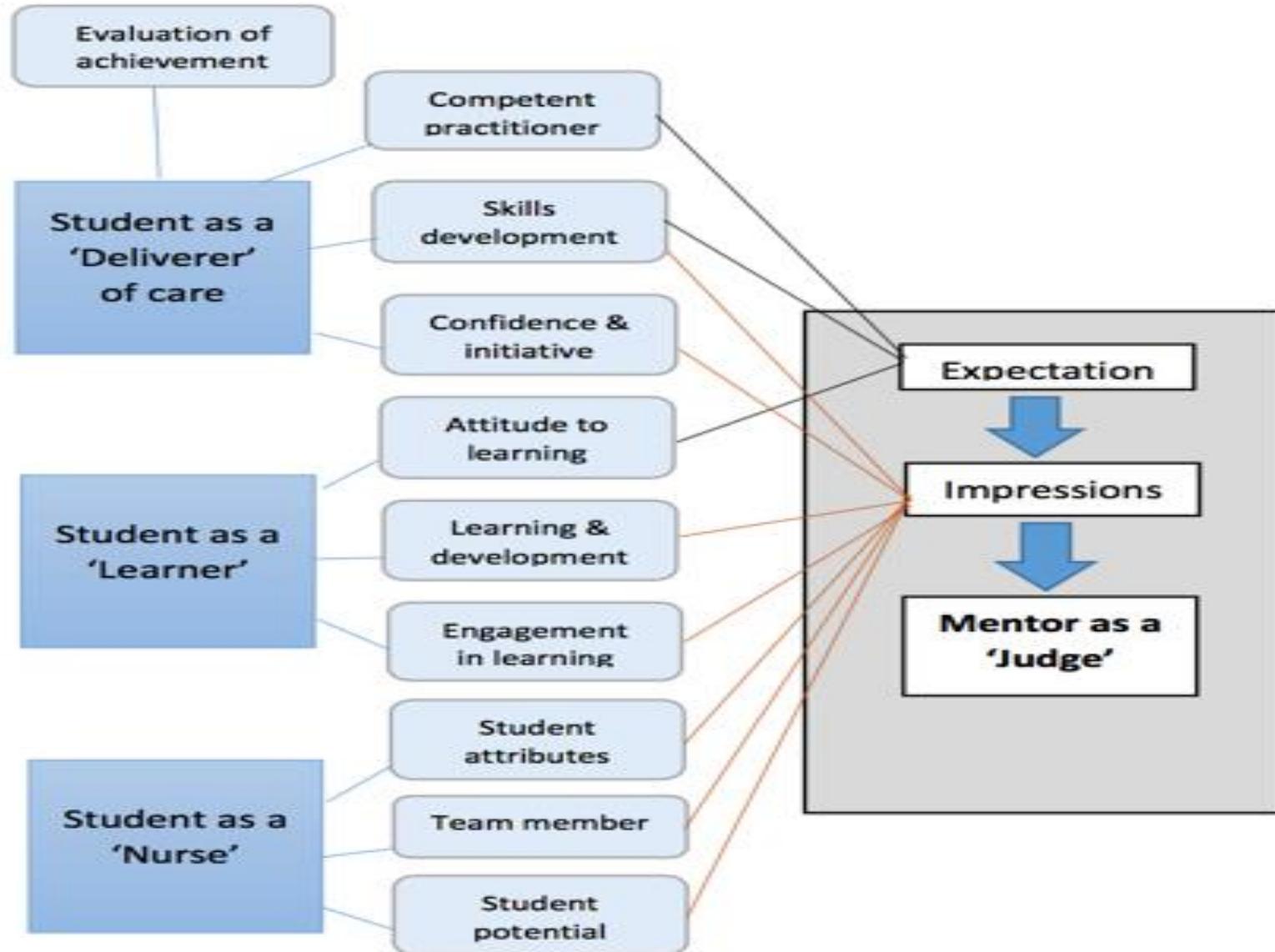
Overall Mixed Methods Study Design: Sequential Embedded.



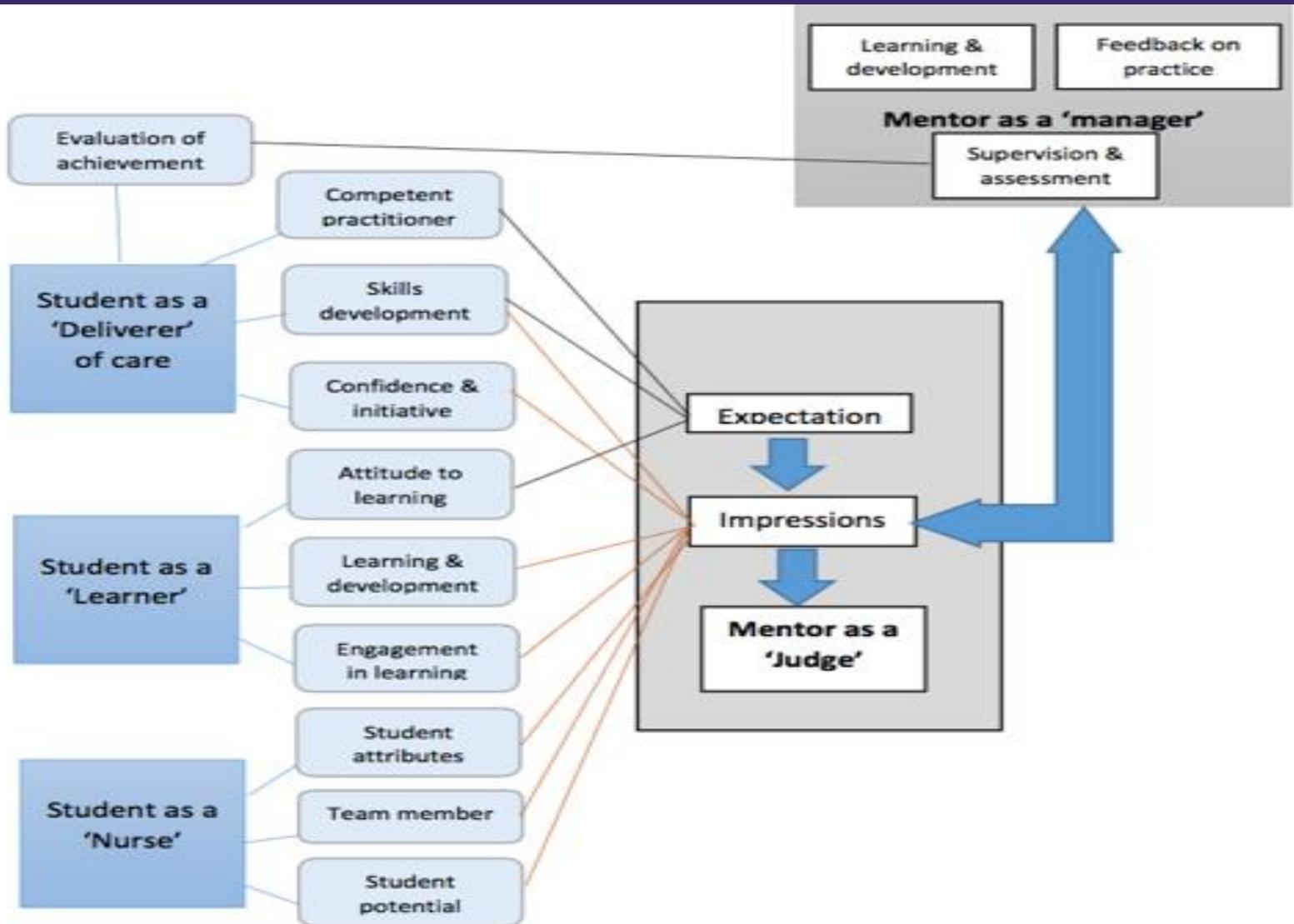
A key finding:

Assessment strategies and documentation have a limited effect on assessor judgements and decisions.

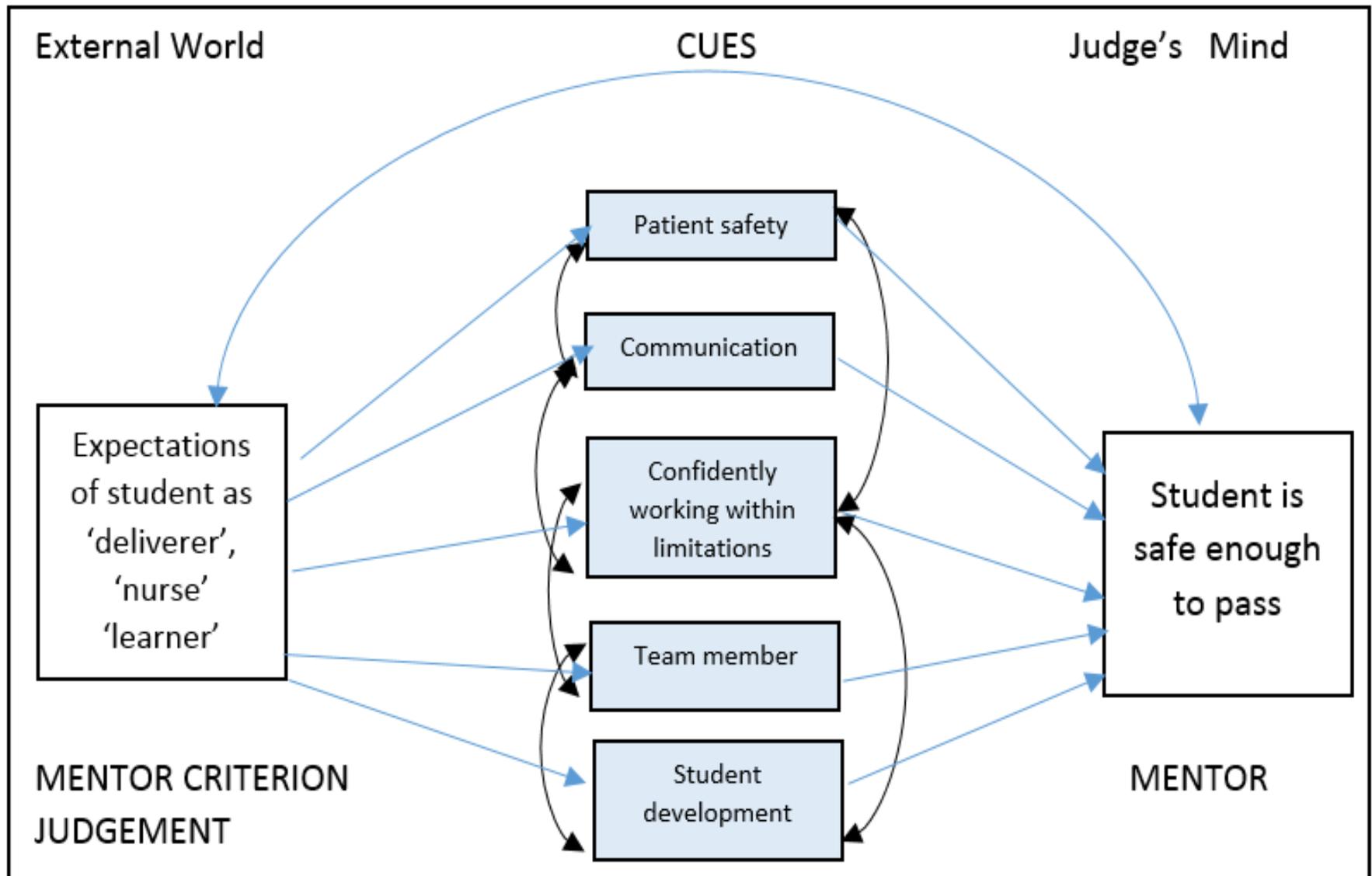
Judging students - formative



Supporting and managing development



Judging students - summative



Expectations: Practising safely



‘That they are safe, so we look at their clinical safety skills. The very basic sorts, so can they recognise the abnormal from the normal. Do they know what to do if something is abnormal?’

‘You’ve got to make sure that they are performing safely and that they are aware of themselves and other people.’

Changing expectations

‘As a first-year student say you are doing a dressing with them or something, is their aseptic technique good? That’s fine and they’ve done the dressing and then you give them feedback and say that they did that really well, their aseptic technique was spot on but what else do we need to be thinking about? As a third-year student I’d expect them telling me about what they are looking for, so they’re assessing the wound before, rather than just going on what the other nurse put on, or just reading the care plan’.

Worrying first impressions

'When this particular student came to us, the first impression wasn't fabulous. She turned up on the first day late. She turned up with false eyelashes on and a very big dress ring on. Tunic wasn't fabulous. And the first impression that she gave, there was lots of little things, but the first impression that she gave wasn't fabulous. Throughout the morning, I tend to have them with me on the first day, she made no interaction with myself or the patient really unless she was really pressed on it.'



Reassuring first impressions

‘She was really positive and she was really well prepared. I was quite impressed at how prepared she was and she said ‘right and we have got to have these weekly meetings so I’ll document the days we can do it and I’ll write it all down, if you can just go through it with me just to make sure that I am doing all the right things……. And even from the beginning, I said, from what I have seen so far barring an absolute disaster, you will get through this placement.’

Favourable decisions

'The 'X' factor..... It's about confidence, it's about.... They understand what needs to be done, and why it needs to be done, and they can prioritise their shift and their time within the shift, and their jobs to do, and their communication skills. I think they are a few things and it is glaringly obvious when one of those is missing.'



Unfavourable decisions

'So my underlying principle is 'are you going to be clinically safe?' Some people take longer to pick up on things than others. Not everyone can be a whiz kid. But do you know if you are taking the pulse if it is wrong? And what do I do? And we didn't feel, any of the team didn't feel that she was clinically safe.'

'I think if she had been safe she would have been signed off irrespective of, well maybe not being the best staff nurse in the world, but at least being safe. But we had a few near misses.'

Benefit of the doubt?

'The first year you might give them the benefit of the doubt. Whereas with third years, it is their third year and sometimes if people haven't told them what is expected of them, they get to their third year and all of a sudden it is 'this person is going to be qualified soon and they are just not up to scratch'. But yet in their first year you think all right then, we'll give them the benefit of the doubt and see how they develop you know, in their next placement.'

Differences of opinion within the team?

'One of the other team members she is quite 'fluffy',.....'
ooooh don't worry, it will be fine', and I know at the end of this young lady's placement, when I said 'no, I'm not happy to sign your book off, I'm really sorry but I'm going to have to fail you'. The student said 'that's fine, I'm finishing'. When the student had gone home to her parents, they said 'no you must finish', she came back and made sure that she came back on the week that I was on holiday, so that she could work with my 'fluffy' counterpart. Who was very supportive in the 'don't worry, we will get you through this, we will pass you'. So I had to say, 'well you can't pass her' so that caused a little bit of discussion within the team, a little bit of conflict.'

Confidence of the practice assessor?

‘Certainly with a student who has failed placement or a student who I don't feel is performing very well, I think, 'am I making the wrong decision?' I don't want to make the wrong decision so I do ask other members of the team. Well I do anyway, even students who are very good. You know 'what do you think of the student?' And they say 'oh yes, she is really good.' And I think 'that's good, I have made the right decision.' But somebody like this student who has failed placement, it is really important.... And I got really good feedback about her.’

‘It's only that I am older now that I feel that I can raise concerns and fail someone. Whether it's that I don't know, but not everyone feels that they've got the experience or confidence to do it. I probably feel that I wouldn't have done it in the past.’

Leniency in assessment ?

'I don't think I can assess someone fully, particularly final placement students until mid-interview, to see how their confidence levels are doing, because if you look at our new starters they take 12 weeks to gain even an ounce of confidence in looking after patients. And I do think sometimes you know in the four-week placement you don't get to know the student fully. You can sometimes make a snap judgement on someone and say 'yes they are going to do okay'. And I don't see how you can fail them almost. You have got to give them those four weeks almost to build up their confidence, and then they are off. So you can't say that this person is failing, because it might just be the fact that they are completely overwhelmed by the environment. You can't say 'this student is rubbish and shouldn't be a nurse', it's not fair at all. So you end up passing someone when you don't know that person fully.'

So what?

Can we have confidence in the decisions taken regarding student confidence in practice?

In the main reasonable decisions were taken by the assessors concerned. Data revealed a degree of shared agreement in terms of the cues used to inform judgements and the importance of selected key criteria to support the summative decision.

BUT

Practitioners are given competence-based assessment tools which may be viewed as for 'university purposes' only and are not integral to the assessment process. Impressionistic nature of judgements formed places limits on how defensible practitioner assessment decisions are.

Now what? Developing assessment practices

'Signing off' competencies vs holistic competence assessment, with assessment schemes better reflecting assessor decision making processes?

Sensitivity & specificity of criteria and competence levels of achievement to manage the borderline student?

Support for practice assessors, including training, university liaison and calibration of assessment decisions

Thankyou

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