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Clinical Competence Assessment in Pre-Registration Nursing

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ABSTRACT

Introduction: Clinical competences are the most important component of nursing education. The aim of the study was to determine Status of clinical competences nurse practitioner students –self and instructor assessment.

Method's This is an analytical cross-sectional study. All senior nurse students (n= 50) from a bachelor degree program (semester 7 and 8) were selected. Students' performance was observed in five competencies and evaluated with using check list.

Results: Results showed that the lowest score was communication with patient (40%) and hand hygiene (30%) before and after the competency. Scores of instructors with students' self-assessment scores were not significantly different.

Discussion: It is important that academic instructors and nursing clinical instructors keep students' knowledge on the subject updated during clinical application and that they act as role models of hand washing and communication with patients and give frequent feedback to students to improve the rate of hand washing and communication with patients.

Keywords: Clinical competences, pre-registration nursing, Self-assessment.

INTRODUCTION

The assessment of clinical competence has become central to nurses' education. Therefore, the mastery of fundamental clinical competences is an important component of courses leading to registration[1]. Acknowledging that the provision of high quality medical care requires strong clinical competences and clinical reasoning. Emphasizing clinical competences is as significant as acknowledging the impact of the hidden curriculum perpetuated in many clinical arenas [2]. The assessment of nursing students' clinical competences is of great importance. Unfortunately, the assessment of practical competences is complex and presents difficulties.

The most important method of assessment is the direct observation of trainees performing these clinical competences [3]. We introduced a self-assessment form to be completed after each competency that assessed. This helps students to reflect upon their performance and prompts the identification of strengths; in addition to weaknesses[1]. Involving students in assessment process is an appraisal technique and a diverse resource for data gathering. This study is an attempt to compare self and clinical teacher assessment of pre-registration nursing clinical competences.

Research Design

This is an analytical cross-sectional study. All senior nurse students (n= 50) from a bachelor degree program (semester 7 and 8), attending medical-surgical internship during 2015-2016 were selected. Also, their 5 observers (5 clinical teachers) accepted to be part of this study and share their summative assessment forms with the researchers.

These competencies that students are doing during clinical training include blood pressure - a sterile dressing change - wash hands properly – nasal- gastric tube insertion and infusion IV. Instrument for data collection is a check list of 5 competencies.

Instrument

Students' performance was observed in five competencies and evaluated with a check list. Checklist was designed according to nursing standards. Checklist contained 16 items about hypertension-, proper washing of hands 10 items, change a sterile dressing 21 items, nasal-gastric tube (NG tube) insertion 19 items, IV infusion 20 items. The subjects answered the checklist with Yes and No options on the checklist. In cases where students' performance was well before, after and during the observation competences, yes option and assigned a score of 1 point. If the subjects did not respect the option was No. We introduced a self-assessment form to be completed after each competency. Instructor compared the competence level of each student's self-assessment competency. SPSS software was used for data analysis. Frequency and percentage determined for each item checklist of each competency. In line with the T test was used to compare the scores of instructor and students' self-assessment.

Ethical Considerations

To provide participants a wider view of the research, in advance of the study, the project was described orally for the participants. Therefore, students and faculty become oriented to the research objectives and methods.

RESULT

Results showed that the lowest score was communication with patient (40%) and hand hygiene (30%) before and after the competency in all five competences that evaluated. Scores of instructors with students' self-assessment scores were not significantly different (table1).

DISCUSSION

Based on the assessment results of this competencies have the least score were communication with patient for explain competencies or actions that the students want to do for the patient and their wash hands before performing the competency. Communication competences have long been recognized as an import element of nursing, and nursing training practice suggests that nurses lack necessary communication competences due to inadequate training, and at times, an under appreciation of the importance to patient centered communication. Evidence suggests that learning communication competences 'on the job' is not sufficient to fully master the necessary competences However; training in communication has been found to lead to competence acquisition and improved patient outcomes. Effective communication is a vital component of nursing care; however, nurses often lack the competences to communicate with patients and other health care professionals [4]. Specialized communication skills are necessities for nurse-mangers too [5].

Another notable case in this study was obtained Not washing hands before performing. The competency, separate was investigated by checklist that How to wash their hands but students have less attention to hand washing for practices. Hand washing has been recognized as a critical factor in infection control policies. Nurses are sources of contamination in their nursing roles, which include getting patients out of bed, taking pulse rates, measuring arterial blood pressure and body temperature, performing various invasive interventions, as well as dressing and feeding patients Hygienic hand washing before and after these competency is a simple, cheap, and applicable key component of the reduction and prevention of infections during patient care [6]. The reasons behind this low hand-washing compliance include lack of practicing hand washing as a behavior pattern by health care professionals,

decreased interest in practical applications with increased educational status and lack of knowledge of health care professionals regarding hand washing.

In a study of hand hygiene in nursing students in Turkey showed more than 80% of students before and after each contact with the patient washed their hands that findings are inconsistent with this study [6]. It seems that students have not understood the importance of hand washing before contact with patients or follow the pattern unsuitable in ward. The findings also revealed that between teachers' assessment of students and their self-assessment scores no significant differences. In other words, teachers' assessment scores and student self-assessments were similar. This indicates that students are aware of their performance. In a study that compared self, peer and teacher assessment there was a significant difference between clinical teacher and peer and self- assessment s mean scores [8]. Nurses and nursing students must participate in self-assessment program, recognizing their merits and abilities. Social networks are worthy resources for learning in all fields [9].

CONCLUSION

This study showed Students know the techniques of practical competency but it is essential to strengthen students' attitudes and knowledge about communication with patients and hand washing before and after each competency to improve their performance. It is important that academic instructors and nursing clinical instructors keep students' knowledge on the subject updated during clinical application and that they act as role models of hand washing and communication with patients and give frequent feedback to students to improve the rate of hand washing and communication with patients. In addition, we believe that hand-washing rates and communication with patients will improve when conditions in clinical practice areas are improved and relevant protocols as well as control lists are developed.

The development of clinical competences requires close mentorship with someone who can not only teach the specified competences, but also assess and provide feedback to the student. Since participants of this study are senior nurse students in the field of medical-surgical nursing, it is suggested that the effects of self- and peer-assessment be considered in other nurse, medical and paramedical students. Overall, with the increased tendency to self-directed learning, unavoidable importance of self-assessment in continuing education, and professional sufficiency, and considering that learning will be enhanced in a collaborative atmosphere, to consider self- and peer-assessment as acceptable methods to increase personal and group dynamics and efficiency of learning organizations are highly recommended. It is obvious that this issue requires ability to judge effectively, which is one of the learnable meta-cognitive competences. According to the findings of this study suggest that in other studies attention to hand washing nurses in contact with patients and as well as assess factors associated with communication competences students with patients.

Table-1: Comparison Mean score of self-assessment and instructor

Competence	Instructor score		Self-assessment		p
	Mean	SD	Mean	SD	
Blood pressure	14.1	1.3	13.8	1.1	0.42
Nasal- Gastric tube insertion	16.8	2.57	16.7	0.68	0.075
IV Insertion	15.6	2.64	18.3	1.03	0.070
Hand washing	8.02	1.21	8.5	1.22	0.080
Sterile Dressing change	17.8	2.06	17.4	1.13	0.096

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