

# An assessment of Acquisition of Skills and Competencies Earned by Students during Clinical Placement in some Hospitals in Fako Division, S.W.Region, Cameroon

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**Abstract** This study on the assessment of acquisition of skills and competencies obtained from clinical assessment of students by clinical mentors of hospitals in Fako Division, South West Region of Cameroon was carried because nurses in practices have sometimes demonstrated the lack of skills in clinical assessment of students' competencies place under them. The problem was evident in all types of skills and competencies needed to be assessed. These three areas of skills are cognitive, psychomotor and attitudinal (affective). The objective of the study was to investigate the competencies mentors look for when assessing competencies in nursing students in placement settings. The population of the study was all clinical mentors charged with caring and follow up of students while at clinical sites. The instrument for data collection was the questionnaire which had both close ended (quantitative data) and open ended (qualitative data) questions. The instrument was pretested among mentors in distant hospitals out of Fako Division. Hence, a cross sectional survey of all seven hospitals with students on clinical placement was carried out and data was collected for a period of one month (July to August). Results show that cognitive, psychomotor and attitudinal skills could be assessed but at different levels and in different hospitals. Psychomotor and attitudinal skills were difficult to assess than the cognitive skills. An example of a cognitive was found to be objectivity in the activities of the students seen from observation of the students over a period of time. The study has demonstrated that observation of students was the main method of assessment, and that assignments were seldom used as assessment methods of the students on clinical placement. It thus conclude that all three types of skills are assessed but with a lot of subjectivity. These results can be used by faculty to training bedside assessors of students on clinical placement for objectivity in the assessment.

**Keywords:** *student nurses, clinical placements, assessment of competencies and skills acquired*

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## 1. Introduction

Nursing is a science as well as an art. It is viewed essentially as a practice-based profession (Chan, 1999). A good knowledge base (cognitive skills) is required for a nurse to develop the affective and psychomotor skills he/she requires to be competent in practice. Given that skills are best learned in practice, clinical placements have been recognized as an integral and key feature in Nursing Education (Shariff and Sara, 2005). In placement settings, mentors are key stakeholders and are very important to what learning experiences the student might have especially in the care of patients in medical and/or surgical conditions (Phipps, 2007).

Assessment has always been an integral part of learning, as teaching and assessment are integral parts of one learning process (Cohen, 2002; While, 1991). These

authors see learning as sophisticated and complex, with its assessment constituting a "stubborn problem" (Foxcott & Roodt, 2001). Assessment always presents many difficulties to the assessors (Wood, 1986). The complexity of the assessment process is even more magnified in the placement setting, since, theory and practice in nursing are often assessed simultaneously. The assessment according to Andryszyn (1989) is three-dimensional for evidence-based practice (Shaibu, 2006). The three dimensions that ought to be assessed consist of the cognitive, the affective and the psychomotor domains of learning. The cognitive domain of learning refers to thought processes involved in the acquisition and organization of learning. The affective domain looks at how attitudes and value systems develop through learning and the psychomotor domain looks at how intentions are translated to actions and behaviour. The assessment therefore provides a more holistic picture of the students' performances or students' abilities and

capabilities making him/her competent. In the assessment of competence, the mentor seeks to assess practical/technical skills, communication/interpersonal skills, organizational skills, knowledge base, safe practice, critical thinking skills, and ability to function as a team member. Andryszyn (1989) claims that the assessment process poses challenges and also offers a tremendous responsibility not only to the Nursing Faculty but also to those involved in the education of nurses such as mentors at clinical placement sites. This confirms the fact that the assessment of students at placement settings poses problems for nurse educators and mentors (While 1991). This could be so as many factors affect validity and reliability of the assessment process in clinical practice (Girrot, 1993) as well as in the research processes aimed at improving nursing and nursing education (Polit & Beck, 2006), given that the environment is not often structured as the classroom.

Mentors are expected to be experts and leaders within their field. The Royal College of Nursing- RCN(2007) states that, since nursing deals with care, protection, and provision of good health for humanity, mentors are expected to be equipped with knowledge in diverse aspects in health, education, leadership skills that can help shape the environment making it an enabling environment for health and training of nurses. In doing this, they well equipped with effective leadership styles (Sullivan & Decker 2004), good knowledge of nursing and assessment skills which may sometimes be lacking and so may lead to poor training, poor guidance and poor leadership picture for the mentee. If this happens, professional practice by the young nurse could be affected and required competency at that level may be missed. It must be remembered that required competencies in nursing are developed at the entry level, at specialty level and at the advanced practice level with mentors are all levels.

Competencies are the knowledge, skills, judgement and personal attributes required for a person to practise safely and ethically in a designated role and setting. To facilitate learning, mentors are expected to assess the mentee's clinical learning needs in collaboration with the learner and with faculty advisor/programme coordinator. They are also expected to regularly assess the learner while on clinical practice. It is expected that diagnostic, formative and summative evaluations be done during practical work in clinics (RCN, 2007).

The overall purpose of clinical practice is the professional development of the student nurse and the mentor as well. Senior nurses who are equipped with adequate knowledge, and technical skills in nursing are better placed to be mentors. This is because, without the required competencies they are also incapacitated when made to assess competencies in student nurses under their mentorship. The overall goal is enable student nurses gain the skills and competencies needed in the professional care of clients. They therefore need to be psychological prepared as well in order to avoid any forms of intimidation from students that may not be very disciplined (Plotnik, 2005). When this is done, among other training facets, the trainee will leave the training ground at the final level well prepared for the challenges that come with the profession and meet up with the ever changing society.

It is good to note that in the last few decades, nursing education, as many other fields of nursing, is undergoing fundamental changes in order to meet the needs of a rapidly changing society (Slevin and Lovery, 1991). These changes involve adaptation of new roles for all those who were actively involved in nursing education: teachers, tutors, practitioners who act as mentors or preceptors for students in clinical practice who need to be able to assess skills and competencies acquired by student place under them for training.

## 2. Statement of the Problem

It is commonplace in our society today to hear that the standards of nursing are falling evidenced by the existing gaps in nursing practice. The gaps exist between many collaborating forces but that between the nursing faculty and the clinical mentor / assessor could be more hazardous and dangerous to the end products of a nursing training programme. When this happens, assessment of the uptake of skills and competencies of the students are not followed up. Thus, the linked between the preparation process of nurses and precisely to the process of competence assessment in nursing education may not be smooth and objective. Gaps in the assessment process of competence in nursing students in placement settings, can negatively affect the quality of nurses graduated (may be incompetent or not adequately competent) from training institutions with a consequence on the health care consumers. The structure of the nurse preparation programme at the University of Buea shows that, the highest number of hours is spent in placement settings with mentors. It is therefore imperative to find out whether the competencies to be assessed in these students are well known to the mentors and whether the mentors are capable of assessing all three domains of cognitive, psychomotor and affective. Poor assessment practices could either mean failing students who are not supposed to fail or graduating incompetent nurses among other factors.

## 3. Purpose of Study

The purpose of the study was to investigate the competencies mentors assess in nursing students at placement settings. This was with a view of improving assessment practices in clinical placements.,

## 4. Objective

The study used one objective:

To investigate the competencies mentors look for when assessing competence in nursing students in placement settings.

## 5. Research Method and Materials

The area of the study was Fako Division, South West Region of Cameroon. A cross sectional survey of all mentors who had students placed under supervisor was carried out using all hospitals with student nurses at the time of the study. The hospitals or health institutions were: the CDC Cottage hospital, Mount Mary Health Centre,

Regional hospital Buea, Regional hospital Limbe, Muea health centre, Buea town health centre and the Bokova Health Centre. A total population of 22 participants constituted the study population.

The quantitative data was entered using the Epi-Info 6.04d entry template (CDC, 2007). The data entry template was designed based on the study questionnaire and the code list developed during the pre-coding exercise. The template includes check command to minimize data entry error. The template was tested by a panel of three persons. At the end of the pre-test exercise, some corrections were made to the template and the final template was validated for data entry.

Data was then entered and exported to SPSS for analysis. Exploratory statistics was then carried out using frequency analysis for categorical variables to identify invalid codes or entries. The SPSS software was preferred because it is designed to be used for descriptive data analysis, comparisons between groups and relational analysis (Nana, 2008).

The qualitative analysis of the open ended questions was achieved using Atlas.ti version 5.2 where by codes were assigned to single words, clauses, phrases and sets of words. In the process, data were coded for existence and for frequency of concepts in every single positive or negative word or phrase that appeared. During the coding it was assumed that any idea that emerged at least once was relevant. The existences of ideas were therefore considered more important than frequency. However, the frequency also reflected how many times a concept emerged and was a major indicator of emphasis.

## 6. Results

The demographic information of mentors included: gender, highest professional qualification, and experience as mentors, the health institutions and their ages. For longevity in service, the period was between 5 and 20 years and gender was made up of both males and females with qualifications ranging from diploma nurses, bachelors and masters degree nurses.

The competencies mentors assess in nursing students in placement settings were assessed by asking mentors to react to some items. These items were both close and open ended all designed to investigate the competencies mentors assess in nursing students while on placement at practice sites. The questions were as listed below with their responses.

a: Which skills do you agree that nursing students should master?

Virtually all the mentors that participated in the study accepted that nursing students should master cognitive, affective and psychomotor skills. Only one out of the 22 had a different opinion which was that only psychomotor skills should be mastered by the nursing.

b: What cognitive skills do you look for when assessing a nursing student in placement?

Answers to this item have been presented as simple quotations from participants' responses as below. The responses indicated that the cognitive skills they assessed included; the knowledge of nursing theory, disease and general knowledge on the health of individuals groups and communities; and their reasoning ability that is the ability

to improvise and take good decisions. The objectivity, retentive ability, professionalism, ability to carry out checks efficiently, rationales for actions taken, nursing care plans, patients follow up, organizational skills, timely interventions and continuing education were also some of the responses with quotations as shown below.

*"The knowledge of Nursing theory, disease and general knowledge on the health of individuals groups and communities"*.

*"Ability to provide good rationales' with scientific bases for every nursing action taken and at every step of the procedure"*.

*"Reasoning, improvising and judgments"*.

*"Ability to draw and implement comprehensive Nursing care plans"*.

*"Ability to accurately understand and organize equipment accurately before starting a procedure."*

c: What psychomotor skills do you look for when assessing a nursing student in placement?

The responses to the above question included: the ability to manipulate instruments correctly, professionalism, dexterity, ability to carry out nursing procedures correctly, safety in carrying out procedures and timely interventions as shown by the quotes below.

*'Ability to handle instruments with confidence and not having them falling apart'.*

*'Ability to carry out a procedure without having shaking hand and dropping things around'.*

*'Ability to respect the values and ethos of nursing.'*

*'Ability to carry out a procedure without having shaking hand and dropping things around'*

*'Ability to coherently carry out procedures',*

*'How well procedures are carried out with effective application of professionalism of nursing science in every step and action taken'*

*'Mastery of nursing procedures'*

*'Careful organization of instruments and safe disposal of waste especially sharps in short the appropriate use of safety precautions'*

*'Promptness in the response to individual needs'*

d: What affective skills do you look for when assessing a nursing student in placement?

With respect to the affective skills, the responses indicated that the skills assessed included: communication abilities, nurse- patient relationship, nurse -nurse relationship, relationship with other professionals in the health care team such as doctors and lab technicians, relationship with client's significant others, that is clients relation/care givers, professionalism, moral standing, value of life, caring, punctuality, assiduity, personal hygiene, clients follow up and timely interventions with quotations as below.

*'Ability to identify verbal and non-verbal cues in communication'*

*'They should endeavor to express themselves in English, French and Pidgin'*

*'Ability to maintain good relationship between peers, nurses and patients'*

*'Meeting patient needs'*

*'Relationships with other nurses in the hospital'*

*'How they relate with other colleagues who are involved in patients care'*

*'Respect for people'*

*'Respect of patient privacy'*

*‘Response to situations and emergencies’*

The item below was given to obtain quantitative information on the essential skills to be assessed from the view point of the respondents. Hence, it was not phrased as a question.

e: Please look at the list of abilities below and tick one of the options in the boxes to say how essential it is for nursing students to gain while on placement.

**Table 1. Essential skills to assess in students on placement**

Ability	Not very essential	Not essential	Essential	Very essential	I don't know	N
Ability to demonstrate knowledge based on the health /illness status of individual / groups	0 (0.0%)	0 (0.0%)	6 (27.3%)	16 (72.7%)	0 (0.0%)	22
Ability to provide sound decision making in the care of individuals / families/groups considering their beliefs and values	0 (0.0%)	0 (0.0%)	8 (36.4%)	14 (63.6%)	0 (0.0%)	22
Ability to promote safety comfort and privacy of clients	0 (0.0%)	0 (0.0%)	11 (50.0%)	11 (50.0%)	0 (0.0%)	22
Ability to sets priorities in nursing care based on clients' needs	0 (0.0%)	0 (0.0%)	9 (40.9%)	12 (54.9%)	0 (0.0%)	21
Ability to ensure continuity of care	0 (0.0%)	1 (4.5%)	5 (22.7%)	16 (72.7%)	0 (0.0%)	22
Ability to administer medications and other health therapeutics as per required standards.	0 (0.0%)	0 (0.0%)	1 (4.5%)	21 (95.5%)	0 (0.0%)	22
Ability to utilize the nursing process as framework for nursing care.	0 (0.0%)	0 (0.0%)	7 (38.1%)	15 (68.2%)	0 (0.0%)	22
Ability to establish rapport with client, significant others and members of the health team	0 (0.0%)	1 (4.5%)	10 (45.5%)	11 (50.0%)	0 (0.0%)	22
Ability to identify verbal and non-verbal cues in communication	1 (4.5%)	3 (13.6%)	6 (27.3%)	11 (50.0%)	1 (4.5%)	22
Ability to utilize formal and informal channels to communicate	1 (4.5%)	0 (0.0%)	12 (54.5%)	7 (31.8%)	0 (0.0%)	22
Ability to respond to the needs of individuals, families, groups and communities.	0 (0.0%)	2 (9.1%)	15 (68.2%)	5 (22.7%)	0 (0.0%)	22
Ability to use appropriate information technology to facilitate communication in nursing practice	0 (0.0%)	1 (4.5%)	14 (63.6%)	7 (31.8%)	0 (0.0%)	22
Ability to establish collaborative relationships with colleagues and other members of the health team	0 (0.0%)	0 (0.0%)	7 (31.8%)	15 (68.2%)	0 (0.0%)	22
Ability to collaborate plan of care with other members of the health team	0 (0.0%)	0 (0.0%)	10 (45.5%)	12 (54.5%)	0 (0.0%)	22
Ability to assesses the learning needs of the client and significant others	0 (0.0%)	2 (9.1%)	11 (50%)	8 (36.4%)	0 (0.0%)	22
Ability to develop health education plans based on assessed and anticipated needs	0 (0.0%)	0 (0.0%)	10 (45.5%)	11 (50.0%)	1 (4.5%)	22
Ability to develop learning materials for health education	2 (9.1%)	1 (4.5%)	12 (54.5%)	7 (31.8%)	0 (0.0%)	22
Ability to implement the health education plan for clients	1 (4.5%)	1 (4.5%)	13 (59.1%)	7 (31.8%)	0 (0.0%)	22
Ability to evaluate the outcome of the given health education	1 (4.5%)	2 (9.1%)	9 (40.9%)	10 (45.5%)	0 (0.0%)	22
Ability to adhere to practices in accordance with the nursing law and other relevant legislation including contracts, informed consent.	0 (0.0%)	2 (9.1%)	5 (22.7%)	15 (68.2%)	0 (0.0%)	22
Ability to adhere to organizational policies and procedures at both local and international levels	0 (0.0%)	2 (9.1%)	11 (50.0%)	8 (36.4%)	0 (0.0%)	22
Ability to respect the rights of individual / groups	1 (4.5%)	0 (0.0%)	11 (50.0%)	10 (45.5%)	0 (0.0%)	22
Ability to accept responsibility and accountability for own decision and actions	0 (0.0%)	0 (0.0%)	6 (27.3%)	15 (68.2%)	0 (0.0%)	21
Ability to maintain a safe environment in practice	0 (0.0%)	0 (0.0%)	9 (40.9%)	13 (59.1%)	0 (0.0%)	22
Ability to organize work load to facilitate client care	1 (4.5%)	0 (0.0%)	10 (45.5%)	11 (50.0%)	0 (0.0%)	22
Ability to adhere to the national and international code of ethics for nurses	0 (0.0%)	1 (4.5%)	10 (45.5%)	10 (45.5%)	0 (0.0%)	21
Ability to keep client's record as required by standards	1 (4.5%)	0 (0.0%)	8 (36.4%)	13 (59.1%)	0 (0.0%)	22

f: What other abilities do you think are essential for the ‘would be nurses’ to gain while on placement?

Endurance, ability to carry out research, fear of God, confidentiality, care of the dying, basic counseling skills, ability to resolve challenges related to nursing, ability to practice nursing from the viewpoint of its definition, ability to manage patient’s anxiety, ability to take rapid decisions, and receptiveness to knowledge and criticisms constituted the responses with some quotes as below

“Endurance”;

“Ability to carry out research”

“Fear of God”

“Confidentiality”

“Ability to take care of dying patients”

“Basic counseling of patients”

“Ability to resolve challenges related to nursing

“Ability to practice nursing from the viewpoint of its definition”

“Ability manage patients’ anxiety”

“Ability to take rapid decisions”

*“Receptive to knowledge and critics”.*

g: Do you look for all the above mentioned skills?

The greater majority 15 (68.2%) of mentors said they look for all the skills against a lower rate of 7 (31.8%) who said they look only for some of these skills.

h: How do you assess the above mentioned skills?

To the above question, the responses showed that most cognitive skills were assessed by asking questions orally. One mentor indicated that sometimes written assignments were used. Most mentors indicated they assess both psychomotor and affective skills by making observations as the students performed their daily duties. Two out of the 22 indicated that listening also helped during the process of observation as on the quotes below.

*“The student should orally explain his or her understanding of the patient’s problem or how well he or she is able or should explain how certain procedures are being done involving at each step where necessary the science of his or her profession”*

*“Observing students as they carry out various nursing activities, assessing dexterity by giving them task to perform”*

*“Observing their relationships with authorities, mates, patients, significant others and their ability to solve related problems”*

*“Listening”*

## 7. Discussion

This study has demonstrated that mentors assess cognitive affective and psychomotor skills in nursing students at placement settings. Andryszyn, (1989) supports that assessment in nursing should be three-dimensional, with the three dimensions as listed. In so doing the theory of Weitz (2004) relating to appropriate care for healthy and sick will be achieved. This is more so because, nursing being a science and an art (Phipps, 2007; Shaibu, 2006 & Chan, 1999) warrants that nursing students develop appropriate cognitive skills (knowledge of nursing theory and practice) to be able to base practice on sound scientific principles. At the same time, ‘the doing’ (psychomotor skills) must be developed and assessed for nursing is an art of doing. To this point, participants in this study saw dexterity as a skill to be assessed always. The dexterity is seen in different activities and procedures particularly in medical-surgical nursing (Phipps, 2007) as the student nurse goes on with his or her daily activities. The attitudes of nurses (affective skills) were found to be assessed mostly in terms of relationships with patients, other nurse, members of other professions in health as seen in Sullivan & Decker (2004) when he describes relationships in terms of effective leadership. It has been considered to be very influential on the clients or patient as the relationship could be friendly, promoting healing or unwelcoming causing tension between the nurse and patient or care givers after the students graduate and become nurses. The values and ethos of nursing are portrayed in affective skills and should be given equal weight and emphasis during the preparation of nurses. These must all be assessed in the cognitive, psychomotor and affective domains (knowledge, practice and attitudes)

Some mentors, attested to the fact that they do not assess all the above skills. This is one of the reasons why placements sites must be equipped with working materials and personnel that are competent to assess students while on placement for evidence -based practice (Shaibu, 2006). It is evident that these nurse assessors who could not assess all the three skills may be facing some challenges that need to be addressed before the placement is done. Derbyshire *et al*, (1990) noted that mentors carrying out assessment do not often find time to do what they are supposed to do due to increasing work pressures on their role. He notes that other factors influence assessment other than the students’ ability. However whatever the reason for not assessing these skills it is important to investigate, otherwise students will pass through a system with good or bad grades that should not be tagged to them and the consequence is the graduation of incompetent nurse. Hence, practical assessment plays a role in the general education of any practitioner as Cohen (2002) stressed in the psychological testing and assessment of students.

Mentors mostly used just observations on the job to gather evidence to make judgments about a student’s performance. Very few of them included oral tests and written assignments. It would have been expected that a variety of sources of data (evidence) about the performance of the student nurse/is put in place to enhance the vigor of the assessment process which gives validity and reliability of judgments. These sources of evidence may include: observation of performance audit of documents such as care plans and clinical records, interviewing of the student nurse to reveal intentions and attitudes, interviewing colleagues and persons receiving nursing care to collect data regarding outcomes of care and attitudes of the student nurse, testing (for example drug calculations, written assignments, multiple choice questions), examining records of previous achievements, reflection and re-interpretation of evidence about the performance of the student nurse. All of these are important elements in the assessment process and certainly add to the reliability of the assessment and judgment.

## 8. Conclusion

This study had as its main objective to investigate the competencies mentors assess in nursing students during placement at placement settings.

The study revealed that mentors assess skills in the cognitive, psychomotor and affective domains in a bit to determine how competent nursing students are for graduation, registration and practice. The way the assessment is done depends on the abilities of the assessor and so are varied. With a varied nature of assessment and different assessors assessing at any point in time, the students needs numerous assessments for an objective result to be obtained. This may increase the workload of the faculty team that is charged with collating the results as many sources of assessment have been used but it remains a necessity because the ability to assess varies with the different mentors.

## Recommendations

That:

Specific mentors be trained and placed at clinical sites

Training of assessors be continuous as trained assessors may be transferred

Refresher courses should be organized for the assessors to meet up requirement of assessment

Follow up of students be more frequent when at clinical placement sites to reinforce some uniformity in assessment by clinical assessors

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