Exploring assessment policies for clinical practice: A scoping review of the literature

Lynda J. Hughes

Amy N. B. Johnston

Jacqueline H. Byrne

Debbie Massey

Edith Cowan University
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Exploring assessment policies for clinical practice: A scoping review of the literature

Lynda J. Hughes a,⁎, Amy N.B. Johnston a,b,c, Jacqueline H. Byrne a, Debbie Massey d

a Griffith University, School of Nursing and Midwifery, Nathan, Qld 4111, Australia
b The University of Queensland, School of Nursing, Midwifery and Social Work, Tri Woolloongabba, Qld 4102, Australia
c Princess Alexandra Hospital, Department of Emergency Medicine, Ipswich Rd, Woolloongabba, Qld 4102, Australia
d Edith Cowan University, School of Nursing and Midwifery, Joondalup Drive Joondalup WA 6027 Australia

ABSTRACT

Background: Assessment of pre-registration nursing students in clinical practice is an essential process, ensuring students who graduate meet standards for practice and competently and safely care for patients under their care. However, such assessment remains challenging for individuals and organisations.

Aim: We aimed to investigate what is known about the application of clinical placement assessment policies guiding pre-registration nursing programmes.

Methods: Arskey and O’Malley’s five-stage method for scoping reviews was employed. Health and education databases were searched in July 2020 and December 2021. Identified papers were screened. The Joanna Briggs Institute’s critical appraisal tools were used to appraise the quality of the included articles. The Invitational Theory domains of people, processes, programmes, places, and policies were utilised to aid meaningful analysis of the findings.

Findings: Nineteen articles were appraised: eleven primary data studies, two that psychometrically tested a survey instrument, four discussion articles, and two literature reviews. Article quality varied widely. Three themes were identified: lack of processes around clinical practice, people and clinical practice, and policies and clinical practice.

Discussion: Assessment within placement is complex and unique. Uncertainty permeates the literature around assessment of pre-registration students in clinical practice. There is a clear need to promote policies that highlight differences between theoretical and practice assessment, ensuring all stakeholders can access relevant governance processes that support patient safety.

Conclusion: More empirical evidence is needed to develop policies and processes that reduce uncertainty and improve patient safety associated with student assessment within clinical placements.

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Summary of relevance

Problem or Issue
Assessment of student performances in clinical practice is complex, sometimes resulting in students passing when they do not meet standards for practice.

What is already known
Assessors find assessing students in clinical practice challenging. Assessors often seek assistance from informal supports to help guide their decisions. Evidence-based policies may provide a more objective and transparent decision-making process.

What this paper adds
Policies and processes guiding assessor’s decision-making around student performance in clinical settings are limited. This creates uncertainty in the assessment of students in the clinical context. Evidence-based policies specific to clinical practice are required.

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1. Introduction

Clinical practice is integral to the development of fitness for practice in pre-registration nursing and graduate job readiness, safely enhancing skill acquisition, and professional practice (Billett, 2011). Nursing students’ experiences within clinical practice are influential in acquiring attitudes to practice and professional development (Henderson, Cooke, Creedy, & Walker, 2012). A structured and systematic approach within clinical practice is an integral component of pre-registration nursing curricula in Australia and is required to develop registered nurses who can deliver safe, quality, and competent care (Australian Nursing & Midwifery Accreditation Council of Australia (ANMAC), 2019).

Whilst clinical practice is an opportunity for consolidation of learning, it is important to assess student development and performance during clinical practice experiences. Assessment of pre-registration nursing students during placement needs to be objective, valid, and underpinned by evidence-based practice. The importance of moderation, governance, and quality improvement mechanisms to support the student, the program, and to ensure the safety of the public, is outlined in Australia in the Registered Nurse Accreditation Standards (ANMAC, 2019). These Registered Nurse Accreditation Standards articulate that educational providers must enact policies and processes that ensure that students who have demonstrated the requisite knowledge and skills are eligible for clinical practice, and in due course, registration (ANMAC, 2019). Understanding the policies and processes underpinning clinical practice in nursing is essential if educational providers and practice partners are to be confident about student learning and assessment outcomes, and ultimately promoting the safety of the public. Without such policies and processes, management of unsafe student performances during clinical practice experiences, irrespective of the country or clinical setting, is challenging (Brown, Neudorf, Poitras, & Rodger, 2007; Hughes, Johnston, & Mitchell, 2019a; Hughes, Mitchell, & Johnston, 2021; Killam, Montgomery, Luhanga, Adamic, & Carter, 2010; Scanlan, Care, & Gessler, 2001). Furthermore, without such policies and processes, the implementation of quality improvement strategies that develop and promote safe practice will remain elusive. Policies in nurse education have been developed to promote consistency, standardised practice, and transparency in relation to governance. Policy statements are an agreement for services to be provided, and should be developed in partnership with stakeholders, and be supported by relevant laws and local recommendations. An integral component of assessment policies is the application of processes that guide decisions relating to assessment. Literature supports the use of policies and processes in assessment, and specifically in managing poor student performances or challenging students (Brown et al., 2007; Chunta, 2016; Killam et al., 2010; Scanlan et al., 2001; Yepes-Rios et al., 2016). Processes are developed for internal use and explain how policy is operationalised.

The ANMAC standards clearly identify that the education provider is ultimately accountable for the assessment of students in relation to their clinical placement. Universities typically have official examination, assessment, and grading policies that specify the university’s assessment philosophy and the general principles that guide decision-making in relation to assessments within courses. However, an informal review of several Australian university policy and process documents suggested little was explicitly written regarding the practical application of managing clinical practice assessments within higher education policy and process documents. These documents tended to focus on processes around correct versus late submissions of assignments, extension requests for assignments, examination procedures, and what the grade means with little reference to practice-based exams or clinical placement assessments. This lack of knowledge and understanding about the role of policy and processes in supporting students’ progression in their clinical practice assessments creates challenges for education providers, practice partners, and the student because clinical assessment strategies may be interpreted and applied differently.

Furthermore, the complex and interdependent relationship between the education provider, practice partners, and the student, can make the process of student assessment during their clinical placement more challenging. The dual role of assessor as mentor and assessor, the dissonance between higher education and practice partner goals and expectations, and the addition of professional standards overlaying academic assessment criteria, all contribute to the complexity of assessments in clinical placement (Hughes, 2019). Despite these challenges, clinical practice experiences should be subject to formal accreditation monitoring and benchmarking to ensure that every student attains the practice standards required for registration: the skills, knowledge, and abilities that underpin effective performance necessary for safe practice (Helminen, Coco, Johnson, Turunen, & Tossavainen, 2016; Nursing and Midwifery Board of Australia (NMBA), 2016).

The importance of policies and processes related to clinical practice to support assessors, students, education providers, and to promote the safety of the public has been identified (Hughes, Johnston, Mitchell, 2019a). When policies and processes are present and transparent, assessors reported being enabled to make decisions about student performance, eliminating potential biases, and supporting consistency for students (Chunta, 2016; Hughes et al., 2019a). However, assessors report they often do not have access to specific policies and processes required to navigate the complex task of grading student performances in clinical assessments and this lack of transparent processes potentially contributed to failure to fail in clinical practice (Hughes et al., 2019a). Failure to fail has been identified by Duffy (2003) as reluctance on the part of educators to fail students when their performance suggested failure was merited. While failure to fail is admittedly rare, it is so consequential when it does occur because it leads to unsafe clinical practice.

Currently, how policies and processes related to clinical practice experiences are developed, translated, operationalised, and evaluated in the assessment of nursing student performances has not been reported and thus clinical assessment of students may be ambiguous and unclear. Thus, the purpose of this scoping review (SR) was to explore what is known about assessment policies and processes that guide assessor decisions when grading assessments in clinical nursing courses. Assessment of clinical practice for nursing students is important nationally, and we anticipate the findings from this review will provide a useful platform for nursing academics to develop and refine robust evidence-based assessment policies and processes.

2. Methods

2.1. Study design

A SR was undertaken using Arksey and O’Malley’s (2005) framework to explore, map, and synthesise the current evidence surrounding the application of assessment policy within clinical practice opportunities in Bachelor of Nursing programs. This approach enabled a comprehensive method to examine the available literature to provide the opportunity to identify gaps and limitations of previous research. Five stages of the framework were used for the SR and are detailed further below. The review was completed in line with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews checklist (Tricco et al., 2018).
2.2. Scoping review framework

Arskey and O’Malley’s scoping framework (2005), using five distinct stages to enable systematic and unbiased identification, and then synthesis of existing research, was used in this SR (Arksey & O’Malley, 2005). The ECLIPSE framework (Wildridge & Bell, 2002) was employed to identify the research questions, ensuring a focused and relevant search was undertaken. The ECLIPSE framework is an expansion of the CLIP mnemonic and is utilised in building review questions looking at health policy or service evaluation improvements (Wildridge & Bell, 2002). This was deemed the most suitable approach to assist in searching for health policy in order to answer the research question.

2.2.1. Inclusion and exclusion criteria

Inclusion criteria for article selection were full-text articles published in English between January 2010 and present. The year 2010 was selected as the beginning of the inclusion date as Bachelor of Nursing Programmes had been well established within the tertiary sector by that time to enable an updated approach for assessment policies to be inclusive of clinical assessment approaches. Exclusion criteria were newspaper articles, editorials, conference abstracts, and studies not published in English. These publication types were excluded as the purpose of the research was to synthesise the current evidence surrounding the application of assessment policy within clinical practice opportunities in Bachelor of Nursing programs.

2.2.2. Search strategy

The terms selected included pass, fail, or marginal; AND nurs; AND student or placement or clinical assessment or clinical practice; AND policy (and derivations of policy), guideline, procedures, and assessment or document search of CINAHL/Cumulative Index of Nursing and Allied Health Literature), ERIC (Education Resources Information Centre), and PubMed databases was undertaken in consultation with an expert health librarian to identify existing health literature as well as education. The search was undertaken during March–April 2020 and again in November–December 2021 (see Fig. 1).

2.2.3. Article selection

Duplicate papers and research from anonymous authors and newspaper articles were removed. Title and abstract review were undertaken on the remainder 2434 articles. The full texts of each identified document were read and assessed independently by two members of the research team (LH and AJ), with consensus occurring through discussion with the team. An additional seven papers were captured as part of the reference list screen. During the first search of the initial 103 papers, 16 met the inclusion criteria (see Fig. 1). During the rerun search, three additional papers met the inclusion criteria. Fig. 1 shows the flow diagram of search strategies and numbers of papers excluded at each phase of stages 2 and 3 of Arskey and O’Malley’s SR methodology framework (Arksey & O’Malley, 2005).

2.2.4. Charting the data

The team collectively identified fields of relevant data to be extracted from each document to best address the research question. Collected research was analysed to identify any reference to assessment policy and processes specific to clinical practice in pre-registration nursing programs. Relevant data were identified and entered into an excel spreadsheet to allow for information to be consistently extracted, sorted, integrated, compared, and interpreted. This process of data tabulation enables a richer and more in-
depth information synthesis (Arksey & O’Malley, 2005; Pickering & Byrne, 2014). Whilst quality appraisal is not considered essential components of a SR, many authors now indicate that quality appraisal strengthens the SR findings (Brien, Lorenzetti, Lewis, Kennedy, & Ghali, 2010; Grant & Booth, 2009; Pollock et al., 2021).

Although we did quality-appraise the included studies, we did not exclude any studies based on their level of quality as the purpose of this review was to scope the breadth of studies addressing the question. Given the diversity of study designs used in the studies, we elected to apply the JBI (Joanna Briggs Institute) quality appraisal tools, as they provided a suite of tools that could be applied to a wide variety of study types. The authors worked in pairs to conduct initial quality appraisal. Consensus moderation was not required, with a high level of agreement between assessors. It was identified that there was no appropriate JBI critical appraisal tool for a small number of study designs, and thus these were not objectively appraised.

2.2.5. Analysis

Team discussion and data categorisation were completed using a thematic approach. Deductive analysis was used to sort the findings and construct meaningful elements. This was applied in an iterative fashion, focused on elucidating the key elements in assessment policies around clinical practice. To aid in interpretation, these elements were then mapped within the five theoretical domains of the Invitational Theory: people, processes, programmes, places, and policies (Purkey & Novak, 2016). The theoretical framework of the Invitational Theory seeks to explain phenomena and provides a means of enabling people to realise their full potential (Invitational Theory: processes, people, and policies, were well received in quality, from 3/6 to 9/10. Three of the five domains of the Invitational Theory: people, processes, programmes, places, and policies (Purkey & Novak, 2016). The theoretical framework of the Invitational Theory seeks to explain phenomena and provides a means of enabling people to realise their full potential (Purkey & Novak, 2016). There are a number of assumptions that underpin Invitational Theory with one identifying that a person’s potential can be best realised by places, policies, programmes, and processes specifically designed to invite development (Purkey & Novak, 2016). Given that educational philosophies and in essence tertiary policies focus on enabling student success, this comprehensive framework enhances the analysis undertaken. As it is theorised that these domains contribute to the success and/or failure of learners, the use of deductive theming aligned with the Invitational Theory framework (Purkey & Novak, 2016) shed new light on this important topic. Therefore, this analysis, underpinned broadly by the central domains drawn from the Invitational Theory (Purkey & Novak, 2016), provided a detailed account of the available research (Arksey & O’Malley, 2005).

3. Findings

This review resulted in the inclusion of 19 publications summarised in Table 1. There was a reasonably wide geographical distribution of direct studies, with four each from Australia and the United Kingdom, two from Canada and Ireland, and one each from New Zealand and Norway. One-third of the manuscripts included in the review comprised secondary studies, four discussion pieces, and two literature reviews. Most of the primary data studies (n = 6) used a qualitative design (Dobbs, 2017; Hughes, Johnston, et al., 2019; Hunt, McGee, Gutteridge, & Hughes, 2016; Kennedy & Chesser-Smyth, 2017; Larocque & Luhanga, 2013; Tanicala, Scheffer, & Roberts, 2011). Two studies used a mixed method approach (Burden, Topping, & O’Halloran, 2018; Hughes, Mitchell, & Johnston, 2021), and the remainder (n = 5) used a quantitative survey approach (Bachmann, Groenvik, Hauge, & Julnes, 2019; Hughes, Mitchell, Jones, & Johnston, 2020; Hughes, Mitchell, & Johnston, 2019b; Hunt, McGee, Gutteridge, & Hughes, 2012; Nutent et al., 2020). Based on the application of the JBI Quality appraisal tool, the studies varied widely in quality, from 3/6 to 9/10. Three of the five domains of Invitational Theory: processes, people, and policies, were well represented in these literatures — in both primary and secondary studies. Processes was the most common theme represented in the studies (n = 19), followed by People (n = 16) and Policies (n = 14).

3.1. Lack of processes around clinical practice

Clarity of assessment processes and adherence to these processes, driven by policies, were identified as important in the included literature (Frank, 2020; Hughes et al., 2019a, 2019b; Hunt et al., 2016; Kennedy & Chesser-Smyth, 2017; Larocque & Luhanga, 2013; Nugent et al., 2020; Yepes-Rios et al., 2016). The need for policies that specified clear processes to enact and to enable administrators to uphold course failure decisions was identified as important. Lack of knowledge about clinical practice assessment processes (and underpinning policies) meant that while some assessors were keen to adhere to the assessment policy and processes, many did not know where/how to access them, and this led to uncertainty and confusion. Hughes et al. (2019a) explored organisational processes that influenced assessment within clinical practice and found that lack of processes influenced assessors’ decisions around student performances. Whilst other researchers identified that assessors were uncertain of the assessment process to follow (Frank, 2020; Houghton, 2016; Vinales, 2015). There was, however, relatively little discussion of the actual (functional) processes around clinical practice assessment highlighted in any of the studies.

3.2. People and clinical practice

Many of the researchers in the included studies focused on the individual, the assessor, rather than policy and process followed during assessment in clinical placement. These assessors experienced a clear sense of uncertainty related to assessment and found that it is imperative that support structures and process are clearly identified, thereby promoting transparent governance (Bachmann et al., 2019; Dobbs, 2017; Hughes et al., 2020; Hunt et al., 2016; Kennedy & Chesser-Smyth, 2017; Pratt, Martin, Mohide, & Black, 2013; Yepes-Rios et al., 2016).

3.3. Policies and clinical practice

A common theme identified by the researchers was that assessors did not know what or where assessment policies were and did not know assessment policies existed (Bachmann et al., 2019; Hughes et al., 2019a, 2019b, 2021; Larocque & Luhanga, 2013). Additionally, one study (Hughes et al., 2020) identified the need for policy development associated with assessments within clinical placement. There was a clear need to promote concise policies to guide key stakeholders, limit uncertainty, uphold standards, and support students during assessments within clinical practice.

4. Discussion

In this SR, we aimed to explore what is known about assessment policies and processes and how these can be used to support assessor decisions when grading students’ assessments in clinical practice within nursing. We identified very few studies that specifically developed evidence to inform or evaluate such policies, or that explicitly described processes in relation to development and translation of such policies. There was very little research about, or evidence of, the actual policies and processes that guide assessors when grading student performance within clinical practice. While most studies included some discussion of the importance of policies and processes as an incidental finding in exploring assessment within clinical practice (see Table 1), no included studies set out to examine assessment policies and processes within this setting. Furthermore, there was a noticeable lack of detail around the processes in relation development, translation, or evaluation of these...
Table 1
A summary of 19 studies that met the inclusion criteria on university policies guiding WIL (Work Integrated Learning) assessment.

<table>
<thead>
<tr>
<th>Author/country</th>
<th>Study design</th>
<th>Sample</th>
<th>Purpose</th>
<th>Policy findings</th>
<th>Limitations</th>
<th>JBI critical appraisal</th>
<th>Invitational Theory domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachmann et al. (2019) Norway</td>
<td>Psychometric testing of survey</td>
<td>Nurse mentors</td>
<td>To explore the psychometric properties of questionnaire on failure to fail</td>
<td>One item exploring mentors’ familiarity with the formal procedures for failing students.</td>
<td>One country — sample strategy may increase bias — minimal explanation of participants — limited demographic data</td>
<td>Tool does not fit — sound study</td>
<td>Policy Processes People</td>
</tr>
<tr>
<td>Burden et al. (2018) UK.</td>
<td>Mixed methods</td>
<td>Mentors</td>
<td>To investigate how mentors form judgements and reach summative assessment decisions regarding student competence</td>
<td>Mentors that use assessment processes however only pay lip service to processes and documentation.</td>
<td>Limited evidence of academic or industry validation</td>
<td>Met 4 of 6 criteria — 2 unclear</td>
<td>People Policy Policy Policy People Policy</td>
</tr>
<tr>
<td>Cassidy, Coffey, and Murphy (2020) UK</td>
<td>Discussion</td>
<td>Nursecanet</td>
<td>To set forward an action plan protocol to assist decision-making in WIL</td>
<td>A proforma to guide assessors is required for support and to ensure they meet their gatekeeper role</td>
<td>Lack of guidelines, therefore variability in assessment outcomes. Decisions overturned by appeals system.</td>
<td>Met 3 out of 10 criteria</td>
<td>People Policy Policy Policy People Policy</td>
</tr>
<tr>
<td>Dobbs (2017) N.Z.</td>
<td>Qualitative design</td>
<td>Academics</td>
<td>To describe experiences by academic staff as clinical educators and assessors</td>
<td>Policies should be followed as failure to do so results in violation of due process, leading to overturning of grade. Clear policies ensure decisions are upheld. Following policies and due process provides strong evidence if litigation is pursued.</td>
<td>Too many themes introduced. Outdated and poor-quality literature used.</td>
<td>Met 2 of 6 criteria — 1 unclear</td>
<td>People Policy Policy Policy Policy Policy Policy</td>
</tr>
<tr>
<td>Frank (2020) NA</td>
<td>Discussion</td>
<td>NA</td>
<td>To assist nurse educators in managing student failure after it has occurred by providing guidance for informing students and administrator, processing emotions, and handling student appeals</td>
<td>Robust procedures are required. Mentors should be aware of procedure and policies as they may differ and must be followed precisely to ensure assessments are not declared invalid.</td>
<td>Limited information regarding researchers’ reflexivity</td>
<td>Met 9 of 10 criteria.</td>
<td>People Policy Policy Policy Policy Policy Policy</td>
</tr>
<tr>
<td>Hughes et al. (2019a) Aust.</td>
<td>Qualitative description</td>
<td>Academics</td>
<td>To describe assessors’ experiences of grading undergraduate student’s performances in clinical courses when that performance was marginal</td>
<td>Student appeals highlighted variability in availability of clear process. Policies and processes are required to enable, protect, and support assessors enacting due process. There are nonspecific guides and processes, however, application occurs in an ad hoc manner based on individuals rather than from university perspective.</td>
<td>One country — sample strategy may increase bias</td>
<td>Too many themes introduced. Outdated and poor-quality literature used.</td>
<td>Policy Processes Policy</td>
</tr>
<tr>
<td>Hughes et al. (2019b) Aust.</td>
<td>Survey</td>
<td>Academics and practice-based assessors</td>
<td>To describe both practice-based and academic assessor’s experiences of grading nursing student performances in clinical courses when that performance was not a clear pass or fail.</td>
<td>Organisational policy is important to support the process of student assessment. The Assess-Safe instrument has utility in policy development.</td>
<td>One country — sample strategy may increase bias</td>
<td>Too many themes introduced. Outdated and poor-quality literature used.</td>
<td>Policy Processes Policy</td>
</tr>
<tr>
<td>Hughes et al. (2020) Aust.</td>
<td>Psychometric testing of survey</td>
<td>Academics and practice-based assessors</td>
<td>To describe the development and preliminary validation of the Assess-Safe Instrument that explores assessors’ experiences of grading nursing student performances in clinical courses when that performance is not a clear pass or fail.</td>
<td>Policies described as difficult to navigate or generic and not aligned with assessment of WIL.</td>
<td>Tool does not fit</td>
<td>Policy Processes</td>
<td></td>
</tr>
<tr>
<td>Hughes et al. (2021) Aust.</td>
<td>Exploratory, sequential, and mixed methods</td>
<td>Academics and practice-based assessors</td>
<td>To identify aspects of student WIL assessment performances that are barriers</td>
<td>Convenience sample with potentially polarised views</td>
<td>Tool does not fit</td>
<td>Policy Processes Policy</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Author/country</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hunt et al. (2016)</td>
<td>Grounded Theory</td>
<td>Mentors</td>
<td>To investigate what enabled some mentors to fail underperforming students when it was recognised that many were hesitant to do so.</td>
<td>A belief that the university would overturn their decision and convoluted university policies' impact on assessors' decision-making. Mentors wanted a friendly face to steer them through the complex academic jargon, intricate assessment processes. Currently many of the processes are informal, sustained by goodwill, and inconsistent nationally. Where more formal support processes are in place, mentors seem to be more confident in their role.</td>
<td>Met 9 out of 10 criteria — 1 unclear</td>
<td>Policy</td>
<td>Processes</td>
</tr>
<tr>
<td>Hunt et al. (2012)</td>
<td>Survey</td>
<td>Universities</td>
<td>To identify if pre-registration nursing students rarely fail practical assessments</td>
<td>There is diversity of assessment processes in universities. Continued development of processes that support assessors to fail underperforming students is essential to promote public confidence. Assessment process largely subjective and left to the individual to decide if the nursing student is 'dangerous'. An agreed protocol is required to support preceptors. A lack of security and confidence in the processes reflects the need for more solid robust mechanisms of support that will counteract this sense of vulnerability and threat.</td>
<td>Only 52% of universities provided data in the National survey and as data were sensitive, this may impact on findings. Tool does not fit</td>
<td>Met 5 of 10 criteria — 1 unclear</td>
<td>Processes</td>
</tr>
<tr>
<td>Kennedy et al. (2017)</td>
<td>Hermeneutic phenomenology</td>
<td>Preceptors</td>
<td>To explore the experiences of the preceptors when faced with the dilemma of whether or not to fail a nursing student who was incompetent or underperformed while on clinical placement</td>
<td>There are no policies and procedures to guide assessors. Therefore, implementation of ad hoc processes on a case-by-case basis. Assessors need clear guidelines and they must be involved in their development. Educational programs, support, and policy and procedure development and implementation are needed to guide assessors when facing difficult and underperforming students.</td>
<td>No evidence of reflexivity</td>
<td>Met 7 of 10 criteria — 2 unclear</td>
<td>People</td>
</tr>
<tr>
<td>Larocque et al. (2013)</td>
<td>Qualitative descriptive</td>
<td>Preceptors and academics</td>
<td>What are the perceptions of preceptors and faculty of failure to fail</td>
<td>Processes lack rigour and need accountability around assessment from all clinical assessors to strengthen decision-making. Lack of support from administrators and lack of helpful guidelines were most often related to a negative recollection of events.</td>
<td>Survey not validated for this purpose</td>
<td>Met 9 of 10 criteria</td>
<td>People</td>
</tr>
<tr>
<td>Nugent et al. (2020)</td>
<td>Quantitative descriptive survey</td>
<td>Preceptors</td>
<td>Understand decision-making processes when students are below required standards, including barriers and enablers</td>
<td>Expected student standards for each year level not outlined in policy. Plan to use findings for protocol development in future. Nondiverse sample, small focus groups: 8 participants spread across 4 focus groups — no indication of how many in each focus group.</td>
<td>Met 5 out of 10 criteria — 2 unclear</td>
<td>People</td>
<td>Processes</td>
</tr>
<tr>
<td>Pratt et al. (2013)</td>
<td>Literature review</td>
<td>NA</td>
<td>A descriptive analysis of the moral dilemmas and the potential impact of moral distress experienced by nurse educators when evaluating the performance of unsatisfactory students in clinical and classroom courses.</td>
<td>Processes lack rigour and need accountability around assessment from all clinical assessors to strengthen decision-making. Lack of support from administrators and lack of helpful guidelines were most often related to a negative recollection of events.</td>
<td>Met 8 of 11 criteria — 2 unclear</td>
<td>People</td>
<td>Processes</td>
</tr>
<tr>
<td>Tanicala et al. (2011)</td>
<td>Qualitative</td>
<td>Nurse educators</td>
<td>To examine views of what constitutes unsafe behaviours</td>
<td>Expected student standards for each year level not outlined in policy. Plan to use findings for protocol development in future. Nondiverse sample, small focus groups: 8 participants spread across 4 focus groups — no indication of how many in each focus group.</td>
<td>Met 5 out of 10 criteria — 2 unclear</td>
<td>People</td>
<td>Processes</td>
</tr>
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</table>
Without clear, unambiguous policies and processes to underpin assessment in clinical practice, variation in and uncertainty about the appropriate processes around assessment will continue (Killiam & Heerschap, 2013). Uncertainty is prevalent around decision-making, and is rooted in the individual’s perception of outcomes, and the meaning of the situation (Vaismoradi, Salsali, & Ahmadi, 2011). When assessors are uncertain about assessment, then they are unable to assign probabilities to an outcome. Factors contributing to uncertainty fall into three main categories: lack of available evidence, differences in interpretation, or disagreement with the evidence (Vaismoradi et al., 2011). Clearly, the availability of evidence is an important element in reducing uncertainty, but in clinical practice assessment policies, we identified a significant and important gap in evidence and argue this contributes to ongoing uncertainty that impacts on the student experience of assessment and ultimately patient safety.

Throughout their nursing program, students are taught that their practice should be underpinned by evidence (International Council of Nurses, 2012). Yet, in relation to their clinical practice assessment, there is minimal evidence to support and guide current practices. Furthermore, assessment policies and processes addressing clinical practice should outline appropriate processes for disagreement, thus further reducing uncertainty around assessment.

Consistency in processes underpinned by policy builds confidence in assessment processes, promotes standardisation, and improves decision-making and transparency and thus, student clinical competency, ultimately promoting a culture of safety (Chunta, 2016; Hughes et al., 2019a). Without such confidence, it can be challenging for assessors to recommend (or not) students for registration as a nurse. It is the responsibility of each tertiary institution in Australia, under federal legislation to recommend students for registration by the national registering body (this is devolved to ANMAC). This is to ensure accountability for student competence, and by inference, other staff and patient safety. Assessment policies and processes must be grounded in evidence and clearly articulate the procedure for management of students who do not exhibit fitness for practice standards in the clinical setting (Hughes et al., 2021). Literature suggests similar requirements internationally, and that they too are not being met (Almalkawi, Jester, & Terry, 2018; Helminen et al., 2016; Immonen et al., 2019; Yepes-Rios et al., 2016). We argue, given the role nurses play in promoting and ensuring patient safety, there should be a very limited threshold for uncertainty. The lack of processes embedded within ratified assessment policies around clinical practice is problematic and may be contributing to the failure-to-fail phenomenon (Hughes et al., 2021).

All of the studies we reviewed in this SR focused on the assessors as participants, while none focused on senior academics who formulate policy and processes, or students who are directly impacted by these policies and processes. There is increasing acknowledgement of the role and value in partnering with students and other key stakeholders in the coproduction of curriculum content, assessment, and resources to promote learning and transparency in decision-making (ANMAC, 2019, Nurse and Midwifery Council, 2011; Scammell, Heaslip, & Crowley, 2016). This gap in partnering with students and key stakeholders reflects an important, absent, student-centred approach to empowering success in clinical practice. How can key stakeholders be confident in assessment during clinical practice if the key stakeholders undertaking these assessments are
excluded from their development, and lack confidence in the interpretation of these important documents?

Through examining the data through the lens of the Invitational Theory, we were able to identify the disconnect between practice policy and processes. This disconnect created uncertainty for assessors. Indeed, uncertainty permeates throughout all Invitational Theory domains represented (processes, people, and policies) in this review. This may lead to unintended consequences for individual students, assessors, and the nursing profession. The final two domains from the Invitational Theory, programmes and places, were not represented in the reviewed research. This is not so surprising given the dearth of literature specifically addressing assessment policy and processes in clinical practice. However, given the wealth of evidence that suggests that nursing programmes and the environment in which we engage in learning must be considered to enable successful engagement and outcomes from learning experience, our findings are concerning. We argue this challenges the underpinning efficacy of current clinical practice assessment and, by inference, the value of these opportunities.

In this review, we found there was a surprising lack of knowledge and understanding around how policies and processes are used in clinical practice assessments to support student learning and assess assessors. Nursing students are expected to have skills to provide safe and effective care based on evidence as they graduate with a degree in nursing. It is imperative too that assessment strategies are underpinned by transparent evidence-based policies and processes. The assessment of clinical practice and the policies and processes underpinning this are central to ensuring the ongoing development of nursing and driving the patient safety agenda.

4.1. Recommendations

Given the paucity of literature exploring this topic, the review recommendations can only suggest that specific clinical practice assessment policies and processes be considered, developed, implemented, systematically evaluated, and refined such that they meet the needs of clinical practice experiences and support recommendations about students’ clinical capacities. Current assessment policies appear to be difficult to navigate and do not consider the idiosyncratic nature of clinical assessments versus theoretical assessments (Hughes et al., 2021). This is particularly problematic when these assessments are occurring in the clinical setting often by practice partner employees rather than within tertiary institutions. Therefore, such policies and processes should be distinct from and be fit for purpose, than those for other academic assessments. Engagement with all stakeholders is required to collaboratively codevelop relevant and evidence-based assessment policies and processes for clinical practice assessments. We argue that these evidence-based policies and processes need to be developed in partnership with key stakeholders, and closely linked to the professional practice standards underpinning any nursing curriculum. Knowledge and understanding about clinical practice policies and processes need to be developed. Research to inform clinical practice policies and processes will require pragmatic and flexible research methodologies to ensure it is reflective of various perspectives (students, accreditation, tertiary, and health organisations), and is urgently needed to ensure assessors and students alike are confident in the assessment process and are supported with ratified policies eliminating uncertainty around this important element of assessment. Moreover, without these fair and transparent policies that are consistently enacted, failure to fail will continue to impact on the future workforce, ultimately impacting on patient safety. Our review is the first step in identifying the gap in policy associated with assessment of nursing students within clinical practice and identifies the need to generate evidence with which to create transparent policies and processes around this important aspect of nurse education and thus makes an important contribution to this poorly understood phenomena.

4.2. Limitations

Despite the wide-scale (international) nature and importance of assessing student nurses during the clinical practice experiences, we identified very little literature exploring this topic. The limitations of the reviewed studies include small sample sizes, single locations, and variable methodological quality. Regardless of these limitations, inclusion of the studies in this SR was justified because of the limited research available on this topic. Clearly, there is an urgent need for more knowledge and understanding of this important topic.

5. Conclusion

Assessment policies are used to guide processes within nursing programmes in tertiary institutions and are clearly articulated within theoretical components of nursing courses. Assessment within clinical practice also requires ratified policies within nursing programmes with clear processes to guide assessment practices that have been developed with reference to the people who remain the key stakeholders in such assessment: assessors, students, and healthcare consumers. However, this review identified very little evidence exploring this important aspect of assessment. Uncertainty pervades the literature around assessment in clinical practice within pre-registration nursing programmes. Only with further investigation of this important issue can all stakeholders be confident in the integrity and value of assessments.

Credit authorship contribution statement

LH, DM, AJ, and JB conceptualized the review design. LH and AJ screened the studies and extracted data. LH, DM, AJ, and JB critically appraised data, compiling results and drafting the paper. All authors reviewed the final draft of the paper.

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The research outlined in the submitted paper used published manuscripts and thus does not require ethical approval.

Conflict of interest

The authors of this paper certify that they have no affiliations with or involvement in any organisation or entity with any financial interest or nonfinancial interest in, or conflict relevant to the subject matter or materials discussed in this paper.

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