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(15 Feb 1980)

PROGRESS AND PROBLEMS OF UNDERGRADUATE NURSING COURSES

A colloquium held at the Centre

on Friday 15 February 1980

These notes are offered as a 'memory jog'
for those attending the colloquium, arranged through
the Association of Integrated and Degree Courses in Nursing

- "As anyone visiting an aquarium can see,
no one not mentally deranged would get into
a tank to think"

Sir Robert Lusty

February 1980

The King's Fund Centre
126 Albert Street
London NW1 7NF

HOGI:FN (Kin)

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PROGRESS AND PROBLEMS OF UNDERGRADUATE NURSING COURSES
A SHARED EXPERIENCE

A colloquium at the Centre on Friday 15 February 1980

List of those due to attend

C	Mrs L BATEHUP	Clinical Tutor	Chelsea College
E	Miss A V BETTS	Senior Tutor	The London Hospital
D	Dr J BOORE	Lecturer	University of Hull
E	Miss J A BOOTH	Senior Tutor	Macdonlad Buchanan/Lorna Delve School of Nursing
C	Mr P L BRADSHAW	Lecturer	Leeds Polytechnic
E	Mr A BROOKS	Lecturer	University of Hull
C	Mrs R J BRYANT	Senior Tutor	Guildford Nurse Education Centre
C	Miss B P BURKEY	Clinical Nurse Teacher	University of Liverpool
D	Miss R CHAMPION	Senior Lecturer	Sheffield City Polytechnic
A	Miss S M COLLINS	Director of Nurse Education	The London Hospital
C	Miss E DODDS	Lecturer	Polytechnic of the South Bank
E	Miss M FORDHAM	Lecturer	Chelsea College
D	Miss M FOX	Senior Tutor	Wolfson School of Nursing
C	Mrs M D HARRIS	Clinical Tutor	Welsh National School of Medicine
E	Mrs M HARRISON	Clinical Teacher	Royal Liverpool School of Nursing
D	Professor J C HAYWARD	Head, Department of Nursing Studies	Chelsea College
D	Ms R HERBERT	Lecturer	Polytechnic of the South Bank
A	Miss J E HILL	Lecturer	University of Liverpool
D	Mr J HILL	Senior Nursing Officer	Central Middlesex Hospital
B	Mrs S M HOWLAND	Lecturer/Clinical Teacher	Polytechnic of the South Bank
A	Miss A JARVIS	Head, Department of Nursing Studies	University of Glasgow
C	Miss D Y KILGOUR	Senior Lecturer	Glasgow College of Technology
E	Miss J LATHLEAN	Research Officer	Chelsea College
B	Miss B LOFTHOUSE	Director of Nurse Education	Hull District School of Nursing
C	Miss K M MARKS	Lecturer/Clinical Teacher	Polytechnic of the South Bank
D	Mrs S E MONTAGUE	Lecturer	Polytechnic of the South Bank
A	Miss M A NEVELL	Senior Tutor	St Bartholomew's Hospital
D	Mr J OXBROUGH	Tutor	St Bartholomew's Hospital
C	Mrs M R PINSCHOF	Clinical Lecturer	University of Manchester
B	Miss S POULSON	Clinical Teacher	The London Hospital
D	Miss B RAYMOND	Lecturer	Polytechnic of the South Bank
B	Dr S J REDFERN	Lecturer	Chelsea College
C	Mr T RIDE	Lecturer	University of Hull
E	Mrs S ROBBINS	Nursing Officer	Westminster Hospital
C	Miss M C ROLFE	Senior Nursing Officer	New Royal Surrey County Hospital
C	Miss S ROSSLER	Director of Nurse Education	Guildford Nurse Education Centre
E	Miss B J RUDGLEY	Senior Tutor	Maudsley Hospital
E	Miss C A SAGE	Senior Lecturer	Polytechnic of the South Bank

* Did not attend

A	Miss B D SARSON	Senior Lecturer	Polytechnic of the South Bank
C	Mrs M M SCADENG	Nursing Officer	Charing Cross Hospital
B	Mrs T SELLEK	Lecturer	University of Manchester
B	Miss E SKINNER	Senior Tutor	Sheffield School of Nursing
A	Miss J M SPRUCE	Senior Tutor	Charing Cross Hospital
B	Miss C STEVENSON	Principal Lecturer	Leeds Polytechnic
B	Mrs C M STRETTON	Clinical Teacher	Polytechnic of the South Bank
B	Mrs M E J SYRED	Clinical Tutor	Welsh National School of Medicine
B	Ms P TARRY	Lecturer	University of Surrey
A	Mrs M THOMAS	Lecturer	Welsh National School of Medicine
D	Dr A TIERNEY	Lecturer	University of Edinburgh
B	Miss J A TRANGMAR	Director, BSc Nursing Studies Course	Polytechnic of the South Bank
D	Miss P TURTON	Lecturer	Chelsea College
A	Miss G WHITE	Professional Adviser	Council for Education and Training of Health Visitors
C	Miss A WILKINSON	Clinical Teacher	Maudsley Hospital

The letter against your name on this list is the discussion room you will be using for group discussion.

Questions for discussion

Group 1. Discussion Room 'A'

Criteria and methods of selecting students for courses

Group 2. Discussion Room 'D'

What are our expectations of graduate nurses? (To include consideration of the undergraduate courses.)

Group 3. Discussion Room 'B'

Criteria for clinical assessments, including their contribution to the final degree class

Group 5. Discussion Room 'C'

Planning clinical experience, including working hours and student identity

Group 6. Discussion Room 'E'

Methods of evaluating courses

GROUP 1

CRITERIA AND METHODS OF SELECTING STUDENTS FOR COURSES

Questions which need to be answered :

What information is required by candidate?

What resources are available?

On what do we base the initial selection of candidates?

Do we then need to interview individuals and parents?

Who is involved at interview?

What use is made of the interview situation?

Is the interview the final solution to the selection problem?

Is there some way of testing motivation?

GROUP 2

WHAT ARE OUR EXPECTATIONS OF GRADUATE NURSES? (TO INCLUDE CONSIDERATION OF THE UNDERLYING PHILOSOPHY OF THE UNDERGRADUATE COURSES.)

Which graduates are we considering? Any graduates?

There is a need to remember that there are a diversity of courses.

Experienced graduate nurses should primarily become good practical nurses with the benefits of critical and analytical faculties.

They should have an evaluative approach to nursing, independence of mind and it should remain questionable as to whether they fit the system.

When considering costs they are a good buy!

Good Nursing Care

This may be non-conformist. Is there scope to be a good nurse on your own within the system? Basic care is often given by untrained people. The most challenging area may be that of writing, researching and teaching knowledge.

It is generally expected by a majority of nurses that new graduate nurses will not be confident or competent. Perhaps this is untrue. They probably have greater depth of knowledge, so feel more inadequate rather than actually being less confident or competent than non-graduate nurses. We might reasonably question if we want a nurse to be confident - or to give an aura of confidence, 'I can cope with anything' attitude.

Expectations

Learning is an ongoing situation throughout professional life. No nurse should be expected to know everything either from the start or subsequently.

Learning should be flexible and adapt ideas. Graduates should have the ability to cope with the many changes and expectations of them. They should be more aware of health care policies and take an interest in them by having a greater concept of possible pathways to pursue.

Graduate and undergraduate courses should cause a ripple effect, encouraging discussion and a change in attitudes - particularly towards learning. In this way they should influence the profession.

GROUP 2 Contd..

It should be questioned whether their work widens away from the bedside, when recall is used to provide long term answers to patients' needs. Expectations for further studies may be unrealistic; but there is a need for some support systems/encouragement to provide academic stimulus. An example which might be considered is a new idea at Brent where research posts, mainly hospital based are supported with a one day study release programme for research at Chelsea College. This type of experience might help new graduate nurses to consolidate experience and maintain stimulus.

Elucidation of Expectations

Follow-up studies need to be done to see what graduates do - very few completed. Edinburgh studies over the last 15 years show that approximately $\frac{3}{4}$ stay in nursing, $\left[\frac{1}{4}$ in the community, $\frac{1}{2}$ in hospital, $\frac{1}{4}$ in others] The remaining $\frac{1}{4}$ are lost to family and marriage.

Graduate Expectations differ from :

other nurses' expectations }
paramedical expectations } There is some question as to the reality of these
 } expectations. Only 2% nurses in the United Kingdom
 are graduates, so very few nurses have contact with
 them.

Conclusion

It was felt that, in fact, some of the expectations were aspirations - but still worth holding?

GROUP 3

CRITERIA FOR CLINICAL ASSESSMENTS, INCLUDING THEIR CONTRIBUTION TO THE FINAL DEGREE CLASS

One important question is, 'Should the clinical assessment be part of the degree?

It does count in most courses where it is possible to fail nursing practice.

What contribution does it make to the honours standard - if any?

How do we fail? What is the present situation?

There are many new courses and new lecturers.

Some methods of clinical assessment

Chelsea College : 25% of marks are awarded to each of -

Care study	100%
Ward report	
Teaching report	
Care plans	

the proportion that is awarded toward the final degree is still in question. GNC Assessors not used.

Polytechnic of the South Bank :

<u>Clinical assessment make awards</u>	$\frac{200}{600}$	Part I	1,000 marks + 1,000 marks for written papers
Total awards.	$\frac{400}{600}$	Part II	
	400	Project	

Continuous assessment is practiced. GNC Assessors used. Does count towards degree. During the second year, an experimental assessment form is being used. In medical module, first assessment is undertaken - the medicine round. Three attempts are allowed and no marks given - just pass. Continuous assessment throughout module is scored out of 100 marks by sister and clinical teacher.

The geriatric module is not scored unless unsatisfactory during medicine.

The surgical module is assessed and scored and the marks used towards the degree - aseptic technique assessment and total place assessment, scored by sister and moderated by the clinical teacher if thought necessary = 100 marks $\left[\frac{200}{600} \right]$ Part I

3rd Year -

Mainly polytechnic based.

Towards the end 'C' Assessment given 50 marks

Care plan + Care study 50 marks

+ Total placement of 100 marks

200 marks

GROUP 3 Contd..

4th Year - 'D' Assessment taken at the end of course - 50 marks } 200
 + Total placement - 150 marks } marks

Leeds Polytechnic : Assessed on every module after the first year. All assessments count and weighted toward the end of the course. The polytechnic keeps the records and includes a ward report if the student stays long enough (e.g. 36 days) in the ward. The polytechnic do all but one assessment. Does count towards degree. There was a warning note sounded about time-serving, after the final examination. Beware the problems. Keep final marks and commendation until after final ward placements. For example, commendation is recognised as over 65% if clinical marks reach 60% and academic marks reach 70% What is the answer? Should pass marks be the same for clinical assessment as for academic marks? It is possible to fail nursing.

Cardiff University : Akin to GNC – safety the measure, not marks

Care plan
ward management } a % given but not
known

Several courses assessed the safety of the student by using GNC requirements, especially in Parts A and B; but then also assessed general clinical ability. Does count towards degree.

Hull : Use GNC Assessment 'A', plus nursing care plans and care studies. Does count towards degree.

Sheffield Polytechnic : GNC Assessments used - (question of marks not known), plus care plans and care studies. GNC Assessors used. Does count towards degree.

London - Queen Mary/Goldsmith Colleges :

GNC Assessments used. Ward reports, Care Studies, dissertation.
The degree is only academic. Clinical assessments do not count towards degree.

Manchester University : GNC - type assessments used but not GNC assessors. Each module incorporates assessment of - care plans, care studies, ward reports, lecturer reports.

Surrey University : Uses care plans, studies and reports.

GROUP 3 Contd..

Criteria

Leeds had experienced the minefield of problems produced by using check lists, and it was felt important to move towards broad categories. For example, 'D' Assessment, broad categories might be - performance, communication, organisation and management.

These in turn might be broken down into finer points. Randomised selection points might be scored - such as nursing care performance, communications - including relationships, understanding patients needs, which occur in assessments A, B and C, but does organisation and management include patients anticipated needs?

What shall be done ?

If continuous assessment is used comments might be made at the end of the report form on whether a student has improved her performance or even redeemed herself since the last assessment. It is possible to fail on one section - e.g. failure in relationships, and discussion is needed as to whether all sections of each assessment must be passed.

The criteria considered important were :

1. Relationships
2. Safety
3. Organisation
4. Knowledge - application and integration
5. Reliability

Weightings should change throughout the course and be relative to the stage in the course. They are bound to be subjective, to a certain degree; but it is essential that assessors should be able to substantiate their subjectivity.

GROUP 4

STAFFING AND TEACHING RESOURCES, INCLUDING CONSIDERATION OF FINANCE, STAFF/STUDENT RATIOS

This Group was non-preferred and no group met.

GROUP 5

PLANNING CLINICAL EXPERIENCE, INCLUDING WORKING HOURS AND
STUDENT IDENTITY

1. Course Structure

Integration

Content

Balance

Sequence

2. Each Clinical Allocation

Planning

Maximum value

Best use of staff

Working hours

Student identity

3. Role of Clinical Staff

Liaison, Communication

Co-operation



GROUP 6

METHODS OF EVALUATING COURSES

WHY?	FOR WHOM	WHAT	HOW
<u>Predictions</u>	Patients Students Teaching Staff Employers	Service Outcomes Student Outcomes e.g. skills, knowledge, attitudes	Longitudinal Studies Cross-sectional comparisons Time sampling
To predict outcome of course: (aims and objectives)			
<u>Justification</u>	Professional Bodies	Course Components Wastage during course/post course	Observation : participant/non- participant
Improved patient care :	Educational Bodies	Follow-up studies	Questionnaires
<u>Satisfaction :</u>	Policy Makers The selective use of the material is the politics : material may be misused and lead to redundancy type situation.	Costing	Interviews : Closed/open Judgements by experts
Staff Students Employers			

Need to evaluate to see if course meets aims and objectives. Evaluate for the benefit of patients, students etc. What can we evaluate? Many areas - may look at some areas or all of the areas listed : (Parts/Wholes). Careers advice given to school leavers - suitable preparation: How to evaluate - many methods available, probably need to use more than one method. Looking for validity and reliability :

Whole area of ethics and confidentiality has to be considered. Introduction of variables has to be considered eg. in participant observation.

The need for staff development must be built into course which may require release for further study.