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Assessment of student nurses in practice: A comparison of theoretical and practical assessment results in England

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SUMMARY

This study was undertaken in response to concerns raised by Duffy (2003) that assessors of practice were reluctant to fail student nurses in assessments. This generated doubts about the fitness to practice of some registered nurses.

An investigation was undertaken into whether quantitative evidence supported the view that pre-registration nurses rarely failed practical assessments. Comparative failure rates from theoretical and practical assessments were requested from all 52 universities in England that offered pre-registration nursing programmes. Responses were received from 27. Findings indicated that a very small proportion of students failed practical assessments; failure rates for theory outstripped practice by a ratio of 5:1. A quarter of universities failed no students in practice. Students were most likely to fail in year one and least likely in year three. This study supports the belief that assessors of practice are reluctant to fail student nurses. It raises a number of questions about the influence that the systems and practices of professional bodies and universities have on practical assessment. However it also indicates that some student nurses have failed practical assessments and that some universities do have systems in place to address this issue.

Introduction

The assessment of students' competency to practice is a worldwide matter of concern to all practice-based professions as diverse as teaching, accountancy, and medicine (Whiteford, 2007). For example, in New Zealand, Hawe (2003) noted that assessors of student teachers did not ground their judgements about practical competence on published criteria which made it difficult to ensure parity in assessment. In Australia, Bowrey et al. (2007 p.front cover) compared the difficulty of monitoring the skills of student accountants to "*foxes becoming gamekeepers*". In Scotland, Cleland et al. (2008) raised concerns about role conflicts encountered by assessors of medical students. Irrespective of the profession or country concerned there is an agreement that those who assess practice are the gatekeepers of their profession; they and they alone determine whether the practice they have observed is or is not of the required standard. If they do not fulfil this role then it is possible for under-performing students to enter a professional register with potentially risky consequences for the client group concerned. It is to this discourse that studies by Duffy (2003) and Luhanga et al. (2008) have added concerns about the practical assessment of student nurses.

According to the International Council of Nurses, safety is the most important principle in the assessment of nursing students (ICN, 2006). In each country national standards are intended to reflect the importance of safe practice by ensuring that students achieve a baseline level of competence with which to begin their professional careers (NCSBN, 2011; ANMC, 2010; SANC, 2008). Thus, it is expected that each newly qualified nurse is able to function safely; from this secure foundation further development can then take place. However, Duffy (2003) and Luhanga et al. (2008) have suggested that pass rates in the practical assessment of nursing students appear to be higher than expected and that one possible reason is not the candidates' abilities but their assessors' reluctance to fail them. Whilst some assessors admit to being hesitant to fail students others report factors which frustrate their attempts (Gainsbury, 2010). This paper reports on a study, undertaken in England, that set out to investigate these issues in response to Duffy's (2003 p82) recommendation that "a national survey be conducted that establish the number of students who fail programmes on clinical grounds as opposed to academic grounds." Descriptive statistics are presented which compare failure rates in theoretical and practical assessments and the implications these findings have for nurse education and professional regulation are considered.

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Background

In England, pre-registration nursing programmes last for three years during which, in addition to academic study in university, the student is exposed to a range of practice in a variety of clinical placements. The assessment of practical ability begins in the first year and the nature of the assessments increases in complexity as students move through the course. In year one the focus is on essential nursing care but by year three the emphasis has shifted to evidence based decision making and the ability to manage the care of groups of patients. In this context practical assessment is carried out by designated registered nurses, working in clinical areas, who have been prepared in the education and assessment of students during practical placements (NMC, 2008). Assessment is not a single event. It involves observing students throughout the placement and making judgements about their performance both at specified intervals and at the end.

Passing these practical assessments as well as theoretical assessments should be a mandatory requirement of nursing courses (Denton 2005). However, the situation seems far from simple. First, there is a possibility that students may be more successful in practical assessments than theoretical assessments because they receive formative feedback, during their placements so that they can address their shortcomings. Lack of formative feedback has been identified as an area of weakness in theoretical assessments and may mean that failure rates for theory are unduly high (HEFCE, 2010). Second, students may experience more meaningful learning from mentors in practice where insights into previously poorly understood aspects of nursing can be found (Bradbury-Jones et al., 2010). It is also possible that theoretical assessments may not test what is required of the contemporary nurse as appropriately as practical assessments. Third, there is the issue of how universities define failure. General studies of failure rates in universities have defined *failure* principally in academic terms (see, for example, National Audit Office, 2001 and NHS London, 2009). In this context quality monitoring processes may not be sufficiently sensitive to or suited to courses with practical components. Finally, there are issues about the assessors and how they experience their role. Reports consistently identify several issues which contribute to assessors' reluctance to fail students in practical assessments. Assessment protocols are too complex (Gainsbury, 2010) or there is a tendency to pass the buck (Duffy, 2003), lack of role confidence (Scanlan et al., 2001) or the belief that the assessor is helping the student by giving them the benefit of the doubt (Boley and Whitney, 2003). Working with and observing a student in placement over several weeks can be emotionally challenging and may induce feelings of guilt if the student's career is jeopardised (Hawe, 2003). There are also indications that attempts to fail students are sometimes thwarted by university processes (Luhanga et al., 2008). Intimidation by students and threats of legal action may also discourage assessors (Dudek et al., 2005). The result is a feeling of impotence that can lead to the conclusion that attempting to fail a student in a practical assessment is futile.

Recent Nursing and Midwifery Council (NMC) reports have responded to concerns about unsafe students passing practical assessments (NMC, 2005, 2008). The Council has encouraged assessors to rigorously scrutinise students in practice by promoting awareness of roles, responsibilities and accountability. The Chief Nursing Officer's guidance makes clear that a robust measurement of quality is ess ential (DH–CNO, 2010). However, neither the Council nor the Department of Health (DH) has gathered data regarding failure rates in theory and practice. Instead, what have been measured are rates of attrition from health programmes. In nursing this varies, between universities, from 3% to 65% (RCN, 2008). In contrast 90.5% of students studying professions allied to health graduated (NAO, 2007). There is, therefore, no clear picture of pass and failure rates in practical assessments. This study is the first national survey to address this issue.

Methods

The aim of this study was to establish the situation regarding practical assessment failure rates for student nurses in England. The objectives were to:

- describe and compare referral, subsequent pass and failure rates in theoretical and practical assessments;
- compare rates by academic years;
- compare rates between the four different fields of nursing for which nursing students are prepared: adult, child, mental health and learning disabilities.

A quantitative research design was selected because the information sought was most likely to be stored numerically by all universities (Cresswell, 2009). A retrospective survey technique was used to gather measurable data. No existing survey tool was available and so a questionnaire was designed to gather data relating to 3 critical points in the process of assessing theory and practice:

1. Referral - failure at the first attempt in an assessment.
2. Subsequent pass - passing an assessment which had previously been failed.
3. Withdrawal - failure at all permissible attempts in an assessment resulting in removal from the course.

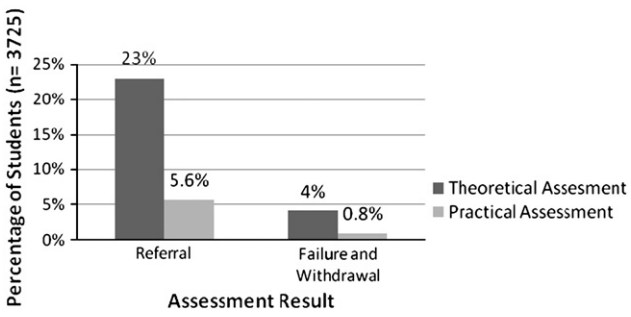
Indemnity insurance and ethical approval were obtained from Birmingham City University. The principles identified by Beauchamp and Childress (2001) were used as the basis for ethical considerations. In designing the study particular regard was given to the commercially sensitive nature of the data to be gathered and mechanisms for ensuring anonymity of all universities which consented to participate in the study.

The questionnaire was piloted in one of the other countries of the United Kingdom (UK) and found to be effective. The survey collected data about pre-registration nursing programmes commencing in the autumn semester of 2005 and concluding in 2008. This was the most recent student cohort to have completed a full 3 year programme at the time the data was gathered. All 52 universities which offered pre-registration nursing programmes in England were invited to participate. Data were examined using descriptive statistics.

Results

Responses were received from 27 universities (52%), 11 provided comments and 16 provided useable numerical data about 3725 student nurses. The principle finding of this study was that both referral and failure rates for theory outstripped practice by a ratio of more than 4 to 1 (Table 1). Three critical points in the assessment process were considered: *referral, subsequent pass* and *fail and withdraw*.

Table 1
Comparison of theoretical and practical assessment results.



Referral

Comparison of referral rates demonstrated a consistently higher rate for theory than practice. Combined data for all 3 academic years showed that 23% of students were referred in theoretical assessments compared to 5.6% of students who were referred in practical assessments; a 4:1 ratio of theory to practice (Table 1).

There were wide variances in referral rates between universities which are demonstrated in Table 2. The highest referral rate for theoretical assessment was 47.4% and the lowest 1.7%. The highest referral rate for practice was 25.2% and the lowest 0.09%. In three cases the referral in practice concerned a single student.

Academic year two demonstrated the highest referral rate for both theory and practice. The lowest referral rate was in year three. This was consistent across all fields of nursing.

Subsequent Pass

Students who had been referred at the first attempt went on to pass theoretical assessments at a subsequent attempt in 76.6% of cases. Those who had been referred in a practical assessment also passed when they reattempted this in 79.5% of cases.

The tenacity of most student nurses is noted here as most remained on programmes to be reassessed. Only 6% of those who had failed either theory or practice at the first attempt did not reattempt the assessment.

Fail and Withdraw

Combined data from all three academic years showed that 4% of students failed theoretical assessments and were withdrawn from programmes as a result of this. In contrast only 0.8% of students were withdrawn from courses based on failure of a practical assessment. This demonstrated a 5:1 ratio of fails in theoretical assessment to fails in practical assessment (Table 1).

Composite data relating to all four fields of nursing indicated that failure rates were highest in year one and lowest in year three for both theory and practice. When the data was examined by field, descriptive statistics showed that the child field had a higher failure in practice rate in year three than year one or two.

Wide variations were identified between fail and withdraw rates at universities. The highest rate for theoretical assessment was 12% and the lowest 0%. One university was identified which did not fail and withdraw any students based on theoretical assessment results.

The highest fail and withdraw rate for practice was 4.25% and the lowest 0%. Twenty five percent of the universities who participated in this study did not fail and withdraw any students based on practical assessments during the 3 year programme (Table 3).

A substantial number of universities did not fail and withdraw any students based on practical assessments in each academic year. Only two universities failed and withdrew students based on practical assessment results in each of the three academic years. Table 4 demonstrates the number of universities which did not fail any students in practical assessments in each academic year. It is notable that this figure was as high as 73% in the final year of the course when practical competence to enter the nursing register is tested.

Table 2
The range of referral results from participating universities.

	Theoretical assessment			Practical assessment		
	Highest	Lowest	Range	Highest	Lowest	Range
% of total cohort referred	47.4%	1.7%	45.7%	25.20%	0.09%	25.11%

Table 3
The range of fail and withdraw results from participating universities.

	Theoretical assessment			Practical assessment		
	Highest	Lowest	Range	Highest	Lowest	Range
% of cohort failed and withdrawn	12%	0%	12%	4.25%	0%	4.25%

Discussion

Table 1 demonstrates that both referral and failure rates for theory outstripped practice by a ratio of more than 4 to 1. This may mean that, in practice settings, support for students was so effective that the majority were able to achieve the required level of competence and passed. However 25% of responding universities did not fail and withdraw any students as a result of practical assessment. This disparity in results seems consistent with Yorke's (2005) view that some universities continue to be slow in accepting practical assessment as an important element of programmes. The results also offer support to Duffy's (2003) and Luhanga et al. (2008) findings that assessors avoid failing underperforming students in practical assessments.

These findings should cause concern and have a number of implications. Students are not expected to be experts in all aspects of nursing, merely safe to be allowed to practice (Benner et al., 2009). Achieving registration as a nurse indicates to the profession, to patients and to employers, that an individual has developed a sound foundation from which to begin practising and on which further, more detailed and specialised development can be built. The practical assessment of students, therefore, serves a crucial purpose as one of the principal means through which the profession regulates entry. If it is ethically and professionally appropriate to require students to meet specified standards before they can be admitted to a profession then there is some point in assessing them. Assessment should provide a means of excluding those who are unsuitable before they reach registration. If all students pass then professional standards cannot be upheld and there seems little point in having assessments at all (Urwin et al., 2010).

Low or none existent failure rates in practice also have implications for theoretical knowledge. Practical performance should be informed by theoretical knowledge since both are integral components of courses (Denton, 2005). The high failure rate in theoretical assessments raises concerns about whether students' underpinning knowledge is considered during practical assessments. This finding might indicate that practice based assessors pass the buck to universities assuming that if they do not fail students they will never-the-less be failed in theoretical assessments. However this cannot be relied upon to identify students who are academically able but cannot translate this into practice. If assessors do not consider students' ability to base care on sound evidence practical competence is not being properly tested (NMC, 2010).

Referral and failure rates varied between academic years. Students were more likely to pass practical assessments in year three. This may be because clinical ability develops as experience is acquired (Fero et al., 2009). This finding also suggests that students whose practice was weak may have been identified during previous academic years. However many assessors admit that they do not fail students in the

Table 4
Occurrence of universities failing and withdrawing no students in practical assessments.

Academic Year	Percent of universities which failed no students in practice
Year 1	53%
Year 2	47%
Year 3	73%

final year because they do not want to jeopardise their future so near to possible registration and this too offers a plausible explanation for lower failure rates in year three.

Referral rates were consistently highest in year two which supports Duffy's (2003) conclusions that assessors tended to give students the benefit of the doubt in year one but felt previous colleagues had let them down when they were required to refer students at a later stage. However if referral did occur in year one, students were more likely to be removed from programmes when they were reassessed than in other academic years. This indicates that some students whose practice was evidently weak were identified at an early stage and removed from programmes.

Assessors agree that the majority of students who are unsafe should have been identified prior to year three (Black, 2010). They express frustration when previous assessors seem to have passed the buck allowing unsatisfactory students to progress to the final year of programmes. However, it is accepted that some management skills cannot be tested until this stage and it is probably necessary to have some level of failure in year three. Earlier in programmes a dilemma exists for assessors. This concerns whether unsafe students should be identified and removed at an early stage because this protects the public (Kevin, 2006), or if the benefit of the doubt should be given as some need more time to accommodate and later develop competence (Luhanga et al., 2008).

Students studying children's nursing demonstrated a different profile to the other three fields of nursing. They passed theoretical assessments more often than their counterparts but were not more successful in practical assessments. This might indicate that academic ability does not necessarily translate into vocational aptitude (Hughes, 2002), or that practical assessors of children's nurses have higher efficacy in performing their role. Reliable practical assessment is more likely to take place when assessors are capable of reflecting with students so that meaning and background is captured when clinical episodes involving the student are assessed (Cassidy, 2009). This is seen to give assessors increased confidence to making judgements which might otherwise be avoided.

The Nursing and Midwifery Council of the UK has acknowledged the dilemmas assessors of practice face. In order to address these standards to support learning and assessment in practice (NMC, 2008) have been implemented. However these do not require practice based assessors to be prepared to the same level as university lecturers who assess theory. Role confidence is required to overcome the emotional issues assessors experience when failing students in practice (Bandura, 1997). If assessors of practice are well prepared to enact their role they are likely to become more effective. The current disparity in the preparation of the two groups of assessors may contribute to the differences noted between theoretical and practical assessment results.

There was wide variation in rates of referral and failure between universities for both theory and practice. Two universities failed students in both theory and practice in all three years of programmes. This suggests that effective systems and practices to support failure in practice do exist but are not widespread. The issue of inter-university reliability on pre-registration nursing programmes is the remit of the professional body. If professional bodies required data about failure rates in both theoretical and practical assessments there would be a far more comprehensive portrayal of national situations. This could aid external examiners in monitoring the consistency of standards between universities (Mott, 2010).

It is a challenge for professional bodies to ensure a minimum national standard of competence. International discussion has been ongoing regarding the merits of standardising curricula and assessment processes for nursing programmes (Lauder et al. 2008). The NMC has now proposed that universities in the UK should consider incorporating the requirements of individual employers and service users into local practical assessment criteria (NMC, 2010). The difficulty in writing concise and user friendly practical assessment statements has been well documented (O'Donovan et al., 2004). Language becomes increasingly complex the more specific the outcome. Statements become practically unwieldy and incomprehensible to those who must apply them. It is time consuming to write employer centred outcomes which are pertinent, manageable and robust enough to differentiate between competent and failing students in practice. Centrally constructed outcomes, as implemented in Wales (WAG, 2004), might assist external examiners in monitoring standards and ensuring parity between universities in order to reduce the wide variation in assessment results identified by this study. However practical assessors often report difficulty in interpreting the complex language of professional bodies. Careful consideration is needed to ensure learning outcomes are written in language that is accessible to both students and assessors to enhance reliability of assessment processes.

It is possible that the profile of universities which did not participate in this study differed from those which provided data. The commercially sensitive nature of the information being requested may have discouraged some from participating. Other universities reported that they were unable to participate because they did not gather data about failure in practical assessments. Assessors' reluctance to fail students in practice has had a high profile for a number of years. A clearer picture of the progress being made in addressing this would be gained if relevant data were gathered at national and local levels.

The challenge of gathering standardised data limited this studies scope. If national quality monitoring was introduced it would need to take account of the diversity of assessment processes in universities. Further study of the complexities of the relationship between theoretical and practical assessment is recommended. This would require data at individual student level so that relationships between failure in theoretical assessment and failure in practical assessment could be examined in more detail using inferential statistical tests. Without effective measurement it is difficult to determine if progress is being made in addressing assessors' reluctance to fail underperforming students in practice.

Conclusion

This study demonstrates discrepancies between failure in theoretical and practical assessments on nursing courses in England. Failure rates for theoretical assessments outstripped failure rates for practical assessments by five to one. These findings support those of Duffy (2003) and Luhanga et al. (2008) who have argued that assessors of practice often find it difficult to fail student nurses. A number of factors appear to contribute to this situation including the question of whether the preparation and support practice based assessors receive encourages them to test the evidence base of students' practice.

Wide variations were identified between universities both in terms of practical assessment results and the processes in place to monitor these. Two universities failed and withdrew students based on practical assessment results in every academic year but four failed no students in practice at any point. Eleven universities attempted to provide statistics for this study but found that that their organisation did not gather data about failure in practice. This disparity appears to support the view that practical assessment is not always recognised by universities as an important element of programmes. It is recommended that more emphasis is placed on the practical element of assessment in nursing courses and that quality monitoring procedures reflect this.

Failure is a necessary possibility in any assessment process; without it passing has little value. The anomalies identified in this study are untenable for any profession which considers practice to be its core element (Scholes and Albarran, 2005). Continued development of processes which support assessors to fail underperforming students is essential to promote public confidence.

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