

THE EXPERIENCE OF QUALIFIED NURSES IN ASSESSING STUDENT NURSES' CLINICAL SKILLS

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Abstract

The purpose of this study was to explore the experience of qualified nurses in assessing student nurses' clinical skills. The writer's interest in this area arose from the findings of reports in the UK and Ireland. These reports suggested that nurses do not feel adequately prepared for their roles in clinical assessment. The literature reviewed for this study highlights some of the difficulties surrounding assessment. Two areas identified are: lack of preparation for a role in assessment and the subjective interpretation of competence. A constructivist approach underpinned this study, using a combination of methods to gather and analyse the data. Focused interviews were conducted with a purposive sample of four experienced clinical nurses. A questionnaire was distributed to 108 qualified nurses, using a convenience sample. The interview data were analysed using Colaizzi's seven-step method and the questionnaire analysed using SPSS 8.0 for Windows. The responses to both instruments suggest that nurses believe clinical staff have an important role in clinical assessment. However, the need for support from managerial and educational staff was identified. Changes in the nurse education programme and uncertainty regarding what constitutes 'competence' have contributed to difficulties with assessing student nurses' clinical skills. Lack of preparation for a role in assessment compounds

these difficulties. Taking cognisance of these factors, recommendations are made for an approach to a new clinical assessment strategy, with reference to the An Bord Altranais (2000) Domains of Competence.

Introduction

Nurse education in Ireland has undergone and is undergoing tremendous change. Links have been developed with centres of higher education and full supernumerary status has been granted to nursing students. Whilst theoretical assessments have changed in line with new curricular outcomes, the clinical assessment method remains unchanged. The following study, conducted in a teaching hospital in the Dublin area, aimed to explore the experience of qualified nurses in assessing student nurse's clinical skills.

Literature Review

Reports from the UK and Ireland have suggested that nurses are having difficulty with clinical assessment (White et al., 1994; Gerrish et al., 1997; Simons et al., 1998).

Many of the problems associated with clinical assessment stem from its inherently subjective nature. In making a judgement on a student's clinical performance, the assessor reflects their own beliefs, values and attitudes, as well as those of the student (Hill, 1997). Nurses' values are not uniform and nurses do not always agree on the importance of various aspects of practice (Ferguson & Calder, 1993; Woolley, 1977).

Efforts to overcome the subjective nature of assessment have resulted in a quest for objective, reliable and valid assessment methods (Bondy, 1984). Recently however, it has been proposed that subjectivity be accepted as an inherent and even valuable component of assessment (Mahara, 1998). This reflects a shift towards a constructivist approach (Guba & Lincoln, 1989) to assessment, and recognition of the complexity and the contextual nature of the student's performance, the assessor's evaluation of that performance and the student-assessor relationship.

A constructivist approach to assessment implies the incorporation of reflective practice into clinical assessment, and preparation for that role. Indeed, it is accepted in the literature reviewed that managers of nurse education programmes must facilitate practitioners in preparing for an assessment role (Harding & Greig, 1994; Jinks & Williams, 1994; White et al., 1994; Gerrish et al., 1997 and Mahara, 1998). Several of the studies reviewed highlight difficulties surrounding clinical assessment in new nurse education programmes (White et al., 1994; Gerrish et al., 1997; Simons et al., 1998). These difficulties appear to relate to the speed at which the new curricula - Project 2000 in the UK, and the Registration/Diploma programme in Ireland- were implemented, and possible inadequate preparation of practitioners.

Harding & Greig (1994), commenting on the UK experience, state that staff shortages and financial constraints have resulted in progressive shortening of the standard preparation course for clinical assessors. Jinks & Williams (1994) in a study of community nurses, found that nurses who had undertaken a comprehensive preparation for an assessment role (such as the ENB 998) had more confidence in their ability to fulfil that role. Nevertheless, just under half of their respondents had undertaken any preparation. It also appears that assessors do not always have

sufficient clinical expertise for such a role (Harding & Greig, 1994; Gerrish et al., 1997). In addition, there is a perception that communication among educational institutions, clinical and tutorial staff should be improved (White et al., 1994; Thomson et al., 1999). Ferguson & Calder (1993) note that changes in nurse education are not always disseminated to clinical nurses.

As previously stated, in Ireland, despite changes to the curriculum, the method of clinical assessment remains unchanged. The instrument used to assess clinical skills in nurse education is the Proficiency Assessment Form (PAF), developed in the 1980's by An Bord Altranais (the Irish Nursing Board) for the clinical assessment of students of the apprenticeship model. This is a criterion-referenced continuous assessment method and students are required to fulfil seven PAFs during the programme. A pre-requisite for a PAF is six consecutive weeks in a clinical area. Assessors are 'normally ward sisters or designated staff nurses who have completed an appropriate preparation programme' (Simons et al., 1998 p.129). As in the UK, it appears clinical nurses in Irish hospitals may not perceive the level of preparation for clinical assessment as adequate. One of the ward sisters interviewed by Simons et al., (1998) described the preparation for assessment as 'two days training on being an assessor, arranged between the School of Nursing and the nurse managers' (p. 129). According to Simons et al., (1998) some of the ward sisters in her evaluation reported that staff nurses had difficulty with assessment if they were not prepared.

The question of who should assess student nurses' clinical skills is well debated in the literature (White et al., 1994; Gerrish et al., 1997; Hill, 1997; Neary, 1997; Simons et al., 1998). In a study commissioned by the English National Board for Nursing and Midwifery (ENB), White et al. (1994) interviewed seventeen nurse educators who all believed that clinical nurses should conduct clinical assessment. Gerrish et al. (1997) and Neary (1997) found support for the

involvement of nurse tutors in assessing student nurses' clinical skills. Hill (1997) notes that the increasing responsibilities of ward managers in the UK pose difficulties in relation to a role in assessment, whereas Neary (1997) makes similar observations in relation to nurse practitioners. Simons et al (1998), in their evaluation of the Diploma in Nursing programme in Ireland, recommend a review to determine who should be involved in assessment.

In summary, the literature suggests that nurses in clinical practice believe they have a role in clinical assessment but are not adequately prepared for that role. There appears to be a lack of published Irish research on staff nurses' experiences of clinical assessment. Although Simons et al. (1998) addressed this area as part of their evaluation, the views expressed in the report appear to be mainly those of nurse managers and educators. The writer wished to explore the views of staff nurses also, hence the rationale for this study.

Methodology

The aims of the study were:

1. To explore the clinical assessment experience from the perspective of ward sisters and staff nurses.
2. To determine whether nurses feel prepared for their roles as assessors.
3. To identify important issues that need to be addressed in the development of a new clinical assessment strategy.

The methodology was underpinned by the assumptions of the constructivist paradigm using qualitative and quantitative data collection methods. Although methodologies are often regarded as 'belonging' to a particular paradigm, constructivist researchers endorse the use of multiple methodologies in the same study, as long as the researcher remains true to the assumptions of

constructivism (Guba & Lincoln, 1989; Mertens, 1998). The interview and questionnaire are both regarded as suitable instruments for eliciting the beliefs, opinions and attitudes of study participants, and their use is endorsed as compatible with constructivist research (Guba & Lincoln, 1989).

Semi-structured interviews were conducted with a purposive sample of two ward sisters and two staff nurses, who had experience of clinical assessment. A phenomenological approach was used. A fourteen-item questionnaire, consisting of open and close-ended questions was distributed to a convenience sample of four nurse tutors, two clinical placement co-ordinators, eight ward sisters and ninety-four staff nurses (n=108). Although nurse tutors and clinical placement co-ordinators do not have a direct role in clinical assessment, the study aimed to include a range of nurses involved in nurse education, hence the broad sample. Only staff nurses from the clinical areas where students spend at least six consecutive weeks were included in the study, as this is the requirement for a PAF. Two weeks after the questionnaire was distributed, a follow-up reminder was circulated. The author, in developing the questionnaire, was guided by the work of Jinks and Williams (1994) and Grant (1999) who examined, respectively, nurses' preparation for clinical skills assessment and clinical teaching.

Consent was sought from all interview participants. The questionnaire was anonymous and no tracking method was used, thus assuring confidentiality. Both interviewees and questionnaire respondents were guaranteed anonymity. Permission to conduct the study was granted by the Director of Nursing in adherence with hospital policy. A research proposal was submitted as requested, outlining the research question and the overall approach.

Both the interview and the questionnaire were piloted using a similar sample to that selected. No changes were required of the interview guide and some minor changes were made

to the wording of the questionnaire, to improve clarity. The assertion that a pilot study may help disclose ambiguity (Parahoo, 1997) is supported by the following example: the original questionnaire asked respondents if they had ever taken a course on assessment. From the pilot study it was evident that some participants interpreted ‘assessment’ as ‘patient assessment’. The wording of this item and all other relevant items was therefore changed to specify ‘clinical assessment of student nurses’.

Analysis and responses

The interviews were analysed using Colaizzi’s (1978) seven-step method. This involved a lengthy process of reading the transcribed interviews several times, extracting and formulating meanings from significant statements and organising the meanings into themes. From these themes an ‘exhaustive description’ of the experience of nurses in assessing student nurses’ clinical skills was developed. The themes were then developed into a statement, which was validated with the respondents (Colaizzi, 1987).

A total of fifty-six questionnaires were returned. Table 1 shows the breakdown of questionnaire respondents.

<i>Grade</i>	<i>Number of responses</i>	<i>Total sample</i>
Staff Nurse	48	94
Ward Sister	4	8
CPC	2	2
Nurse Tutor	4	4
Total	56	108

Table 1. Breakdown of respondents to questionnaire

The questionnaire data were analysed using SPSS 8.0 for windows. Analysis was confined to a descriptive level, in keeping with the values of constructivist inquiry, which seeks to describe

and explore rather than predict and generalise. The use of quantitative instruments is supported for constructivist research as long as no causal inferences are made from the data (Guba & Lincoln, 1989).

Five main themes were developed: ‘Assessment role’, ‘Knowing the student’, ‘Preparation and support’, ‘Nature of the current method of assessment’ and ‘Staff shortages’. The first three themes are discussed below. ‘The nature of the current method of assessment’ is not discussed because it has been the subject of much debate and review in recent years (McSweeney, 1995; Simons et al., 1998; An Bord Altranais, 2000). Similarly, the issue of nursing shortages in the Dublin area has received great attention in the Report of the Dublin Area Teaching Hospitals (2001) (DATHS Report) and is not discussed in this paper.

‘Assessment role’

The interviewees’ responses suggested an assumption that clinical nurses must have a central role in clinical assessment. None of the interviewees suggested otherwise. This view was reiterated in the questionnaire responses. Question 3 asked what grade of qualified nurse should have a role in clinical assessment. Table 2 shows these response categories.

<i>Grade of Respondent</i>	<i>Staff Nurse</i>	<i>Ward Sister</i>	<i>Staff Nurse and Ward Sister</i>	<i>Combination of Grades</i>
<i>Staff Nurse</i>	16	1	13	16
<i>Ward Sister</i>	1		1	2
<i>CPC</i>				2
<i>Nurse Tutor</i>			1	3
Total	17	1	15	23

Table 2. Who should assess student nurses clinical skills?

As table 2 shows, 17 respondents – all clinical staff – believe that nurses should carry out clinical assessment. Several of these respondents outlined certain conditions such as the nurse having at least 1-2 years of post-registration experience - *'I think they need some space to get their own experience before clinically assessing students'* (staff nurse) – or having attended a course on teaching and assessing in clinical practice. Fifteen respondents suggested that both the staff nurse and ward sister should carry out the clinical assessment. A large number (n=23) suggested that students should be assessed by a combination of grades. All of these responses included clinical staff in that combination. A number of reasons were cited for this response. As one ward sister noted: *'(It) gives a broader outline of their capabilities/knowledge'*.

The interviewees all questioned the role of the ward sister as primary assessor. The workload of a management position was seen to militate against a role in assessment. For example:

'The ward sister's role is a management role, you are not working alongside the student...you mightn't know a student as well as a staff nurse knows them because you are involved in so many other things' (A: Ward Sister).

Nonetheless, the manager was seen to have a supportive role for staff nurses who are involved in clinical assessment:

'I think it's perceived to be the ward sisters job, but I think the ideal situation is, it should be the staff nurses job, and then the ward sister certainly there for her because (the staff nurse is) working directly with the student' (D: Ward Sister).

‘Knowing the student’

The concept of a student-assessor relationship was a recurring theme in the interviews. Some knowledge of the student was believed to be a necessary component of clinical assessment. One interview participant (B: Staff Nurse) suggested that knowledge of a student’s personal characteristics was important in enabling them to reach their full potential and that the relationship between student and assessor was of significance:

‘You will have the occasional student, the reticent student who isn’t coming forward and perhaps not reaching their full potential.... so the relationship between the student and assessor, I suppose it is a very defined and it is a very personal role...if you have a reticent student, you really have to approach it in a different way’.

The influence of assessor bias was acknowledged. One participant implied that inadequate knowledge of a student might result in an assessment based on a superficial impression of the student. In this participant’s opinion, knowledge of the student is achieved by working with them in the clinical area:

‘I think it’s important (to know the student) because I think you could be biased because if you are not working with them, how do you know that they are skilled at what they are doing unless you are working with them’.

Another participant (A: Staff Nurse) was concerned that bias could work either in favour of, or against, the student:

“You can get very fond of the student and as I said they could be brilliant and everything else, but then they can be the opposite way, there can be a clash of personalities and the student doesn’t pass and it’s not because they are not good at their job or not good at what they do or that they haven’t met the level, they probably have but it’s because the nurse and the student haven’t got on’

This was echoed by interviewee B (Staff Nurse) who noted that the human element of assessment makes bias inevitable. Some of the questionnaire respondents noted that trying to maintain objectivity is one of the most difficult aspects of clinical assessment.

The supernumerary status of the student was seen to inhibit ‘knowledge’ of the student. Interviewee B suggested that inadequate knowledge of the Diploma students made clinical assessment difficult:

‘Traditional students, I certainly felt more comfortable assessing them because I knew them, I knew them personally. I had formed a relationship with them over the three years, but the students that are coming now, it’s difficult in some respects.....to form that relationship’

Some of the questionnaire respondents noted that unfamiliarity with the student nurse contributed to difficulties with assessment. Unfamiliarity was caused by ‘*not being on the ward for student’s placement e.g. nights (off), annual leave, so not having full knowledge of students’* (Staff Nurse) and ‘*working opposite shifts or nights, leading to less time with (the) student’* (Staff Nurse).

It was noted that the length of the student's clinical placement was crucial to developing a relationship with the student. The current requirement for a valid PAF (assessment) is six week's placement. This practice was endorsed on the basis that a shorter placement does not allow clinical staff to get to know the student. When requested to validate the analysis one of the interviewees reiterated the importance of this, stating:

'I (wish) to emphasise the importance of sufficient length of placement for getting to know the student and for achieving their objectives' (D: Ward Sister)

'Preparation and support'

Several items in the questionnaire focused specifically on this area. Question 5 'have you ever completed a student nurse's Proficiency Assessment Form?' sought to find out who had had a role in assessment. Although officially the remit of the ward sister or a designated staff nurse (An Bord Altranais, 1990 cited in Simons et al., 1998) it has been suggested that ward sisters frequently delegate this responsibility to staff nurses on the basis that they have more contact with students (Simons et al., 1998). As Table 3 shows, all of the ward sisters have had an assessment role. However, 27 of the 48 staff nurse respondents (56%) have also carried out the assessment.

<i>Grade</i>	<i>Completed PAF form</i>
Staff Nurse	27
Ward Sister	4
CPC	1
Nurse Tutor	0

Table 3. Grades who have completed PAF form.

Of the 32 respondents who had assessed, 16 (50%) stated that they had undertaken study on assessment (Table 4).

<i>Grade</i>	<i>Have undertaken study</i>	<i>Have not undertaken study</i>
Staff Nurse	13	14
Ward Sister	2	2
CPC	1	

Table 4. Respondents who have conducted student assessment and who have / have not undertaken study on assessment.

There was great variation in the type of course attended. They were categorised into two groups. In the first group are courses that provide a comprehensive theoretical overview of the principles of teaching and learning, principles of assessment and reflective practice. These include the Teaching and Assessing in Clinical practice course offered at the study site twice yearly; teaching modules from nursing degree programmes; the ENB 998; and the Clinical Placement Coordinators preparation course, a six-week release programme provided by the affiliated university. Only 10 of the respondents involved in assessment had undertaken such a course. The remaining six respondents had attended single study days on assessment and preceptorship.

When the questionnaire respondents were asked to rate the overall preparation of qualified nurses for a role in clinical assessment, n=53 responded. Table 5 shows the breakdown of responses.

'Very Good'	'Good'	'Fair'	'Poor'	'Very Poor'
0	10	22	19	2

Table 5. Respondents' overall rating of preparation for assessment role

The interview participants and questionnaire respondents also referred to lack of preparation in terms of unfamiliarity with the curriculum, for example: *'the present day course is totally different from my training'* (questionnaire respondent: Staff Nurse) and difficulty knowing what standards to expect from the student: *'not always familiar automatically with levels of knowledge expected of Diploma students'* (questionnaire respondent: Ward Sister).

A number of questionnaire respondents noted that lack of preparation led to difficulties with clinical assessment. This was a prominent theme among the interview respondents also. It was noted that preparation was: *'basic, inadequate probably'* (B: Staff Nurse) and *'I've just been told I'm getting a student, that's it, handed the objectives and away you go'* (A: Staff Nurse).

One respondent suggested that is because clinical assessment was originally the remit of the ward manager: *'I think in the past staff haven't been prepared for clinical assessment. Clinical assessment at ward level...has been viewed as the ward sister's role'* (C: Ward Sister).

Those who had undertaken a course on teaching and assessing in clinical practice spoke positively about such preparation. One interview participants (A: Staff Nurse) stated that it acted as a good basis for an assessment role, whereas another (C: Ward Sister) noted that it enabled individuals to raise issues relating to assessment at ward level.

The theme of support was reflected in the interviews. It was felt that support from tutors and ward managers was an important aspect of assessment, particularly in the case of a poor relationship with the student or a disagreement about the assigned grade on the PAF. One

participant (B: Staff Nurse) suggested the need for greater collaboration between clinical staff and those involved in curriculum development.

Discussion

The participants of this small study clearly believe that clinical nurses have a key role in the assessment of student nurse's clinical skills.

The suggestion that nurse managers should not be primary assessors appears to concur with the findings of Simons et al (1998) who, in their evaluation of the Diploma programme, found that ward sisters were often unable to fulfil their assessment role because of their management work-load. Neary (1997) also notes that management responsibilities in addition to other job pressures makes it unrealistic for clinical assessment 'to be just another activity tagged on to (clinical nurses) workload'. This also lends weight to the argument for more than one assessor. Sloan (2000) states evidence of a student's performance must be garnered from as many sources as possible. The participants in this study imply as much when they note that more than one assessor provides for a more comprehensive assessment.

The study participants acknowledge the inherent subjectivity of assessment and its function in making a judgement regarding student nurses' performance. However, the negative aspects of bias are also acknowledged. On the other hand, some of the questionnaire respondents stated that it was difficult to maintain objectivity. Mahara (1998), in her discussion on assessment, believes that difficulties are caused by attempts to rely exclusively on assessment methods that are based on a positivist framework, with an emphasis on objectivity and impartiality. This ignores the subjectivity of the student-assessor relationship, and assumes that assessors can distance themselves from that relationship.

Regardless of the method of assessment used or the underlying assumptions of an assessment strategy, clinical nurses must be prepared for a role in assessment. The responses from this study suggest that nurses are engaging in clinical assessment without preparation. This raises questions about the value placed on the assessment of clinical skills in nurse education.

The suggestion that preparation and support for an assessment role is poor is certainly not unique to this particular site and must be interpreted in the context of major change in nurse education. In the UK several reports refer to the impact of such change on clinical nurses, in terms of new curricula, change in student status and new assessment methods (Phillips et al, 1994; Gerrish et al, 1997). In Ireland, the assessment method remains unchanged despite major changes to the curriculum and its delivery. Simons et al (1998) highlighted the resultant difficulties particularly in relation to the incongruity of course objectives and assessment criteria.

Some of the respondents stated that nurses should have at least 1-2 year's post-registration experience before taking on a role in clinical assessment. An Bord Altranais does not specify the amount of experience required to conduct an assessment. In the UK, the UKCC states it should be at least four months (Harding & Greig, 1994). Harding & Greig (1994) question whether nurses will have the required experience at this stage to conduct an assessment. Benner (1984) found that nurses in the early post-qualification period, function narrowly and have difficulty prioritising their work. This merits consideration in assigning an assessment role to junior nurses.

Limitations of the Study

A commonly cited limitation of constructivist inquiry is the small sample sizes and the fact that the contextual nature of such studies prevents generalisation to the wider population. However, these criticisms reflect positivist values. The contextual nature of this study is acknowledged and

no attempt is made to generalise it to the wider population of nurses. However, it is anticipated that the qualitative criterion of ‘transferability’ (Mertens, 1998) is met in this study and that managers of nurse education in the Irish context will recognise the experiences described.

One limitation relates to the sampling technique for the questionnaire. As the study progressed, it became clear that clinical nurses provided the most pertinent information, in that they have a primary role in clinical assessment. The writer now questions the justification for including nurse tutors and clinical placement coordinators in the questionnaire sample. Another limitation is that the anonymous nature of the questionnaire prohibited follow-up and clarification of many interesting points. On reflection, a series of group interviews might have provided richer data than the questionnaire. A third limitation is that the respondents to the questionnaire were ultimately a self-selecting sample. The opinions of those who did not return the questionnaire could not be explored. This limitation might also apply to the interview participants, all of whom were interested in the area of clinical assessment, and willing to share their views. The study does not include the views of nurses who do not share this interest. A strong feature of this study is that it addressed an area that is particularly relevant to education management, but has not received much attention in the Irish research literature.

Conclusions and recommendations

The perception of inadequate preparation for a role in clinical assessment needs to be viewed in the context of major change in nurse education in Ireland. In the future, a collaborative approach, involving potential clinical assessors in the development of new curricula – including clinical assessment strategies – may address this. Since the study was conducted, An Bord Altranais (2000) has published the Domains of Competence required for entry to the register. These domains are broad enough to cater to local needs in the development of an assessment strategy,

but are open to multiple subjective interpretations. It is recommended therefore that methods for assessing clinical skills obtain evidence of performance from more than one assessor or source and that a collaborative approach be used in evaluating performance.

Further research on assessment of clinical skills might benefit from an action research approach. This might include clinical nurses who are involved in assessment, in the development and implementation of new assessment strategies, and would also allow for ongoing evaluation of the implementation.

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