

Introducing and online portfolio for practice placement assessments

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5 key points

- Planning, training and administrative support is essential prior to implementing a new method of assessment documentation
- Online practice assessment enhances the quality of feedback and feedforward
- Facilitates quality assurance, verification and readability
- Sustainable, safe and secure platform for practice assessment records accessible by those involved
- Offers opportunity to ease transition and implementation of the new NMC standards of supervision and assessment (2018)

Abstract:

Practice assessment within nursing programmes have been predominately print-based. This paper explores the challenges and the lessons learnt when implementing an Online Practice of Assessment and Learning Tool (OPAL) within a UK University to 1200 undergraduate pre-registration nursing students. There have been continued concerns and challenges regarding practice assessment and documentation due to subjectivity and the lack of consistency (Burden 2017) and transferring to on-line was to address some of these issues.

Following publication of the Nursing and Midwifery Council (2018) Standards for future supervision and assessment, OPAL is an ideal tool to support the implementation of these new standards.

Introduction and Background

Nursing remains a practice based discipline, within the United Kingdom (UK) pre-registration programmes consist of 50% theory and 50% practice. In practice all nursing students currently have designated registered nurses (RN) who are responsible for overseeing the student's practice learning and assessing their clinical competency. The RNs role is therefore pivotal in the process in supporting and developing students to acquire and meet the competencies required during practice placements. The university has used a print-based practice profile and our internal moderation of the print-based portfolios with practice partners consistently identified a number of issues (table 1). These issues resonated with the literature that has identified the complexity and challenges regarding practice assessment. Key factors have been identified related to the number of individuals involved, variations in feedback, timing of interviews and inconsistency in the overall documentation (Helminen et al. 2016).

Table 1: Problems identified using print-based practice assessment records

Issues with print-based practice assessment records	
Illegibility	Handwriting and signatures Difficulty in signature confirmation
Incomplete Records	Missing Dates
Feedback	Poor quality and quantity of feedback
Grading	Absence of any feedback or rationale for grade awarded
Interviews	Inconsistent recordings Untimely or absent records of discussions/ interviews
Accessibility	RN only able to access print-based record if student provides access Academic staff only able to see print based record once submitted
Documents	Lost and damaged Maintaining intact documents
Student Engagement	Minimal reflections / comments on placement learning
Support	Reduced opportunity for timely support offered by BU staff during placement
Moderation and Submission	Administration support needed for processing; Required recording and collection of bulky documents: 300 plus documents on submission date;

	<p>Bulky transportation for personal tutors when checking their students group practice assessment record (average 35 students per group)</p> <p>Authenticity of Signature</p>
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Consideration was therefore taken regarding how these issues could be addressed via a move to an online format and a scoping exercise was undertaken, reviewing available options. A steering group of academics and practice partners formed to scope what was required of an online portfolio and to review current options available. A number of commercial portfolio packages and platforms were identified, and this led to the team developing a specification for the future online portfolio and seeking through a tender exercise for providers to bid for the work to develop the online portfolio.

Early Preparation

During initial discussions with practice partners a number of concerns were raised to the implementation of an online portfolio (Table 2). Concerns were raised that there would be sufficient access to computers to enable RN to complete the online portfolio. This was a concern also raised by Morgan and Dyer (2015) and by Andrews and Cole (2015). For stakeholders, another early concern was whether the online tool would be accessible using NHS Trust computers and would be secure. The steering group engaged with Trust IT directors and the domain for the online tool was set up so that access could be tested and to demonstrate security and stability when accessing from NHS sites. With support from the portfolio developers the necessary certificates demonstrating compliance with security protocols was provided. The question of how academic fraud could be prevented was also uppermost in academic and stakeholders concerns as to confidence that the grades and comments were from RN. Work was undertaken to be clear on the rules of what students, RN and academic staff could grade, through secure logins, to mitigate the risk of academic fraud. Andrews and Cole (2015) identified from their experience the areas of concern that implementation of e-portfolios bring and these were similar to what was found at the start of discussion with practice partners.

Table 2: Initial concerns raised by practice partners

Moving to online - Initial Concerns
<ol style="list-style-type: none">1. Access to online platform through NHS / Health care organisation firewalls2. Access to and use of computers2. Managing concerns around security3. Training of RN4. Preparation of students and academic staff5. Development of systems for support

Implementation

Early decisions, later to be evaluated as a key success, were for a staged implementation starting with students commencing their programme. At the university, there are 2 intakes of the Adult Nursing pre-registration programme with a smaller February intake (n=75). It was decided that implementation for a smaller number of students would enable more effective training and support for staff and students. A further decision which proved to be successful was to replicate the print-based tool into the online format. This meant that RN were familiar with the assessment process and only had to adapt to recording their assessment and comments online. This helped in preparing RN as the focus was on the online platform rather than the documentation. Cassidy et al. (2012) found that one of the challenges for RN was linked to interpreting and applying the programme competencies, which was negated during this process.

OPAL was set up with individual secure logins related to roles and therefore only RN logins could assess and grade students. Student logins could only view, record spoke visits, interview feedback and add their reflections. Personal tutor access allowed academic staff to review the student's progress while they were on placement, enter feedback and record any tripartite meetings to facilitate close co-operation between all parties. This was visible to both student and RN if needed to support communication. In respect of marking, on-line offers two further benefits in that OPAL provides clear information on when interviews and assessments were carried out and by whom. This data enhanced our ability to moderate and audit the assessment process and filled a gap often left by print based documents where

sections could be left blank. The online tool automatically enters key information such as dates and names of assessors so enhancing the quality assurance moderation process. Furthermore, as the university has graded practice since 2005, OPAL creates tutors with a cohort report, in which moderation identifies students to discuss in more detail with practice partners.

Initial Training and Support

Previous published experiences of implementing e-portfolios (Andrews and Cole 2015) indicate the need for strategies to assist in the preparation of users and to assist in the cultural change which a shift from print to online portfolios bring. A range of newsletters and training materials were then incorporated into planned RN updates, learning and assessing courses and bespoke roadshows. The roadshows were seen as central to the implementation as they involved hands on demonstration of the online tool and allowed for user feedback which informed future newsletters and roadshows. Prior to the first cohort of students going into placement a directed training and support plan was delivered specifically to those placement areas due to receive the first students on OPAL. The university has a team of dedicated staff; University Practice Learning Adviser's (UPLA's) who support RN in their role and who act as the main link between practice and the university. They were key in disseminating the information specifically devised and targeted to the RN who would be using OPAL for the first cohort of nursing students. As the UPLA team support RN in practice they are instrumental in providing ongoing support to clinical areas as OPAL was rolled out.

Initial experiences

The experience of the first student and RN users, in the main, was that students and RN had to adjust the practical arrangements of when to meet up to conduct interviews and recording assessment. However, the benefits of RN having real time access to the online portfolio meant they did not have to wait to have the student and print portfolio present together. Planning to meet and making time to undertake the documentation has been an ongoing issue for RNs (McIntosh et al. 2014) and an area of frustration for students. McCarthy & Murphy's (2010) study found that RNs expressed concern about not having time to assess effectively and this is a challenge alongside meeting the complexity and pressures of delivering care. Although the preparation can be undertaken, OPAL facilitates RN and student engagement in the interviews and feedback processes. By ensuring that the interview feedback has to be signed online by both RN and students. This has enhanced

engagement in the feedback process from all involved and supports the identification of areas for future development, which was something not controlled via the print-based version. Based on the initial experience of the first group of students in their evaluation, students commented that while RNs were confident in the competencies to be assessed they noted a number of RNs were unsure how to access and use the online tool. In the initial stages the OPAL helpdesk tracked calls and enquiries which clustered around commencement and completion of placement revolving around the key steps for students and RNs to start or complete the assessment. A review of the types of questions prompted the team to revisit the student preparation, which is now an interactive session in a PC lab and initiate a number of online quick reference guides aimed at students and RNs, breaking down the skills and steps required to access and complete the online tool.

Evaluation

At the time of writing this paper all nursing and midwifery students in the University are now using OPAL. The steering group commissioned a number of evaluations to explore the impact of the innovation. Our experience has shown that the initial concerns identified in table 2 have not been significant issues.

Current data indicated that OPAL is accessed via:

- Mobile Phones: 13%
- Tablets: 5%
- PC's: 81%: 33% of these were on NHS based computers

Despite thinking that as usage increased there would be a change in the devices used to access OPAL, this appears to be stable and has not significantly changed. The snapshot evaluation has shown that individuals use a variety of platforms to access OPAL, including mobile devices with an average session log in time of 14 minutes, for all users, highlighting the accessibility and real-time access. An issue which did emerge is the type of browsers being used on devices which access OPAL, with some organisations not updating their browsers to the most up to date version. This meant that some functionality in OPAL, such as the editing of comments did not work.

Feedback

As part of the evaluation process a small evaluation of feedback and feed-forward occurred between the print-based practice assessment documentation and OPAL. A small sample (20

print based and 20 online selected at random) were utilised in the evaluation. A significant finding was not only the readability of the feedback in the online tool presented, but the quantity, quality, timeliness, student engagement and specific areas identified for student future learning that was considerably more evident in the on-line tool with no students evaluation on feedback found in the sample of 20 print based portfolio. In the online sample over 75% of students entered a written review of their feedback and placement experience, and this figure is rising over time indicating greater student engagement with comments and feedback. Constructive and meaningful feedback has been defined as a mechanism which enables students to reflect on their performance and then identify areas for future improvement (Pollock et al. 2015). The initial evaluation identified improved engagement by students on the feedback received in OPAL with more dialogical reflection where student comments identified feedforward considering future improvements, in light of the feedback received. A literature review by Wells and McLoughlin (2014) highlighted the importance of feedback in ensuring the development of competent practitioners, however also identified that feedback processes frequently fail where feedback is not found to be useful or understood. Our tentative findings from OPAL feedback may address these issues in the future (table 3).

Table 3: Benefits of online tool

Key benefits of online tool	
Interviews	All comments and interviews in online tool are readable and easily verified
Documentation	All entries digitally signed by RN who has completed assessment Completed interviews with comments from both registered nurse and student Paperless which contributes to sustainable practice with ease of storage
Feedback	Increased quantity and quality of feedback from RNs
Student Engagement	Student comment upon interviews and reflection evident on feedback from RNs Increased identification in student comments on future learning

Accessibility	Secure as password protected; increased and faster access plus greater flexibility as tool available 24/7 to all those involved with the student and the assessment process.
Support	Personal Tutor able to see formative feedback, record of interviews, spoke visits, essential skills and service user feedback, whilst student is in placement Placement details; communicate between RN and student within OPAL
Moderation and Submission Process	Streamlined, immediate access; available cohort reports; cross campus, cross field moderation and external examiner access

Future

The drive to enhance digital literacy has become ever more important in today's health care with all staff needing to be ready to support change and innovation (Royal College of Nursing and NHS Education England 2017). The team will continue to develop student and RN guides and have already factored in additional timetabled PC lab training for students, prior to their placements, to develop confidence in navigating and understanding the online tool. Dedicated administrative and technical support has been essential in the success and funding has been secured to continue this support. In the future, we hope to explore whether feedback and feedforward supports students learning.

Conclusion

The evolution from print-based approaches to online involved a number of stages to implement and despite several initial challenges, OPAL is now firmly embedded by all involved, across all fields of practice. We now have a quality, secure, sustainable system that has improved accessibility, engagement and the quality of feedback and feedforward. This now provides an excellent platform that will assist in the transition process for implementation of the new standards for supervision and assessment, facilitating access and documentation for the new roles of practice assessors, practice supervisors and academic

assessors. Further larger evaluations are planned to be undertaken, to continue to develop the quality of practice assessment.

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