



Faculty of Health and Occupational Studies

Assessment of Clinical Education tool (AssCE), second cycle – intended for the clinical education component of specialist nursing programmes

The aim of the AssCE* second cycle assessment tool is to serve as an aid and support for assessing the professional development of students during clinical education. The AssCE tool is general in content and can be used for the different specialisations of the programme. The syllabus of each clinical education course includes specific learning outcomes that are to be followed up, assessed and graded. This is where the AssCE tool is used as an aid for assessing the extent to which students have developed and attained the specific learning outcomes of clinical education.

The AssCE assessment tool

The AssCE tool is based on different steering documents such as the Higher Education Act (SFS 1992:1434) and the learning outcomes for the specialist nursing programmes specified in the Higher Education Ordinance (SFS 1993:100). The 21 factors in the tool are grouped into five areas and exemplify how the learning outcomes for each course can be put into practice in nursing work. Learning outcomes are often described in general and multidimensional terms, and the AssCE tool may provide support by giving examples and making the learning outcomes clearer and more tangible.

Each factor in the AssCE tool includes written descriptions formulated as assessment criteria to determine Good and Very good achievement of goals. However, these descriptions are to be considered examples. At places of clinical education within various sectors and specialities of the health and medical care system, there are innumerable alternative examples that may also be highlighted by preceptors and teachers.

The descriptive texts under Very good achievement of goals include intensifiers, e.g. considerable, particular and specialised. The aim of the intensifiers is to provide students with as clear and nuanced feedback as possible.

The assessment is based on how well the student has attained the goals for each factor. Three levels of achievement are given: “Inadequate achievement of goals”, “Good achievement of goals” and “Very good achievement of goals”. Depending on the learning outcomes of a specific course, the factors in the tool may vary in terms of emphasis and significance. To help determine a student’s progress, each factor includes a graded scale. The mandatory mid-course discussion of all factors might helpfully include making an indication on the scale. At the final assessment, each factor is to be discussed and assessed by means of a cross on the scale. Each aspect also includes a box for comments. Please indicate if the comments are made at the mid-course discussion (MD) or final assessment (FA). If the student or preceptor finds, at the mid-course discussion or final assessment, that a goal has not been sufficiently attained and indicates Inadequate on the scale, the reasons for this must be given in the comments box.

The responsibility for assessing the student’s attainment of the knowledge and understanding, skills and abilities, judgement and approach that the programme aims to teach is shared between students, preceptors and teachers. Planning and follow-up is required to enable students to develop within all these areas. All clinical education shall have a structure including a planning discussion, a mid-course discussion and a final assessment.

Planning discussion

When the training period begins, the student and preceptor shall discuss the student's knowledge, previous experience and expectations. At the same time, the preceptor shall present his/her planning and expectations for the training period. This discussion shall result in an overall plan for how the student is to achieve the learning outcomes of the clinical education. The factors in the AssCE tool, along with the learning outcomes specified in the syllabus, can be used as a basis for this discussion.

During the training period

The practical parts of the training shall be characterized by an on-going dialogue, between the preceptor and the student, concerning the student's development. The dialogue is to be a natural part of precepting, and students shall receive frequent and regular feedback on their performance. Feedback is a prerequisite for continued development and an opportunity for students who need more training in certain areas to be made aware of this.

Mid-course discussion

A time for the half-time discussion is to be planned in advance. Experience shows that this discussion takes approx. 45-60 minutes.

The student shall prepare for the assessment by making self-ratings on his/her own AssCE tool. In preparation for the discussion, the student shall write down examples of actual situations that support his/her self-ratings.

The preceptor shall prepare for the discussion by marking every factor on a separate AssCE tool. Part of the preceptor's preparation also involves gathering information and viewpoints from colleagues who have had contact with the student in various situations during the training period.

The student shall be given and take upon him-/herself a highly active role in the discussion and base this on his/her own self-ratings. The discussion may concern one or several actual situations that can be related to the factors and assessment criteria. The preceptor shall offer his/her comments and refer to actual care situations, but only after the student's descriptions and viewpoints have been presented. The student is also responsible for being able to account for the theoretical basis of the care situations and for having read the appropriate literature during the training period.

The clinical teacher (i.e., the examining teacher) contributes to the discussion by asking questions and giving examples, and influences its content such that the assessment also becomes a learning opportunity. The teacher has the ultimate responsibility for conducting the assessment and for establishing appropriate requirements (i.e. at a level corresponding to the student's progress in the programme and in relation to the learning outcomes specified in the syllabus).

The mid-course discussion is summarized by the preceptor or teacher on the last page of the AssCE tool. The student shall receive clear information about his/her strengths and weaknesses in relation to the assessment criteria. This summary is to be signed.

Final assessment

The final assessment is to be prepared and carried out in the same way as the mid-course discussion, which is used as the point of departure. The discussion is summarized in an assessment that is documented on the assessment tool, and the participants sign the tool. A final assessment in which the teacher participates may also be an oral examination and discussion carried out with support from the AssCE tool and may constitute the basis for the student's marks. The teacher is responsible for determining the student's marks using the preceptor's viewpoints as supporting information (Swedish Higher Education Authority 2017.)

Literature

Mårtensson, G., Lind, V., Hedberg, P., Löfmark, A. (2020). Development and validation of a clinical assessment tool for postgraduate nursing education: A consensus-group study. *Nurse Education in Practice* 44.

Swedish Higher Education Authority (2017). Fair examination - summary of the Swedish report Rättssäker examination. 2017, Swedish Higher Education Authority, Stockholm.

Swedish Higher Education Act (SFS 1992:1434) Stockholm: Ministry of Education and Research.

Swedish Higher Education Ordinance (SFS 1993:100 altered 2018:1503). Stockholm: Ministry of Education and Research.