

# TEACHING AND ASSESSING IN NURSING:

## A WORTH-REMEMBERING EDUCATIONAL EXPERIENCE

Aik. Halarie MSc, BSc (Hons), R.N., Hellenic Red Cross, Athens – Greece

---

**ABSTRACT:** Teaching and assessing are two dimensions within the same learning process rather challenging and demanding. Nor assessing can stand alone neither teaching can be considered comprehensive if evaluation has not taken place. Personal characteristics of the assessor and successful management of the factors which interfere within this learning process in classroom and in nursing clinical practice are essential for ensuring that learning takes place. This article attempts to discuss the role of the teacher as a facilitator of learning in

teaching and assessing nursing students. Significant factors which influenced the assessment process are also critically discussed. A meaningful mentor – student relationship facilitates the acquisition of knowledge and skills but also assists the creation of a worth - remembering educational experience.

**Keywords:** assessing, facilitation of learning, teaching, nursing students.

### INTRODUCTION

In the last decades nursing education, as many other fields of nursing, is undergoing fundamental changes in order to meet the needs of a rapidly changing society (Slevin and Lovery 1991, Quinn 1995.) These changes entailed the adaptation of new roles for all those who were actively involved in nursing education: teachers, tutors, practitioners who act as mentors or preceptors for students in clinical practice. Significant influence on these changes has been the application of different teaching theories in nursing. In particular Carl Roger's humanistic theory (1969) initiated a new approach to teaching and learning, widely used by many teachers and has been adopted as a philosophy by many academic institutions worldwide. Rogers (1983) believed in the innate potential for growth and development of each single individual and supported the notion that the teachers' role should be concerned with the facilitation of the learning experience (Bradshaw, 1989). In this article we will attempt to explain the characteristics of the role of the teacher as a facilitator of learning in teaching and assessing nursing students. Significant factors which influenced the assessment process, vital in ensuring that acquisition of knowledge takes place, will be critically discussed.

### The facilitator and the learners

According to Furzard (1995), the term 'facilitator' was considered by teaching circles as more affirmative term than the term teacher, although this does not release the facilitator from the process of teaching. Nursing teachers are being encouraged to use teaching methods which will enable students to be more responsible for their learning (Lister 1990), and that the application of these methods presupposes different orientations and attitudes. Teachers have to adopt the role of facilitator of learning (Coulter, 1990), as according to Rogers (1969) we cannot teach another person but we can only facilitate his learning. As Cross (1996) reports, the application of the humanistic approach into the teaching process involves a total reappraisal of the role and function of the teacher. The teacher who acts as a facilitator of learning is seen by Rogers (1983), as a provider of learning resources and as a person who simultaneously shares his knowledge and his feelings with the learners. Quinn (1995) underlines the importance of the relationship between the learner and the facilitator characterizing it as a central element for meaningful learning. This relationship requires

particular qualities of the facilitator such as warmth, genuineness, trust, acceptance and empathetic understanding. (Rogers 1983). According to Burnard (1992), these qualities entail that the facilitator treats others as equal human beings with interest in the relationship which is then created between them and himself.

As the aspiration of Rogers' theory is the 'fully functioning person', the best approach for the facilitator to assist the learners to perform at their full potential, is to know them well (Furzard 1995). Many factors although influence this process such the workload in the ward and the time factor which often disrupts discussion at rather critical learning stages. The next step for the facilitator is to create a supportive educational environment, which will provide a safe basis for meaningful learning (Marson, Hartlebury, Johnston and Scammell, 1990). Rogers explains that significant learning is more likely to take place when students perceive the relevance between the topic under discussion and their own learning commitment to learn. The learning environment should encourage collaboration (Mc Millan & Dwyer 1990) as according to Burnard (1992) learning is a partnership. McKenna (1995) reports, that all the members of the group including the facilitator become a community of learners. Mc Millan and Dryer (1990) sees the teacher and the student as key players in this prospect and learning as the educational environment and the method or approach of the group of actors. The facilitator should accept and encouraged learners to be active, should be able to recognize their differences in personality and should acknowledge the prospect of making errors by tolerating imperfection.

Hinhcliff (1996) underlines that in order to bring this type of teaching, special skills are required from the facilitator, in building a long-lasting relationship, such as to listen and respond consistently, to share personal experiences and to assist students to identify their attitudes and their base of knowledge. Also Brookfield (1986) comments that students' past experiences should be used as educational resources and that teachers should be willing to share their experiences with learners. In particular this is the critical constituent of the rapport between facilitator and learner that provides a feeling of flexibility and openness (Brookfield, 1986).

### **The scene of learning**

The physical environment also has an important role in the facilitation of learning, as the rearrangement of the seating within a classroom may minimize some of the barriers between the teacher and the learners (Quinn, 1995). This would be more preferable as it allows a degree of openness, where each member of the group can have eye contact with all the other members and participation is considered more achievable (Ewan, 1996). Also the lighting and adequate ventilation and air - conditioning of the room, which additionally contribute to an effective learning environment have to take into account. As most significant learning is acquired through doing (Rogers, 1969), some teaching sessions include demonstration of a skill particularly within a practice - based profession. As adults are competency based learners, they should be given the opportunity to apply the knowledge and experience gained at the lectures. According to Quinn (1995), creating an environment that requires learners to be actively involved is a very important aspect of facilitating their independence. Hinchliff (1992) underlines that once the teacher adopts a student center - approach and acts as facilitator of learning; this implies that students would be allowed to develop their skills at their own pace. Apart from the relationship between facilitator and learners and the external conditions, the process of facilitation goes over certain stages which Burnard (1992) characterizes as key features. Adapting a student - centered approach the facilitator should focus upon learners' needs and set explicit educational goals.

## **Critiquing the approach**

The approach is not without its problems. The openness between the educator and the learner can create an atmosphere of mutual trust, but could possibly lead to disclosure of personal information, which might require further support by other professionals such as psychologists or counselors in some cases. The teacher should be characterized of sensitivity, understanding and the wisdom to know when more specific professional help is required. However it would appear that humanistic approach is rather suitable for the education of nurses who are expected to use such an approach in the care of their patients. The teachers while adopting such an approach have to diminish traditional approaches, adopt an open stance towards learners and continually reflect and evaluate their practice as nurses and educators. In this way students will in turn help themselves to become caring nurses and reflective practitioners, so essential characteristics for a humanistic profession. Educators however have to early assess their limitations in nursing and as reflective practitioners acquire the latest knowledge and experience for their professional development and for the benefit and support of the students.

## **Assessing in nursing**

Assessment has always been a sequence of teaching, as teaching and evaluating are integral parts of one learning process (While, 1994). As While (1991) states, learning which she characterizes as sophisticated, is a complex activity and its evaluation part consists a 'stubborn problem', which always presented many difficulties for the assessors (Wood 1986). The complexity of the assessment process is magnified, as in nursing education theory and practice are often assessed simultaneously and this assessment according to Andryszyn (1989) is three-dimensional. The three dimensions which ought to be assessed consist of the cognitive, psychomotor and affective domain of learning. The assessment of the three domains provides a more holistic picture of students' performance or students' abilities upon specific competencies. Andryszyn (1989) claims that the evaluative process poses a challenge but also offers a tremendous degree of responsibility for the nursing faculty, and as a consequence for all those who are involved in the education of students. Clinical evaluation poses problems for nurse educationalists (While 1991) as many factors affect the validity of the assessment process in clinical practice (Giot, 1993).

Additionally adjustment to the environment where assessment takes place has to be considered. While (1991) underlines the importance of the adjustment process that the student has to undertake as he is allocated to every clinical placement. This include physical adjustment but also adjustment with the patients and the other members of the staff. Meanwhile the student is adjusting himself to the placement he/she is simultaneously learning new skills and is sometimes continuously assessed. While (1991) characterize this less than an ideal situation, but the outcome of this process reveals another aspect of dynamic education, the importance for further and on - going planning with the student in order to achieve specific performance criteria. This gives a very energetic character to nursing education as it indicates the cooperation between assessor and the student through a mutually agreed plan, which can be review each single day or week according to students' personal educational needs and performance.

## **Considerations of the assessment process**

Another important factor which influences the assessment process is the relationship between the student and the assessor. As Reilly and Oerman (1992) asserts, evaluation should be a growing experience and key characteristics for this relationship should be mutual trust and respect (Nicklin and Kenworthy 1996). With this friendly approach the assessor tries to evaluate the incidence of other physical or emotional factors for the student such as fatigue, stress, which additionally impede

upon students' performance (Stoker 1994). Quinn (1995) highlights as main factors which influence the assessment process, students' state of preparation, the level of anxiety and the presence of others while evaluation takes place. She claims that the presence of others may affect students' feeling of responsibility and may modify the degree of their decision making. Students when another person is present while they are being assessed may have the impression that the main responsibility lays upon the teacher – assessor (Quinn 1996). Although this may be the case, as students are not yet qualified nurses, there is a challenge in experiencing this feeling, in order to become responsible practitioners. In relation to the students' preparation except their personal work, knowledge or skill exercise, Stoker (1994), makes a link between the level of preparation and the feeling conveyed by the assessor about the importance of the assessment as a process. From the assessors' point of view the assessment process can be influenced by his personal feelings and attitudes towards students (Stoker 1994). Even external features, general characteristics, such as the social group the student comes from, can shade the assessment of learning (Hull 1994). For this reason Rowtree (1987) emphasizes that the evaluator should go beyond those characteristics and students' behavior. The assessor has to understand and simultaneously be aware of students behavior, verbal and non verbal. This adds one more characteristic, necessary skill for the assessor, self awareness. Personal bias or prejudice about the learner, or the perceived level of his knowledge or skills may influence the assessment process and the relationship between the assessor and the student.

Another difficulty for the assessor could be the lack of his/her familiarity about the program of studies of the particular student (Stoker, 1994). This would lead the assessor to establish a different level of the assessment criteria, which the learner might not be able to achieve (Stoker 1994). Finally environmental factors can influence the validity of the assessment process. Stoker and Hull (1994), asserts that when the students perform at their everyday working environment, rather than in a simulated surrounding, this can provide an accurate, as possible, representation of their abilities. When the students are aware where they can find the necessary equipment, the resources needed to facilitate the performance of the nursing skill; this can provide them some degree of ease. This has to be taken into consideration in relation to students' adjustment to the environment, as combination of the two difficulties can cause major problems for the students, if assessment for example is taking place during the first weeks of a student' new clinical placement. Additionally a very busy working area with many distractions may result in a lack of concentration upon the skill under assessment for both the student and possibly the assessor. Reality however is often as demanding as described but nevertheless this should be taken into account by the assessor for the educational benefit of the nursing student and the patients.

## **Conclusion**

It can be concluded that teaching and assessing nursing students is a challenging process for both the student and the mentors. Personal awareness of the assessor and control of the factors which interfere within this process, are essential key-characteristics for its safe - guarding. Furthermore an open relationship which supports critical discussions between the teacher and the students can create a supportive learning environment and can bring to light those factors by both sides, hopefully before they become problems or established prejudices. By this way action planning can be used for scheduling how to protect the validity of the assessment process and assessment can be used for evaluating both the whole process and its final outcome.

Teaching and assessing are two dimensions within the learning process. Nor assessing can stand alone neither teaching can be considered comprehensive if evaluation has not taken place. Clinical placements are where theory and practice is integrated in the real world of healthcare (Pellatt, 2006). Because clinical placements are not always as attractive and welcoming to the students (Castledine, 2002) a good mentor – student relationship will allow not only sharing of new knowledge and skills

between the two parts (Morton – Copper and Palmer 2000) but also will facilitate the creation of a valuable and most importantly worth - remembering educational experience.

## REFERENCES

- Andrusyszyn M. A (1989) Clinical evaluation of the affective domain. *Nurse Education Today* Vol. 9:75-81
- Bradshaw L (1989) *Teaching and assessing in clinical practice*. Prentice Hall, London.
- Brookfield J (1986) *Understanding and facilitating adult learning*. Open University Press, Milton Keynes.
- Burnard P (1992) Professional development module: facilitating learning. Part (ii): the process of facilitating. *Nursing Times*. Vol 88 (6): i-viii.
- Castledine G (2002) Students must be treated better in clinical areas. *British Journal of Nursing*. 11(18):1222
- Coulter A. C (1990) A review of two theories of learning and their application in the practice of nurses education. *Nurse Education Today*. Vol. 10:333-338
- Cross K. D (1996) An analysis of the concept facilitation. *Nurse Education Today*. Vol. 16: 50-355
- Ewan C, White, R (1996) *Teaching nursing. A self instructional handbook*. 2nd ed. Chapman and Hall.
- Furzard B (1995) *Innovative Teaching Strategies in Nursing*. 2nd ed. An Aspen Publication, London.
- Girof E. A (1993) Assessment of competence in clinical practice-a review of the literature. *Nurse Education Today* Vol. 13 :83-90
- Hincliff S (1996) *The Practitioner as a Teacher*. Bailliere Tindall, London.
- Hull C (1994) Assessment in learning. (I) Understanding assessment issues. *Nursing Times*. Vol. 90 (11) :i-vii
- Lister P (1990) Facilitating learning: a personal challenge. *Senior Nurse*. Vol. 10 (4):22-23
- Marson S, Hartlebury M, Johnston R, Scammell, B (1990) *Essential of Nursing Management. Managing People*. Mc Millan Education L.T.D., London.
- Mc Kenna G (1995) Learning theories made easy: humanism. *Nursing Standard*. Vol. 9 (31):29 -31
- Mc Millan M, Dryer J (1990) Facilitating a match between teaching and learning styles. *Nurse Education Today*. Vol. 10:186-192
- Morton – Cooper A, Palmer A (2000) *Mentorship, Preceptorship and Clinical Supervision*. Blackwell Science, Oxford.
- Nicklin P, Kenworthy N (1996) *Teaching and Assessing in Nursing Practice. An Experiential Approach*. Balliere Tindall. London.
- Pellatt G (2006) The role of mentors in supporting pre – registration nursing students. *British Journal of Nursing*. Vol.15 (6):336-340
- Quinn F.M. (1995) *The Principles and Practice of Nurse Education*. 3rd ed. Chapman and Hall, London.
- Reilly D.E, Oerman, M.H. (1992) *Clinical Teaching in Nursing Education*. 2nd ed. National league of nurses. New York.
- Roger C (1983) *Freedom to Learn for the 80's*. Charles E. Merrill Publication Company, London.
- Rowntre D (1987) *Assessing Students: How shall We Know Them?* Kogan, London.
- Slevin O, Lavery M.C (1991) Self-directed learning and students supervision. *Nurse Education Today*. Vol.11:368-377
- Stoker D (1994) Assessment in learning. (iii) Methods of assessment. *Nursing Times*. Vol. 90 (13): ii-viii
- Stoker D, Hull C (1994) Assessment in learning. (ii) Assessment and learning outcomes. *Nursing Times*. Vol. 90 (12) :ii-viii
- While A. E (1991) The problem of clinical evaluation- a review. *Nurse Education Today*. Vol. 11 : 448-453
- While A. E (1994) Competence versus performance: which is more important? *Journal of Advanced Nursing*. Vol. 20:525-531
- Wood V (1986) Clinical evaluation of student nurses; syllabus needs for nursing instructors. *Nurse Education Today*. Vol. 6 :208-214