

Prepare Nurses for the Future
Submission to Recommendation 4 Work Group

Final Report
of Key Activities

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1. Executive Summary

This report details the findings of a working party established to examine the feasibility of a standardised assessment for nursing registration in Victoria. The working party was comprised of relevant stakeholders representing health care providers, education providers and Australian Nursing Federation (see Appendix A)

The working party commissioned four studies aimed at addressing the following questions;

1. What evidence is currently available about the associated outcomes of standardised assessments used for professional registration?
2. What content should be examined in a standardised assessment?
3. When should such an assessment be conducted?
4. What is the level of preparation required for an assessor conducting a standardised assessment for registration?

Evidence presented to the working party precludes any firm recommendations but it is suggested that the following be considered.

Prior to the introduction of any standardised assessment for registration a number of pilot programs will need to be established to explore any potential benefits and cost. Such pilots would explore:

- *The influence of a standardised assessment on the student, the agencies providing clinical placements and the providers of education.* While there is a suggestion that standardising final year assessments may help reduce; confusion for health care agencies providing clinical placements and; variation in the quality of graduates; and improve consistency of standards of assessor, further research is needed to test these assertions.
- *The timing of any assessment for registration.* For education providers the challenge is how to accommodate the ever increasing demand for additional content within a finite period of three years. Some will argue that a period of clinical consolidation with provisional registration provides much needed time to make final determinations of "borderline" students. Equally, some providers of health care argue that any increase in the time needed to prepare new graduates will only compound the current and predicted nursing shortage. The findings of the working party shed little light on the debate. The evidence presented suggests that there may be benefits for some students in delaying assessment for registration until after a period of clinical consolidation, but the extent of this benefit is not clear and the impost on health care providers is yet to be determined. An exploration of standardised assessment should therefore be extended to examine the "best time" for students to be assessed for registration.
- *Preparation of the assessor.* It is evident from the data presented to the working party that a good deal of resources is supplied by the education provider to orientate, support and remunerate assessors. However, little evidence is available that demonstrates a clear benefit to student or agencies of one method over another. While it could be hypothesized that preparing all examiners to a minimum standard such as the Certificate IV in Training and Assessment (Cert IV TAA) may improve constancy and quality of the assessment process, further research is needed to determine the efficacy of such an approach.

Findings from this report may assist providers of education to tailor final year consolidation subjects to overcome deficits often identified by graduate year

coordinators and nurse unit managers. The data may also provide insights into items to be included in final year assessment tools.

The working party is of the opinion that standardised assessment for registration may well provide benefits for education and health care providers seeking to manage risk and eliminate frustrations and confusion associated with final year assessments. However, further research is needed to support this assertion, and more importantly to examine its impact on student learning and patient care.

2. Background

Currently nursing students in Victoria are eligible for registration with the Nurses Board of Victoria (NBV) upon completion of an accredited education program. For Division 1 nurses this is completion of an approved Degree and for Division two nurses completion of an approved Certificate IV.

Within this system it can be expected that a small percentage of students gaining registration may not be entirely ready to undertake nursing practice. Equally, a small percentage of students may exceed the expectations of a new graduate. Anecdotal evidence from health care providers suggests that the percentage of new graduates not entirely ready to undertake nursing practice may be higher than would be expected with a normally distributed population of new graduates.

In addition health care providers cite difficulties in completing final year assessments. Health care agencies that provide clinical placements from a variety of different education providers are often confronted with varying objectives and clinical assessments. This in turn, requires clinicians to undergo various orientations in order to provide quality clinical placements for students.

These difficulties have prompted an exploration of criteria used to assess final year students and the final determinants used to judge when students are ready for practice as a registered nurse in either Division 2 or 1.

3. Project Aim

To examine the use of a standardised assessment to confirm nurses' readiness for registration.

The aim is based on the following assertions:

1. Some graduates did not possess the necessary clinical competence to be 'work ready';
2. This places the nurse, patient and health service at risk;
3. The cost to health services to support under-prepared graduates is unacceptable;
4. A standardised assessment applied to all nurses seeking registration would support the achievement of an agreed standard; and
5. If associated with a subject it could consolidate undergraduate learning and facilitate work readiness.

4. Project Objectives

The project explored the feasibility of a standardised assessment using the following objectives:

1. To examine current evidence associated with outcomes of standardised assessments used for professional registration;
2. To determine relevant content that would be examined;
3. To explore an appropriate time to conduct such an assessment; and
4. To identify the most appropriate person to conduct a standardised assessment.

5. Project Methodology

Following a period of discussion aimed at scoping the extent of the project a combination of documentary analysis, semi-structured interviews and postal surveys were selected as the principal methods used within the project. In keeping with the objectives stated above, four separate areas of enquiry were commissioned by the working party.

1. *Literature review examining evidence of outcomes derived from standardised assessment for professional registration.*

The working group determined that a review of current evidence was required.

Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University were commissioned to undertake this work. Articles were retrieved from a number of literature databases including CINAHL and the following topic were used to refine the search:

- Professional Nursing – Definition, International, National and Local;
 - Regulation of Nursing in Australia: Definition: Jurisdictions, Nurses Acts, Eligibility – Registers, RN (Div 1), EN (Div 2), Overseas Trained, Scopes of practice;
 - Readiness for practice: Methods for ensuring safe practitioners, models of transition; and
 - Global, national and local licensure models for nursing and other health professions – benefits and limitations of each.
2. *A survey of relevant stakeholders examining current deficits of graduates, and a review of current assessment documentation developed by education providers with a view to determining content for a standardised assessment.*

The working group determined that two aspects would need to be explored in order to

address this objective; a survey to determine current deficits in both Division 1 and 2 graduates, and an examination of current final year assessment tools.

Dr Darren Harris and Dr Irina Ross, Evaluation Support Unit - Department of Human Services were commissioned to undertake the postal survey examining perceived deficits in new graduates. A survey was distributed via a targeted mail out to all graduated nurse coordinators and Division 2 support program coordinators, plus a selection of nurse unit managers.

Final year assessment tools were collected from both Division 1 and Division 2 education providers. An audit was undertaken by Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University examining consistency framework and specific items.

The audit was undertaken by two researchers independently. A matrix detailing clinical assessment practices was developed and used by the researchers to review the approach to clinical preparation of students, assessment tools, models of clinical education, clinical practicum location within the curriculum and consistency or differences with other educational providers. The data sets were subsequently compared and following discussion and agreement data were entered on the master matrix.

3. *A review of evidence pertaining to the outcomes associated with provisional registration and a period of clinical consolidation prior to full registration in an effort to determine the most appropriate time to conduct a standardised assessment.*

The working group sought to identify the most appropriate time for a standardised assessment. Logic would dictate that such an assessment should occur at the end of the student's degree or certificate just prior to registration. However, the working party was aware that some other health disciplines used a provisional registration, followed by a period of clinical consolidation prior to final assessment for full registration.

A literature review was commissioned by the working group and undertaken by Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University. Articles were retrieved from a number of literature databases as specified above (see number one).

4. *An examination of criteria currently used for the selection of clinicians/educators charged with conducting assessments of final year students.*

If a standardised assessment is to be used to gain registration attention must be paid to the assessor. Relevant clinical and educational expertise, preparation of the

assessor and the context of the assessment become important considerations. To help determine the emphasis currently given to these aspects by educational providers an audit was commissioned by the working party. The audit was undertaken by Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University focusing on criteria used to select personnel undertaking final year assessments of current Division 1 and 2 students.

7. Findings

Findings are presented in relation to each of the objectives stated above.

Current evidence associated with outcomes of standardised assessments used for professional registration

The following extracts have been taken from work conducted by Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University on behalf of the working party.

“With the transfer of nursing education from the hospital based apprenticeship system to the tertiary sector, the process of gaining licensure changed. Prior to the shift, nurses on the completion of a nurse training program undertook a state licensure examination. The examination tested students’ knowledge using a single examination process. Successful completion of the examination and certification of having fulfilled the employing hospitals employment contract led to nurses being eligible for registration/enrolment. Nelson (2005) argued that the abandonment of final state licensure examination has resulted in some graduate nurses entering the workforce who would have been lost to the system if a licensure examination process was retained. She protests that nursing clinicians continue to complain about graduates ‘work readiness’ and the universities inability to ensure safe practitioners on graduation. Nelson contended that nursing in Canada and the United States and in medical education in Australia have retained standardised testing prior to licensing. She suggested that universities are over regulated in an attempt to ensure graduates are safe and offered that a return to such a system would allow Universities greeter freedom in designing curriculum and ensure the public that graduate nurses are safe. While Gendek (2005) questions why Australia would contemplate adherence to state examination? She argued that such a licensure process is designed to monitor inequitable resourcing and therefore outputs of schools of nursing. Gendek (2005) drew attention to the role Australian nursing regulatory authorities have which include accrediting nursing programs and determining broadly curriculum content and the extent of clinical practice.

Fahey (2005) in venting her frustration at the current system of nursing education and licensure accepted that all nursing programs have the potential to produce some poor graduates. She considers the problem is related to universities not being able to guarantee the appropriateness and or capacity of nurses employed to supervise and assess students while undertaking clinical practice. Fahey (2005) rejects the return to a state or national licensure process. She concluded that a more systematic and appropriate approach to ensure students are assessed

effectively for clinical competency is to require nurses engaged as clinical assessors of students by universities to be accredited for assessing clinical competency. Grealish (2006, p.6) proffered that regulatory authorities are too focussed on operational aspects of curriculum when accrediting nursing programs. She advocated that regulatory authorities should be interested in supporting development of collaborative partnerships between education providers and the industry thus ensuring "... courses were meeting the needs of industry while continuing to develop the critical thought required for the complexities of today's workplace".

Summers (2005) like Nelson and Fahey is exasperated by the criticisms that graduate nurses are not 'work ready' the minute they graduate. She highlighted that both systems of education (apprenticeship and tertiary) produced small numbers of poor graduates. Gendek (2005) supports Summers' claims that universities do graduate some poor students and in explicating why this occurs asks the question is it because academics must navigate impenetrable barriers established to protect student rights? Grealish (2006, p.6) on the other-hand believes that universities are better able to "... 'weed out' students who are not suited for nursing work in just and equitable ways than occurred in the hospital training system". She concluded that the hospital training system actively expelled nursing students who demonstrated inappropriate aptitude and skills (such as asking questions and exploring new ways of doing nursing work) that the profession now embraces and accepts as key criteria for assessment of clinical competence.

Summers (2005) maintained that following a bachelor degree program nursing students should undertake a six month clinical internship program followed by a standardised examination administered by a national nursing regulatory authority. She contended that a six- month internship is justified on evidence cited in the National Review of Nursing Education (Summers in National Review of Nursing Education 2002, p.19) that found "... within six months the majority of graduates are working confidently and competently in the clinical environment". Grealish (2006) rejects the notion of a return to a standardised state/national licensure process suggesting that an examination cannot adequately assess the depth and breadth of knowledge of a beginning nurse. While Chapman and Francis (2005) offered that assessment and learning should be relational. They rejected the assertion that a single licensure examination process. They argued that an educational process that allows for ongoing formative assessment assists student nurses to identify deficits in their knowledge and practice and supports them develop life long learning skills that allow them to harness resources to enhance their understanding and practice. Grealish (2006) postulated that it is in the practice arena that nursing students and experienced nurses consolidate their critical thinking and analysis skills. She offered a solution for ensuring enhanced assessment of student and graduate nurses' practice that involves accepting clinical evaluation should be a collaborative inquiry process that assists the stakeholders to "... co-create a picture of the students' practice and then determine what that practice means in relation to professional standards generally, and in that context specifically". "

It is clear that the literature reviewed contains predominately professional opinion with little research derived evidence. Of the opinion provided it would seem that standardised examination for registration could be contrary to educational goals of critical analysis and life long learning. It is further suggested that improvements in a

graduates' work readiness may be achieved via collaborative assessment procedures involving both education and health care providers.

Content of a standardised assessment

The following findings have been extracted from the report provided by Dr Darren Harris and Dr Irina Ross, Evaluation Support Unit- Department of Human Services. The survey was distributed via a targeted mail out to all graduate nurse coordinators and Division 2 support program coordinators, plus a selection of nurse unit managers. The aim was to test the assumption that new graduates were not work ready and to identify areas of expertise commonly missing or limited in new graduates. It was felt that this material would help provide foci for material to be included in any standardised assessment.

A total of 490 questionnaires were distributed from which 220 were received giving a response rate of 45%. Percentage of responses per cohort were evenly distributed (see table one) with the majority of responses being received from regional/rural settings (metropolitan 46%, regional/rural 54%).

Graduate	Respondent	Percentage
Division 1	Graduate Year Co-ordinators	65% (38/59)
	Nurse Unit Managers	49% (148/301)
Division 2	Support Program Co-coordinators	31% (9/29)
	Nurse Unit Managers	26% (25/101)

Table one: response rate

Respondents were asked to rate the preparation of nurses for the workforce on a continuum from "Not prepared" to "Well prepared". The majority of responses rated the new graduate as "Borderline" to "Adequate" (see figure one).

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Figure one: Preparation of new graduates

The majority of respondents indicated that the major cause of poor preparation was a lack of clinical skill/experience (n=87) and a lack of planning/problem solving experience (n=60). Level of preparation was also perceived to be dependent on individual differences of the student (n=37) and the education provider the graduate attended (n=18).

When asked about specific skills that were less developed in a new Division 1 graduate the majority of respondents cited planning and problem solving as key areas (see figure two).

Figure two: Skill set of new Division one graduates

For Division 2 graduates no obvious skill deficit was identified by respondents, however, a percentage highlighted basic nursing skills, effective clinical communication and documentation and organisation culture and fit (see figure 3).

Figure three: Skill set of new Division 2 graduates

Following completion of the above survey a review of existing final year assessment tools used by education providers was undertaken. Of interest were any associations between the above deficits and areas of final year assessment foci. The follow report was conducted by Professor Karen Francis and Associate Professor Ysanne Chapman, Monash University on behalf of the working group.

“ Clinical assessment of student performance by all participating education providers was underpinned by the Australian Nursing and Midwifery Council (ANMC) competency standards. However, all participants provided evidence that the ANMC tool was not used in isolation. They suggested that procedural/ clinical skills approaches to assessment were more acceptable to clinicians. The participants suggested that clinical skills assessment was undertaken and in two University programs self assessment of clinical skills and knowledge by students was also included. The skills to be mastered during practicums in all cases except one were related to specific theory taught in discrete units of study. The University exception case includes stand alone clinical units in which clinical skill achievement and competency based assessment figure. All participants suggested that the clinical assessment documents and tools they use have been developed in partnership with clinical nurses involved in the clinical supervision of their students. Three (3) of the University participants argued that the clinical teachers were happy with the assessment tools they

used which were a hybrid of the ANMC competencies and a clinical skills instruments. However, a metropolitan University participant claimed that the feedback she received from the clinical teachers they employed who also supervised nursing students for other Universities, suggest a preference for competency based assessment only.

The VET Sector participants offered that they utilised the ANMC competency standards for Div 2 nurses coupled with a log book that was inclusive of all skills to be developed and mastered by the completion of the education program. The log book was provided to all students on commencement of the program and was carried with the student on each clinical practicum. The format of the log book allowed opportunity for students to undertake and have signed the same skill many times. Each time a skill is assessed however a rating by the assessor is entered against the time and date the skill was undertaken. The log book is submitted to the education provider by the student, cited and returned to the student following each clinical practice and also at the conclusion of the program of study before registration documentation is completed by the education provider.

One of the rurally located University participants offered that they provide all beginning students with a log book that includes the competency standards and the range of clinical skills to be mastered by the completion of the program. It` was reported that this log book remained the property of the student. The log book is submitted to the unit coordinator following each practicum as part of the assessment requirements and is used by students as evidence of their experience when applying for employment prior to graduation and on graduation."

It appears the ANMC competency framework is a common basis of final year assessment tools. A finding that is to be expected as students are expected to demonstrate each competence prior to registration. As planning and problem solving skills are embedded in these competencies it would appear that the deficits highlighted in the above survey are an aspect of final year assessments.

The addition of assessment items specific to an education provider and the different formats used as found by Prof. Francis lends weight to the frustrations expressed by some health service providers involved in clinical facilitation and assessment. Designing assessment material within the broad boundaries of the ANMC competency framework enables variety between designers and in most instances assessors.

An appropriate time to conduct a standardised assessment

The literature review commissioned by the working party and undertaken by Prof Francis and her group focused on exploring the potential benefits of conducting a standardised assessment at the completion of the students degree or certificate, or following a period of provisional registration and clinical consolidation. The following are extracts from a report compiled by Prof Francis.

"The current global nursing shortage is forcing governments, education providers and regulatory authorities to examine and identify rationales for

why the nursing workforce is declining. The literature identifies that the transition of nurse student to graduate is difficult with some authors reporting a poor experience is directly related to attrition of nursing graduates from the workforce (National Review of Nursing Education 2002; Blanzola et al 2004; Oermann & Moffitt-Wolf 1997; Butler & Hardin-Price 2005; Cowin 2002; Cantrell & Browne 2006). Employers continue to question the work readiness of graduates entering the nursing workforce and voice concern at the costs incurred in supporting new nurses to gain the clinical competence they require in order to function as a member of the nursing and health care team (Nelson 2005; Diefenbeck et al 2006; Delaney 2003).

It is acknowledged that well designed workplace support programs are a requirement to assist graduate nurses to make the transition from student to professional nurse (Blanzola et al 2004). In Australia, nursing programs include laboratory based practice and periods of time throughout the curriculum in a variety of clinical environments. The number of clinical hours included in a curriculum is variable as is the model of clinical education utilised. Blanzola et al (2004) described the licensure of nursing students in the USA. They claimed that there is a downward trend in the numbers of student nurses who have completed education programs successfully and have subsequently not passed the RN licensing examination. They cite a study by del Bueno (1994 in Blanzola et al 2004, pg 27) that found only "... 38% of new nurses met professional entry level expectations based on their abilities to:

- identify essential data indicative of acute changes in patients' health status;
- initiate independent and collaborative actions to correct or minimise risks to patients' health;
- know why these actions are relevant; and
- differentiate between problems needing immediate or subsequent action."

Blanzola et al (2004) described a nurse internship program in the USA to assist new nurses develop their knowledge and clinical skill competency. This program they suggested differs from traditional orientation programs that last from days to up to six weeks. The nurse internships program is of 16 weeks duration and is inclusive of structured and self directed learning coupled with clinical experiences including case conferencing, learning in a simulation laboratory and ward/unit exposure. Internship nurse participants are regularly assessed with feedback provided and opportunity in a 'safe' supported environment for remedial skill development to occur.

Educational providers continually seek innovative, cost effective and sustainable models to support the acquisition of clinical competence by student nurses. Lindsey and Kleiner (2005) described a 'residency' model in which undergraduate nursing students are employed in acute care setting during their educational program. This model was also reported by an industry participant, (Rural Director of Nursing) who asserted as did Lindsey and Kleiner (2005) that working in an acute care health environment during an undergraduate program supported nursing students develop clinical skills, including time management and enhances their socialisation into workplace environments. Lindsey and Kleiner (2005) believe participation in a residency program aids retention of nursing graduates as they are familiar with the routines and the expectations of the workplace before commencing employment as registered nurses. Barger (2004) reported on a summer internship program developed by a USA nursing education provider and a health care facility. The summer internship program was conceptualised to meet student nurse's needs of more clinical than could be accommodated in the existing baccalaureate nursing program and the health care providers

need to meet workforce needs. Student nurses who participate in this program spend eight weeks in the clinical environment and are supported by an academic member of staff from the educational institute and are paired with a clinician/preceptor on staff at the collaborating hospital. The students are paid a stipend based on an hourly rate and the clinical experience is credited toward their academic program. Barger (2004) claimed that students who participate in this program are stronger clinically than those who don't participate, they have time and opportunity to bond with unit preceptors and are valued by the hospital as they provide the workforce for people wanting to take holidays. In addition, 75% are employed by the hospital following graduation and requires less support in transition from student to registered nurse. Cantrell and Browne (2006) described a student nurse externship program. This program provided student nurses in the summer vacation prior to their final year of study the opportunity to work in an acute care environment for a short period (10 weeks). This program unlike the nurse internship described by Lindsey and Kleiner (2005) did not involve supervision of participants by academic staff members. The findings of the study indicated that the number of nurses that were employed in an externship program were higher than graduates who did not participate in this or similar programs. In addition, the retention of nurses by employers was higher for externship participants who did not participate in an externship program.

In Australia, the graduate nurse program (GNP) was conceived as an appropriate strategy to support graduate nurses. This model, that has been previously discussed however, has limitation. The programs are not accredited and quality and level of experiences and support provided vary. Moreover, participation in a GNP is not mandatory.

Whilst the above information suggest that internships may help the new graduate make the transition from student to registered nurse, little evidence supports the notion of delaying assessment for registration until this time point.

The most appropriate person to conduct a standardised assessment

An audit of current criteria used by education providers to select assessors/assessors revealed a degree of difference between institutions preparing Division 1 nurses but a degree of similarity for those preparing Division 2 nurses. The following details the findings of a report authored by Prof. Francis commissioned by the working group to undertake this audit.

"All education providers described employing on a short term contractual basis registered nurses who are not academic/teaching members of staff to supervise students during clinical placements. The models of clinical education adopted by the education providers included clinical teachers or facilitators, 'buddies' and preceptors. Each education provider identified that a member of the academic/teaching staff of the organisation was responsible for management of the clinical experience process. The duties of this staff member included communication with the clinical practice venues and nurses employed to supervise students, the provision of information on the expectations of the education provider for the clinical experience, the assessment tools, ensuring that all students were adequately supervised and

assessed and monitoring and intervening if difficulties developed such as poor student progress.

Clinical teachers were recruited by all participating education providers to supervise students during clinical placements at approved clinical venues. All curriculum leading to registration as a nurse (Div 1 & 2) is approved by the NBV who also approve clinical assessment practices and the clinical venues for placement of students during pre-service education programs. The NBV (2007) state:

“Clinical placement is widely recognised as an important component of courses leading to nursing registration. The aim of clinical placement is to provide a supported learning environment that will enable the student to meet clinical objectives, develop nursing skills and apply theory to practice in a supervised context. Appropriate clinical learning experiences are viewed as essential to prepare nurses for safe and competent practice in a range of healthcare settings.”

Clinical teachers were described as clinically current nurses recruited directly by the University or assigned by the health care facility to support students in the clinical setting. Clinical currency means the nurse is registered with the NBV and is working as a registered nurse in some capacity (Full-Time, Part-Time, and Casual) in some context of practice (hospital, general practice, mental health, community etc). In all cases clinical teachers are paid by the University either directly or through payment to the hospital. Clinical teachers, in all cases, supported students using a ratio of eight (8) students to every one (1) clinical teacher (Ratio = 1:8).

Two rurally based universities and the TAFE Colleges suggested that they experienced difficulties placing 8 students in certain health care facilities which increased the number of clinical teachers required and the associated costs. One University indicated that they also utilised a ‘buddy’ system when this situation occurs. A ‘buddy’ is a registered nurse who is employed by the health facility in which the student/s are to be placed and agrees to supervise a student/s concurrently. The ‘buddy’ is not always expected to complete assessment documentation. If the ‘buddy’ does not agree to complete assessment documentation, he/she provides feedback to a clinical educator who completes the assessment documentation. The universities utilising this approach to clinical supervision indicated that they also employ a clinical liaison registered nurse who is clinically current but not an academic member of staff to support the ‘buddies’, the student/s and to oversee the clinical practice process including the assessment of the students. One of the Universities utilising this model indicated that the clinical liaison nurse is responsible for 16 students located either in a health care facility or a range of facilities in a defined geographic area.

In addition, ‘preceptors’ are recruited to supervise students by all education providers. Preceptors are assigned a single student who is generally in the final semester of a nursing program undertaking a consolidation of practice and theory clinical practicum. Preceptors are generally nominated by the health care facilities and ideally should be self nominated.

“All education providers described methods used to prepare clinical teachers and in some instances preceptors. The usual model adopted is a one off workshop that ranged in length of time from a couple of hours to a full day. The workshop content was similar in all cases and included:

- orientation to the education providers’ curriculum,
- teaching strategies,

- assessment processes, and
- orientation to the assessment tool/s.

Three University programs and the TAFE Colleges provided specific information on dealing with students who are identified as experiencing difficulties meeting the objectives identified for the clinical experience, and/or demonstrating clinical competence as determined by the clinical teacher. One University described using role plays to assist clinical teachers understand how to assess students, determine if students meet clinical practice expectations and dealing with poor performance. One of the TAFE College participants argued that they have mandated that all clinical teachers must have completed the Cert IV in Workplace Assessment. She believes that completion of this program provides a solid understanding of how to assess competency. This participant further proposed that preceptors employed in the acute care sector who have not completed this program, irrespective of having attended a workshop to prepare them for the role, were less effective than division 2 nurse educators who have undertaken the training."

8. Limitations

The timeframe in which this project was conducted has limited the scope and depth for relevant inquiries. In addition the sample used by Prof. Francis and her group was small with limited representation from health care providers. Both aspects limit the ability to extrapolate the findings to the broader nursing community.

9. Conclusions

Standardised assessment for registration will continue to be debated. Proponents argue that this form of assessment provides a degree of security by ensuring graduates meet an agreed professional standard. For others standardised assessment is seen as contrary to the ideals of critical enquiry and life long learning by running the risk that students will be taught to pass *the* exam.

Evidence presented to this working party suggests that the level of literature pertaining to the subject remains at professional opinion with limited examples of rigorous research. It is therefore the opinion of this working party that any attempt to introduce standardised assessments for registration will require rigorous examination of demonstrated benefit over cost.

Such inquiry should include benefits to agencies that provide placements for multiple student cohorts. Data presented to the working party demonstrated a degree of variation between final year assessment tools, particularly in the Division one programs. This has the potential to frustrate assessor, clinical agencies and increase variation between graduates. Standard assessment tools may help reduce such difficulties but at the same time focus students on assessment in preference to knowledge acquisition.

In addition further exploration of the assessor is required. It is evident from the data presented to the working party that a good deal of resources are supplied by the education provider to orientate, support and remunerate assessors. However, little evidence is available that demonstrates a clear benefit to student or agencies from one method over the other. Whilst it could be hypothesized that preparing all assessors to a minimum standard such as the Certificate IV in Workplace training Assessment may improve constancy and quality of assessment, further research is needed to determine

the efficacy of such an approach.

With respect to the timing of a standardised assessment the working party found little clear evidence in the material presented. Whilst a period of provisional registration may provide time for developing students to reach required competence, and for health care agencies to manage risk by excluding graduates not meeting the required standard, the pragmatics of implementing such a scheme may prove prohibitive and may be in contradiction to the principles of inquiry and life long learning . Once again, further research is required to examine the potential benefits and cost costs before the introduction of provisional registration could be seriously contemplated.

Data from this report can be used to inform education providers developing final year consolidation units and assessment criteria. Common graduate deficits identified by the survey of graduate year coordinators and nurse unit managers can be used a basis for such developments. A greater emphasis on problem solving and planning should be considered for the provider of Division 1 education.

In summary the working party is of the opinion that standardised assessment for registration may provide beneficial for education and health care providers seeking to manage risk and eliminate frustration and confusion associated with final year assessments. However, further research is needed to support this assertion and more importantly to examine the effects on student learning and patient care.

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11. Appendices

Work Group Members

Appendix 1

Name	Title	Organisation
Bill McGuiness (Chair)	Deputy Head of Division	Division of Nursing and Midwifery, Latrobe University
Andrea Gamble	Clinical Facilitator - Neurosciences	Royal Children's Hospital
Ann Maree Keenan	Executive Director Ambulatory & Nursing Services	Austin Health
Dianne Kidgell	Registrar	Nurses Board of Victoria
Donna Dunn	Division 2 Coordinator	Victoria University
Heather Pisani	Coordinator - Graduate Diploma Nursing School of Health Sciences	RMIT
Jenny Wood	Clinical Educator	La Trobe Regional Hospital
Karen Nightingale	Associate Head – Academic Programs	School of Nursing, The University of Melbourne
Lyndie Spurr	Exec General Manager of Client Services	Royal District Nursing Service
Marcia Gleeson	Professional Officer	Australian Nursing Federation (Vic Branch)
Nikki Grant	Graduate Nurse Program Coordinator	The Alfred
Penny Newsome	Executive Director of Nursing	Eastern Health
Tony McGillion	Manager, Education	Cabrini Health

Budget**Appendix 2**

Item	Cost
Review of literature pertaining to standardised assessment. Review of literature pertaining to Internship Review of Final year assessment tools	\$40,000*
Survey of Graduate year coordinators and a selection of Nurse Unit mangers	
• Survey development and data analysis	In kind from DHS
• Reply paid envelopes for questionnaires and stationary	\$223.67
• Research assistant for data entry	\$7,500
• Project management	\$2,545.81
• Administration	\$1,250
Preparation of final report	\$2,400
Travel and parking	\$880
Total	\$54,799.48
DHS Funding	\$85,795
Other Funding (please specify)	Nil

* (\$10,00 paid, \$30,000 awaiting invoice)