



Perceptions of student nurses on clinical
assessment at higher education
institutions in Ngaka Modiri Molema district

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DECLARATION

I, Reitumetse Sharon Mongale, declare that this dissertation titled “Perception of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema district” is my original work and it has not been submitted before at any higher education institution other than North-West University, South Africa.

Reitumetse Sharon Mongale

29. November 2022

DEDICATION

This dissertation is dedicated to my loving husband Mr Thato Mongale and my two daughters, Resego Mongale and Khumo Mongale. Your love, support and understanding kept me going and I heartily appreciate it.

This dissertation is also dedicated to my mother Ms Kereng Sekuti and my father Mr Tlhatlogo Sekuti, whose dream is to see me succeed in all that I do. I am grateful for your love, encouragement, and support.

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I would like to acknowledge the direct and indirect contribution of the following people in the successful completion of this study.

Firstly, I would like to thank Almighty God who gave me the strength and wisdom to finish this dissertation despite all the challenges and struggles.

I would like to pass my sincere gratitude to my supervisors, Prof M A Rakhudu and DR M Matsipane, for their relentless support, patience, and guidance from the conceptualisation to the writing of the dissertation.

A special word of thanks goes to the participants in this study, without your participation this study would not have been a success.

Lastly, I wish to sincerely express my gratitude to my family, who understood when I would dedicate late night and weekends to the study during family time.

ABSTRACT

Background: Assessing clinical competence to ensure that students have relevant abilities and skills to be competent nurses remains one of the key elements in nursing education (Engstrom 2017: 23). According to Vincent et al (2022:1) assessment is a wide range of methods that educators can use to measure the level of competency of students. The researcher strongly believes there is a need for this study as clinical assessment continues to be a challenge in higher education institutions, students continue to express stress and a negative attitude towards clinical assessments.

Problem statement: As a clinical preceptor in a higher education institute in Ngaka Modiri Molema District, North West province, South Africa, the researcher observed that students perform poorly during clinical assessment due to aspects such as limited time, anxiety, and fear. Therefore, the researcher believes that this study is important as the students are the customers of the institutions. Consequently, exploring their perceptions on clinical assessment will enhance quality assurance and thus greatly benefit both students and higher education institutions.

Aim: The aim of the study is to explore and describe the nursing students' perceptions on clinical assessment in the selected higher education institutions in Ngaka Modiri Molema district.

Setting: The study was conducted in two higher education institutions in Ngaka Modiri Molema district.

Method: A qualitative exploratory descriptive design was used in conducting this study from purposively recruited participants. Donabedian medical model of quality assurance was used to collect and analyse data. Six focus group discussions with 3 groups from each higher education institution were recruited for this study. Content data analysis was followed. Ethical approval was granted by the health research committee. The ethical clearance number for this study is NWU – 00189-21-A1.

Results: Four themes emerged from the study: Structure, process, outcome, and suggestions. Each theme has various subthemes

Conclusion: The findings of the study highlighted that the participants were faced with a number of challenges such as outdated mannequins and limited time for

assessments. In addition, the students experienced anxiety during clinical assessments.

Keywords: Clinical assessment, clinical learning, higher education institution, perception and student nurse

Table of content

DECLARATION	2
DEDICATION	3
Acknowledgments	4
ABSTRACT	5
ABBREVIATION LIST	11
SECTION 1: RESEARCH STUDY OVERVIEW	12
1.1 Introduction	12
1.2 Background to study	12
1.3 Problem statement	14
1.4 Research Question	15
1.5 Research aim	15
1.6. Research objectives	16
1.7 Significance of the study	16
1.7.1 Practice	16
1.7.2 Policy	16
1.7.3 Further research	16
1.8 Conceptual framework	17
1.9 Conceptual definitions	17
1.10 Research methodology	18
1.10.1 Research context	18
1.10.2 Research Approach	19
1.10.3 Study design	20
1.10.4 Population and sampling	20
1.10.4.1 Population	20
1.10.4.2 Sampling	21
1.10.4.3 Sampling technique	21
1.10.4.4 Sampling size	21

1.10.4.5 Inclusion criteria.....	21
1.10.4.6 Exclusion criteria	22
1.10.5 Data collection.....	22
1.10.6 Data analysis	23
1.11 Rigour / Trustworthiness	24
1.12 Ethical considerations	25
1.12.1 Probable experience of participants	25
1.12.2 Risk and precautions	26
1.12.3 Anticipated benefits	27
1.12.4 Risk/ benefit ratio analysis	27
1.12.5 Vulnerable participants.....	27
1.12.6 Respect for participants	28
1.12.7 Experience, skills and competency of researcher(s).....	28
1.13 Legal authorisation	28
1.14 Goodwill permission / consent	29
1.14.1 Goodwill permission	29
1.14.2 Participant recruitment and informed consent	29
1.14.3 Process of obtaining informed consent	30
1.14.4 Measures to ensure privacy / confidentiality	31
1.16 Dissemination of research results.....	32
1.17 Conflict of interest	33
1.18 Research report structure	33
Research report structure (article format)	33
1.18 References.....	34
Section 2: Author guidelines and manuscript	40
Section 3: Conclusion of findings, limitations recommendations and conclusions....	94
Annexure A: HREC APPROVAL	98
ANNEXURE B: NORTH WEST DEPARTMENT OF HEALTH APPROVAL	100
Annexure C: NMMD Campus Approval Letters.....	102

Annexure D: Data collection tool/interview schedule	104
Annexure E: Informed Consent.....	107
Annexure F: recruitment material	111
Annexure H: Researcher Code OF CONDUCT	116
Annexure I: Proof of Language Editing	117
Annexure J: Proof of Turnit.....	119
Annexure J: Proof of Submission to Journal.....	127
Annexure K: Transcript	130

LIST OF TABLES

Table 1.1: Possible risks and mitigation

Table 1.2: Anticipated benefits of the study

Table 2.1: Themes and subthemes

ABBREVIATION LIST

DOH	: DEPARTMENT OF HEALTH
ICDM	: INTEGRATED CHRONIC DISEASE ANAGEMENT
HREC	: HEALTH RESEARCH ETHICS COMMITTEE
NMMD	: NGAKA MODIRI MOLEMA DISTRICT
NuMIQ	: RESEARCH TO ADVANCE QUALITY INNURSING AND MIDWIFERY RESEARCH FOCUS AREA
POPI	: PROTECTION OF PERSONAL INFORMATION
SANC	: SOUTH AFRICAN NURSING COUNCIL
SPO	: STRUCTURE, PROCESS, OUTCOME

SECTION 1: RESEARCH STUDY OVERVIEW

1.1 Introduction

Clinical nursing is considered the heart of professional nursing practice hence the assessment of clinical competency of the nursing students is critical and of great importance (Chongloi *et al.* 2018:1). However, maintaining quality assessment for nursing students' professional competence, learning strategies and adequate feedback during clinical practice are still challenges facing a number of institutions (Baumgartner, Häckter Ståhl *et al* (2017, 111). The purpose of this research is to outline the background and rationale, the problem statement, research questions, objectives, aim of the study, the significance of the study as well as the methodology used for the study.

1.2 Background to study

Clinical practice is a major component in the nursing program, wherein students apply their learnt clinical skills. However, globally, clinical assessment remains a challenge. Preston *et al* (2020:110) conducted a study in Australia and established that the role of assessment in learning in higher education is complicated by the changes in the clinical environment. According to Halarie and Cross (2012), in the last decades, nursing education, like many other fields of nursing such as general nursing, is undergoing fundamental changes. In order to meet the needs of a rapidly changing society, nurse educators need to change in their practices including clinical assessment. A qualitative study by Padilha *et al* (2019:2) in Portugal, acknowledges that it has always been a challenge to ensure quality of learning and clinical practice in the education of nursing students. Therefore, this challenge necessitates evaluation of assessment in clinical learning from the student's perspective for quality purposes in teaching and learning.

In nursing education clinical assessment is done to ensure that the students have learnt the necessary skills and knowledge needed as well as their readiness to become professionals (Elahi *et al*, 2016:1). Furthermore, according to Lewallen and Horn (2019:1) clinical assessment is essential to ensure that the students are clinically competent, have critical thinking skills and are able to apply the taught knowledge which plays a crucial role for the professional development of nursing students which

can be achieved by using various methods such as objective structured clinical examination. Saied *et al.* (2016:9) adds that clinical assessment is done to ensure that the nursing student has the relevant professional behaviour. In order to assess the student effectively and objectively according to specific national guidelines, the teachers should use a measurable assessment tools (Baumgartner *et al.*, 2017:111).

According to Au *et al.* (2016:19), students in China felt that the use of high fidelity instead of real clinical setting in clinical assessment was perceived to be better and appreciated by the students. Furthermore, according to a qualitative study in China by Zang (2017:3-4), the students stated that the use of simulation scenarios and simulators is a good way of learning, because it helps them to get a better understanding of the content that was taught, leading to a great performance during assessments. However, in Hong Kong the students are concerned with the lack of feedback after the clinical skills performed and indicated that lack of feedback might affect the fairness of the examination (Chan. 2018:4). Furthermore, in the study by Ahn and Choi (2019:4) conducted in Korea, the nursing students developed a passive attitude towards their education due to lack of feedback regarding clinical assessment and the absence of clinical guidance and support from the facilitators. Similarly, according to a study in China by Zhang (2017:3-4), students believe that constructive feedback from the assessors can help to improve existing problems with regard simulation.

A cross-sectional study was conducted in Australia by Lewis *et al.* (2020:3) wherein the nursing students had to record a video of a clinical skill, and upload for on-line clinical assessment. The majority of the students experienced challenges due to lack of technological expertise to upload the video and therefore felt that it was an unreasonable clinical assessment method for undergraduate students (Lewis *et al.*, 2020:3). Furthermore, in another study conducted in South Korea, students felt that the educators were superficial during their clinical lessons but expected the students to perform well during assessment, as they would often scold the students due to poor performance and compare them to other students from different universities (Ahn & Choi, 2019:4).

A study conducted in Malawian by Kaphagawani and Useh (2018:8) reported late and poor feedback from clinical assessment that was given to students' months after the

assessment. According to Kaphagawina and Useh (2018:8), this resulted in delays in corrective measures as they could not improve their skills if ever they were to be repeated. A plea for immediate feedback that highlights their strengths and weaknesses on a particular clinical assessment was made (Kaphagawina & Useh, 2018:8). In a different study by Phuma-Ngaiyaye *et al* (2017:3), students in Malawi feel it is better to work with clinical preceptors as they are friendly, motivate them and willingly assist the students in skills they are not competent in. The given scenario motivated the researcher to explore the perception of the nursing students on clinical assessment in the region.

According to Donough and Van Der Heever (2018:4), students in the Western Cape have a negative perception towards clinical assessment because they feel the only accompaniment that they get from their educators is when there is an assessment in the clinical settings. In East London, South Africa, students state that clinical assessment that is done on real life patients could be stressful as the patient would give them problems such as lack of cooperation (Senti & Seekoe, 2014:7). Given the fact that these studies were conducted in other provinces like the Western Cape and East London, this gives the reason for the researcher to explore the perceptions of the students in the rural area of the Ngaka Modiri Molema District.

Clinical learning has also been highlighted by the national Strategic plan for nurse education, training, and practice 2012/13-2016/17 as a theme of concern for both the students and nurse educators. However, the clinical model prescribed has not been implemented and has not been revised, hence the researcher strongly believes that the current study will add value to clinical learning in the North West Province.

According to the literature review, the researcher realised that there is limited research on clinical assessment in South Africa and it is even more limited in the North West Province. Other research was conducted in different contexts than the context in the Ngaka Modiri Molema District. Dearth of literature was observed in the North West Province.

1.3 Problem statement

Assessment in clinical learning is perceived by students and educators as a challenge in nursing education and this is affirmed by Immonen *et al.* (2019:1) who indicate that

clinical competency is challenging for both educators and mentors when deciding on the assessment content and processes. Maintaining quality assessment of nursing students' professional competence, learning strategies and adequate feedback during clinical practice is still a challenge (Baumgartner, Häckter Ståhl *et al* (2017, 111). The researcher was a student for four years in a pre-registration nursing programme and experienced clinical assessment as stressful mainly because of limited time to perform clinical skills. Additionally, as a preceptor in the selected school of nursing in 2019, the majority of students indicate stressful experiences such as frustrations from the inability to complete the procedures. These sentiments are in line with the study conducted in Australia wherein the students felt that assessment was stressful especially objective structured clinical examination (Massey *et al*, 2017:59). The clinical assessment is more challenging when encountering a difficult patient during assessment that negatively affects the results. The researcher as having been a clinical preceptor for a year and 3 months at a higher education institute in the Ngaka Modiri Molema District has observed that students perform badly in clinical assessments due to various factors. Some of such factors are that they do not complete the procedure, nervousness, and anxiety. Therefore, this study is necessary as the students are the customers and stakeholders of the institutions and exploring their perceptions on clinical assessment may form part of quality assurance in the institutions.

1.4 Research Question

A research project can be achieved by setting a guiding hypothesis, followed by sub-questions, or by making use of a 'grand tour' question. In this study, the guiding grand question is as follows:

- What are the perception of pre-registration student nurses' on clinical assessment at a higher education institution in the Ngaka Modiri Molema District?

1.5 Research aim

The aim of the study is to explore and describe the perception of pre-registration student nurses' on clinical assessment at a higher education institution in the Ngaka Modiri Molema District.

1.6. Research objectives

- To explore the perception of student nurses regarding clinical assessment at institutions of higher learning.
- To make recommendations to relevant stakeholders regarding clinical assessment.

1.7 Significance of the study

The significance of the study is hereby described in terms of practice, policy and further research.

1.7.1 Practice

The study was of interest to the selected institutions of higher education as the findings may improve the planning and execution of the clinical assessments and that will further improve the attitudes of the students towards clinical assessment and hence improve their clinical competencies

1.7.2 Policy

The findings of the study may benefit the policy makers as the findings assisted them in reviewing the existing policies. The findings of this study may benefit the nurse educators by assisting them in reviewing the assessment policy of the NEI's for future preparations of clinical assessment of students.

1.7.3 Further research

The researcher believes that the findings from this study may add to the existing pool of knowledge on the use of clinical assessment in nursing education. The results of the research might be a guide on further researches in methods that focus on clinical assessment.

1.8 Conceptual framework

In this study, the researcher used the Donabedian conceptual framework that assisted in data collection and data analysis. The Donabedian (1966) model provided an evaluation framework that supported the systematic enquiry into health services. According to Gardner *et al.*, (2014:145), the Donabedian model of Structure, Process and Outcome (SPO) is a construct whereby each component is influenced by the previous, making the components interdependent.

The Donabedian model has three components for evaluating quality namely the structure, process, and outcome. The structure is known as the input measured whereby one checks the characteristics of the service provider, the process reflects the way systems work to achieve the desired outcome. Lastly, the outcome reflects the end results of the work and whether it has ultimately achieved the aims set (Ibn El Haj *et al*, 2013:20).

In the current study, the structure was all the necessary resources needed for the clinical assessment, whether it is formative or summative. The process was how the assessment was conducted for example as a continuous assessment at the clinical facilities as well as in the simulation laboratory. Lastly, the outcomes were the results and feedback from the clinical assessment.

1.9 Conceptual definitions

For the purpose of this study, the key concepts are defined as follows:

Assessment: is a systematic process for collecting both qualitative and quantitative data to measure, evaluate or appraise performance against a set of competencies (SANC, 2005:3). In this study assessment refers to the assessment and evaluation of the student nurses' clinical competency in the selected Nursing Education Institution (NEI).

Clinical learning: is a part of the educational process that takes place in any practice setting in hospital or in the community (SANC.2005:3). In this study clinical learning is the learning taking place in the clinical services and the simulation laboratory.

Higher education institution: The Higher Education Act, Act 101 of 1997 stipulates that a higher education institution is any institution that provides higher education either on a full time or part time basis and that is registered as a private higher education institution under the act and has been declared a public higher education institution under the act. In this study, a higher education institution will hold the same meaning and includes both college and university in the North West province.

Nurse educator: According to SANC nurse educator competencies (2014:1), a nurse educator is a professional nurse with an additional qualification in nursing education and is registered as such with the SANC. In the study nurse educator will hold the same meaning.

Perception: It is the way someone feels about something, an opinion, belief and thought. (Walmsley, 2016:153) In this study perception is the way the students feel about clinical assessment in nursing education

Pre-registration: it is a special registration prior official registration. (Merriam Webster dictionary, 2023). In this study pre-registration refers to students who are enrolled in the program to be registered as professional nurse after completion.

Student nurse: According to the SANC (2005:3), a student nurse means a person registered as such under section 32 of the Nursing Act (No. 33 of 2005). In this study a student nurse is someone who is registered for the pre-registration course of Bachelor of Nursing Science and Diploma in Nursing Science.

1.10 Research methodology

The research methodology is explained under the context, approach, design, population and sampling, data collection and analysis.

1.10.1 Research context

The research took place at higher education institutions in the Ngaka Modiri Molema District namely a college and a university. For the 2020 academic year, the selected university had 58 first level students, 86 second years, 66 third years, and 84 fourth years enrolled for the Bachelor of Nursing Science. In addition, there are 4 preceptors and 11 lecturers. The university usually admits students from all the provinces as well

as from neighbouring countries such as Botswana but most students are from the North West Province. Similarly, the nursing college usually admits students around the Ngaka Modiri Molema District Municipality including the following Local Municipalities: Ditsobotla, Ramotshere Moiloa, Tswaing, Ratlou, Naledi, Makwasi hills, Mamusa. For the current year, the nursing college enrolled 5 first years, 120 second years, 160 third years and 120 fourth years, and has 31 lecturers. There were no clinical preceptors at the selected Nursing College therefore the lecturers were responsible for accompaniment of students in their respective modules. The highest qualification of the staff members in the college was clinical specialities in nursing as well as a master's degree, and for the university the highest qualification was a PhD. The selected university offered pre-registration or undergraduate and post graduate nursing programmes. The nursing college offers a diploma in nursing science; diploma in clinical nursing science, health assessment, treatment, and care; bridging course; and speciality courses such as advanced midwifery, operating theatre nursing, paediatric nursing, and intensive care nursing. Both the nursing college and the university share health care facilities for clinical and experiential learning and role taking for the pre- and post-registration programmes. These clinical facilities include the two provincial hospitals in Ngaka Modiri Molema, one in Kenneth Kaunda, three District Hospitals (Ditsobotla, Ramotshere Moiloa and Ratlou). The university uses the weekly release of students to clinical services whilst the college uses the block system to release students for clinical services.

1.10.2 Research Approach

The study followed a qualitative approach. A qualitative research approach refers to a broad range of research designs and methods used to study phenomena (Brink *et al.*, 2018: 104). The researcher used a qualitative research approach in order to clearly get the perceptions of the students with regard clinical assessment as it allows the researcher to get in-depth information from the participants as well as to make sense of their perceptions (Creswell & Poth, 2018:7). Qualitative research is useful to deepen the understanding of the human experience. This research approach allows data collection to take place where the participants conduct the issue under study and gives the researcher the opportunity to observe how the participants behave and act within the context (Creswell, 2014: 234).

1.10.3 Study design

Exploratory descriptive qualitative research was used as the researcher intended to answer a specific question and does not necessarily require the use of a theoretical framework to guide the study (Gray, 2017:278). This type of design is ideal because it allows the researcher to obtain in depth understanding from the participants about the topic of the study. In this study, the researcher explored and described the student nurse's perceptions on clinical assessment.

According to Polit and Beck (2014:12) state that the researcher can use an exploratory design to examine and study the nature of the phenomenon. Therefore, the study was exploratory so that the researcher could become acquainted with the situation and explore the perceptions of student nurses with regard clinical assessment. The purpose of descriptive design is to observe, describe and document aspects of a natural situation (Polit & Beck, 2012:226). Therefore, with the descriptive design the researcher aimed to describe and document the student nurses' perceptions with regard to clinical assessment.

1.10.4 Population and sampling

In this section, the researcher outlines the population and sampling of the research, the sampling techniques, sample size, selection criteria and exclusion criteria.

1.10.4.1 Population

Population is the entire group of interest (Polit & Beck, 2014:177). Population consists of all the individuals who have certain characteristics that are of interest to the researcher (Salkind, 2012:71). The target population in this study consisted of 188 students from the college and 206 from the university.

- Pre-registration student nurses from level 2 to level 4 at the specific college in the Ngaka Modiri Molema district who have an experience in the issue under study and have been actively involved in the use of clinical assessment.
- Pre-registration of student nurses from level 2 to level 4 at the specific university who have an experience in the issue under study and have been actively involved in the use of clinical assessment.

1.10.4.2 Sampling

Sampling involves selecting a portion of the population in the hope of generalizing to a target population (Polit & Beck, 2014:177). In this study, sampling was selected from a population of pre-registration nursing students in institutions of higher learning in the Ngaka Modiri Molema District namely a college and a university. Due to the proximity and accessibility of the institutions as well as the fact that this is a dissertation, the researcher believes that it would be appropriate to explore and describe the perceptions of pre-registration student nurses on clinical assessment in the Ngaka Modiri Molema district.

1.10.4.3 Sampling technique

Purposive sampling refers to intentional selection of a group of people that can provide the researcher with information about the research problem of the study (Creswell & Poth, 2018:148). Purposive sampling which is also known as judgemental sampling was used in this study. It was based on the researcher's judgement regarding the participants that could give the researcher information on the study phenomenon and in the best way the researcher could understand the problem. (Creswell & Creswell, 2018:185).

1.10.4.4 Sampling size

A sample size is the study of a small number of individuals in order to collect extensive details about the individuals studied (Creswell & Poth.2018:327). For this study, a minimum of 6 focus group discussions which consisted of 5 to 8 participants, were conducted. However, data saturation determined the sample size. Data saturation is a point in data collection where the researcher believes there is no new information that can emerge from the participants (Riazi, 2016:82).

1.10.4.5 Inclusion criteria

The participants were selected based on the following criteria:

- Pre-registration nursing students enrolled for the Bachelor of Nursing Science or Diploma in Nursing Science, who have registered for level 2 to level 4 for the

academic year 2021 as they have more experience in the field of nursing and can give meaningful answers.

- Must have been registered with the South African Nursing Council as students (learner nurses). To be recognised as a student and be placed in a clinical area.
- Students who have previously been involved in two or more clinical assessments because they have been exposed to clinical assessment and can give their perceptions in that regard.

1.10.4.6 Exclusion criteria

- All first year students at the selected institutions as they have insufficient experience in clinical assessment and their perceptions may not be that meaningful.
- Post registration nursing students as their assessment varies from those of the pre- registration programme and the duration thereof is only one year.

1.10.5 Data collection

Data collection was by means of focus group discussions using semi-structured questions. Focus group discussions comprise a group of about 5 to 8 people whose opinions and experiences are requested simultaneously (Brink *et al.*, 2018:114). The researcher opted for focus group discussions because in-depth responses can be obtained and also questions can be clarified if misunderstood (Brink *et al.*, 2018:139). According to (Brink *et al.*, 2018:139), the focus group consists of at least 5 to 8 participants, meaning there will be three focus group discussions per institution, one per year level. The researcher used a digital recorder to capture information from the interview. Additionally, field notes were taken by the researcher. Field notes mark the researcher's effort to record information and to synthesize and comprehend data (Polit & Beck, 2014:294). They are handwritten and are used to make notes of what happens and are a record of all the observations of nonverbal cues during the interviews.

The FGD allows the participants to give historical data and the researcher is able to control the session and the line of questioning (Creswell, 2014:241).

The focus group interviews took place at a controlled classroom that was locked, labelled do not disturb, and each session took a maximum of 90 minutes. Due to the

corona virus pandemic, the researcher considered protective measures according to the COVID 19 regulations such as limiting the number of participants to 5, requesting to use a spacious lecture hall where windows were opened for proper ventilation, placing the participants 2m apart from each other, screening all for COVID19, checking temperature as well as being sanitizing them when entering the venue. An attendance register was made for all the participants, and all participants were requested to wear masks upon entering the venue.

Focus group discussions have the potential to breach confidentiality, thus confidentially agreements were signed by all the participants. The data collection process took place when the ethics application had been approved by HREC and the gatekeepers had granted permission. Data was collected by the researcher through focus group discussions. The researcher ensured bracketing was maintained as she collected data herself at one of the institutions of higher learning, however at the college data were collected by a well-trained facilitator to avoid power relation cohesion because the researcher is a lecturer at the college. Bracketing is a method used by researchers to avoid potential harm of un-acknowledged perceptions related to the research (Tufford & Newman: 2013:85). The researcher ensured bracketing by keeping a reflexive diary which was used to write down her own thoughts, perceptions, and views in order to examine her position throughout the research process (Chan *et al.* 2013:3).

1.10.6 Data analysis

For this study, the researcher used content analysis. Content analysis involves the breakdown of information into small units, coding and naming the units according to the data they represent and grouping similar units to make a theme (Polit & Beck.2014:306). This type of analysis is ideal as it's a way to condense a large amount of words of a text into smaller content categories that are easily analysed and understood (Polit & Beck.2017:537).The aim of content analysis is to take a large number of data and organise them systematically into key results (Erlingsson & Petra Brysiewicz, 2017:94). Firstly, the researcher familiarised herself with the data by reading and re-reading the transcribed interview data, secondly she divided the data into smaller units and then condensed those small units into meaningful texts, thirdly formulated codes that were the descriptive labels of the condensed units and lastly

developed categories and themes by sorting and grouping similar codes into categories (Erlingsson & Petra Brysiewicz, 2017:96).

1.11 Rigour / Trustworthiness

The specific strategies that were used to ensure research rigor include credibility, dependability, conformability, and transferability of a study and are outlined in the next section.

Credibility

Credibility refers to confidence in the truth value of the data and the interpretations of them by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:787). The researcher achieved credibility by engaging in peer review during the analysis of results which means asking a peer to review the research. Member checking, also known as participant validation, was employed. This is a technique for exploring the credibility of results stated by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:787). In this study, data or results were returned to participants to check for accuracy and resonance with their perceptions.

Dependability

Dependability refers to the stability of data over time and over conditions by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:787). Grove and Gray (2019:449) describe dependability as the documentation of steps taken and decisions made during analysis. The researcher achieved dependability by careful documentation, inquiry audit whereby an external reviewer was asked to scrutinise all the documentation of the research. Moreover, after the session the researcher did member checking by reading out their interpretations of the interview to the participants to ensure that she understood the participants.

Confirmability

Confirmability refers to the objectivity that is the potential for congruency between two or more independent people about the data accuracy, relevance or meaning by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:788). The researcher achieved conformability through an audit by an external reviewer as well as peer review. Peer

review is when the researcher seeks an external check by someone who is familiar with the research or the topic of study (Creswell & Poth, 2018: 263). The review process can be done during data analysis. The researcher used a co coder to assist in checking and verifying the coding of data and ensuring quality.

Transferability

Transferability is the extent to which qualitative findings can be transferred or have applicability in other settings or groups by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:787). The researcher ensured that she gave adequate descriptive data from the research so that it could be used in other setting and other studies.

Authenticity

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of different realities, emerges in a report when it conveys the feeling or tone of the participants' experiences by Lincoln & Guba, (1985, cited by Polit & Beck, 2018:787). The researcher ensured prolonged engagement with the participants to invest sufficient time in data collection and analysis in order to clearly get the views of the participants (Polit & Beck, 2018:788). The researcher audiotaped the interviews and did verbatim transcription after all the data were collected.

1.12 Ethical considerations

Researchers are mandated to consider ethical issues as they apply to different phases of the research process (Creswell & Poth, 2018: 54). Included are consideration of participants' rights, risks and precautions, risk and benefit analysis, competence of the research team and legal authorisation.

1.12.1 Probable experience of participants

The students have been registered for a year or more for the Bachelor of Nursing Science program or Diploma of Nursing Science. They have been exposed to clinical assessment more than twice and have undergone clinical examinations that will enable them to be more resourceful for the research.

1.12.2 Risk and precautions

The research is non-invasive in nature, there were minimal risks relating to psychological discomfort as the participants were sharing their own past experiences and perceptions regarding clinical assessment. In case any of the participants had an emotional breakdown while sharing their experiences and perceptions with regard to clinical assessment, the researcher organised a counsellor and sent them to the student counselling centre. In a case where there was no counselling centre, they were sent to the wellness centre in the institution. Again, use of focus group discussions has the potential to breach confidentiality, thus the participants were asked to sign a confidentiality agreement. Table 1.1 depicts the potential risk and mitigation thereof.

Table 1.1. Potential risk and mitigation

Potential risk	Mitigation
Psychological risk: Emotional breakdown due to expressing their previous sad experiences on clinical assessment.	<p>The students would be sent to the organised person at the student counselling centre or wellness centre in the institution.</p> <p>The researcher continuously observed the participants for non-verbal cues of discomfort or psychological stress so that she could intervene when necessary.</p> <p>The researcher asked the participants to indicate if they wanted to take a pause, or when they did not feel comfortable to answer the asked question.</p>
Social risk: Breach of confidentiality due to focus group	All the members signed a confidentiality agreement.
Potential contact of Covid 19.	All COVID 19 precautionary measures were adhered to.

1.12.3 Anticipated benefits

The researcher intended to do well and avoid harming or putting the participants in any kind of risk. The participants did not have a direct personal benefit from the study however, they can experience an improved clinical assessment in future due to the recommendations formulated from this study. Table 1.2 depicts the anticipated benefits

Table 1.2: Anticipated benefits of the research study.

Direct benefits for participants	Indirect benefits
No direct benefits,	<ul style="list-style-type: none">• The benefits may include improvement of clinical assessments that are student centred and based on their needs and inputs• The participants may also gain more knowledge from sharing ideas with others and have a different perspective of things• The institutions may improve and modify their clinical assessment strategies

1.12.4 Risk/ benefit ratio analysis

The benefits of the study outweighed the risks, as they were just minor risks associated with the study such as social risk and psychological risk and the benefits are improvement of clinical assessment, modified clinical assessment strategies and gaining of knowledge of participants during interviews. Therefore, the risk/ benefit ratio was favourable. The risk level in this study was minimal.

1.12.5 Vulnerable participants

The participants are vulnerable in the study especially because the researcher is a staff member in their institution. They are vulnerable to power differences and cohesion; therefore, the researcher engaged an independent person to obtain informed consent and a mediator identified by the gatekeepers to recruit the

participants. An independent facilitator was engaged to collect data at the college where the researcher works as a lecturer to avoid power cohesion.

1.12.6 Respect for participants

Respect for the human dignity. The researcher ensured respect of the participants by respecting the participants' wishes to leave the study at any given time as well as voluntary participation. The researcher also respected the wellbeing of the participants by allowing them to take a break if they did not feel comfortable to continue.

Respect of autonomy of the participants was ensured by allowing them to withdraw at any stage of the research as they wished and were assured that there would be no punishment for that decision.

1.12.7 Experience, skills and competency of researcher(s)

The researcher undertook TTREE online ethics course and passed all modules. However, I have some experience in research as I have a degree in Bachelor of Nursing Science where as a group, we made a research proposal and collected data and wrote a report from the conducted research. The supervisor is a Professor who has published numerous articles. The co-supervisor has a doctoral degree.

1.13 Legal authorisation

In order to acquire ethical approval to conduct the study from the Health Research Ethics committee (HREC) of the university and the Provincial Department of Health, the researcher submitted the research proposal to the Research to advance Quality in Nursing and Midwifery research focus area known as NuMIQ for evaluation of scientific and ethical rigour. The ethical approval was solicited after approval by the research to advance quality in nursing and midwifery research focus area (NuMIQ). The university uses a three prong approach to ethical and scientific rigour, whereby the scientific committee looks for scientific rigidity, upon approval, submits to the HREC for ethics review and clearance which then issues the ethical clearance number and lastly submits to Department of Health for ethics review.

1.14 Goodwill permission / consent

In this section goodwill permission, participant recruitment and informed consent, process of obtaining informed consent and measures to ensure privacy / confidentiality will be discussed.

1.14.1 Goodwill permission

Goodwill permissions were requested from the Gatekeepers. A Gatekeeper is someone who controls access to an institution or organisation (Singh & Wassenaar, 2016:1). The role of a gate keeper is to grant or deny access to an institution to conduct research on its data, personnel, or clients as well as assistance and guidance in identification of mediators. The gatekeepers have a responsibility and need to ensure that students within their institution remain protected and free from coercion at all times.

The school directors of both institutions of higher education were the gate keepers for the research project. The role of the gatekeepers is to grant the research assistant permission to recruit the participants, the gatekeepers were not involved in the recruitment and negotiation of participants as it would bear power coercion on the participants.

In order to get approval to conduct the study, the researcher had to also send the proposal to the research coordinator as the school of nursing director at the university is the supervisor of the research and would thus be conflicted.

1.14.2 Participant recruitment and informed consent

The researcher communicated with the gatekeepers via telephone and emails and requested to gain local access permissions. The research purpose and process were disclosed to the gate keepers who are principals of the colleges and the dean of faculty of health sciences at the university. They assisted in identifying mediators who recruited the students and collected the phone numbers of the interested participants and forwarded to the independent person. The mediator who was able to recruit the students was an administration officer whom the students trusted for reliability.

The participants were recruited verbally, and a recruitment pamphlet was pasted on the information boards of the institutions of higher learning as per communication policies of these institutions. The verbal recruitment was done through face to face interaction with the students. The pamphlet entailed the research topic, purpose and objectives of the study, benefits and risks of the study, the criteria for the participants needed for the study as well as measures to ensure privacy and confidentiality were posted on the noticeboards of the HEIs. (See annexure F). The contact details of the researcher and independent person for informed consent negotiation were added to the pamphlet. The reason for including the research contact details was to provide alternative numbers in case the prospective participants were unable to reach the research assistant. Therefore, the researcher would only take the numbers from the participants and forward them to the independent person.

The independent person was someone who was not part of the study but had information about the study and would be able to explain to the participants. This was someone who was not directly involved with the participants in any power imbalance relationship to avoid the participants being intentionally coerced into participating in the study. The person has taken training in ethics, has a master's degree and has knowledge about the research process. The researcher provided this independent person with all the information about the research and requested them to sign the confidentiality form. The confidentiality form bound the independent person not to share any information pertaining to the research to anyone. The researcher offered support to the research assistant to ensure everything was done ethically (See annexure G).

The independent person also ensured that the students that were selected were not over researched such as participating in a similar study. All the interested participants were screened by asking questions regarding clinical assessment to ensure that they met the selection criteria of the study.

1.14.3 Process of obtaining informed consent

In the beginning, the participants were informed that participation is voluntary and that no one would be pressurised to participate in the study and that they had the option to withdraw from the study at any point. All this information was included in the consent

form that the participants would sign prior to participation to show that they voluntarily agreed to participate. The consent form contained the purpose of the study, information on the researcher and supervisor, the rights of the participants as well as the use and management of data that would be collected during the study. Consent to participate in the study was obtained verbally and written. Those that did not feel comfortable with written consent had their consent recorded before the interview proceeded.

Firstly, the details of the form were explained to the participants by the independent person, and they were given at least 14 days to decide whether they wanted to participate in the study. The independent person obtained feedback from the participants regarding the information on the form to ensure that they had fully understood the consent form. The participants were informed about the confidentiality form and permission was requested from the participants to be audio taped during the focus group discussions. The participants have the right to informed consent where they should be given the information about the research and an opportunity to go and decide whether to participate in the study voluntarily, if they agree they can give a verbal and a written consent to participate in the study. The participants also had a right to withdraw from the study at any time they see fit without any implications what so ever.

1.14.4 Measures to ensure privacy / confidentiality

The students had the right to confidentiality, and their identity was kept confidential before, during and even after the collection of data to avoid any harm towards the participant. All the recordings signed consent forms and the information pertaining to the research were kept under lock and key. Since in this study data collection was through focus group discussions, all the participants signed the confidentiality agreement to avoid the risk of breach of confidentiality to the students.

The researcher ensured anonymity by not calling any names during interviews and the place where data were collected was a safe and secure with a 'do not disturb' sign

This is how confidentiality was ensured in the study:

Before data collection

- Confidentiality was ensured by recruiting participants individually
- Those interested communicated with the independent person privately after the information session

During the data collection

- No personal information including name and surname of participants was recorded anywhere, where the name appears in the consent form, such forms will be kept in a locked cupboard only accessible by the researcher.

Post data collection

- The voice recordings were not labelled with the names of the participants or where they work.
- No information that may violate the safeguarding of autonomy, privacy and confidentiality was made available to anyone

1.15 Data management

The captured data are stored on an external hard drive which will be in a locked cupboard and a laptop that has an encrypted password. The audio tapes were stored in a locked cupboard as well as the documents from the research such as the consent forms, and field notes from the interviews. These documents were stored in the researcher's safe. The documents will be kept for a period of five years according to NWU record management policy after the period after which they will be destroyed to protect them from being found by anyone. The information was only shared with the co-coder in order to assist in analysis of data. The researcher adhered to the Protection of personal information (POPI) act ii of 2013 to ensure confidentiality. The only people that had access to information were the researcher and the supervisors.

1.16 Dissemination of research results

The results from the study will be disseminated to the participants through newsletters to be sent to the participants who partook in the study through social media platforms such as WhatsApp. The researcher will disseminate the research by publishing an article and presenting at conferences. A feedback to the authorities such as Department of Health who is the custodian of the college students as well as to the school of nursing director at the university will be sent in the form of a research report.

1.17 Conflict of interest

The school director of one of the institutions of higher learning is my research co-supervisor. The researcher is a lecturer at one of the institution of higher learning.

1.18 Research report structure

In this study, the researcher reported in the article format wherein the following sections were included:

Research report structure (article format)

Section 1: Overview of the study

Section 2: Literature and article

- Manuscript 1: An analysis of the concept clinical assessment in nursing education: Lessons for South Africa
- Manuscript 2: Perceptions of nursing students on Clinical assessment in the selected Nursing Education Institutions of the North-West Province.

Section 3: Conclusion on the findings, limitations, recommendations and conclusions

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Section 2: Author guidelines and manuscript

2.1. Introduction

This section consist of the manuscript and the guidelines that were followed. The researchers followed an article format in this present study. The articles were guided by the objectives as outlined in Section 1. The researchers followed the author guidelines for *Health SA Gesondheid* author guidelines.

2.1 Manuscript

2.2.1. Health SA Gesondheid journal author guidelines

The researcher followed Health SA Gesondheid author guidelines when preparing the manuscript below The guidelines are attached below, and also available at: <http://hsag.co.za./index.phd/hsag/pages/view/submission-guidelines#> part 1

Overview

The author guidelines include information about the types of articles received for publication and preparing a manuscript for submission. Other relevant information about the journal's policies and the reviewing process can be found under the about section. The **compulsory cover letter** forms part of a submission and must be submitted together with all the required [forms](#). All forms need to be completed in English.

Original Research Article

An original article provides an overview of innovative research in a particular field within or related to the focus and scope of the journal, presented according to a clear and well-structured format. [See the full structure of the original research articles below](#). If a submitted manuscript has been previously posted in an open access repository (e.g., a dissertation or thesis posted in an open-access university repository), the submitted manuscript must be unique and have less than 50% overlap with the posted paper.

Submission status	open
Word limit	7000 words (<u>excluding</u> the abstract, tables, figures, graphs, and references)
Abstract	maximum: 250 words requires structural headings: Background, Aim, Setting, Methods, Results, Conclusion and Contribution
Main text	requires structural headings, refer to the full structure 'Ethical considerations' is a sub-section in the manuscript and must include: <ul style="list-style-type: none"> • Name of the ethical review committee • Study approval number • Manner of consent (written, oral) for human participants • Description of measures taken to maintain the confidentiality of data • If the study was not human or animal research or the study was determined to be non-human subjects research or exempt, the authors must provide a statement with those details in this section.
References	40 or less, adhere to the Harvard referencing style
Tables, figures and graphs	7 or less, adhere to the Illustrations requirements found in the AOSIS House style guide
Formatting requirements	apply the guidelines located on the Formatting requirements page and the AOSIS house style guide

Compulsory supplementary file(s)	the Authorship, disclosure statements, copyright, and license agreement form , Ethical Clearance/Waiver Documentation and any other relevant form applicable to your submission
Ethical clearance/waiver documentation	evidence of ethical clearance for the study, such as the study approval letter or certificate from the Institutional Review Board (IRB), a waiver from the IRB et cetera

A **systematic review** follows the same basic structure as an original research article:

- Structured abstract: Background, aim, setting, methods, results, conclusion, contribution.
- Aim and objectives: Focus on a clinical question that will be addressed in the review.
- Methods section: Describe in detail the search strategy, criteria used to select or reject articles, attempts made to obtain all important and relevant studies and deal with publication bias (including grey and unpublished literature), how the quality of included studies was appraised, the methodology used to extract and/or analyse data.
- Results: Describe the homogeneity of the different findings; clearly present the overall results and any meta-analysis.

Review Article

Review topics should be related to clinical aspects of interdisciplinary health sciences and should reflect trends and progress or synthesis of data in the following format. [See the full structure of the review articles below](#). Systematic reviews are considered under original research.

Submission status	open
Word limit	4000 words (<u>excluding</u> the abstract, tables, figures, graphs, and references)
Abstract	maximum: 250 words requires structural headings: Background, Aim, Method, Results, Conclusion and Contribution
Main text	structural headings are not always appropriate, but guidance is provided in the full structure
References	40 or less, adhere to the Harvard referencing style "
Tables, figures and graphs	7 or less, adhere to the Illustrations requirements found in the AOSIS House style guide
Formatting requirements	apply the guidelines located on the Formatting requirements page and the AOSIS house style guide
Compulsory supplementary file(s)	the Authorship, disclosure statements, copyright, and license agreement form , Ethical Clearance/Waiver Documentation and any other relevant form applicable to your submission
Ethical clearance/waiver documentation	evidence of ethical clearance for the study, such as the study approval letter or certificate from the Institutional Review Board (IRB), a waiver from the IRB et cetera

Editorial

An editorial intends to provide expert comments on relevant topics within the focus and scope of the journal.

Submission status	by invitation only
Word limit	1200 words (<u>excluding</u> the tables, figures, graphs, and references)
Abstract	none
Main text	structural headings are not required, but authors are encouraged to use them to help guide readers when necessary
References	10 or less, adhere to the Harvard referencing style
Tables, figures and graphs	2 or less, adhere to the Illustrations requirements found in the AOSIS House style guide
Formatting requirements	apply the guidelines located on the Formatting requirements page and the AOSIS house style guide
Compulsory supplementary file(s)	the Authorship, disclosure statements, copyright, and license agreement form and any other relevant form applicable to your submission

Commentaries

Commentaries draw attention to or present criticism on a previously published article, book, or report, often using the findings as a call to action or to highlight a few points of wider relevance to the field. Commentaries do not include original data and are heavily dependent on the author's perspective or anecdotal evidence from the author's personal experience to support the argument.

Submission status	open
Word limit	1000-1500 words (<u>excluding</u> the tables, figures, graphs, and references)

Abstract	maximum: 75 words structural headings are not required, but authors are encouraged to cover a Background, Objectives, Method, Results, Conclusion and Contribution
Main text	structural headings are not required, but authors are encouraged to use them to help guide readers when necessary
References	10 or less, adhere to the Harvard referencing style
Tables, figures and graphs	2 or less, adhere to the Illustrations requirements found in the AOSIS House style guide
Formatting requirements	apply the guidelines located on the Formatting requirements page and the AOSIS house style guide
Compulsory supplementary file(s)	the Authorship, disclosure statements, copyright, and license agreement form and any other relevant form applicable to your submission

Corrections

A correction provides the platform to communicate important, scientifically relevant errors or missing information in a published article. Any changes after publication that affect the scientific interpretation (e.g., changes to a misleading portion of an otherwise reliable publication, an error in a figure, error in data that does not affect conclusions or addition of missing details about a method) are announced using a Correction. Read our submission procedure for [corrections](#) and [publishing policies](#).

Compulsory title	The title of the submission should have the following format: 'Corrigendum: Title of original article'.
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Submission File	completed Correction Submission Form (required)
Compulsory supplementary file	any supporting documents or emails, Author Change Request Form (if applicable), Corresponding Author Change Request Form (if applicable)

Cover Letter

The authorship, disclosure statements, copyright, and license agreement form is our compulsory cover letter which needs to form part of your submission. Kindly download and complete, in English, the provided [form](#).

Anyone that has made a significant contribution to the research and the paper must be listed as an author in your cover letter. Contributions that fall short of meeting the criteria as stipulated in our policy should rather be mentioned in the 'Acknowledgements' section of the manuscript. Read our [authorship](#) guidelines and [author contribution](#) statement policies.

Original Research Article full structure

Title: The article's full title should contain a maximum of 95 characters (including spaces).

Abstract: The abstract, written in English, should be no longer than 250 words and must be written in the past tense. The abstract should give a succinct account of the objectives, methods, results and significance of the matter. The structured abstract for an Original Research article should consist of six paragraphs labelled Background, Aim, Setting, Methods, Results and Conclusion. The latter, is the only labelled heading within the abstract.

- Background: Summarise the social value (importance, relevance) and scientific value (knowledge gap) that your study addresses.
- Aim: State the overall aim of the study.

- **Setting:** State the setting for the study.
- **Methods:** Clearly express the basic design of the study, and name or briefly describe the methods used without going into excessive detail.
- **Results:** State the main findings.
- **Conclusion:** State your conclusion and any key implications or recommendations.
- **Contribution:** Concise statement of the primary contribution of your manuscript.

Do not cite references and do not use abbreviations excessively in the abstract.

Introduction: The introduction must contain your argument for the social and scientific value of the study, as well as the aim and objectives:

- **Social value:** The first part of the introduction should make a clear and logical argument for the importance or relevance of the study. Your argument should be supported by the use of evidence from the literature.
- **Scientific value:** The second part of the introduction should make a clear and logical argument for the originality of the study. This should include a summary of what is already known about the research question or specific topic and should clarify the knowledge gap that this study will address. Your argument should be supported by the use of evidence from the literature.
- **Conceptual framework:** In some research articles it will also be important to describe the underlying theoretical basis for the research and how these theories are linked together in a conceptual framework. The theoretical evidence used to construct the conceptual framework should be referenced from the literature.
- **Aim and objectives:** The introduction should conclude with a clear summary of the aim and objectives of this study.

Research methods and design: This must address the following:

- **Study design:** An outline of the type of study design.

- **Setting:** A description of the setting for the study; for example, the type of community from which the participants came or the nature of the health system and services in which the study is conducted.
- **Study population and sampling strategy:** Describe the study population and any inclusion or exclusion criteria. Describe the intended sample size and your sample size calculation or justification. Describe the sampling strategy used. Describe in practical terms how this was implemented.
- **Intervention (if appropriate):** If there were intervention and comparison groups, describe the intervention in detail and what happened to the comparison groups.
- **Data collection:** Define the data collection tools that were used and their validity. Describe in practical terms how data were collected and any key issues involved, e.g. language barriers.
- **Data analysis:** Describe how data were captured, checked and cleaned. Describe the analysis process, for example, the statistical tests used or steps followed in qualitative data analysis.
- **Ethical considerations:** Approval must have been obtained for all studies from the author's institution or other relevant ethics committee and the institution's name and permit numbers should be stated here.

Results: Present the results of your study in a logical sequence that addresses the aim and objectives of your study. Use tables and figures as required to present your findings. Use quotations as required to establish your interpretation of qualitative data. All units should conform to the [SI convention](#) and be abbreviated accordingly. Metric units and their international symbols are used throughout, as is the decimal point (not the decimal comma).

[For Qualitative Research Measures of Trustworthiness]

Measures of Trustworthiness: This refers to the findings of the study being based on the discovery of human experience as it was experienced and observed by the participants. The following are the criteria of trustworthiness, credibility, transferability, dependability and confirmability to be discussed.

Reliability: Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result with repeated trials. Without the agreement of independent observers able to replicate research procedures or the ability to use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories or make claims about the ability to generalise their research.

Validity: Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure. Researchers should be concerned with both external and internal validity. External validity refers to the extent to which the results of a study are generalisable or transferable. Internal validity refers to:

- The rigor with which the study was conducted (e.g. the study's design, the care taken to conduct measurements and decisions concerning what was and was not measured).
- The extent to which the designers of a study have taken into account alternative explanations for any causal relationships they explore.

Discussion: The discussion section should address the following four elements:

- Key findings: Summarise the key findings without reiterating details of the results.
- Discussion of key findings: Explain how the key findings relate to previous research or to existing knowledge, practice or policy.
- Strengths and limitations: Describe the strengths and limitations of your methods and what the reader should take into account when interpreting your results.
- Implications or recommendations: State the implications of your study or recommendations for future research (questions that remain unanswered),

policy or practice. Make sure that the recommendations flow directly from your findings.

Conclusion: Provide a brief conclusion that summarises the results and their meaning or significance in relation to each objective of the study.

Acknowledgements: Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our *Formatting Requirements* page.

Also provide the following, each under their own heading:

- **Competing interests:** This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect: *The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.* Read our [policy on competing interests](#).
- **Author contributions:** All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
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Review Article full structure

Title: The article's full title should contain a maximum of 95 characters (including spaces).

Abstract: The abstract should be no longer than 250 words and must be written in the past tense. The abstract should give a concise account of the objectives, methods, results and significance of the matter. The abstract can be unstructured and should consist of five paragraphs labelled Background, Aim, Method, Results, Conclusion and Contribution.

- **Background:** Why is the topic important to us? State the context of the review
- **Aim:** What is the purpose of your review? Describe the aim or purpose of your review.
- **Method:** How did you go about performing the review? Describe the methods used for searching, selecting and appraising your evidence.
- **Results:** What are the findings? What are the main findings of your literature review?
- **Conclusion:** What are the implications of your answer? Briefly summarise any potential implications.
- **Contribution:** Concise statement of the primary contribution of your manuscript.

Introduction: Present an argument for the social and scientific value of your review that is itself supported by the literature. Present the aim and objectives of your literature review.

Methods: Although this is not a systematic review (see instructions on original research for this type of article) it is still necessary to outline how you searched for, selected and appraised the literature that you used. Discuss any methodological limitations.

Review findings: Present your review of the literature and make use of appropriate sub-headings. Your review should be a critical synthesis of the literature.

Implications and recommendations: Discuss the findings of your review in terms of the implications for policy makers and clinicians or recommendations for future research.

Conclusion: This should clearly state the main conclusions of the review in terms of addressing the original aim and objectives.

Acknowledgements: Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our *Formatting Requirements* page.

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- **Author contributions:** All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
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2.2.2. .An analysis of the concept clinical assessment in nursing education: Lessons for South Africa.

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Abstract

Background: Clinical learning is a major component of professional nursing education. It plays a vital role in ensuring the achievement of practical learning objectives. Most nursing programmes advocate learning in clinical environment. As a result, appropriate and quality assessment of clinical learning is mandatory to optimize the students' personal and professional growth and clinical competence. Despite this importance of clinical learning, clinical assessment remains a challenging responsibility for both the nurse educators and students.

Objective: The objective of this paper is to present a clinical assessment as a concept in nursing education.

Method: Rodger's integrative model of concept analysis was conducted. Electronic engines such as CINAHL, MEDLINE, ScienceDirect, and EBSCO were used to search articles. Search terms included clinical education assessment, clinical evaluation, clinical learning appraisal and nursing education. The purpose of this concept analysis was to establish a deeper understanding of clinical assessment in nursing education and practice.

Results: The results included definitions of clinical assessment, uses, surrogate terms, critical attributes, antecedents, and consequences of clinical assessment.

Conclusions: Clinical assessment in nursing education is a systematic process that requires setting of learning objectives, provision of learning opportunities, assessment, documentation and provision of feedback to students.

Contributions: The study will contribute to the body of knowledge on clinical assessment in nursing education.

Key Concepts: Clinical assessment, concept analysis, lessons, and nursing education

Background

Professional competence is critical for contemporary nursing education programmes (Aase *et al* 2022:1). Student nurses have to develop clinical knowledge, skills, and attitudes for professional practice. Thus, nurse educators are required to competently assess the students' competence on clinical skills (Reljić *et al*, 2017:50).

According to World Health Organisation (2015), 50% of all nursing programmes should occur in clinical environments. In concurrence, South African Nursing Council (SANC) (2019:12) prescribes that clinical nursing programmes should begin at first year and that clinical learning hours should not be less than 60% of the total duration of the educational programme. Consequently, this calls for efficient and effective clinical learning and assessment that are critical to optimize students' learning, professional and personal growth as well as readiness for clinical practice and positive health outcomes (Aase *et al* 2022:1). Despite these given benefits of clinical learning, assessment of nursing students remains illusional and a challenging responsibility for nurse-educators to perform (Saied *et al*, 2016: 9). While completing an assessment may be complex for nurse educators, the process of receiving a clinical learning assessment may just be as challenging for the student. Thus, an analysis of the concept clinical assessment is necessary for profound understanding. The interpretation of the clinical assessment may provide nurse educators with a deeper understanding of the meaning of clinical evaluation from the Knalf and Rodgers' perspective.

According to Stofells *et al.* (2021:2), preparation of nursing students to become critical and autonomous members of the health care service, clinical learning and its assessment need to be flexible, social form of self-regulated learning is warranted. Consequently, assessment of both clinical and theoretical learning needs to be student-centred. However, Stofells *et al*, (2021:2) reported suboptimal outcomes in terms of student readiness for independent practice. These authors noted that clinical learning in the undergraduate nursing education, its nature, and outcomes are understood differently by both the students and nurse educators. This is confirmed by Lynne *et al*,(2019:4) who perceived clinical evaluation as global in nursing programs,

especially pre-registration programs and those graduate programs leading to advanced practice certification. According to Stofells *et al.* (2012:2), despite the development of theory in nursing education, clinical learning is often provided in ad hoc ways as a result assessment thereof is questionable.

In South Africa, the challenges of clinical learning are documented in the Strategic Plan for Nursing Education, Training and Practice 2012/13 – 2016/17. The strategy indicates that students are dissatisfied with their clinical learning, inadequate clinical situations to apply theoretical learning to practice resulting in their lack of preparedness to fulfil their roles as both students and future practitioners. Given this context of clinical learning, assessment of clinical learning becomes questionable.

Assessment is part of the clinical teaching process similar to other teaching activities. According to El Idrissi *et al.* (2021:48) assessment of nursing students in clinical learning serves to facilitate learning by enabling students to make own judgements and provision of certification achievement. However, Aase *et al.* (2022:1) indicate that substantial variations in clinical assessment practices internationally and nationally exist. This is also echoed by McCarthy (2007) in Kayihura and Mtshali (2016:100), who revealed inconsistencies in the assessment of clinical learning as the majority of preceptors were too inexperienced to conduct clinical assessments. Clearly, measurement of clinical skills performance continues to pose a challenge for nurse educators. Chambers (1998) in Mtshali (2016:100) acknowledged assessment of clinical learning as a long-standing and difficult problem.

Elahi *et al.* (2016:3) identified clinical assessment as the heart of nursing education. Assessment is an important means for nurse educator, managers and nurses to gain information about student's competence and is undertaken to ascertain student's clinical knowledge, skills and attitudes to ensure effective, safe and ethical health care (Elahi *et al.*, 2016:3). Consequently, the application of appropriate clinical assessment process is essential to determine the students' eligibility. The researchers believe that understanding of the clinical assessment as a concept will enhance quality of teaching and learning. Articulating the meaning of assessment in clinical learning, uses, antecedents and consequences thereof can help understand the concept at policy making level and nursing education practice.

Purpose

The purpose of this paper is to present an analysis of the concept of clinical learning assessment in nursing education and examine how clinical assessment is currently measured.

Design

According to Nuuyoma, and Makhene (2020:2), concept analysis as a method of inquiry is capable of adding value to the existing body of knowledge in nursing. It does this by distinguishing related concepts, as well as refining ambiguous concepts and constructing operational and theoretical definitions. The concept analysis in this study is on Rodgers' Evolutionary View of Concept Analysis to identify attributes, antecedents, and consequences of assessment in clinical learning. According to Taghinezhad *et al* (2022:83), Rodger's evolutionary approach entails is a systematic and dynamic approach that assesses the evolutionary changes and interdisciplinary differences in the concept's meaning. In this context, the concept of interest is assessment in clinical learning. This approach consists of six steps which actually can be iterative. The steps include 1) Defining the concept of interest 2) identification of related and surrogate terms 3) identification of attributes 4) Analysing data regarding the above characteristics 5) and 6) Identifying implications for further development of the concept.

The following search terms: assessment, clinical learning, evaluation, clinical education, clinical education were searched in CINAHL, MEDLINE, ScienceDirect, and EBSCO, PubMed, and Google Scholar from 2014 to 2022. Articles only written in English were included as the researchers were not competent in other languages

The articles were reviewed for trends that would reflect the current knowledge for clinical learning assessment as a concept.

Rodgers' analysis is based on an inductive approach, consequently thematic analysis was used to distinguish attributes, antecedents, and consequences of assessment of clinical learning through coding and categories process (Rafii *et al*, 2016: 9).

Results

3 books were used and 40 articles were used for this analysis.

Definition of assessment of clinical learning

The concept is composed of three words which are defined according to dictionaries individually. According to Oxford English dictionary (2010), assessment is defined as an action or instance of making judgment about something or somebody that has been thought carefully. It is the act of deciding amount, value, quality, or importance of something (<http://www.oxfordlearnersdictionaries.com>).

Assessment means the process used to identify, gather, and interpret information and evidence against the required competencies in a qualification, part-qualification, or professional designation in order to make a judgement about a learner's achievement (SAQA, 2017: 6).

Hughes and Quinn (2013:243), define assessment in learning as a process of collecting, measuring and interpreting information relating to students' response to the process of learning and teaching. The rationale for assessment of clinical learning is to ascertain the levels of theoretical knowledge and practical skills as well as professional values and attitudes (Hughes & Quinn, 2013:243).

Oxford English Dictionary (2010) defines clinical as an adjective referring to observation and treatment of patients whilst learning refers to an act of gaining knowledge or skills through a study. Consequently, clinical assessment refers to a process of gathering information to measure the level of a nursing student's clinical knowledge, skills, and attitudes in order for the assessor, nursing education institution or the licensing and accreditation body to declare the student ready for promotion or fit for practice (Oermann et al. 2009:10).

In accordance with the requirements of every nursing educational system, assessment is viewed as an essential part of the nursing education conducted in order to evaluate the effectiveness of the theoretical and practical knowledge of both student and qualified nurses in the academic and work environment, so as to ascertain fitness to practice.

Assessment is a part of clinical teaching similar to other teaching learning activities, it makes possible to judge the students' abilities in providing competent and safe care to the patients (El Idrissi *et al.*2021:48).

Surrogate terms for assessment of Clinical learning

Surrogate concepts are alternative means of expressing the concept of analysis (Rodgers, 2000). The most common surrogate concepts for assessment in clinical learning is evaluation of clinical education.

Clinical evaluation is subjective, multifaceted and includes evaluation of various aspects such as affective, cognitive and psychomotor. (Lynne et al, 2019:5)

Uses of assessment of clinical learning

The main reason of assessment is to improve student capabilities and ensure they are competent clinicians to the public (Moodley & Singh, 2020:27). Furthermore, assessments drive students to improve their capabilities (Moodley & Singh, 2020:27). According to Pienaar et al (2019:83) assessments help to determine the educational experiences of learning. The goal of nursing education is to produce nurses with high quality and safe patient care (Dix et al, 2021:5). Donough (2022:79), confirmed that assessment is important to make a judgement about students' level of competency.

Antecedent of assessment of clinical learning

Antecedents are those necessary elements that must be present prior to the existence of the concept

(Rodgers, 2000). Clinical assessment needs to be planned in all health science education.

Assessment policy: In South Africa, all nursing education institutions are mandated to have an assessment policy aligned with Higher education Act, National Qualification Act, and SANC. The main purposes of this policy include inter alia:

- Setting standards and giving guidance for effective, valid, reliable, fair, transparent and appropriate assessment (both theoretical and clinical)
- Provision of shared understanding of best practices to which assessment of all registered professional designations must adhere.
- Ensuring alignment with systematic monitoring, evaluation, and quality assurance (SAQA,2017:6)

Assessment Plan: Assessment must take place in a system and must be planned accordingly (Brits et al, 2020a:6). Educators play an important role in clinical assessment Sahu *et al.* (2022:3) and SAQA (2017) advocates that prior assessment, the educator must set the learning outcomes of each procedure, provide learning opportunities, provide assessment criteria and be knowledgeable of evaluating performance of students. Assessments must be logical planned, argues Vincent *et al* (2022:9).

Competent assessors: Assessment of clinical learning in nursing education continues to change as new teaching and assessment methods are introduced, for example, using student centred learning and assessments, continuous assessment, as well as the innovative assessment of new competencies and attitudes. Thus, all registered nurses are required to support and facilitate students to develop knowledge and skills (Ribeiro *et al*, 2017:2). Nurse educators must be knowledgeable, organised and up to date with current assessment strategies, processes, and modalities (Haraldseid, Friberg, & Aase, 2015:1). Nursing education institutions should have development programmes to assist educators in effective teaching and assessment. SANC (2019:12) mandates that assessments must be conducted by an assessor and moderator qualified in the specific field of study and registered with the relevant council. This is in alignment with SAQA (2016:3) which stipulates that all those involved in assessment must:

- Be appropriately qualified and competent to conduct assessment in the specific context concerned.
- Adhere to requirements determined by the relevant legislation.
- Conduct assessment in line with the National Policy for Designing and Implementing Assessment.
- Ensure development of feedback mechanisms so that what emerges from assessment is fed into the curriculum strengthening processes (SAQA, 2017).

Additionally, it is critical for nurse educators to establish rapport with students to make them comfortable to participate effectively and understand the student's prior learning, motivational level and learning as well as provide proper support and guidance (Sahu *et al.*, 2022:3).

Use of appropriate tools or instruments: For effective and efficient clinical assessment, appropriate tools are required. This is in line with Moodley and Singh (2020:28), who stated that an appropriate assessment must be chosen, that will measure what is intended, be able to meet the set learning outcome and be consistent. Assessment tools must be reliable, valid, credible, and consistent with learning outcomes (Brits et al, 2020a:6). Assessment should also embrace the ethical standard of honesty, trust, fairness, respect, and responsibility underpinned by the guiding principles shaping the learning outcomes (Mugimu & Mugisha, 2017:25).

The availability of assessment tools and criteria along with providing individualized feedback and time for reflection strengthen the objectivity and reliability of assessment

Attributes of Assessment of clinical learning

According to Rodgers (2000), attributes are those characteristics that constitute the true definition of the concept. The following are the critical attributes of clinical assessment:

Blueprint is an important component of assessment. A blueprint for assessment which is a detailed plan or table of assessment of what will be covered in assessment is the priority attribute (Brits et al: 2020b:5). This plan must address what, why, who, when and how clinical assessment will be done. It should address the content and cognitive levels as well as domains to be assessed (Brits et al., 2020b:5). Arja *et all* (2018:3) further explain that a blueprint is developed in a way that it is aligned to learning objectives guided by the curriculum.

Pre assessment meetings

One of the attributes of clinical assessment is a pre-assessment meeting. Sserumaga *et al.*, (2020:183) indicated that the pre-assessment meeting assists the students to be aware of what is expected and improves the performance of the students. A study conducted in New York by Sharoff (2022:6) suggests that pre-briefing is essential to boost the confidence of students. Orientation before assessments will allow the students to familiarise themselves with the tools and if they have any questions, these questions can be addressed early (Sserumaga *et al.*, 2020:184).

Principles of assessment

Principles identified for quality assessment include inter alia: -

1. Assessment should be an integral part of the curriculum programme and must be consistent with the outcomes.
2. Assessment must be performed at the appropriate National Qualification framework (NQF) level.
3. Assessment tools must be reliable, valid, credible, and consistent with the learning outcomes (Brits et al, 2020).

Additionally, assessment must embrace the ethical standards of honesty, trustworthiness, fairness, respect and respond to the guiding principles that shape the learning outcomes.

Recording and dissemination of results is mandatory: it is important to keep records of the assessments to prove the progress of the students, and they must be given a copy of the assessment record. (Gravells, 2021:172). Birt & Scott (2013:1) agrees that records form the basis of why an individual student was deemed competent or not yet competent.

Debriefing and feedback is necessary in clinical assessment

Voyer and Hatala (2015:68) view debriefing and feedback as two sides of the same coin and very crucial in clinical assessment. Debriefing forms part of clinical reflection that contextualises learning and assessment to prepare safe and knowledgeable students (Dreifuers, 2015:268). Sharoff (2022:7) and Dix et al. (2021:2) add that debriefing after assessment is crucial, as it gives the students an opportunity to share and explore their thoughts and enables the students to revisit the scenario to aid learning from the events that occurred. Provision of structured and balanced feedback following assessment is vital and assists in supporting students and promotes reflection. Feedback practices can be considered as best practices to promote clinical teaching and learning of nursing students (Immonen *et al*, 2019:1 and El-Senousy, 2020:12). Providing individualized feedback and time for reflection strengthens the objectivity and reliability of assessment. Feedback also provides students with opportunities for reflection that are important in supporting the continuous learning process of students (Immonen et al., 2019:1). Feedback and debriefing are necessary for effective assessment. Effective feedback must be focused, specific and timeous

(Brits et al, 2020b). Feedback allows the student to identify own strengths and weaknesses then both the assessor and the students strategize a joint action to combat weaknesses and problems (Arja *et al*, 2018:5).

Consequences

The consequences are those events that occur after or as a result of the concept assessment in clinical learning (Rodgers, 2000). Assessment of clinical learning is imperative in order to ensure that those who become registered nurses are safe and competent practitioners (Kayihura & Mtshali, 2010:9).

Clinical learning and its assessment have multifaceted consequences that focus on the student, the educational and health care system (Salifu et al 2022:546). Clinical competency is important in nursing education because lack of clinical competency may threaten the lives of patients (Tohidi et al, 2019:91). For the student, clinical assessment results in professional competence, level of satisfaction, and confidence whilst for the health system it results in positive patient or health care outcomes (Salifu et al 2022:546).

Professional competence

The South Africa National Department of health holds the view that competence is the ability of a practitioner to integrate the professional attributes including, but not limited to, knowledge; skills; judgement; values and attributes required to perform as a nurse in all situations; and practice settings according to relevant legislation (South Africa, 2019). Clinical learning and assessment therefore allow students to develop the knowledge they acquire in lectures into abilities and attitudes that pave the way for the achievement of clinical competence (Alnaami *et al*, 2020:984). Clinical assessment which may be facilitated through skill and simulation education and clinical placement results in positive outcomes such as self-efficiency, confidence, clinical judgement, practice skills and knowledge (Høegh-Larsen *et al* 2022:1). The basic outcome of clinical assessment is to ensure that competent students are produced, students who can integrate skills, attitude and knowledge that are relevant in the South African context (Brits et al (d), 2020:4). Competency is developmental as they start as novice learners knowing theory only, then develop to knowledgeable students with clinical skills and knowledge (Moodley & Singh, 2020:32). Høegh-Larsen *et al.* (2022:2) hold

the view that successful clinical learning and assessment, particularly in the clinical laboratory result in the following:

1. Improved patient safety.
2. Excellence in nursing and reflective nursing practice.
3. Student satisfaction which translates into nursing practice.

Improvement of learning: Teaching clinical skills along with assessment can improve the nursing students' learning as well as their practical and clinical performance and the outcome of the process contributes to improvement of the students' performance and high quality care nursing (Dehghan *et al*, 2020:1). Clinical assessment is helpful in identification of student learning deficiency which can be improved through remedial actions.

Students' satisfaction

Students are the integral component of assessment of clinical learning. Tomas and Muronga (2022:1) assert that student satisfaction is the desired outcome and becomes the policy driver for evaluating quality of nursing programme. This outcome is viewed as a yard stick for academic success. This is confirmed by Smith et al (2018:176) who state that students' satisfaction must be used as a framework to measure and evaluate clinical learning and assessment. Thus students' satisfaction becomes imperative to promoting quality assessment. Regular students' satisfaction surveys by nurse educators following assessment are necessary to close the gap between students' wish list and educational programmes (Tomas & Muronga, 2022:5).

Conclusion

Clinical assessment is crucial in nursing education to ensure that institutions produce nurses who are able to effectively integrate theory into practice as well as render safe and quality nursing care. In order to ensure that quality assessment is done, there must be proper planning in place prior the assessment and appropriate assessment methods must be selected. Assessments must be valid, feasible, reliable as well as appropriate. Pre assessment meetings, debriefing and feedback are the essential attributes to ensure improvements of clinical assessment.

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Competing interest

The authors declare that they have no personal or financial relationship which may have influenced them inappropriately in writing this manuscript.

Author's contributions

M A and M J are both the supervisors of this study. They both provided guidance and coaching from the conceptualisation of the study to its completion.

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Data availability

Data are available but cannot be shared with anyone in terms of the agreement made with participants according to research regulations and POPIA.

Disclaimer

The views and opinions expressed in this manuscript are those of the authors and do not necessarily reflect official policy or position of any affiliated agency of the authors.

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2.2.3 Perceptions of nursing students on Clinical assessment in the selected Nursing Education Institutions of the North-West Province.

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ABSTRACT

Background: Clinical nursing is considered the heart of professional nursing practice hence the assessment of clinical competency of the nursing student's remains critical and of great importance. However, maintaining quality assessment of nursing students' professional competence, learning strategies and adequate feedback during clinical practice is still a challenge. According to the researcher, clinical assessment remains a challenge as students continue experiencing stress and have therefore adopted a negative attitude towards clinical assessment.

Aim: The aim of the study is to explore and describe the nursing student's perception on clinical assessment in the selected higher education institutions in Ngaka Modiri Molema district.

Setting: The study was conducted in two higher education institutions in Ngaka Modiri Molema district.

Method: A qualitative exploratory descriptive design was used in conducting this study. Participants were purposively recruited participants. Donabedian medical model of quality assurance was used to collect and analyse data. Six focus group discussions were conducted with 3 from each higher education institution. Content data analysis was followed. Ethical clearance was sought from the scientific committee (HREC) which issued the clearance approval as (NWU – 00189-21-A1).

Results: Four themes emerged from the study namely: structure, process, outcome, and suggestions. Each theme has various subthemes.

Conclusion: The findings of the study highlighted that the participants were faced with a number of challenges such as lack of resources, and interruptions during clinical assessments.

Contributions: The study will contribute to the pool of knowledge on clinical assessment in nursing education.

Keywords: Clinical assessment, clinical learning, higher education institution, perception, and student nurse

INTRODUCTION AND BACKGROUND

Nursing as a discipline deals with theory and practice, however, the key aspect of nursing is clinical exposure of students, which aims at ensuring that students have acquired the necessary skills from the clinical health care centres (Olifi *et al*, 2019:1). Clinical learning is an important part in nursing that ensures that the students are able to integrate the learned theory into practice, therefore allowing the students to gain professional skills (Panda *et al*, 2021:1). However, maintaining quality assessment of nursing students' professional competence, learning strategies and adequate feedback during clinical practice is still a challenge (Baumgartner, Häckter Ståhl *et al* (2017, 111).

Assessing clinical assessment continues to be of importance in nursing education, the purpose of clinical assessment is to observe if the intended ability to perform a skill according to guidelines has been achieved. (Engstrom *et al*, 2017:63). Student assessment is used to determine their understanding of knowledge and the skills they have acquired, and that can be used to help them improve (Vincent *et al*, 2022:1). Furthermore, Brits *et al* (2020: 8) state that assessment must be continuous with many data points which can be used to make an informed decision about competency.

Vae *et al*. (2018:16) contend that the assessment tool should be designed more like a checklist and be used to evaluate the knowledge and professional judgement, rather than a reflective clinical dialogue between the students and patient. Baumgartner *et al* (2017: 112) further assert that in order to assess students, there should be a measurable assessment tool and assessment process that will ensure quality clinical assessment. In order to assess the student effectively according to specific national guidelines, the teachers should use a measurable assessment tool which will enable them to assess effectively and objectively (Baumgartner *et al*, 2017:111). The given scenario motivated the researcher to explore the perception of the nursing students on clinical assessment in the region.

A study conducted in Spain by Sola Pola *et al*. (2020:3) indicates that nursing students perceive the use of objective structured clinical examination (OSCE) as a clinical assessment tool that allows them to be independent in problem solving skills and resembles the real life situations therefore improving patient care. Overall, there was

a positive feedback of OSCE from the students, although some students reported that they were stressed and anxious during the assessment (Goh *et al*, 2019:3). Based on this challenge faced by students, the researcher believes that it is necessary to conduct this research.

According to Serumaga *et al.* (2020:182) students in Uganda articulated that the assessment tools used were subjective and with no clear guidance on what the students were to expect as well as limited time allocated to complete the assessment. Students in Sweden voiced that it was important for both the students and evaluators to be familiar with the assessment tool and how it was used to ensure effective use of the tool (Baumgartner *et al* (2017: 117). Given the fact that these studies were conducted in other countries like Uganda and Sweden, this gave the reason for the researcher to explore the perceptions of the students in the rural area of Ngaka Modiri Molema District.

Furthermore, students need feedback after the clinical assessment both in formative and summative assessment. According to Serumaga *et al.* (2020:182) and Baumgartner *et al* (2017: 112), students' feedback after the procedure is essential for further progression. Elahi *et al* (2016:3) concur that students feedback is essential to help the students improve on the next assessment. This further highlights the importance of conducting the study as there is scarcity of literature on the topic around South Africa.

RESEARCH METHODOLOGY

Study design

A contextual qualitative, exploratory, and descriptive design, as explained by Polit and Beck (2014:12) was used to explore and describe the perception of nursing students on clinical assessment in two higher education institutions in Ngaka Modiri Molema district. The research design enabled the researcher to obtain in-depth understanding from the participants about the topic of the study. Furthermore, this design enabled the exploration and description of the perception of nursing students on clinical assessment in higher education institutions in Ngaka Modiri Molema district, hence it is deemed best for the study.

Setting

This study was conducted in two nursing education institutions in Ngaka Modiri Molema district namely the college and university. The selected university offer pre-registration or undergraduate and post graduate nursing programmes. The nursing college offers a diploma in nursing science; diploma in clinical nursing science, health assessment, treatment, and care; bridging course; and speciality courses such as advanced midwifery, operating theatre nursing, paediatric nursing, and intensive care nursing. Both the nursing college and university share health care facilities for clinical and experiential learning and role taking for the pre- and post-registration programmes. These clinical facilities include the two provincial hospitals in Ngaka Modiri Molema, one in Kenneth Kaunda, three District Hospitals (Ditsobotla, Ramotshere Moiloa and Ratlou). The university uses the weekly release for clinical placement whilst the college uses the block system.

Population and sampling strategy

The study population included students from level 2 to level 4 of the two higher education institutions in Ngaka Modiri Molema. A purposive sampling technique was used to select students from the two higher education institutions. This method was considered appropriate for the study as it enabled the researcher to choose participants that were believed to provide information needed for the study. Sample size was determined by data saturation. Nursing students from level 2 to level 4 were

chosen as they had been previously involved in two or more clinical assessments. All students were registered under the South African Nursing council as students

Data collection

Data were collected from 5 focus group discussions (FGDs) from students who were purposively recruited using semi-structured questions. The researcher opted for focus group discussions because in-depth responses can be obtained and also questions can be clarified if misunderstood (Brink *et al.*, 2018:139). According to (Brink *et al.*, 2018:139) the focus group should consist of 5 to 8 participants, meaning there will be three focus group discussions per institution, one per year level. Five focus group discussions were conducted, 3 groups had five participants, one group had 7 participants and the last group had 6 participants. Data were digitally recorded and transcribed verbatim.

The focus groups interviews took place in a locked lecture hall, labelled 'do not disturb', and each session took a maximum of an hour and was conducted after school. To protect herself and the participants from the corona virus pandemic, the researcher adhered to all protective measures according to the COVID 19 regulations, such as use of the spacious lecture hall where windows were opened for proper ventilation, placing the participants 2m apart from each other, screening all for COVID19, checking temperature as well as being sanitizing them when entering the venue, drawing an attendance list of all the participants and enforcing the wearing of masks.

Focus group discussions have the potential for breach of confidentiality, thus confidentiality agreement forms were signed by all the participants. The data collection process took place when the ethics application had been approved by HREC. Data were collected by the researcher through focus group discussions.

Data analysis

Content analysis was used to analyse the results of the study. Content analysis involves the breakdown of information into small units, coding and naming the units according to the data they represent and grouping similar units together to make a theme. Subsequently, the researcher sent the data to be analysed by a co-coder who assisted in checking and verifying the coded data.

Trustworthiness

Rigor for qualitative component was addressed by achieving credibility, dependability, transferability, authenticity, and conformability (Polit & Beck, 2017:746). Credibility and dependability on the other hand were achieved by member checking and careful documentation. As for conformability, it was achieved by peer review and co coding. Moreover, transferability was achieved by general thick descriptive data and lastly authenticity was achieved by prolonged engagement with participants. Bracketing was used throughout the study to mitigate the potentially deleterious effects of preconceptions that might taint the research process.

Ethical consideration

An ethical approval (NWU-00189-21-S1) was obtained from both North West University Health Research Ethics Committee (NW- HREC) and the North West Provincial Department of Health research, monitoring and evaluation directorate. After receiving the approval, goodwill permission was received from the school director and campus head who were the gatekeepers on the two campuses. Participation was voluntarily and consent was obtained from all participants who were also informed that they could withdraw at any given time whenever they felt uncomfortable about the nature of the study. A facilitator was used to collect data where the research is working as a lecturer.

Results and discussion

Demographic data

Twenty eight student nurses (10 males and 18 females) participated in the five focus group discussions 12 of which were from the university and 16 from the college. All the student nurses that took part in the study were enrolled in institutions of higher learning from level 2 to 4 and were registered with the South African Nursing council as students therefore they met the inclusion criteria of the study. Exclusion criteria for the study was first level students and post registration nursing students.

Themes

The Themes and subthemes that emerged from the data are presented in table 1. The results from the interviews are discussed in this section under the following themes: structure, process and outcome and each theme has subthemes.

Table 2.1: Themes and subthemes

Theme	Sub theme
Theme 1: Structure	1.1 Negative attitude of the assessors
	1.2 Lack of resources
	1.3 Outdated mannequins
	1.4 Need for real life assessment
Theme 2: Process	2.1 Ineffective planning and unannounced visits at clinical institutions for formative assessments
	2.2 Interruptions during assessments
	2.3 Time management
	2.4 Limited time for clinical assessment
Theme3: Outcome	3.1. Clinical assessment improves student knowledge and confidence
	3.2. Anxiety
	3.3. Lack of feedback
Theme4: Suggestions	4.1 Time for OSCE assessment
	4.2 Pre assessment meetings
	4.3 Improvement on attitude and communication skills on lecturer

Themes 1: structure

This theme emerged from the data analysis from the nursing students with regard research question. The theme constitutes one of the perception of nursing students with regarding clinical assessment in institutions of higher education in Ngaka Modiri Molema. The sub themes are described as follows.

Sub- theme 1.1. Negative attitude of the assessor. During the focus group discussions, the students voiced that the assessors during clinical assessments have a negative attitude, and this attitude tends to affect their performance during the assessment. The participants voiced:

“mostly I think the attitude of the assessors themselves to the students make the process to be very difficult you will find that the friendliest of the friendliest lecturer by the day of the assessment is a total different person” (focus group 2, Participant E, male, college)

“Our lecturers when they find you doing something that is not right, you are busy with the patients, they would shout you in front of the patients (focus group 1, participant a, male, university)

Sub theme 1.2. Lack of resources. Most of the participants expressed that there is lack of resources at the institutions of higher learning that impacts their learning negatively because in most instances it has to assumed that they have done some of the aspects of the assessment due to lack of resources. Furthermore, lack of resources at the clinical facility may consume time as it may lead the students to move in between wards looking for the required resources. Participants lamented:

“For an example basins to wash hands, a mere example when we do a procedure we have to assume that we are washing hands” (Focus group 3, Participant D, female, college)

You find that there are limited resources at that particular from that facility you then have to run from the medical ward to go and fetch the instrument for blood glucose so that you can do the procedure on the patient at the medical ward” (Focus group 2, Participant D, Female, college).

“sometimes they would say just verbalise whatever that you are doing, don’t do the actual thing, don’t discard that, leave it there and someone else is going to use it I think that what he is trying to say” (Focus group 1, Participant B, male , university)”

Sub theme 1.3: Outdated mannequins. During the focus group discussions, the participants stated that they use old mannequins that create confusion during the assessment. For instance they will be required to apply plaster of paris cast on a patient however the mannequin present at the assessment has no legs therefore leaving the students in limbo as to what to do. The participants commented:

“I think that the instrument that we use at the college like the manikin that we are using will be assessed with POP but when you look at the manikin is damaged for

appropriate procedures so you will get confused asking your self is this amputation and if I do POP on an imputed person how will it be, so they should use appropriate equipment for a specific procedure so that the student don't get confused during their clinical assessment (Focus group 2, Participant D, Female, college)"

Sub theme 1.4: Need for real life assessment. The participants expressed that being assessed on a real life patient is better as compared to talking to a mannequin that does not respond. The other view is that when they are assessed on a real life patient, they are not given a time frame as compared to being assessed at the institution, therefore it is ideal to be assessed on real life patients. The participants indicated the following:

"Say for instance I am being assessed on a particular skill the time that I am given is 10 minutes at a higher institution and when I am doing it at the hospital I am not given time and that time I am competent in with that skill. Hence I feel like it is easier to do it at an institution where am practicing than where am learning" (Focus group 4, Participant D, female, university)"

"it also differs because at the college we will be talking to a manikin which is not responding, while at the facilities is a different story are you will be dealing with a life patient whom you are supposed to ask questions and him/her will answer you. So there are two different things and we have to master them both, so being evaluated on things is a problem" (Focus group 2, Participant D, female, college)"

Theme 2: Process

The following 5 sub themes emerged from the nursing students' perception on clinical assessment at institutions of higher learning, ineffective planning, and unannounced visits at clinical institutions for formative assessments, interruptions during assessments, time management, and limited time for clinical assessment.

Sub theme 2.1: Ineffective planning and unannounced visits at clinical institution for formative assessments.

The participants shared their concerns about unannounced visits by lecturers at the clinical facilities. Sometimes the lecturers arrive when they are busy rendering day to day nursing care and are compelled to leave the work that they were doing to attend to the lecturers. At times the unannounced visits create some anxiety and out of this

nervousness students get confused and tend to forget the correct things to say. The participants indicated:

“in clinical facilities you find that the lecturers will come without announcing that they will come at a specific day, meanwhile busy with you daily duties they just arrive and when you see them you will kind of panic and end up forgetting what you suppose to do because they came unannounced” (Focus group 2, Participant D, female, college)”

“So the lecturer comes in announced you have to leave where you are placed which becomes an issue with the staff of the clinic (Focus group 2, participant E, male, college)”

Sub theme 2.2: Interruptions during assessments. During the focus interviews the participants indicated that the assessors tend to create disruptions during the assessment by discussing the rubric amongst themselves. Others stated that their assessments are held in an open area and separated the place with screens so tend to hear others which cause a disturbance. The participants maintained:

“Sometimes you are in the middle of a session and another assessor comes in to take the rubrics they then discuss that these rubrics were printed incorrectly, then you will be left there not knowing whether to continue or pause.” (Focus group 4, Participant Female, college)’

“ our simulation is one big hall one student is at the corner, another one is at the corner and we are doing different procedures, when you are speaking here the other one is speaking there so at the end you become confused and forget what you are doing (Focus group 3, participant D, female, college)”

Sub Theme 2.3: Time management.

The participants complained that the assessments never start on the scheduled time, it always starts late whereas they were punctual. The participants maintained:

“and if the say that OSCE starts at 8 let it be 8... we usually start around 10, and we get at the OSCE around seven, imagine 7, 8,9,10 you even forget the skill” (Focus group 1, Participant E, male, university)”

Sub theme 2.4: Limited time for OSCE assessment.

During the focus group discussions, the participants stated that they were given limited time during assessments and at times were unable to complete the assessments. The participants' comments were:

“Another problem is the fact that we are being given time and you will find that the person is competent with that particular skill but because of time they end up not finishing so I prefer doing the practicals at a hospital institution rather than my institution” (Focus group 4, Participant D female, university)”

“uhm I think the time limit of the assessment is too short, and uhh you know, when you get to the station where you are assessed and you have a little time limit, you tend to make a lot of mistakes and err you end up scoring low marks” (Focus group 1, Participant A, male, university)

Theme 3: Outcome

The question desired to understand the views of student nurses with regard feedback after the clinical assessments. This theme provided the following sub themes: Anxiety, lack of feedback and clinical assessments improve students' skills and confidence.

Sub theme 3.1: Anxiety.

The focus group discussions revealed that clinical assessment bring a lot of anxiety. Students end up not knowing what to do or what is expected of them. During focus group discussions, student nurses indicated the following:

“Anxiety is driven by not knowing what you going to do when you get there, you know that 7 procedures but you don't know out of the seven procedures which one is chosen to be done. That's the problem that's what causes us anxiety as students” (Focus group 3, Participant A, female, college)”

“The atmosphere becomes intimidating because the friendliest of the friendliest lecturer is quite different they give you an impression that we are no longer in our natural environment” (Focus group 2, Participant E, male, female, college)”

“what will make you scared is you being not prepared because at health facilities we are doing things differently from the college so seeing them you will panic because

you now that they will expect you to do the procedures the way they are written in the work books” (Focus group 2, Participant D, female, college)”

Sub theme 3.2: Lack of feedback.

Participants indicated that they never received feedback after the clinical assessment only those that have failed would be called separately to be told to prepare for the second opportunity. Feedback is necessary for the students to know how they performed and where they need to improve. Where given, feedback is not usually given immediately, as captured in the following excerpt by student nurses:

“You have to wait for a week and if you don’t get called you know you have passed but you don’t know how you passed either than when they give you an excel spreadsheet and you can see where you are. They are giving feedback to specific individuals that did not do well instead of giving feedback to all students” (Focus group 4, Participant A, female, university)”

“those who are going to redo the skills they are being contacted aside, not in the group and you do not receive a formal report as how the skill went and how did you perform, you only get the marks “ (Focus group 1, Participant A, male , university)”

“Another thing is that it is very rare for us to get feedback on whether you performed well, if your name is not called after a week it means that you have passed but you do not know what exactly I did” (Focus group 4, Participant C, female, university)”

Sub theme 3.3: Clinical assessment improve student’s skills and knowledge.

The participants stated that they felt clinical assessments were good because they got a chance to put what they had learned into practice. They were happy that it gave them an opportunity to become competent. They shared the following:

“we become more competent because we are practicing other than when you are at a different facility then you have to face reality and within the institution you are able to practice and there is no much pressure other than in reality when you are dealing with an actual person” (Focus group 4, Participant A, female, university)”

“Whatever that we do or learn in class should be put into a practical demonstration so that one can be competent with whatever that has been taught in class so it goes hand in hand, year by year, level by level and it helps the student when they are done with

their studies they know what to do in the field and they can be competent individuals or nurses” (Focus group 5, Participant D, male, college)”

“But at the end of the day you do gain knowledge, you do become confident you are able to practice without having fear that you’ll do a mistake, in a way it’s a way of correcting yourself or preparing yourself for future reference that’s how I feel” (Focus group 3, Participant B, college)”

Theme 4: Suggestions

The last theme that emerged from the findings of this study was suggestions to improve clinical assessments in institutions of higher learning. There are four subthemes in this category namely: increase time of assessment, pre assessment meetings, improvement on attitude and communication skills on lecturer and Revitalization of clinical

Sub theme 4.1: Increase time of assessment.

Participants revealed the need to increase the time for assessment. Participants explained:

“They should also increase the timeframe if it’s possible as we said that we end up wanting to get the skill done and will be under pressure to finish on time. So as it is they can give us four station, two different modules I have to know” (Focus group 4, Participant E, female, university)”

“I feel like the duration that a student is given to demonstrate a skill need to be extended bit, because one of or challenge my fellow students will agree with me when I say our competency is not affected by lack of knowledge but rather because we race to finish our assessments in time (Focus group 2, participant E, male, college)”

Sub Theme 4.2: Pre assessment meetings.

The findings from the focus group discussions suggest that there is a need for pre assessment meeting with the student to help them prepare for the assessment. The participants maintained:

“If they do not tell us which skills to practice, they should at least give us the tools, because imagine preparing ten skills without even having the tools, where will you start? That is the reason why we score low marks on our clinical assessments, so it’s

either they should give us the tools or they should tell us which skills to prepare” (Focus group 1, Participant B, female, university)”

“I suggest they tell us the real skills that we are going to do, they should not tell us we are going to do 8 skills (Focus group 1, participant D, female, university)”

Subtheme 4.3: Improve attitude and communication skills of lecturer.

According to the findings of the study, the students suggested that the lecturers should improve their communication and attitude as it affected, their performance. The comments from the participants were:

“I think they must inform us in time when they come to assess us at the clinical institutions rather than coming announced at the facilities” (Focus group 2, participant D, female, college)”

“I think there should be a clear communication as to when are they coming and making our immediate supervisors aware, (Focus group 2, participant E, male, and college)”

Discussion

This study sought to explore and describe the perceptions of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema district. Three themes and 14 subthemes emerged from the participants’ responses. The student nurses experienced challenges regarding clinical assessment in institutions of higher learning. The challenges experienced by student nurses on clinical assessment include lack of resources, outdated mannequins, negative attitude of assessors, interruptions during clinical assessments, lack of proper planning, limited time to do the skill and lack of feedback.

Structure

The participants stated that the assessors had a negative attitude which impacted them negatively during assessment. Even when they see them do anything wrong, they would shout at them in front of patients, these findings concur with Panda *et al* who state that a positive attitude of clinical staff and assessors has a positive impact on learning (Panda *et al*, 2021:9). Furthermore, Panda *et al* (2021:10) argue that some preceptors become authoritative, and student ends up being afraid to even ask questions, they pressurise students and hurry them to finish. Donough and Heever

(2018:7) further add that reprimanding of students must be private, as it is wrong to scold students in front of patients or peers.

The students further stated that there is a lack of resources and outdated mannequins at their institutions. The lack of resources impacts them badly, such as during assessment when they have to use the provided resources, the assessors will state that they should leave it, which creates a lot of confusion. The findings of the study is in contrary to the requirements for an appropriate assessment, as according to Bdair *et al* (2019:271) an OSCE requires a well prepared room, with sufficient, updated and appropriate equipment as well as materials. Furthermore, according to Bogren *et al.* (2021:207), lack of critical resources and equipment acts as a barrier to providing high quality nursing education. In addition, not having access to physical resources affects clinical learning because most of the times we are improvising and end up not doing the ideal things (Panda, 2021:12). Furthermore, assessments must be conducted in a conducive environment, resources used should facilitate the assessment not to serve as a distraction (Haufiku, 2019:16). In addition, inadequate resources fail to support the learning process as students end up improvising. (Kamphinda & Chilemba, 2019:6).

Lastly the participants expressed that they need real life assessment. They argued that is conducive to be assessed on real life patients than simulation as the mannequins do not respond and make it difficult to carry out assessments. For this reason, the participants preferred real life situation to simulation. However, according to a qualitative study conducted in China by Zhang (2017:3-4), the students stated that the use of simulation scenarios and simulators were a good way of learning, because it helped them to get a better understanding of the content that was taught, leading to a great performance during assessments. Therefore, it is essential that there should be proper and appropriate equipment to enable improvement in clinical assessment, which will enable students to perform to their utmost potential.

Process

The participants voiced out that the lecturers came unannounced at the clinical facilities for clinical assessment thereby interrupting their clinical routines. The unannounced visits cause a disruption at the clinical facilities as at times they come when the students are still busy with the routine and expect them to leave whatever they are doing. The findings of the study are not consistent with the thoughts of Bogren *et al* (2021: 207) who state that in order to ensure that we fulfil student learning outcomes there must be proper communication between the institutions, the students, and the clinical facilities. Motsaanaka *et al* (2020:6) agree that lack of communication between the supervisors and the clinical facilities inhibits opportunities for students and creates a negative clinical experience. Vincent *et al* (2022:9) argue that assessments must be well planned and with a logical sequence in order to assist the students to perform well. According to Brits *et al.* (2020:6), assessment must be planned accordingly in order to meet all the assessment domains. Haufiku *et al* (2019:15) agree with Brits by stating that assessments must be planned well in advance, as a poorly administrated assessment may result in failure to attain assessment objectives.

One of the students concerns was poor time management and limited time allocated for OSCE assessment. The participants argued that they were allocated limited time during OSCE which resulted in them making mistakes and scoring low marks. Donough and Heever (2018: 6) argue that professionalism relates to being punctual and accountable to one's actions. Additionally, Haufiku *et al* (2019:14) state that assessments must be properly planned and even the allocation of time per station must be planned, the length and time allocation of each station must be properly planned as it affects the effectiveness of the assessment. A study that was conducted in Namibia supports the findings of the study as the students in that study indicated that they performed unsatisfactory due to limited time constraints during assessment (Haufiku *et al*, 2019: 14). In contrast, according to Goh *et al* (2019: E5) the duration of each station should be between 10 to 20 minutes, this recommended time is to give students enough time to demonstrate competency. In addition, Haufiku *et al* (2019:15) states that the time allocated per station must be adequate for completion of the task, OSCE time may vary from 5 to 15 minutes depending on the complexity of the station.

Outcome

The focus group discussions revealed that clinical assessment brings excessive anxiety due to the fact that even the usually friendliest lecturers are not friendly during assessments. Another source of anxiety is the difference of performing a skill between the clinical facilities and the institutions. This is in line with Panda *et al* (2021:11) who argue that it is normal for any student to experience anxiety during assessments as they feel that they are always expected to do well. Panda *et al* (2021:11) further affirm that fear comes from being afraid to make mistakes, harm the patient or fail the assessment.

Participants indicated that they never received feedback after the clinical assessment, only those who had failed the assessment got feedback after a few days and the lack of feedback discouraged them because they did not know where to improve for future assessments. This is contrary to Engstrom *et al.* (2017:64) who advised that feedback must be given whether the student has passed or failed. Furthermore, feedback is the key component in assessment, and in order for students to improve their learning, they need to act on the received feedback, as it supports cognitive, technical, and professional development. Besides, Brits *et al* (2020:5) argue that feedback should be specific and on time, because if students do not receive feedback, they will continue to do the wrong things without knowing it. In addition, constructive and timely feedback allows the students to think critically, reflect and improve on their abilities (Haufiku *et al*, 2019:16).

Not all outcomes were negative. A positive outcome from the study was that the participants felt that clinical assessments improved one's skills and knowledge. The assessments improved their confidence and lastly, they would become competent in that field. The findings agree with recent literature that states that clinical assessments are necessary to determine if learning has taken place and also to give the student a highlight of areas where they need to improve. Student assessment is used to determine their understanding of knowledge and the skills they know, and that can be used to help them improve (Vincent *et al*, 2022:1). Moreover, Lewallen and Horn (2019:1) opine that clinical evaluation is essential to ensure that the students are clinically competent, have critical thinking skills and able to apply the taught knowledge which plays a crucial role for the professional development of nursing students which can be achieved by using various methods such as objective structured clinical examination.

Recommendations

One of the recommendations that the participants made was that there should be an increase in time allocated for clinical assessment to enable them to perform well and make fewer mistakes. This view is supported by Goh *et al.* (2019: E5) who explain that the duration of each station should be between 10 to 20 minutes which is enough time to demonstrate competency.

The participants further recommended that there should be pre-assessment meetings. The participants stated that pre-assessments would enable them to prepare adequately as they would know the expectations. This is also likely to reduce the anxiety that usually occurs during assessments. This is consistent with Sserumage *et al* (2020:183) who aver that pre-assessment meetings are said to improve the performance of the students and that they need to be orientated about the assessment tools to enable them to be familiar with the tool and that any questions should be addressed before using the tool. Furthermore, in order to reduce anxiety, students should attend preparatory sessions that offer information about scope of the test (Sola-Pola *et al*, 2020:2). In addition, Haufiku *et al* (2019:15) suggest that students must be informed of the objectives of the OSCE beforehand so that they can properly plan and prepare.

The researcher's findings indicate that the improvement of communication and attitude of assessors may be one of the solutions to improve clinical assessments. Panda (2021:10) supports the finding by explaining that communication of instructors is essential and collaboration with the clinical staff is of importance. In addition, in order to support effective assessment strategies, there is need to implement effective communication and collaboration between students, academic institutions, and clinical placement sites (Bogren *et al* 2021:207). There is need for assessors to improve their communication skills as well as attitude. This is supported by Donough and Heever (2018:7) who believe that supervisors should act as role models of professionalism for students, as they learn from them.

Limitations of the study

The study was conducted in Ngaka Modiri Molema district in North West province of South Africa and cannot be generalised to other provinces in the country. However, other provinces can use the findings of the study to improve the way in which they

conduct clinical assessments. First years were not included in the study, and the study was conducted using qualitative approach.

Conclusion

The findings of the study highlighted that the participants were faced with a number of challenges. Their challenges included lack of resources, and interruptions during the clinical assessments. In addition, the students experienced a negative attitude from the assessors and were allocated limited time to conduct the assessment. A positive outcome was that the students felt that assessment improved their skills and knowledge. The participants generated suggestions to improve clinical assessments such as increased assessment time, holding of pre-assessment meetings as well as improved the attitude and communication of lecturers.

Recommendations

The researcher recommends that the policy makers make available the relevant guidelines related to clinical assessments available. Lastly the researcher recommends that further research be done on different participants as well as other provinces.

Acknowledgements

The authors wish to thank the North-West University and North West Department of Health for approving the study. They would also like to express their gratitude to all the participants who took part in the study.

Competing interest

The authors declare that they have no personal or financial relationship which may have influenced them inappropriately in writing this manuscript.

Author's contributions

R.S. drafted the manuscript, M.A. and M.L. contributed equally to the finalisation of the manuscript.

Funding information

This study was funded by the North-West University

Data availability

Data are available but cannot be shared with anyone in terms of the agreement made with participants according to research regulations and POPIA.

Disclaimer

The views and opinions expressed in this manuscript are those of the authors and do not necessarily reflect official policy or position of any affiliated agency of the authors.

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Section 3: Conclusion of findings, limitations recommendations and conclusions

3.1.Introduction

The purpose of this section was to describe the conclusions of the findings, limitations, recommendations, and final conclusions. The study aimed to explore and describe the perception of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema district. The study consist of three sections whereby section one is overview of the study, section two consists of the manuscript written following the Health South Africa Gesonheid (HSAG) guidelines. Lastly section three entails summary of findings, limitations, and recommendations and conclusions.

3.2. Conclusions of the findings

The study followed the Donabedian SPO model, which consist of three main themes namely the structure, process, and outcome. Post transcribing, analysing and co coding of face to face focus group discussions and three themes emerged which were classified on SPO model namely structure, process and outcomes. From the three, 15 subthemes were identified such as negative attitude of the assessors, lack of resources, outdated mannequins, need for real life assessment, ineffective planning and unannounced visits at clinical assessment for formative assessments, interruptions during assessments, time management, limited time for clinical assessment, clinical assessment improves student knowledge and confidence, anxiety, lack of feedback, time for OSCE assessment, pre assessment meetings and improvement on attitude and communication skills of lecturer. The themes and subthemes are concluded as follows.

Structure

From the findings it was clear that the nurse educators displayed negative attitudes to the students such as verbal comments and not communicating well during assessment. The participant was frustrated by lack of resources and outdated mannequins that were used during assessments as they end up not knowing if they are doing what is required from them and they are panicking most of the times. These

lack of resources and dilapidated mannequins impacted negatively on the student's clinical performance during assessments. The findings also revealed that the participants feel comfortable for performing clinical assessments on a real-life situation as there are no time limits and feel free to do clinical skills as compared to simulation lab. Therefore, it concluded that the structure which include the environment and resources in the simulation lab posed negative impact in student assessments and resulted in student dissatisfaction.

Process

The participants reported that ineffective planning and unannounced visits by nurse educators at the clinical platforms as a challenge. The findings concluded that there is no proper planning regarding the clinical visits and unannounced visits by nurse educators which disrupted their clinical learning as they will say stop what you are doing as I need to see you now. The events such as unannounced and ineffective planning had negative impact on the student's clinical learning and assessments. Again, the findings highlighted that the interruption by assessors during assessment caused lot of confusion and limit time for assessment. The interruption by assessors during assessment resulted in poor performance of the students and created a lot of confusion and anxiety. The implication of the findings is that there is a need to improve time allocated for clinical assessments to yield good performance and clinical competence of the students.

Outcome

Lack of feedback on clinical assessments and anxiety were highlighted as a challenge from the third theme. These challenges had negative impact on the students as may led to poor performance and they voiced out that they are never aware of the mistakes that was conducted due to lack of feedback. They further indicated that due to lack of feedback this may lead to poor patients' outcomes in future because feedback can correct mistakes done during assessments. In addition, the findings revealed that feedback was viewed as critical aspect of clinical assessments because it can improve their knowledge and skills.

Suggestions

The findings suggested measures that could improve clinical assessments such as increased time for assessments, holding pre assessments meeting to brief the students and improvement of attitudes and communication by the assessors. The participants echoed that pre assessments meetings may create a platform whereby they can ask questions and be informed about the process of assessments which may reduce level of anxiety. In conclusion they believe that if the identified suggestion could be implemented it would improve their clinical performance in general.

3.3. Limitations

The limitations of the study is that not all student nurses participated in the study. Data was collected from two institutions in Ngaka Modiri Molema district, did not include all the higher education institutions in North West province. Only 28 student nurses participated in the study. The researcher used qualitative research design which may limit generalisation of the findings to a bigger population which is a limitation.

3.4. Recommendations

The following recommendations are important in understanding and improving clinical assessment in higher education institutions in Ngaka Modiri Molema district.

3.4.1. Recommendations for Practice and nursing education

The participants recommended that the time allocated for clinical assessment must be increased in order to enable them to complete the assessments because in most cases they are unable to complete assessment due to limited time allocated. The participants also mentioned that there was a need for pre-assessment meetings. The meetings would help improve their performance during clinical assessments as they are never told what to prepare therefore leading to poor performance. The students further stated that the negative attitude of assessors impacted them badly. Therefore they requested that the assessors should improve their attitude and communications skills.

3.4.2. Recommendations for policy makers

It is recommended that the three stakeholders, North West department of health, North West College of nursing and Northwest-University to work collaboratively to ensure

the availability of Clinical assessment policies and guidelines. This collaboration should also ensure that nursing strategies are reviewed and updated.

3.4.3. Recommendations for nursing research

As there is limited research on perceptions of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema district, more researches on perception of student nurses on clinical assessment is required as it will add important and valuable knowledge to what is already known about clinical assessment. Furthermore, it is recommended that further research can be done, collecting data from different participants such as first years, post-basic courses students.

3.5. Conclusion

The aim of the study was to explore and describe the perceptions of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema. This study revealed that the student nurses are faced with various challenges when coming to clinical assessments. The challenges experienced by student nurses include lack of resources, outdated mannequins, negative attitude of assessors, limited time, interruptions during assessments and lack of proper planning.

However, the students made recommendations that the time allocated for clinical assessment must be increased in order to enable them to complete the assessments because in most cases they are unable to complete the assessment due to limited time allocated. The participants also mentioned the need for pre assessment meetings. The meetings will help improve their performance during clinical assessments as they are never told on what to prepare therefore leading to poor performance. The participants further stated that the negative attitude of assessors impacted them badly and therefore indicated that the assessors should improve their attitude and communications skills.

Annexure A: HREC APPROVAL



Private Bag X1290, Potchefstroom
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Tel: 086 016 9698
Web: <http://www.nwu.ac.za/>

North-West University Health Research Ethics
Committee (NWU-HREC)

Tel: 018 299-1206
Email: Ethics-HRECAppl@nwu.ac.za (for human
studies)

20 January 2022

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 20/01/2022, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Perceptions of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema District

Principal Investigator/Study Supervisor/Researcher: Dr MJ Matsipane

Student: RS Mongale - 23241136

Ethics number:

N	W	U	-	0	0	1	8	9	-	2	1	-	A	1
Institution				Study Number					Year		Status			

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;
A = Authorisation

Application Type: Single study

Commencement date: 20/01/2022

Risk:

Medium

Expiry date: 28/02/2023

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of August and February annually until completion of the study.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:*
 - *six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and*
 - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical*

principles) during the course of the study.

- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-HREC reserves the right to:
 - request access to any information or data at any time during the course or after completion of the study;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;

- withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of the study i.e. (face-to-face collection of qualitative data via focus group discussion within a nursing college in the public health context), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study, other than that indicated under the COVID-19 risk mitigation strategy as indicated in the application. The researcher must, however, ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,



Digitally signed by
Prof Petra Bester
Date: 2022.01.21
08:18:05 +02'00'

ANNEXURE B: NORTH WEST DEPARTMENT OF HEALTH APPROVAL



Cnr Sekame & First Street
New Office Park
Mafiheng, 2745
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RESEARCH, MONITORING AND EVALUATION DIRECTORATE

Name of researcher: R. S. Mongale
North West University

Physical Address Dr Albert Witvuli drive
(Work/ Institution) Private bag X 2178
MAFIKENG, 2745



Subject: Research Approval Letter – Perceptions of student nurses on clinical assessments at higher education institutions in Ngaka Modiri Molema District.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher must arrange in advance a meeting with the District Chief Director and District Director to introduce their research team/members on the proposed research to be undertaken. Further to the above the researcher must produce this letter to the District and chosen facilities as proof that the research was approved by the NWDoH.

This letter of permission should be signed and a copy returned to the Department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the Department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.



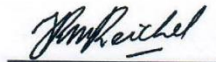
Healthy Living for All

Below are the contact details of Office of the Chief Director and District Director of Ngaka Modiri Molema District.

Ngaka Modiri Molema District

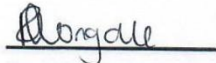
Office of the Chief Director	Office of the District Director
Ms. Mosela Kaudi Ms. Boitumelo Sethaiso (PA)	Ms. Nomvula Legobye Kealeboga Lobega (PA)
MKaudi@nwpg.gov.za BSethaiso@nwpg.gov.za	NLegobye@nwpg.gov.za LobegaK@nwpg.gov.za
018 384 0240	018 384 0240

Kindest regards.



Dr. F.R.M. Reichel
Director: RM&E

14/9/2021
Date



Researcher

14/09/21
Date



Healthy Living for All

Annexure C: NMMD Campus Approval Letters



VISION : Optimum education and training for nurse practitioners of the North West Province.

MISSION : Striving to provide quality education and training to nurse practitioners of the North West Province.


Enquiries: Ms T.V Batyi

To: Ms. R.S Mongale

Re: REQUEST FOR PERMISSION TO CONDUCT A STUDY AT NORTH WEST COLLEGE OF NURSING (MAHIKENG CAMPUS).

Permission to conduct a study at the North West College of Nursing on "Perceptions of student nurses on clinical assessment at higher institutions in Ngaka Modiri Molema District" is hereby granted on condition that you provide approval to conduct your study from the North West Department of Health Research Committee. Disruption of teaching and learning should be avoided at times of data collection. It is also required that results of the study be shared with the Institution to contribute to future positive teaching and learning environment.

Thank You



Ms T.V Batyi
Acting Campus Head



2021/06/03
Date

NWU RDGC PERMISSION GRANTED / DENIED LETTER

Based on the documentation provided by the researcher specified below, on 22/11/2021 the North-West University (NWU) Research Data Gatekeeper Committee (NWU-RDGC) hereby **grants permission** for the specific project (as indicated below) to be conducted at the NWU:

<p><u>Project title:</u> Perceptions of student nurses on clinical assessment at higher education institutions in Ngaka Modiri Molema District.</p> <p><u>Project leader:</u> Dr MJ Matsipane</p> <p><u>Researcher/Project Team:</u> RS Mongale</p> <p><u>Ethics reference no:</u> NWU-00189-21-S1 <u>NWU RDGC reference no:</u> NWU-GK-21-077</p> <p><u>Specific Conditions:</u></p> <p><u>Approval date:</u> 22/11/2021 <u>Expiry date:</u> 22/11/2022</p>

General Conditions of Approval:

- The NWU-RDGC will not take the responsibility to recruit research participants or to gather data on behalf of the researcher. This committee can therefore not guarantee the participation of our relevant stakeholders.
- Any changes to the research protocol within the permission period (for a maximum of 1 year) must be communicated to the NWU-RDGC. Failure to do so will lead to withdrawal of the permission.
- The NWU-RDGC should be provided with a report or document in which the results of said project are disseminated.
- Due to the COVID-19 pandemics the Committee would like to advise the researcher to practice the necessary caution and adhere to the National Covid-19 Guidelines when conducting research with participants.

Please note that under no circumstances will any personal information of possible research subjects be provided to the researcher by the NWU RDGC. The NWU complies with the Promotion of Access to Information Act 2 of 2000 (PAIA) as well as the Protection of Personal Information Act 4 of 2013 (POPI). For an application to access such information please contact Ms Annamarie De Kock (018 285 2771) for the relevant enquiry form or more information on how the NWU complies with PAIA and POPI.

The NWU RDGC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the NWU RDGC for any further enquiries or requests for assistance. Yours sincerely



Prof Jeffrey Mphahlele
Chairperson NWU Research Data Gatekeeper Committee

Annexure D: Data collection tool/interview schedule

Title of the study: **Perceptions of nursing students on clinical assessment at higher education institute in Ngaka Modiri Molema District**

1. Beginning

-Introduce self: Good morning/ afternoon I am a master's student at the North West University Mafikeng Campus, at the school of nursing science and I will be interviewing you today

2. Describing initial purpose

-The purpose of this interview is for me to ask you about your perceptions of clinical assessment

- The expected outcome of the study is to explore and describe the pre-registration nursing students' perceptions regarding clinical assessment at a higher education institution in the Ngaka Modiri Molema District

3. Orienting Participants

- The following study has been approved by the health research ethics committee of North West University

- Confirming voluntary participation: you have all agreed to voluntarily take part in this study, be informed that you also have the right to withdraw from the study at any point where there is a need to do so, and also you as a participant you are not forced to answer all questions if you do not feel comfortable to do so.

- Duration of the interview: the interview is intended to last 30 to 45 minutes, should you need to take any break feel free to do so.

- The interviews will be conducted through focus group discussions whereby the researcher will ask a question and participants will be allowed to respond and debate about the asked question.
- The reason for focus group sessions is to stimulate a debate around the topic and to have different point of views from a group of people.

- The following are the ground rules to be adhered to during the focus group session:

- No right or wrong answers, only differing points of view
- Recording the discussions digitally and one person speaking at a time
- No need to agree with others, but must listen respectfully to others' views
- Cell phones must be off or on silent
- Must not address other members with their real name
- Must keep our masks on at all times and be seated 1,5 m apart

(You said the focus group discussions will not be conducted face to face.)

May we begin with the interview?

- Question 1: What is your perceptions regarding clinical assessment in an institution of higher education?
- Question 2: What is your perceptions on the structure of the clinical assessments?
- In your own words how would you describe the structure of the clinical assessment?
- Question 3: What are your perceptions on the process of clinical assessment?
- In your own experience how do you view the process of clinical assessment?
- Question 4: What is your perception with regard to the outcomes of clinical assessment?
- In your own words how would you describe the feedback of clinical assessment?

These may be followed by probes, paraphrases such as

- What is it about those details that stick in your mind?
- Can you share your reasons for that decision?
- How could it have been different?

Provide Time for Participants' Questions

- • Ask participants if they have any questions

4. Ending

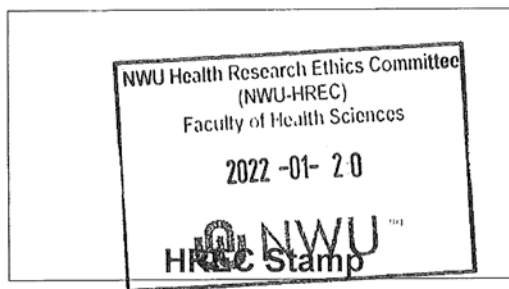
- We have now come to the end of the interview. You have really contributed a lot and that is highly appreciated. A few of the things that stood out were:

.....
.....

Thank you so much for taking the time to avail yourselves to participate in this study, it is highly appreciated. You may help yourselves to the refreshments.

Annexure E: Informed Consent

INFORMED CONSENT



INFORMED CONSENT DOCUMENTATION

TITLE OF THE RESEARCH STUDY: Perception of nursing students on clinical assessment in higher education institutions in Ngaka Modiri Molema district.

ETHICS REFERENCE NUMBERS: NWU-00189-21-A1

PRINCIPAL INVESTIGATOR: Dr M J Matsipane / Prof M A Rakhudu

POST GRADUATE STUDENT: Ms Reitumetse Mongale

ADDRESS: 11115 Molelwane village, Mafikeng, 2745

CONTACT NUMBER: 0742465651

You are being invited to take part in a **research study** that forms part of my/our master's degree. Say what studies or what research study is being undertaken.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect

Declaration by participant

By signing below, I agree to take part in the research study titled:

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Declaration by person obtaining consent

I (*name*) declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

.....
Signature of person obtaining consent

.....
Signature of witness

Declaration by researcher

I (*name*) declare that:

- I explained the information in this document to
or I had it explained by who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them
or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*)
20....

.....
Signature of researcher

.....
Signature of witness

Annexure F: recruitment material



Invitation to participate in research

Title: Perception of undergraduate nursing students on clinical assessment at higher education institutions in Ngaka Modiri Molema district

Project date 2020-2021

• Objectives of the study

- To explore and describe the pre-registration nursing students' perceptions regarding clinical assessment at higher education institution in Ngaka Modiri Molema district
- To describe recommendations for improving clinical assessment at higher education institutions in Ngaka Modiri Molema district

- You are free to decline from the study and no penalty will be imposed
- At no point will your personal information be disclosed to anyone outside the research team

Benefits of the study

- Experience improved clinical assessment

Purpose of the study

- The aim of the study is to explore and describe the pre-registration nursing students' perceptions regarding clinical assessment at higher education institution in Ngaka Modiri Molema district

No cost required to Participate

Investigator

Research assistant: Mr Precious 0737131467
R S Mongale is the primary investigator of this research project. She is a lecture at North west college of nursing: Sharonsekuti@gmail.com Tel:0742465651

Who should participate?

- Level 2 to level 4 bachelor of nursing student
- Previously involved in clinical assessment





CONFIDENTIALITY UNDERTAKING

entered into between:

Co – Coder / Mediator

I, the undersigned

Prof / Dr / Mr / Ms _____

Identity Number: _____

Address:

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520 (Hereinafter the “NWU”)

1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 “Confidential Information” shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information

concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 “Commencement Date” means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

2.2 The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

3 Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

4 Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

5 Non-disclosure and undertakings

I undertake:

5.1 to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of

such Confidential Information otherwise than may be allowed in terms of this undertaking;

5.2 to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

5.3 not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

5.4 not to use any research data for publication purposes;

5.5 not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

5.6 not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

5.7 that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

6 Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

7 Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

8 Whole agreement

8.1 This document constitutes the whole of this undertaking to the exclusion of all else.

8.2 No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this _____ 20____

Witnesses:

1

2

(Signatures of witnesses)

.....

(Signature)

Annexure H: Researcher Code OF CONDUCT



CODE OF CONDUCT FOR RESEARCHERS

This code of conduct is applicable to all NWU researchers.

As a researcher of the North-West University (NWU), I subscribe to the rules of the NWU Institutional Research Ethics Regulatory Committee (IRERC) as well as all national and international laws and regulations applicable to my field of study. Furthermore, I commit myself to abide by the ethical principles and responsibilities as set out in the Singapore statement on Research Integrity (22 September 2010), in any and all research endeavours that I undertake as a researcher of the NWU.

The four major principles of research integrity to which I will adhere and that will guide my research are:

- Honesty in all aspects of research
- Accountability in the conduct of research
- Professional courtesy and fairness in working with others
- Good stewardship of research on behalf of others

Consequently I will also adhere to the following ethical responsibilities:

1. I will take responsibility for the trustworthiness of my research.
2. I will stay abreast of and adhere to all institutional, national, and international laws, regulations, and policies applicable and related to my research and research as a whole.
3. I will at all times employ appropriate research methods, base my conclusions on critical analysis of the evidence and report my findings and interpretations fully and objectively.
4. I will keep clear and accurate records of all research that I have conducted in a manner that will allow verification and replication of my work by others.
5. I will share my data and findings openly and promptly. This will be done as soon as possible after I have had an opportunity to establish priority and ownership claims.
6. I will take responsibility for my own contributions to publications, funding applications, reports and other representations of my research. I will also and only include authors who meet valid authorship criteria.
7. I will acknowledge the names and roles of those who made significant contributions to my research in publications, including writers, funders, sponsors, and others, but do not meet authorship criteria.
8. In my peer reviews, I will provide fair, prompt and rigorous evaluations and I will respect confidentiality when I review others' work.
9. I will disclose all conflicts of interest (financial and other) that could compromise the trustworthiness of my work in research proposals, publications, public communications, and in review activities.
10. When I publically address a community I will in all stages base my professional comments on research findings (if applicable) and my expertise. I will distinguish between professional comments and opinions based on personal views.
11. Should any irresponsible research practices and/or research misconduct become known to me or brought under my attention, I will report such irresponsible research activities to the appropriate authorities.
12. I will respond to irresponsible research practices or conduct, by taking prompt actions as set out in the procedures of the university. I will also protect those who report misconduct in good faith, to the best of my abilities.
13. I will endeavour to create and sustain an environment that encourage research integrity through education of students, research teams and peers, as well as abide by policies, and reasonable standards for advancement.
14. I will at all times weigh societal benefits against the risks inherent in my work.

Name: _____

Signature: _____

Date: _____

Annexure I: Proof of Language Editing



Office: 0183892082

FACULTY OF EDUCATION

Cell: 0789175805

Date: 27/11/2022

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Sifiso Sibanda, confirm and certify that I have read and edited the entire dissertation: *Perceptions of student nurses on clinical assessments at higher education institutions in Ngaka Modiri Molema District*, by R S Mongale, Student number: 23241136 submitted in partial fulfilment of the requirements for the degree *Master of Nursing Science (MNSc)* at the North-West University, which was supervised and co-supervised by Dr MJ Matsipane and Prof. M A Rakhudu of the North-West University.

I hold a PhD in Language and Literature with English and am qualified to edit academic work of such nature for cohesion and coherence.

The views and research procedures detailed and expressed in the dissertation remain those of the researcher/s.

Yours sincerely

Sifiso Sibanda

(PhD, MA, BA Honours, B.Ed., D.Ed. – English)





Office: 0183892082

FACULTY OF EDUCATION

Cell: 0782295700 / 0789175805

Date: 27 November 2022

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, Sifiso Sibanda, confirm and certify that I have edited the article: *An analysis of the concept clinical assessment in nursing education: Lessons for South Africa*, by Mongale, RS¹, Rakhudu, M A² and Matsipane, M.J.

Yours sincerely

Sifiso Sibanda

(PhD, MA, BA Honours, B.Ed., D.Ed. – English)



Annexure J: Proof of Turnit

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Annexure J: Proof of Submission to Journal

Manuscript title: An analysis of concept clinical assessment in nursing education

Journal: Health SA Gesondheid

Dear Mrs Mongale

Your submission has been received by the journal and will now be processed in accordance with published timelines.

Processing time guidelines are available under the journal's 'About' section, however, please note that each submission is assessed on its individual merit and in certain circumstances processing times may differ.

You can check the status of your submission in three ways:

- Journal Website: login to your account at <https://hsag.co.za/index.php/hsag/author/submission/2274>.
- Publisher Enquiry Service: telephone numbers are +27(0)219752602 and/or 0861000381.
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You will receive additional emails from the journal as your submission passes through the phases of the editorial process.

Kind regards,
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Health SA Gesondheid

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Manuscript title: Perceptions of nursing students on Clinical assessment in the selected Nursing Education Institutions of the North-West Province
Journal: Health SA Gesondheid

Dear Mrs Mongale

Your submission has been received by the journal and will now be processed in accordance with published timelines.

Processing time guidelines are available under the journal's 'About' section, however, please note that each submission is assessed on its individual merit and in certain circumstances processing times may differ.

You can check the status of your submission in three ways:

- Journal Website: login to your account at <https://hsag.co.za/index.php/hsag/author/submission/2273>.
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You will receive additional emails from the journal as your submission passes through the phases of the editorial process.

Kind regards,
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Annexure K: Transcript

Results of FGD 2

5 participants

Second year's nwcon

Duration: 40 minutes

Data from participants	Themes and sub themes.
<p>Facilitator: good afternoon.</p> <p>Participants: good afternoon sir.</p> <p>Facilitator: my name is Tshepang Modise I am going to facilitate I am going to facilitate this session, the researcher is doing research on "perceptions of nursing students on clinical assessment at higher education institution in Ngaka Modiri Molemo District". so the research is about that now your participation is totally voluntary meaning if you want to withdraw from the session you can do that without being penalized, this session is going to be recorded using a voice recorder. So I need you to consent to recording do you guys consent, do you agree that we record this session?</p> <p>Participants: yes, sir.</p> <p>Facilitator: ok if you want a copy of the recorded voice you can tell us that you want a copy either email and staff like that it will be send to you right, this session is going to be plus minus 30 to 45 minutes. When you respond don't respond all at the same time you give each other chance to speak and I am going to need all of you guys to participate and respond without the other one dominating the session ok let's start do you agree to start?</p> <p>Participants: yes, sir.</p> <p>Facilitator: ok now you are going to respond to questions that I am going to post to you alright the first question is.</p>	

Question 1: Facilitator: What is your perception regarding clinical assessment in higher education institution? The institution higher education refers to your institution which is North West Collage of Nursing. So what is your perception regarding the clinical assessment you use in your institution? Before that let me first clarify this you are going to be participant A, B, C, D, E, F,.... Now when you respond you are going to say participant E if you are participant E and answer.

Participant E: ok can we get clarification on what you are referring to when you say clinical assessment, are you referring to what are we being assess on clinical facilities or specifically what you are referring to so that we can be able to answer.

Facilitator: clinical assessment refers to how you are assessed method used to assess you in a clinical setting, be it in a clinic, health facility or simulation room. So what is your perception regarding clinical assessment in an institution of higher education

Participant A: I think it is fair that they use assessment to check the level of competence because at our institution we work with people.

Facilitator: participant A what do you mean by its fair can you please elaborate.

Participant A: I think it is fair because they are going to check our level of competence in the work place and they will be able to see if we can do the skills that they are required from us.

Facilitator: ok any other input?

Participant D: I think that the instrument that we use at the college like the manikin that we are using will be assessed with POP but when you look at the manikin is damaged for

Outdated mannequins

appropriate procedures so you will get confused asking your self is this amputation and if I do POP on an imputed person how will it be, so they should use appropriate equipment for a specific procedure so that the student don't get confused during their clinical assessment.

Facilitator: to go back to what you are saying when you speak about appropriate equipment can you please further to make us understand what you talking about.

Participant D: but I made an example as you all know we are using manikins at the college and you find that the doll is amputated and all those, procedures we have amputation and POP how to insert POP or how to remove it and then you will get confused because will already be amputated but the procedure is asking that how do you remove a POP from a patient so that's how a student will be confused, asking themselves whether the procedure want them to talk about amputation or POP? Hence I am saying that they should use relevant equipment for specific procedures.

Facilitator: ok participant E you wanted to say something?

Participant E: if a may add on what participant D is trying to say is that we have experience the fact that lot of assumptions have to be taken when we are doing our simulation, which to a great extend in a way affect the objectivity of the assessment. Because you have to assume that something has been done I think that what she is trying to say by proper equipment needs to be used in order for the assessment to take place. My initial intel to the question is clinical assessments are very intimidating, mostly I think the attitude of the assessors themselves to the students make the process to be very difficult you will

Negative attitude of the assessor

find that the friendliest of the friendliest lecturer by the day of the assessment is a total different person. Which actually make the student uneasy to be able to carry out the assessment and it poses a threat to the student questioning yourself if you have assimilated or learned what you are supposed to learn and if you are caring out that so I think the attitude of the lecturers before they come to the assessment is one of the stumbling blocks to the clinical assessments.

Facilitator: yoh you said a lot lets go back to assumption you saying you make a lot of assumptions during clinical assessment, I want you to elaborate what do you mean by that?

Participant E: ok like you will be given a procedure having to perform a procedure with skill with the probe that will requires you to do a POP that requires a probe to have limbs, and the probe that is in place does not have limbs and then you've got to assume that the patient has limbs and having to demonstrate a skill in a limbless probe which a probe that has limbs it become a bit problematic.

Facilitator: ok you spoke about intimidation can you elaborate on that further, what do you mean by being intimidated during clinical assessment?

Participant E: i am not saying I am being intimidated but rather the atmosphere becomes intimidating because the friendliest of the friendliest lecturer is quite different they give you an impression that we are no longer in our natural environment. There is a lot of tension because the people that you know you lecturer who has always been there been very friendly, very approachable that day is a totally different person in terms of personality or gestures at that moment when they supposed to conduct the assessments.

Anxiety

Facilitator: when you say the lecturers become different people that day I wish you can go in to it and explain to us elaborate what do you mean by that? am I not making it difficult for you to respond?

Participant E: no I am trying to put it to terms, there are lectures that on normal basis are easy to approach and they are people to converse with at corridors but on the day of the assessment the familiar face you are used to is no longer there and it causes tension.

Facilitator: you spoke about attitude can you elaborate on that how do you mean when you speak about attitude? if I understood said some lecturers would often give you attitude.

Participant E: you know that attitude is expressed by gestures right, so when you get here and you greet your assessors there at the moment and they just give you a straight plain face that makes you feel not accepted that will be my personal understanding of the situation at the moment that this is not a receptive attitude.

Facilitator: ok any other input from the group?

Participant B: adding what was said by participant E I think it will be easier on us if we are assessed by people that coming from different institution, a stranger maybe we will be more comfortable during the assessment.

Facilitator: ok how do you mean by that? can you elaborate

Participant B: I will have an idea that I know my lecturer he/she is a friendly person, then I will go to the simulation room with that idea of finding a familiar, friendly enough person for me to be comfortable only to find out that the person is totally different that day then there is tension in that environment as stated by Participant E. so maybe if I am assessed by a stranger I will be prepared for anything that

<p>comes without expecting to find my friendly lecturer and a totally different person that day so when is a stranger I will prepare myself and participate the best I can.</p> <p>Facilitator: ok any other input from the group? Let me remind you the question again what is your perception regarding clinical assessment in an institution of higher education meaning your, institution? This can be in a simulation room or in an actual clinical setting health care facility where skills will be demonstrated and staff like that so it should not only limit you to the simulation room. you know that clinical assessment can also occur in clinical settings, your health care facilities and stuff like that so as we are talking about it do have anything that comes to your mind that might have occur or that you want to share with us.</p>	
<p>Participant D: in clinical facilities you find that the lecturers will come without announcing that they will come at a specific day, meanwhile busy with you daily duties they just arrive and when you see the you will kind of panic and end up forgetting what you suppose to do because they came unannounced. So I think they must inform us in time when they will come to assess us at the clinical institutions rather than coming unannounced at the facilities.</p>	<p>Ineffective planning and unannounced visits at clinical institutions for formative assessments</p> <p>Improve attitude and communication skills of lecturers</p>
<p>Facilitator: you spoke about being scared can you please elaborate on that.</p> <ul style="list-style-type: none"> Participant D: what will make you scared is you being not prepared because at health facilities we are doing things differently from the college so seeing them you will panic because you now that they will expect you to do the procedures the way they are written in the work books. Whilst in the facilities you are doing what you are ordered to do by the professional nurses, without following the 	<p>Anxiety</p>

workbooks guidelines so you will know that you are now going to do a different procedure from what you used to do at the facility. So I think we must be told well in time in order to prepare ourselves for when they come so that we don't be scared or run away cause sometime we dodge and say we are going for lunch.

Facilitator: you know you spoke something interesting when saying that at the facilities you are doing things differently compare when you are at the college.

Participant D: yes we are doing things different than when we are being assessed at the college I am going to do an example to be more specific. Like when we take bloods they will say we must not wear gloves or use a tunicate, you take a glove and use it as a tunicate whereas at the college we suppose to use that tunicate cause it has its own technique they will also say we can not wear gloves because is a waste of resources as they are not having enough resources so if you are sure that you can take bloods then just do so without gloves. So that what I will do when I will be assessed there I will just go without gloves which is wrong according to the workbook you must always wear gloves and wash hands, and at the facilities they don't even observe whether you wash your hands before and after contacting the patient they just want everything to be done because they need those blood they will say take bloods and take it to the lab.

Facilitator: ok as we are sharing is there anything that comes to your mind that you feel like you should share on this question? Ok if there is nothing then lets move to question 2

Question:2 what is your perception on the structure of the clinical assessment? The structure refers to how

they are organised how clinical assessment are organised or set up

Participant D: I don't understand where at the college or at the clinical facilities

Facilitator: anywhere where there is an assessment being conducted can be at a health facility or in the simulation room it could also include the process of how they are conducted.

Participant E: I feel that everything is properly structured you have enough time to do what is expected of you, but with my past experience at the clinical facilities there is always an issue of lectures coming unannounced which then hinders with the routine of the ward. because some of our clinical expectations sometimes due to faults in the system you find student being paced in an outpatient department where they cannot even carry out the learning objectives that is expected, so the lecturer comes in unannounced you've got to leave where you are placed which becomes an issue with the staff of the clinic because when the lecturer comes we do not know who the informed at the facility, but you get the information from your fellow colleagues that the lectures are here we got to assemble at a particular place which disturbs the whole activity. Having to explain to your immediate supervisor that you need to be excused sometimes the person will be unwilling because at the time you tell them you need to assemble somewhere they haven't got proper communication from the college to say at this time we are going to request the students to be relieved from their clinical duties to come do an assessment. So I think there should be a clear communication as to when are they coming and making our immediate supervisors aware of that.

Ineffective planning and unannounced visits at clinical institutions for formative assessments

Improve attitude and communication skills of lecturer

Facilitator: you spoke about the fault in the system, can you please elaborate on that what you mean by that.

Participant E: like I said for an example in my 2nd year most of the learning objectives are mostly surgical ward based learning objectives, but because of the capacity of the ward that can accommodate students and the staff not everyone can be placed at surgical ward. You, then have to be placed elsewhere just to accumulate hours for probably some regulations and what so ever at that time it also affects your ability to practice the skills. Because if I am supposed to be working in the surgical ward and I am placed in an outpatient department I am not becoming familiar in with what I am supposed to do because the place which I am being placed does not give me an opportunity to learn and as when the lectures come I am not yet competent because I never had the opportunity to practice because of the place in which I was placed in those are the kind of faults that we experience.

Facilitator: ok we are discussing is there anything that comes to your minds? Regarding your perception on the structure of clinical assessment like I said the structure refers to how clinical assessment are set up not necessarily the process the process is another portion we are going to going to but we are talking about the structure in how the setting, the set up or the organization of clinical assessment any input on the structure?

Participant D: the set up from the college and from the clinical facilities they differ, in the college you will find everything it will be available it is placed for you. And then at the clinical facility maybe you will be working at a male ward then you are being assessed to take maybe blood

Participant D: from my observations the lecture must be there and the student must also be there, the equipment that is going to be used must be available if not available the assessor will explain to you that assume that this is this even though it is not there. And then you assess you to check your competence whether you are able to perform a particular skill or not and if they see that you lack somewhere they will try and correct you in order to prepare you for the final evaluation.

Facilitator: any input?

Participant E: I feel like the duration that a student is given to demonstrate a skill need to be extended a bit, because one of or challenge my fellow students will agree with me when I say our competence is not affected by lack of knowledge but rather because we race to finish our assessments in time. Which I feel that it disadvantages the student in caring out the procedure because you are not at ease you are racing against time, so maybe if they could at least expand the duration to which the student is been given to carry out the procedure so that they can feel free at ease so that they are able to do the correct things.

Facilitator: you spoke about your competency being affected not being affected by lack of knowledge, rather by racing against time can you elaborate further on that hoe do you mean?

Student E: you get to a simulation room knowing what is it you got to do you are confident because you know the procedure perfectly, however because you have limited time you end up making tiny errors due to panicking as you want to finish within the prescribed time because one of the greatest challenge is if the time hits you before finishing the procedure you have failed as you might not have cover the

Increase time of assessment

critical points. Those are the things that we have to endure as students.

Facilitator: you spoke of a critical point being covered can you elaborate further on that.

Student E: a critical point is a part of the assessment where a student has to make sure that they demonstrate that, it's like one of a fade mental to a procedure and sometimes when you go through the procedure you might find out that this critical point is at the end of the procedure and if you did not perform the critical point you automatically forfeit 40% of your assessment so sometimes you have to rush to make sure that you cover it in order to be save and not the entire assessment hence I said the time needs to be expanded so that we can relax and be able to do what we are supposed to do.

Facilitator: ant other input from the group?

Student : adding on what student E has said about the critical points I think that part is killing us because you find that sometimes you mentioned all the things but you left out one point which is the critical point, and we understand that 40% is being forfeited due to that how can one point cost us that much marks I think if they at least deduct 20% because let's say that all the points that you have mentioned covers 90% or 80% if you did not mention one point you forfeit too much points. Because sometimes you score 80% and sure that you have past but because you have not mentioned a critical point you are going to fail where as you did not mention one point I think is killing us if at least they reduced its percentage even though it is critical then we will be able to pass even if is with 50%.

Facilitator: ok

Participant D: adding on the critical point you will find that the work book will only states 2 procedures and others are

not there in the work book so you will go to the assessment knowing that there is only two critical points, whereas after the conduction of skill assessment the assessors will say no there were tree critical points. So I think they should be clear on critical points it should be stated that this three or this four are critical points, rather than be surprised after that a certain number was also a critical point you have missed it hence you have failed skill assessment they should be clear.

Facilitator: thank you any other input from participants? Ok now the fourth question

Question:4 what is your perceptions with regards to the outcomes of the clinical assessment?

Participant E: I feel that the assessment is more subjective as to being objective I will site this as an example when I was doing a CPR clinical assessment of witch I knew the procedure, o performed like one of the participant earlier said that we us Manikins for practical's subjective in a sense a bit because the manikin does not actually responsive like a real human being will be take in the case of CPR if the assessor feels that the patient is not awake at that time regardless of how you have demonstrated the skill correctly you will keep on doing it and when the assessor says the patient dies no one could actually say no. it's subjective if the lecturer feels that you are correct you actually don't have anything to say as a student saying that mam I have done the right thing you do not have anything to say if you are saying that my patient has died and I have carried out the procedure the way it supposed to be and because the manikin are lifeless it cannot proof out the objectivity of what you are doing.

Facilitator: any other input from the group? As he was talking and you are sitting there is there anything that

comes to your mind that you want to share regarding your perception on the outcomes of clinical assessment? Anything remember there is no right or wrong answer, anybody from the group? So if there is nothing from the group I will like to thank you for your participation in this study is there any question that you guys want to ask?

Participant D: is this survey going to change things at the college or you are just conducting it to see what is what?

Facilitator: with research it is conducted to come out with recommendations to improve any situation hence it's done

Participant D: ok

Facilitator: the aim is to come with improvement or to recommend improvements here and there so hence it is being done you understand?

Participant D: ok

Facilitator: is there anybody else who want to ask a question? Ok thank you very much for your time

Participant: thank you