



## Clinical education

## Lecturers' reflection on the three-part assessment discussions with students and preceptors during clinical practice education: A repeated group discussion study

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## ABSTRACT

Assessment of students' learning and achievement requires active involvement of participating students, preceptors and lecturers. The lecturers have overall responsibility for both the content of the assessment and students' learning. The aim of the present study was to investigate lecturers' reflections on the mid-course discussion and final assessment that are part of nursing students' clinical practice education. The design was descriptive and had a qualitative approach. Repeated group discussions were undertaken with 14 lecturers at two university campuses in Norway. Five categories were identified: preparing for the three-part discussion, creating a collaborative atmosphere, facilitating student learning, verifying student learning, using the assessment tool to create the assessment discussion; one theme emerged: 'being able to see and justify students' learning processes'. Lecturers' reflections on both assessment discussions and students' learning proceeded from a clear pedagogical viewpoint.

## 1. Introduction

Assessment of nursing students during clinical practice education (henceforth called clinical practice) is a complex process that is influenced by many factors for those involved—university lecturers, students and preceptors (Helminen et al., 2014). Within the assessment process, feedback is probably the most important and powerful factor in terms of its effects on future student learning (Black and Wiliam, 2009; Clynes and Raftery, 2008). Students need and should receive feedback to confirm what they have learned and to motivate them to further improve their knowledge and skills. Challenges in the assessment process include the unstable nature of the clinical area as a learning environment, ambiguity about lecturers' and preceptors' different roles and how those participating in the assessment are to co-operate (Lofmark et al., 2012; Wu et al., 2016).

## 2. Literature review

The role of the lecturer in clinical practice has changed throughout

the higher education system in Europe and internationally, from the traditional role of a clinically skilled practitioner (Saarikoski et al., 2009) to a multifaceted crucial role that, according to students, is extremely useful for providing support, motivation and opportunities to discuss learning outcomes (Brown et al., 2005). The role has concurrently been described as evolving to become more co-operative in nature (Hall-Lord et al., 2013) and specific to the context of practice and employment (McSharry et al., 2010). But Meskell et al. (2009) also described the role as unclear and ill defined.

Just as in many European countries, the content and academic level of nursing education have also changed in the Nordic countries. Assessment in nursing education now covers specific course content and general competencies required to meet nationally regulated qualifications for nursing education, such as critical thinking, problem-solving and decision-making skills (Wu et al., 2015). This revised focus has placed new demands on educators.

As university representatives, lecturers maintain ultimate responsibility for the assessment and final grading of students' clinical achievement and learning outcomes (Helminen et al., 2014;

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Kristofferzon et al., 2013). Assessment in which the lecturer participates is conducted at two recurrent meetings during clinical practice: the mid-course discussion and final assessment (Kristofferzon et al., 2013; Passmore and Chenery-Morris, 2013). Lecturer presence at these meetings is vital to maintain a partnership approach, supporting student development and optimizing learning experiences. Nursing students should be highly active partners in the assessment process (Gallagher, 2010). Students' self-assessment skills are an important part of self-regulated learning and vital to lifelong learning (Fjordtoft, 2006). However, students also have experiences of being treated unfairly in the assessment process (Kennedy and Chesser-Smyth, 2017), and some report that it is better to remain quiet and 'fit in' than to risk adverse consequences that may affect them in the long run (Levet-Jones and Lathean, 2009; Vae et al., 2018). A study by Engström et al. (2017) found that students' perception of the content of assessment discussions was related to their overall view of the clinical learning environment, and Croxon and Maginnis (2009) considered that a constructive clinical learning environment with adequate opportunities for and a focus on student learning needs was fundamental.

In many countries, assessment during clinical practice includes a partnership model in which students, preceptors and lecturers co-operate and share responsibilities for facilitating and confirming students' learning. The three individuals involved in the tripartite process bring differing perspectives and knowledge to the assessment (Kristofferzon et al., 2013). There is an abundance of literature describing preceptors' support role and the dilemmas encountered when supervising and assessing nursing students. There are fewer studies on students' experiences of assessment and even fewer on lecturers' experiences of, and responsibilities for, assessment in clinical practice. Therefore, the aim of the present study was to investigate lecturers' reflections on both mid-course discussions and final assessments during nursing students' clinical practice.

### 3. Methodology

#### 3.1. Design

The study design was descriptive and had a qualitative approach based on repeated group discussions. The goal of qualitative descriptive studies is to obtain a comprehensive overview of participants' opinions and to offer rich, comprehensive descriptions of participants' experiences (Sandelowski, 2000). Tuckett and Stewart (2004) defined group discussion as a 'focused group depth discussion' that is useful for exploring and clarifying the opinions and experiences expressed by a group of participants.

#### 3.2. Participants

Sixteen lecturers teaching in a 3-year nursing degree programme at two campuses of a university college in Norway were invited to participate. The lecturers included in the study had overall responsibility for the clinical practice of a group of students who were participating in a research study investigating different perspectives on assessment during clinical practice. Thirteen female and one male participated (age range 30–58 years, mean 42.5 years). Two focus groups were formed, one at each campus. At Campus 1, seven lecturers participated twice. At Campus 2, four lecturers participated the first time and six the second time; three of the lecturers participated twice. No one withdrew their consent. However, at one campus three lecturers were absent from the first group discussion due to illness and one lecturer from the second group discussion.

#### 3.3. Setting

There are international disparities in the roles and responsibilities of lectures and preceptors regarding supervision of students in clinical

practice as well as in the nature of the relationship between clinical and academic organizations. The actual partnership model is characterized as follows, and explicitly described by Kristofferzon et al. (2013). A preceptor, a registered nurse, supervises students in daily professional patient care, discusses and reflects on the procedures, routine practices and culture of the clinical setting, is responsible for providing continuous feedback, and assesses students' development. On wards where there are many students, head preceptors can work in collaboration with the preceptors and provide extra support to groups of students as well as preceptors; when needed head preceptors can also take part in the assessment discussions. The lectures have overall responsibility for the quality of student clinical placement, for student learning and assessment, and for supporting preceptors and head preceptors pedagogically.

The lecturers play a key role in the assessment process and discussions. During the clinical practice periods, they are responsible for the 3-part mid-course discussion and the final assessment, when students' development, progress and outcomes are discussed. Appointments, of approximately 60 min each for the mid-course discussions and final assessments are scheduled in advance. The student plays a significant role in these meetings and are expected to lead the discussions. The students and preceptors have to prepare for these meetings in advance: the student by performing a self-assessment and the preceptor by assessing each student's expected learning outcome level. Both are expected to provide examples of situations to illustrate their views. The lecturers prepare their own views on student progress and contribute new perspectives and critical questioning to obtain substantial information for the final grading.

The Assessment of Clinical Education (AssCE) tool was used as a guide at these meetings. The AssCE tool comprises 21 factors divided into 5 areas: communication and teaching, the nursing process, examination and treatment, management and co-operation, and professional approach. The tool includes a scale with steps that covers each factor and is used for scoring. An example is provided in Fig. 1. The AssCE tool is used by students and preceptors for systematic and continuous assessment to support dialogue about each student's individual achievements during the clinical period as well as for mid-course discussions and final assessments. This type of assessment forms the basis of and complements course examinations, which are used to assign student grades.

Each period of clinical practice has specified learning outcomes that are expressed through knowledge, skills and professional judgement, in accordance with the framework of qualifications for the European Higher Education Area (EHEA, 2005). The AssCE tool has been developed to provide guidance on how learning outcomes can be achieved in an authentic, professional nursing care setting. Specific information is added about assessment in relation to the stage (year) in the programme, student preparation for and performance of the assessment discussions. The AssCE tool was developed with reference to Swedish and international guidelines. It has been revised on the basis of evaluation studies (Löfmark and Thorell-Ekstrand, 2000, 2004; 2014) and recently validated (Löfmark and Mårtensson, 2017). The AssCE tool is frequently used in nursing programmes at the bachelor's level in Sweden and has been translated and applied to nursing education in Norway.

#### 3.4. Data collection

A semi-structured interview guide was used to facilitate the group discussions. The guide was developed based on the literature and the authors' experiences as university lecturers. The first group discussion took place after the lecturers had completed their mid-course discussions and the second after the final assessments; both occurred within about one week of the relevant assessment. The guide covered the following areas: a) preparations for assessment discussions; b) implementation of the mid-course discussion and final assessment, and use

1. Communication and interaction with patients		
Inadequate achievement of goals	Good achievement of goals	Very good achievement of goals
	Communicates with patients in an engaged manner, Listens. Shows respect and empathy.	Adapts communication to the patient's needs, e.g., in cases of communication difficulties. Gives the patient adequate room in the dialogue.
Comments:..... ..... .....		

Fig. 1. Example of one of the 21 factors 'Communication and interaction with patients'.

of the assessment tool; and c) conditions for the assessment discussions. The discussions dealt with the preceding assessment discussions and the lecturers' experiences of assessment discussions. The group discussions were led by two leaders, one at each campus. Both leaders were employed as lecturers, but were not involved in assessment of students on these wards. The group discussions were performed twice for each group during a 2-month period, March to April 2013, and lasted between 65 and 90 min. The discussions were tape-recorded and transcribed verbatim.

3.5. Data analysis

The data were analysed by the first author using a qualitative content analysis method inspired by Graneheim and Lundman (2004). In the first phase, the data were read several times to obtain a sense of the whole. In the second phase, the text was divided into meaning units based on the study aim, and then condensed and labelled with a code. In the next step, the codes were classified, based on their similarities and differences, into subcategories and categories. Each category included codes that were similar on the manifest level. Finally, the underlying meaning, or latent content, of the categories was formulated into a theme. Interpretations made at the analysis steps were repeatedly discussed by all authors until consensus was reached.

3.6. Ethical considerations

The study was approved by the Norwegian Social Science data services (registration no. 33435/4). The Dean of the Faculty of Health and Social Science gave permission to conduct the study. Lecturers received written and verbal information about the study aims and procedures both prior to the group discussions and on commencement. Participants were informed that their involvement was voluntary and that, to maintain confidentiality, no identifiers would be requested. Written consents were not obtained due to the nature of the study.

4. Results

The theme that emerged was 'being able to see and justify students' learning process'. The lecturers talked about the challenge of preparing for the assessments, the atmosphere and co-operation in the assessment group, and the need to facilitate and verify students' learning in a way that enabled fair assessment of students. This theme contained five categories, which are named in and discussed under the subheadings below (Table 1).

4.1. Preparing for the 3-part discussion

The lecturers described how they prepared for the mid-course discussions to identify discussion points. Some students were well prepared with examples and had performed a self-assessment, whereas others needed help with their self-assessment. The preceptors were mainly well prepared, having examples for discussion, including those from their colleagues. When the head preceptors were involved, they facilitated better preparation on the part of students and preceptors. The lecturers emphasized the value of preparation: 'The quality of the assessment discussion is highly dependent on everyone's preparation'(STb3). Sometimes students and preceptors had discussed the factors in the assessment tool together, prior to the 3-part meeting. When this happened, some lecturers reported feeling left out: 'My impression is that the preceptor has talked to the student when I'm not there about things not meant for the lecturer'(Haa74).

Table 1

Theme and categories related to lecturers' perceptions and experiences of mid-course discussion and final assessment during clinical practice.

Theme	Categories
Being able to see and justify students' learning process	Preparing for the 3-part discussion To create a collaborative atmosphere Facilitating students learning Verifying students learning Using the assessment tool to create the assessment discussion

In the final assessment, the combination of a well-prepared preceptor and skilful student resulted in fluent dialogue. To take an active role in the discussions, students were expected to come prepared with views on their own development, progress and experience in situations involving patients. In contrast, when a student's preparation was poor and lacked examples, the responsibility for the content of discussion fell on the lecturer and this often required an extended meeting. The presence of a preceptor who was less prepared and lacked specific examples also strongly affected assessment discussion, as noted by a lecturer: *'An uncertain and weakly prepared preceptor is challenging and takes time.'* (STd16).

#### 4.2. To create a collaborative atmosphere

From the lecturers' perspective, the precondition for an effective dialogue and collaboration at the mid-course discussion was the ability to create a friendly and informal atmosphere. Some described the discussion climate as calm and confident, even if the students were unsure, tense or stressed. Collaboration required having information about the student's achievement from the preceptors and head preceptors. Lecturers' anxiety regarding limited information about students' achievement could be provocative: *'You often wonder if there is something here that you are not receiving information about.'* (Haa109).

Collaboration also required the students and preceptors to understand the concepts used in the AssCE tool, for example, if professional judgement was especially difficult to explain or understand. The 3-part discussions were sometimes tentative: *'You sometimes wonder if it is only at the assessment discussions they talk with each other'* (Hc79). When stress was mentioned, it was usually in the context of the limited time for discussion and students' need for feedback. Lecturers felt that this dialogue was especially important at the final assessment. They also talked about situations they found especially demanding and thought-provoking, e.g., when feedback did not stimulate any reactions, when students were manipulative or when they cried. Another reaction that made collaboration between student and lecturer uncomfortable was defensiveness: *'It's not so easy when they defend themselves. It's not so easy at that point to supervise in a constructive way. It's a challenge'* (STd76).

#### 4.3. Facilitating student learning

A substantial part of lecturers' reflection on assessment comprised providing encouragement and facilitating student learning. Students were asked at the mid-course discussion to supplement their assessment of their learning with concrete examples, preferably with documentation. To support the students' ability to reflect on this, lecturers requested that students describe their knowledge and understanding, and reflect on how this could be transferred to other clinical situations. Lecturers highlighted the importance of entering examples into a daily log to provide more content for the assessment discussions. A great deal of the facilitation of student learning concerned feedback. Lecturers emphasized the importance of conveying students' capacity and strengths: *'Important to have focus on what is good., build up their strength and not only weaknesses'* (Stb64). In each discussion, the student was asked to summarize his/her development from the start to the middle of the period being assessed; the preceptor described his/her view and what the student needed to work on for the next period, and the lecturer concluded the discussion. *'I provided a conclusion and asked the student what he or she could take from the discussion [and use] to improve the quality [of learning]. [This offered] the opportunity to make corrections and meant that the student didn't have any unsolved things.'* (Stb38).

At the final assessment discussion, lecturers were more explicit in their wish to encourage and work with both strong and weak students. They asked the students to describe what they had thought, done, learned and understood as a way of influencing the students' development and 'opening their eyes'. The preceptor and lecturer supported each other in conveying their feedback to students, and the lecturers

knew that students had high expectations of the feedback from preceptors. Facilitation was challenging in situations with weak students, especially given the limited time. Examples of 'weak' students included a male student who 'knew everything'; a student whose earlier feedback was not documented, although problems had been raised; and a failing student who needed specific individual support. However, the challenge of students who were highly self-critical was also discussed. One lecturer commented: *'Feedback is dependent on the students' own self-perception and self-critic. Those who are very self-critical need support.'* (STd73).

#### 4.4. Verifying student learning

Besides facilitation, lecturers also verified and controlled what students had learned by asking questions. The mid-course discussions focused on the students' experiences of practical tasks. Lecturers asked what the students had learned by 'doing': *'It's usually about describing for me what they have done. But I'm looking for what they've learnt'* (Haa5). Lecturers challenged them to provide evidence for their viewpoint and to link their answers to theoretical knowledge. They described students' difficulties in explaining the theoretical foundation behind their 'doing' and asked students to verify their preparedness for acting in hypothetical situations. They also asked students to give examples, reflect on what they knew now and had learned about the knowledge, skills and professional judgement required in the learning outcomes.

Before the final assessment, lecturers expected that students would be able to describe their knowledge, give examples of their development and what they had done and learned in terms of theory, and to provide examples of their activities. This was intended to allow the lecturers to see changes in each student's learning. They wanted to determine whether students could link scientific knowledge to practical nursing care and whether and how the students' self-perception and initiative had increased. By providing examples, the students made their knowledge visible to the lecturers. However, skills and 'doing' became a recurrent issue noted by students and preceptors, even at the final assessment. The content of the final assessment contained crucial issues about responsibility and grading: for example, views about a student's decline toward failure and how to handle aggressive students at risk of failure. *'It's our responsibility to take the students through the "eye of the needle" and to decide whether they are qualified to go further.'* (Hc29).

#### 4.5. Using the assessment tool to create the assessment discussion

The lecturers noted both the advantages and disadvantages of using the assessment tool in the mid-course discussions. The tool was appreciated for providing a certain, common structure and a framework for the dialogue process, as well as a focal point and a tool for learning. Lecturers felt the tool captured the area of 'professional judgement', including factors such as trustworthiness, knowledge and reflection, which they found especially important. Lecturers preferred to discuss the factors in chronological order, which gave the opportunity to help preceptors and students by providing explanations. The disadvantages noted by lecturers were the difficulties some students and preceptors had in applying the tool within the assessment discussions, reporting that it was too complex for the stipulated time. Students and preceptors were sometimes unsure about the content of the tool in relation to requirements for different levels in their education. The students and preceptors made many comments about marking on the scale, saying it was sometimes unrealistic or arbitrary and that explicit reasons for high marks could be missing. However, differences between a preceptor's and student's scoring might lead to a better dialogue and reinforced motivation. Requesting an explanation for the student's scoring was considered crucial, but could create doubt. *'Questioning [the student's] scoring can create uncertainty about self-assessment.'* (Haa79).

By providing a structure for the final assessment, the AssCE was

considered to raise the discussion to a higher level by focusing on general knowledge and skills despite differences in the health care specialities as well as to provide concrete support to help weak students understand their situation. *'Weak students need more follow-up and the structure of the AssCE tool. The quality of the dialogue has more focus on the tool when the student is weak. But the focus on relations can disappear and instead deal with procedures'* (Hc39). On the other hand, the AssCE tool was considered time consuming and too general. Lecturers found discussions about the factors concerning self-perception, ethical thinking, science and foundation theory to be especially valuable. The lecturers considered the language in the tool to be challenging because students and preceptors sometimes perceived it as too academic and provocative, including vague concepts such as 'achievements of goals'. However, many preceptors expressed satisfaction with the tool and felt that using it was stimulating and increased the quality of assessment. Lecturers provided numerous examples of their experiences with the scoring. They noted that scoring by students and preceptors often coincided, reflected the preceptors' thinking and provided valuable feedback to students. The lecturers also provided examples of problems with the scoring, such as its subjectivity, arbitrary nature, and the inability to compare it with other scales. Very high scores gave the lecturers feelings of uncertainty: *'It's a challenge to question and verify a high score.'* (STd34).

## 5. Discussion

These results extend our knowledge about lecturers' reflections on assessment in clinical practice, a topic that has received little attention previously. The theme 'being able to see and justify students' learning process' is in agreement with the broader perspective in thinking on assessment, from assessment of learning to assessment for learning (Schuwirth and Van der Vleuten, 2011). The assessment dialogue was influenced by factors such as participants' preparation, group atmosphere and co-operation; these factors influenced the lecturers' ability to assess and justify students' learning. Facilitating and verifying the students' learning process were two closely related aspects of this justification. The AssCE tool was commonly considered to be beneficial, although some discussions about scoring revealed limited knowledge about the assessment tool. Lecturers' reflections on assessment had an explicit pedagogical view, and student learning was in focus.

Lecturers share responsibility for assessment with students and preceptors, but in this partnership model lecturers have overall responsibility for assessment of students' development and progress and are responsible for fulfilment of course-specific learning outcomes. Lecturers' participation is a way to guarantee the quality and fulfilment of guidelines for clinical practice in the higher education system. The importance of lecturers' attendance has also been indicated in previous studies, showing, e.g., that it is necessary for lecturers to be involved in the final assessment discussions (Helminen et al., 2014; Passmore and Chenery-Morris, 2013) and that lecturers are important providers of academic support for, and guidance of students' theory-based assignments (Price et al., 2011). Studies have also shown that students rate lecturers higher than preceptors when assessing their support of students' fulfilment of learning outcomes (Löfmark et al., 2012) and see lecturers as more important challengers of critical thinking and reflection (Kristofferzon et al., 2013).

The lecturers in the present study felt that both students' and preceptors' preparation prior to the assessment discussion was crucial to the quality of the assessment. Good preparation facilitated a fluent dialogue; by contrast, poor preparation or doubtful or hesitant preceptors often required an extended assessment. A recent study showed that students find self-assessment challenging and that, without support, they are uncertain about performing self-assessments (Vae et al., 2018). However, self-assessment is an important foundation for individual professional development and influences learners' ability to think critically and take responsibility for monitoring their own

learning (Fitzpatrick, 2006). Therefore, self-assessment should be used from the outset of an education programme (Cassidy, 2007).

The AssCE tool is general and holistic in content and was developed to support dialogue between users as well as to illustrate and elucidate learning at a concrete level using accessible language about the best ways to achieve learning outcomes (Löfmark and Thorell-Ekstrand, 2014). Lecturers described several advantages of using the AssCE. Discussing factors in chronological order provided a framework for the dialogue. Another benefit was that the tool provided opportunities to include explanations as support, especially for weak students, as well as overall support for the quality of learning. According to the lecturers, other meaningful aspects were that using the AssCE enabled higher-level discussion and the dialogue that could capture areas of professional judgement, trustworthiness, and ability for reflection. However, some considered the tool to be too complex for the stipulated time, and some concepts were difficult to interpret. This is important to note, as it is the lecturers' responsibility to give information continuously and to ensure that students and preceptors have the knowledge required to use the tool.

It is evident from the literature that feedback is the most crucial and powerful aspect of student learning in the assessment process (Black and William, 2009; Schuwirth and Van der Vleuten, 2011). Assessment tools can be used to provide specific and on-going feedback to enhance the student learning experience. The approach of self-assessment–feedback–self-assessment–feedback can improve students' ability to reflect in more detail on their own achievements. Feedback is also dependent on and may facilitate students' own self-perception and ability to critically examine themselves and appraise their own strengths and weaknesses (Fjordtoft, 2006). Feedback provides essential support in assisting students who are highly self-critical in developing a more accurate self-assessment (Rees and Shepherd, 2005).

Feedback should focus more on students' progress and less on what they are expected to learn in the next clinical period (Vae et al., 2018). Interestingly, the lecturers' knowledge about the power of feedback was evident in the present study. They expected students to be able to describe and reflect on what they had learned, which allowed them to discuss students' development and provide fair feedback. A study by Salminen et al. (2016) reported that lecturers consider justice, equality and honesty to be the main ethical principles in their work, although students feel that assessments are sometimes unfair. According to Clynes and Raftery (2008), fair and honest feedback is especially important for students with difficulties. They also suggested that students show self-perception in their appreciation of the importance of receiving feedback and value the opportunity to concentrate on identified weaknesses and difficulties, thereby improving their clinical practice (Clynes and Raftery, 2008).

The lecturers challenged the students to describe theoretical and practical skills, and the students' ability to discuss these topics provided concrete evidence of their knowledge. Despite higher expectations at the final assessment, some students emphasized practical issues. This finding is consistent with that of Gidman et al. (2011), who reported that students adopted a narrow, clinical skills perspective in relation to learning outcomes. In assessment situations, lecturers play an important role because assessment has legal implications for grading students. Lecturers are responsible for ensuring that students' knowledge, skills and professional judgement correspond with intended learning outcomes. Lecturers need a basis for their viewpoints, and assessment can be both complicated and stressful. Uncertainty in the assessment situation, as described by the lecturers, is an important issue. Lecturers felt uncertain when preceptors were weakly prepared, when the information about students' progress and achievements was limited, and when the preceptors gave students' achievements unexpectedly high scores using the assessment tool. Lecturers are dependent on receiving reliable information from preceptors, and co-operation is a foundation of this partnership model. The described situations are challenging because lecturers are responsible for making fair decisions in the

assessment of students. Building a good working relationship with preceptors is of the utmost importance, but being a pedagogical facilitator is as well (McSharry et al., 2010). Our results also show that lecturers had experienced provocation and aggressive situations when some students were made aware that their level of achievement did not fulfil the expected standard. Prior experience in such situations, support from colleagues and information from preceptors can be crucial in these situations.

## 6. Methodological considerations

Different measures were taken to enhance trustworthiness (Graneheim and Lundman, 2004). To ensure dependability, the data have been read, re-read and discussed by all authors until consensus was reached. The authors had different experiences, which enabled them to challenge each other's assumptions and return to the data for confirmation of interpretations. Authentic citations have been used to increase the credibility of the research and to illustrate for readers the original data on which the categories were based. To ensure confirmability, the interviewees carefully listened to the lecturers' responses and then, if needed, asked for clarification. To facilitate transferability, the participants, context and process of analyses have been described in detail. The present study has some strengths and limitations. One strength is the repeated group discussions with two groups of lecturers, performed within one week of the mid-course discussion and the final assessment. One limitation is the small sample. If more lecturers had participated in the group discussions, more information may have been generated and improved the data.

## 7. Conclusions and implications

The present findings are in agreement with the recent move in higher education towards a culture that encourages learning more than testing in the context of assessment (Gallagher, 2010). Lecturers' reflections in the study show that their participation plays a significant role in students' learning. The findings indicate the importance of the discussion context, such as students' and preceptors' active preparation and participation, as well as of having a common assessment tool in the discussions. The pedagogical approach was evident in the lecturers' facilitation and verification, questions and in how they challenged students to self-assess and provide examples of their own learning. The present study also provides insight into some difficulties encountered by lecturers in assessment situations. These difficulties should be considered further, e.g., by obtaining more information about the purpose and use of the AssCE tool, the importance of self-assessment and how students define, exemplify and support their own learning using theoretical knowledge.

### Contributions

- (1) the conception and design of the study, interpretation of data AL, GM, KJV, ME
- (2) drafting the article AL
- (3) final approval of the version to be submitted AL, GM, KJV, ME

### Conflicts of interest

None.

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