

**Promoting Positive Backwash Effect on Learning: An Organisational Change**  
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Activities carried out during the project and their impact in improving teaching and learning, where appropriate

Focus group interviews were conducted as planned in July-August 2005. In total, three groups of students (n=21) and two groups of clinical instructors (n= 14) were interviewed.

The interviews were transcribed and analysed using NVIVO. The qualitative findings are enclosed.

A major revision of the assessment tool for the clinical practicum component of the Bachelor of Nursing Programme (Clinical Practicum Assessment Journal) was undertaken in April-May, 2006 in response to feedback from students, their clinical instructors (university-based) and their clinical mentors (clinical-based). The revised clinical assessment tool has been designed to facilitate authentic assessment with three key changes: (1) “achieved/not achieved” is used to assess student’s competence instead of a 1-6 scoring system; (2) the student is assessed while providing care to patients and the old practice of using oral assessment to assess a student’s practical skills is strictly forbidden; and (3) opportunistic learning in the clinical setting is maximised by encouraging students to identify and participate in relevant but unplanned learning opportunities arising from their interactions with patients under their care.

In order to maximise the impact of the revised assessment tool on students’ clinical learning, a pilot scheme of a new model of clinical supervision has been instituted since July 2006. Known as the “named-nurse” or “buddy” system, the student is assigned a personal clinical mentor through the whole duration of his/her clinical practicum (varies from three to seven weeks depending on the specialty). During this period, the student undergoes the same roster as his/her mentor and learns from real-life examples while under the supervision of the mentor. A total of 48 Year 2 students underwent the pilot scheme.

To ensure that the clinical staff are adequately prepared for their new role as clinical mentors, a series of mentoring workshops were instituted from April to December ,2006 including (a) a 12-hour workshop (2 hours/session/week x 6 weeks) was provided to the potential clinical mentors from the Hong Kong West Cluster of hospitals; (b) a 8-hour workshop (2 hours/session/week x 4 weeks) was provided to potential clinical mentors from the public and private hospitals in Hong Kong where our students undergo their clinical practicum; and (c) a 6-hour one-day workshop was provided to all registered nurses in Hong Kong in three different hospitals. Over 500 registered nurses have completed the workshops.

An evaluation of the mentoring workshops was conducted at the end of each workshop using a standardised evaluation form.

Additionally, an evaluation of the “named-nurse” or “buddy” system of clinical education supervision was conducted including a group evaluation with the students who undertook the pilot scheme (n=48) and a separate group evaluation with the mentors (n=35). A summary of the feedback is enclosed.

Both students and their clinical mentors (buddy/named nurse) gave positive feedback on the pilot scheme with a strong recommendation that it should be extended to the rest of the programme where appropriate and feasible. As a result, the “named-nurse” or “buddy” system has been introduced to the Year 2 and Year 4 students in the 2006-2007 academic year.

The impact of these activities in improving teaching and learning

*The positive impact of the revised clinical assessment and one-to-one personal supervision on teaching and learning is evidenced by the positive feedback from the students and mentors who undertook the pilot scheme.*

*The large number of clinical nurses (>500) who have completed the mentoring workshops have formed a critical mass of formally prepared clinical mentors with advanced knowledge and skills in clinical teaching and assessment. As these nurses will be supervising nursing students from the other three universities (CUHK, PolyU, and OUHK) in addition to our own, the impact on nursing education in Hong Kong is obvious.*

*The process of improving the supervisory model and the clinical assessment tool has brought about a radical change in the structure and implementation of the clinical practicum component of the Bachelor of Nursing Programme which should take us closer to the goal of authentic assessment.*

*Over a 2-year period (September 2004 - August 2006), enormous changes have been made to students' clinical education experience and this has succeeded in changing the backwash effect on student learning from negative to positive. The original plan to promote positive backwash effect on student learning has been accomplished and the present project is now completed.*