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Integrating psychological and nursing knowledge: Developing an interdisciplinary reflective tool to assess undergraduate nursing students' communication skills

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Abstract

Recent reviews of undergraduate nursing curricula highlight a number of recommendations. Among these are the need for increased interdisciplinary integration of modules, reduction in student assessments and more self-directed learning and reflection. In light of these recommendations, the teaching and assessing of therapeutic interpersonal skills for nursing practice psychology for healthcare was examined. This paper will outline the development of an interdisciplinary reflective assessment tool to help students integrate psychological and nursing knowledge for practice. As a result of on-going team meetings between nursing and psychology lecturers, some core areas pertinent to first year student nurses, and that were central threshold concepts for both disciplines, were identified for assessment. These included stress, self-care management and empathy. This interdisciplinary assessment has potential to enhance critical thinking, self-discovery, reinforce learning and promote personal and professional growth and development in student nurses.

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Keywords: Reflection; communication skills; interdisciplinary teaching; nursing; reflective assessment.

1. Introduction

Recent reviews of undergraduate nursing curricula offer a number of recommendations. Among these are the need for more interdisciplinary integration of modules, reduction in the number of student assessments, and more self-directed learning and reflection (Hyland, 2007; Turner, Davies, Beattie, Vickerstaff, & Wilkinson, 2006). The Nursing Education Forum (2000) in Ireland recommends that nurse graduates should be flexible, adaptable and reflective practitioners. In light of these recommendations coupled with the development of a revised undergraduate curriculum, a decision was made locally to combine both therapeutic interpersonal skills and psychology for healthcare in one module. This decision provided an opportunity for nursing and psychology lecturers to collaborate and develop a more integrated module. A series of on-going discussions took place to design, develop and evaluate the module. The focus of this paper is on the development of an integrated reflective assessment for the module.

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2. Background

Reflection includes purposeful critical thinking of both knowledge and experience in order to achieve deeper understanding of a situation. It helps one to learn from experience (Johns, 2004; O Donovan, 2007; Schon, 1987). Reflection has also been identified as a key strategy to help develop self-awareness which according to Jasper (2003) is a key concept to developing effective communication skills. However, reflection has been criticised as doing away with theory (Powell, 1998), but for others, such as Dewey (1933), Schon (1983) and Meizrow (1981), it is a theory of learning. Research has shown that ongoing reflective practice can enhance critical thinking and self-discovery, reinforce learning, and promote personal and professional growth (Burton, 2000).

The aim of reflection in this module was to help students foster sensitivity toward self and others. The purpose of the reflective assessment was to get student nurses to reflect on their experiences (reflection-on-action), (Schon, 1983). Reflection-on-action is like a "cognitive post-mortem" (Greenwood, 1993) in that it involves what has already happened. Although the original situation cannot be changed, it can provide opportunities to learn from the past. This should lead to improved care in the future. This reflection should enable students to review their nursing experience more critically whilst contributing to change in future practice in a positive way (Bulman, 2008).

Reflective thinking arises out of situations that cause doubt, hesitation and/or confusion and prompts the person to search for answers or material to resolve the situation (Atkins & Murphy, 1993). The reflective process encompasses three main stages, awareness of uncomfortable feelings (disharmony), use of knowledge, and the naming of outcomes or the coming to new ways of thinking (Atkins & Murphy, 1993).

3. Assessment

Among the variety of techniques that have been used to help students to develop reflection-on-action are diaries, portfolios, essays and journals. There is growing evidence that these tools help students to develop reflection (Pee, Woodman, Fry, & Davenport, 2002). Our new module, however, required more than solely the assessment of reflection. Because nurses are required to apply theoretical knowledge to practical situations (Quinn & Hughes, 2007), it was also necessary to focus on assessing the students' nursing (communication) and psychological knowledge, as well as the application of this knowledge to their practice. A reflective project was considered the most appropriate method to address the areas in question. This project was based on two reflective worksheets and an overall reflective report.

Whilst there is much debate and discussion on assessing reflective learning in nursing literature, there is to date a lack of readily identifiable effective tools for assessment. The main discussion focuses on issues such as whether reflective accounts accurately demonstrate learning and development, or are merely 'a perfunctory exercise to comply with requirements' (Burton, 2000, p.105), or on the question of what exactly is being assessed. In relation to the latter, the questions raised include: are we assessing the process of reflection or the impact that this has on the individual (Hargreaves, 2004; Mountford & Rogers, 1996)? Some researchers contend that those with good academic writing skills are at a strong advantage when written reflection is being assessed. Another contention is that students may write only what they think their lecturer wants to hear (Mackintosh, 1998; Platzer, Blake, & Ashford, 2000). Given this, we decided to focus equally on structure and outcome (Gibbs, 1988; James & Clarke, 1994; Lowe & Kerr, 1998).

In drawing up the assessment, a number of reflective models were considered. These models provided ideas about the overall structure of the assessment. . . Our aim was to identify a model that was most suitable for first-year undergraduate nursing students who were assumed to be novices to the process of reflection. What we were looking for among the models was a focus on an intermingling of students' thoughts, feelings and behaviours, a structure and wording that was clear and unambiguous. We wanted to give concise questions that would guide or lead students to identify core elements of their experience. We also took into consideration that the assessment was for first-year students who had limited theoretical knowledge and clinical experience to draw upon.

Four of the most widely used models for reflection in nursing, Gibb's (1988), John's (1995), Borton's ((1970) and Stephenson's (1993), were identified and considered. The most appropriate model identified emanated from a pilot review carried out by three of the core lecturers (two from nursing and one from psychology). This involved selecting an encounter that involved listening to a patient/client in clinical practice. Each lecturer played a student role and wrote their reflections on each of the four models. The lecturers' past experience with using one or more of the reflective models was discussed. Two of the lecturers had considerable experience with the Gibb's Model as it is currently used in our university as part of assessment for clinical practice. However, we considered the Gibb's model to be too complex and somewhat vaguely worded for our purposes. We also considered that the use of words in Gibb's model such as "good" or "bad" would limit and distort the students thinking. As to the other models, the John's model seemed to be more appropriate for postgraduate students, who would be at a more advanced stage of reflection. We considered Borton's model to be over complex and would burden students with too many choices. All three lecturers agreed that Stephenson's model for the most part was clear and straightforward for first year student nurses, and met our desired selection criteria. We agreed that two questions on the Stephenson Model, which related to broad social and cultural issues, were beyond the scope of our students due to their limited professional experience.

Throughout our discussions, the lecturers identified two core areas pertinent to first-year student nurseswhich are central threshold concepts for both disciplines. These were stress and empathy and subsequently formed the focus of our worksheet topics.

Despite the professed need to reduce the number of student assessments in higher education (Hyland, 2007; Turner et al., 2006; Yorke, 2003), a decision was made to undertake both formative and summative assessments. This was based on a need to meet the learning outcomes in our module and to develop lecturers' knowledge and experience with assessing reflection. Whilst summative assessment is concerned with determining the extent to which a student has achieved curricula objectives, the purpose of a formative assessment is to contribute to student learning through providing information about performance (Bloom, 1971). The value placed by students on formative assessment is well-documented (Black &William, 1998; Mentkowski, 2000; Rolfe &McPherson, 1995). It is also acknowledged as a key tenet of good teaching (Black &William, 1998). Providing effective feedback to students is also known to contribute to lecturers' skills with grading students' work (Swann & Ecclestone, 1999).

To allow students engage in the experiential nature of learning, they would complete the worksheet on empathy as the formative assessment. This required them to reflect on an encounter while on clinical placement. The aim of this formative assessment was to encourage students to practise their reflection on how their thoughts, feelings and attitudes intermingle with their knowledge and skills and how they affect each other. A second reason for including a formative assessment was to help the lecturers to identify the extent to which the students were developing their reflection, thus helping the lecturers to modify the assessment activity if necessary. This process also provides opportunities for lecturers to reflect on their teaching (Yorke, 2003). The formative assessment would not be graded but used as a tool to provide students with feedback on their progress. Thus, it would provide not only an opportunity to give feedback to the students but also help them with developing the skills of reflecting-on-practice, writing skills, and opportunities to apply theoretical knowledge to practice situations.

Currently lecturers are in the process of devising a formative feedback sheet that fits with the assessment criteria, allows for a shared understanding and some consistency of assessment standards. The aim is to provide a feedback sheet that allows consistency in the provision of feedback to students, given that well thought out and planned feedback is key to promoting learning. Despite mixed student responses to feedback, including misunderstanding, research has shown that students do appreciate and want good feedback, especially to help toward summative assessment and generic writing skills (Ellery, 2008). Important considerations being looked at here are how best to give feedback, in what form and what content.

The focus of the summative assessment is on students' reflection on their own thoughts, feelings, experiences, and knowledge. Portfolios, profiles and projects, although used interchangeably in the literature, are well established as valuable learning strategies in higher education programmes (Quinn & Hughes, 2007). Despite reported problems with their assessment, they are frequently used within an experiential learning context (Quinn & Hughes, 2007). The main characteristics common to each are that they value experience as a source of learning, encourage reflective practice, provide a storehouse for information about, and evidence of, experience, learning and achievement. In addition, they foster personal and professional learning (Redfern, 1998).

The choice of criteria assessment was supported by the knowledge that students' understandings of assessment tasks are enhanced through the specification of assessment criteria (Baume & Yorke, 2002). The key marking criteria under consideration include critical use of sources (including experiential as well as theoretical knowledge),

clarity of explanation, structure and presentation, and level of reflective learning. As 'level of reflective learning' was a new marking criteria for staff, a decision was made to draw on the four-category scheme for coding and assessing, as devised by Kember, McKay, Sinclair, and Wong (2008). This was decided because of relevance to context, it provided a scheme for reflection in written work, and its categories (non-reflection, understanding, reflection and critical reflection) are grounded in models of *reflective thinking* and are succinct and easy to follow. We also decided to follow the recommendation by Kember et al. (2008) who state that the normal procedure in assessing-for-reflection is to examine the whole paper. In our case this would apply to the two worksheets and report considered as a whole.

4. Conclusion

This paper provides an overview of our particular experience of collaborating and developing a reflective assessment to integrate nursing and psychological knowledge for clinical nursing practice. This account however, is just one part in an on-going process in designing, developing and evaluating an interdisciplinary module for undergraduate nursing students. We hope that it provides some insight into the process of developing a reflective assessment and provokes some further thinking and experimentation for the reader.

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