Abstracts

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INFLUENCE OF CONFIDENCE AND EXPERIENCE ON THE COMPETENCY OF JUNIOR MEDICAL STUDENTS IN PERFORMING BASIC PROCEDURAL SKILLS

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Context and setting

Studies, mostly done with final-year medical students and doctors, show that the confidence level with which a clinical skill is performed is not a reliable benchmark of actual clinical competence. This inaccurate self-evaluation of proficiency has far-reaching implications, e.g. the inability to identify learning deficiencies and consequently to manage learning – both essential components of self-directed learning programmes.

Why the idea was necessary

The purpose of this study in comparing self-reported competence and actual competence was threefold, i.e. to discover students' perceptions concerning their competence of specific procedural skills; to establish what the actual competence level of junior medical students were with regard to these skills; and to raise student awareness of the value of accurate self-evaluation.

What was done

Third-year medical students at the Faculty of Health Sciences, Stellenbosch University, attended a training session in the Clinical Skills Centre (CSC) at the beginning of a year. Supervised by clinical tutors, they practised three basic procedural skills on part-task trainers/bench-top manikins, i.e. commencing an intravenous infusion; performing simple wound closure (suturing); and administering an intramuscular injection. During the remainder of the year, they returned in smaller groups in their Family Medicine rotation for formative assessment of these skills, using an OSCE. Before performing the clinical procedures, students had to rate their perceived competence. Clinical tutors then used checklists to rate actual student competence when performing these three skills.

Evaluation of results and impact

In accordance with similar studies, there was poor correlation between self-reported and actual competence regarding the performance of procedural skills. There were, however, significant correlations between self-reported competence and clinical experience ($r=0.49$, $p=0.00$) as well as between experience and actual competence ($r=0.36$, $p=0.00$). It seems that junior students lack the necessary critical self-assessment skills to accurately evaluate their performance of certain basic procedural skills. However, frequently performing these skills in the clinical setting (or elsewhere) increased both self-reported and actual competence in these students.

Before this study, junior medical students had limited formal clinical skills teaching in the CSC and, because of the already overloaded curriculum, were not assessed with regard to such skills. As a result, the onus rested on the student to gain these and other, often ill-defined, skills in the clinical setting. Since the completion of this study, a logbook system has been introduced to encourage students to make the most of the opportunities in the clinical setting to practise the skills taught in the CSC.

Furthermore, a core clinical skills curriculum was compiled, indicating which skills should be taught in simulation and which in the clinical setting, as well as the competency levels (based on Miller's Framework for clinical assessment) at which these skills should be performed. From 2011 students will be subjected to a summative OSCE to assess their clinical skills competency.

CRACKING THE NUT OF SERVICE LEARNING IN NURSING

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Context and setting

Higher education institutions (HEIs) worldwide are being held more accountable for the effectiveness and relevance of their educational programmes and are being challenged to 'reinsert the public good into higher education'. These reasons have contributed to the development of the service learning movement globally. In South Africa service learning became entrenched in HEI policy documents less than a decade ago. Although there are national policy guidelines for community engagement and service learning as a particular type of community engagement, the implementation of service learning has occurred sporadically as HEIs are struggling with the many changes at all societal levels.

Purpose

While the school of nursing at the University of the Western Cape is cognizant of this national policy imperative as stipulated in the guidelines of the Higher Education Quality Committee, how these statements will be operationalised within the undergraduate nursing programme has not been addressed. The question that therefore needs to be asked is what teaching staff perceive to be the enablers and challenges for institutionalising service learning in the programme by exploring the perceptions of those involved in teaching on the programme.

What was done

An exploratory, descriptive, contextual design was used. Participants, who included academics (N=18) and clinical supervisors (N=18) employed at the school of nursing, completed a self- administered, structured questionnaire, adapted from Furco's self-assessment rubric for the institutionalisation of service learning in higher education.

Results of results and impact

The preliminary results reported here are part of a wider investigation into the implementation of service learning in selected modules in the undergraduate nursing programme. The findings reveal that the school of nursing has to engage in critical mass building activities because none of the respondents was aware of the Higher Education Quality Committee's assessment criteria for service learning. Approximately 9% indicated awareness that the institution has an official definition of service learning that is used consistently to operationalise most aspects of service learning on campus. However, the majority (91%) reported on the absence of a campus-wide definition of service learning, the inconsistent use of service learning to describe a variety of experiential and service activi-