Assessment Of Acceptability Of Direct Observation Of Procedural Skills (DOPS) Among Nursing Students And Faculty Members in Zahedane University of Medical Sciences, IRAN

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Abstract

It is important to identify positive and negative aspects of new assessment methods. Little research has been done on the acceptability of DOPS, especially in nursing. The aim of the study was to identify acceptability of DOPS among nursing instructors and students. At first, students’ clinical skills were assessed by faculty members using DOPS. Then, they were asked to rate their satisfaction on 1-9 rating scale and one open question about negative and positive aspects. 55 students and 12 assessors were participated. The results showed that, 75% of faculty members were completely satisfied and 70% of students were satisfied. It seems, DOPS is not only efficient in clinical skill assessment, but also is acceptable among nursing students and faculty members.

Keywords: DOPS(direct observation of procedural skills), acceptability, nursing student, faculty members.

1. Introduction

Program assessment and outcomes quality play important role in nursing training and as the nursing is considered as a practical knowledge, so the students must pass successfully an assessing program and certain exercise (Shumwey & Harden, 2003). The Bs nursing students need to learn variety skills and updated knowledge for having clinical competence in presenting Medicare. So assessing of a student in a clinical situation is required for not only proper performance of psychomotor skills but also it must reflect the rate of his/her learning, knowledge, judgment and ability in response to the changes (Mattiesen & Wilhem, 2006). So, for judging about the competency of student in the practical skills, s/he must show his ability in performance of core and necessary clinical skills (Bourbonnais & Longford & Giannatonio, 2008). The clinical evaluation process should provide information to students and teachers on what learning is taking place and what is required in order to improve the teaching learning process. (Mattiesen & Wilhem, 2006). So, it is important, the trainees skill is assessed in procedures that they must...
do them. One of the responsibilities of faculty members is to help students achieve better performance and competency in skills. There are different methods for clinical evaluation, but it is considered that, the clinical performance is assessed according to third and fourth level of Miller’s pyramid (Bhugra & Malik, Brown, 2007).

Clinical assessment in the form of direct observation was the frequently considered in real and practical situations. this method of evaluation assured assessors of the students capacity to anticipate clinical events and changing patient circumstances and thereby determine competency (Amin & Chong, & Khoo, 2006). Direct observation of procedural skills is a method that has been designed specifically for the assessment of practical skills and gives feedback. This method involves the observation of a trainee when performing a procedure in real environment and assessment at the same time (Wilkinson & Crolly & Wragg, 2008). By DOPS can be assess the practical skill of the trainee as objectively and structured (Dent & Harden, 2009). A DOPS includes the observation of a student while s/he is performing a practical procedure which is done on a real patient in a real environment. The observations are rerecorded in a checklist by the assessor, then it is feed backed according to the objective and real findings. Usually, 6-8 DOPS are taken during the year from the core skills. The skills would be different according to the student specialty and his experience (Wilkinson, & Benjamin, & Wade, 2003, Moorthy, & Munz, & Sarker, & Darzi, 2003). Every skill is evaluated by different observers (Wilkinson & Crolly & Wragg, 2008).

Currently, DOPS is used for evaluating of students and assistants in different medicine scopes like surgery, anaesthesia and etc. But there is one study about DOPS in nursing in IRAN (Sahebalzamani & Farahani & Jahantigh, 2012). The quality of an assessment instrument and its usage is determined by its validity, reliability, costs and acceptability (Wilkinson, & Benjamin, & Wade, 2003). Although, some studies confirmed the high validity of the DOPS in evaluating of practical skills (Sahebalzamani & Farahani & Jahantigh, 2012, Bould, , & Crabtree, , & Naik, 2009). And there is clear evidence about its positive effects on performance (Miller, & Archer, 2010), but little research has been conducted in its acceptability (Cohen, & Farrant, & Taibjee, 2009), especially in nursing and from the perspective of teachers and students. According to conclusion of the systematic review article, in workplace-based assessment in addition of multisource feedback, individual factors also have a profound effect on performance improvement (Miller, & Archer, 2010). Evaluation trainees' views of DOSP is also important to involve students in their learning process (Cohen, & Farrant, & Taibjee, 2009). Previous studies showed that mini-clinical evaluation exercise and multiple assessment methods have positive effect on learner satisfaction, but could not change attitude, skills, knowledge, or behaviour. And the study of the impaction of direct observation of procedural skills revealed that some house officers felt it could improve their clinical skills, but this evidence has not been captured objectively, and participant numbers were small (Miller, & Archer, 2010). So, the current research was executed with the aim of examining the satisfaction of the DOPS in nursing students and faculty members.

2. Materials and Methods

This is descriptive research, which was accomplished in the second half of 2009-2010 academic years in Zahedan Nursing and Midwifery collage in IRAN. 55 nursing students of Zahedan Nursing and Midwifery School and 11 faculty member of nursing were participated in this study. Assessors training for included presentation workshop 2 hours, written information of DOPS guidance. We asked from assessors, that they must evaluate students according to expectation standards Scoring instructions and checklist using guidance with the necessary criteria, which would be accomplished in each section of every skill checklists. Students training included: presenting written guidance which includes the purpose and design of the study, process of assessment by DOPS, kind of procedures and the name of assessors and the skill evaluating checklists was explained in an explaining session. A DOPS encounter consisted of observation of a student by an assessor during the performing one of the procedures. Checklist consisted of 9 domains: General knowledge about indications and relevant anatomy, informed consent, pre-procedure preparation, aseptic technique, technical ability, post-procedure management, communication skills and professional behavior principles and general performance. Satisfaction of examiner and trainee from DOPS exam based on nine-point scale 1,2,3 (unsatisfaction) 4,5,6 (satisfaction) 7,8,9 (completely satisfaction) was measured. And one open-ended
question assessed the opinion of students and faculty members about positive and negative aspects of DOPS in clinical skills evaluation.

3. Result

In this study we completed 440 forms, 55 nursing students and 11 assessors. Students were 48 females and 7 males and they were at the last year of undergraduate. Average age of the students was 24. Based on results, nobody of assessors and trainees asserted dissatisfaction of DOPS. Satisfaction of DOPS in assessors was showed in the table 1. And, satisfaction of DOPS in trainees was showed in the table 2.

| Frequency          | Percentage(%) |
|--------------------|---------------|
| unsatisfaction     | 0             |
| Satisfaction       | 3 25          |
| Completely Satisfaction | 9 75 |

Table 2. Trainees satisfaction of DOPS test

| Frequency          | Percentage(%) |
|--------------------|---------------|
| unsatisfaction     | 0             |
| Satisfaction       | 39 70.9       |
| Completely Satisfaction | 16 29.1 |

4. Discussion and conclusion

There is little research on the acceptability of DOPS; although this method seems to be acceptable to both assessors and trainees. In this study, Faculty members' satisfaction was consistent with students' satisfaction, but completely satisfaction were more common in faculty members. (75% against 29%). Satisfaction of most Participants were more than moderate. Faculty members with moderate satisfaction addressed this deficiency in their satisfaction were due to: time-consuming, need more assessors. They also claimed that it is difficult to evaluate and quantifying professionalism. DOPS have been shown to be a feasible instrument (Saheb alzamani, & Farahani, & Jahantigh, 2012). Students are satisfied because of evaluation by faculty members who are more experienced and instant feedback. But anxiety from direct observing during performance of procedures, decrease their satisfaction. Results of the study in U.K, on assessing dermatology trainee's views showed that feedback, reassuring and supervision, are positive aspects and time-consuming, stressful, difficult to find appropriate case are negative aspects of DOPS (Cohen, & Farrant, & Taibjee, 2009). In addition, the study in London, showed only 10% Pre-registration house officer (PHRO) found DOPS is threatening. And 70% felt DOPS can improve their clinical skills and undertaking DOPS will improve their future careers (Morris, & Hewitt, & Robert, 2006). Our aim in this study was not to evaluate the accuracy of this method but only the acceptance and implementation problems was considered. Generally it seems, DOPS is not only efficient in clinical skill assessment, but also is acceptable among nursing students and faculty members.

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