An assessment form for clinical nursing education: a Delphi study

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Aim. This paper reports a study to develop further the existing assessment form and to capture new aspects of assessment for the nursing profession of the future for inclusion in the form.

Background. Since nursing education became part of the higher education system, the assessment of clinical periods of the programme has become more complicated and requirements are more demanding. Changes in the health care sector, such as demographic changes and shorter hospitalization, create demands upon the independent nursing role of the future. Many educational documents, such as an assessment form, must continuously be up-dated and adapted to changes in society.

Method. A Delphi study concerning the content of this assessment form was carried out using two rounds. Through this process, an expert panel gave their opinions about the form and possible changes to it.

Results. There was general acceptance of the content in the current assessment form. Suggested changes were the addition of two factors concerning collaboration with the family and society, and development of the student’s independence. Two new area headings were suggested: one about ability to use the nursing process, and the other about development of a professional stance.

Conclusions. The suggested changes in the assessment form match expected changes in the health care sector and the demands of an academic nursing education.

Keywords: clinical nursing education, nursing profession, assessment, assessment form, Delphi method

Introduction

An assessment form for clinical nursing education was systematically developed and has been used since early 1997 in several institutions in Sweden. The developmental process included an initial evaluation (Löfmark & Thorell-Ekstrand 2000). The framework for the assessment form was developed from requirements stated in national guidelines and specific goals for nursing education in Sweden (SFS 1992: 1434, SFS 1993: 100, Swedish Board of Health and Welfare 1993: 17, Swedish Board of Health and Welfare 1995: 15). In addition, international guiding principles for nursing education with respect to future trends in nursing were studied (ICN 1997, Salvage & Heijnen 1997) and found to be in agreement with the guidelines mentioned above. As Sweden is a member of ICN and the European Market European Union, its nursing education must fulfil the requirements of both bodies. The form contained 18 factors...
reflecting different domains, illustrated with explanatory text and divided into six areas. It has been used by students, nurses as supervisors and teachers to give structure and support during discussions about the level of development of a student’s abilities in separate domains including cognitive, affective and technical skills. Ability is assessed on a scale from low to high in terms of ability (Figure 1). The assessment form has been used and continuously evaluated in nursing education by several institutions, although this has not been reported in the scientific literature.

In the Swedish tradition of nursing education, and also commonly internationally, students are taught and supervised by practising nurses while studying in the clinical field. Nurses are therefore much involved in the assessment of students’ development of different abilities. Teachers employed by the university support both students, and nurses and are responsible for grading the student at the end of all courses. The content of the assessment form directs students to their learning objectives, and this is well known in relation to the content of examinations (Nightingale & O’Neill 1994). Many instruments for clinical assessment have been developed and are described in the international literature (Bondy 1983, Girot 1993, Krichbaum et al. 1994, Redfern et al. 2002). Reported problems are lack of reliability and validity (Girot 1993, Norman et al. 2002). In addition, assessment is considered to be a complicated task involving well-known difficulties, such as lack of objectivity and comprehensiveness (Gerrish et al. 1997, Norman et al. 2002).

The actual instrument presented in this paper has a different approach from most of those described in the literature. It is intended to be used as a tool for systematic, continuous assessment dialogue between student, nurse and teacher about a student’s individual development. It is through the dialogue that a student can gain insight into their strengths and weaknesses in a formative way (Kenworthy & Nicklin 2002). This type of assessment is a necessary complement to course examinations and pass or fail grading. The intention of the assessment is to support the student and confirm their development.

After a new instrument has been used for some years, revision becomes necessary. Influencing elements in this case are the continuous changes occurring within nursing education as a result of its inclusion into the university system (Jarvis 1997, Pilhammar Andersson 1999). In many countries this process has been underway for 20 years, and in Sweden there was a very distinct advance in 1993 (Kapborg 1998). Increasing academic demands on nursing students involve both scientific knowledge and scientific approach, including self-directed learning (American Association of Colleges of Nursing 1998, Meerabeau 1999), critical thinking, problem-solving and analytical thinking (French & Gross 1992, Lusk et al. 2001). The problems of these academic demands for the clinical field, as well as for clinical nursing education, have been discussed (Nilsson Kajermo et al. 1998, Pilhammar Andersson 1999, Löfmark & Thorell-Ekstrand 2000). There is also a growing awareness of patients’ rights to care based on evidence, along with the development of nursing as a scientific discipline (ICN 2000). Nursing education must be attuned to progress within the health care sector, and this also influences the assessment of students during their clinical education.

The extensive changes underway in the health care sector include altered demographic patterns, with more older patients and greater demands on health care. As a consequence of shorter stays in hospital, there is greater focus on care at home with the family (American Association of Colleges of Nursing 1998, O’Sullivan Burchard et al. 2002). A professional nurse is expected to be able to take greater responsibility for patients’ needs for care in these changed circumstances. In developing countries, nurses’ contributions to the health care team will be of even more importance to families (WHO, World Health Organization Regional Office for Europe 1999).

<table>
<thead>
<tr>
<th>Poorly developed ability</th>
<th>Good ability</th>
<th>Strongly developed ability</th>
<th>Not possible/not relevant to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4 5 6 7 □</td>
</tr>
</tbody>
</table>

Figure 1 Two examples of the factors in the assessment form and assessment scale. The student is assessed on a 7-point scale for development in each area. There is also a box to be ticked when it is not possible or not relevant to assess the area in the particular period of clinical education.

\begin{center}
1. Communicate and interact with people.
Communicate with patients and relatives.
Show respect and empathy. Ability to listen.
\end{center}

\begin{center}
\underline{18. Self-knowledge}

Have a realistic picture of oneself. Have the ability to practise self criticism. Realise one’s own strengths and weaknesses. Take responsibility for learning and development.
\end{center}
Where this original assessment form has been used, an overall acceptance has been reported, although students and nurses have found that some of the factors in the original form were difficult to assess. One factor mentioned in this respect was scientific knowledge, and this was also found to be difficult in the initial evaluation (Löfmark & Thorell-Ekstrand 2000).

Because of the changes and experiences described above, a refinement of the assessment form was needed.

The study

Aim

The aim of this study was to develop further the existing assessment form and determine additional factors and other possible changes in clinical education for the nursing profession of the future.

Delphi method

The Delphi method has been used since the 1950s (Lindeman 1975). It is a procedure involving a panel of experts to whom questionnaires and feedback are given in order to obtain group consensus on a particular topic (Polit & Hungler 1999). One advantage of the Delphi technique is that it identifies opinions and makes it possible to reach agreement about issues studied. It is especially effective in areas where subjective judgements are requested, and for questions where there may be no definitive answers but about which consensus is desired (Lindeman 1975, Hasson et al. 2000). Anonymity for participants and repetition of questions characterize this method (Duffield 1988, Polit & Hungler 1999). Participants may be regarded as ‘quasi-anonymous’, meaning that their judgements remain anonymous while their names are known (McKenna 1994, Gibson 1998). In each round, usually two or three, but sometimes more (Crisp et al. 1999), a summary of responses to the previous round is fed back to the panellists. This is achieved by ranking items on Likert-type scales and the frequency distribution makes it possible to identify patterns of agreement (Goodman 1987, McKenna 1994). It is accepted that, when using this method, participants should be able to modify their opinions about the consensus generated in previous rounds (Moreno-Casbas et al. 2001).

Participants

An invitation letter was sent to 35 Swedish strategically selected nurse scientists. The inclusion criterion for participation was that participants must be nurse researchers in clinical or professional fields, with the position associated with nursing education at a university. We wanted to obtain participants with up-to-date knowledge about changes within the nursing profession, together with familiarity with international views about nursing in the future. In the cover letter it was stressed that participation was voluntary and that all data would be anonymous. It was also stressed that it was possible to redirect the letter to a colleague if there was reason to believe that this colleague was more familiar with the issues. This substitution was made by two nurses, who were then accepted as suitable replacements. A total of 21 of the 26 major university departments of nursing education was contacted. There was a deliberate geographical dispersion, resulting in the exclusion of departments in the same city in which one had already been selected. Thirty participants returned the attached response note indicating that they accepted the invitation to take part in the study (Table 1).

Questionnaires

The questionnaire for the first round consisted of eight questions, one of which concerned the 18 factors in the original assessment form (Table 2). This question was worded: ‘Do you think that the following factors should be included in the assessment form?’ Responses were to be completed using the following scale for each item: no, absolutely not (=1), no, probably not (=2), yes, perhaps (=3) and yes, absolutely (=4). Comments on each factor were encouraged.

Seven questions were open-ended, with space provided for answers. These explored issues including ideas for new content, attitudes toward judging students’ development of various abilities, opinions about assessment at different levels in the programme, and ideas about special structures or models to be used in the assessment form.

The answers given in round 1 were summarized for each question, analysed factor by factor and presented in a table. Comments were listed and sorted by content. Answers to the open-ended questions on content of the assessment form were analysed and a summary of the answers, the suggested new content and changed formulations were listed and described.

In the second round a revised assessment form was sent to the panel, together with the original form. Participants were
asked to give their opinions about the suggested changes. Each revised item or formulation was to be judged using the same scale as in the former round. Comments about each item were encouraged.

The responses in round 2 were summarized and the level of agreement analysed. There were no suggestions of importance about the content of the assessment form, and few comments were made in this round.

### Data collection

The first questionnaire was sent to 30 participants and, after a written reminder, 25 (83%) questionnaires were returned (Table 1). Participants initially received, for information, a list of the names of the invited people, but their judgements remained anonymous to all involved (McKenna 1994, Gibson 1998). One of the respondents did not answer each separate question, but instead gave an overall opinion about the assessment form. This person did not want to continue to participate.

A revised assessment form was sent out in the second round to the 29 remaining participants, together with the original form as an appendix in order to make it possible to compare the suggested revisions with the original assessment form. The distribution of answers given in the first round regarding the factors to be assessed was also presented (Table 2) and a summary of the answers was included. After one written reminder, 21 questionnaires were returned (75%) (Table 1).

### Results

#### Round 1

Participants agreed in general that the 18 factors should remain in the assessment form (Table 2). Two responses out of the total \( n = 419 \) reported a negative view and eight answered ‘probably not’ to the question as to whether the separate factors should be included in the assessment form. Doubts were expressed as ‘yes, perhaps’ in 27 answers (Table 2). All factors were commented on, mostly about their importance, but also regarding the wording of the factor or its explanation in the text. Other examples of comments concerned assessment in general, e.g. the relevance of a factor.

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**Table 2** Frequencies of answers to the question, ‘Do you think that the following factors should be included in the assessment form?’ (round 1)

<table>
<thead>
<tr>
<th>Assessment factors</th>
<th>No, absolutely not</th>
<th>No, probably not</th>
<th>Yes, perhaps</th>
<th>Yes, absolutely</th>
<th>Total ( n = 24 )</th>
<th>Missing data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and teaching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Communicate and interact with people</td>
<td>24</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inform and teach patients and relatives</td>
<td>2</td>
<td>22</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inform and teach co-workers and students</td>
<td>2</td>
<td>3</td>
<td>18</td>
<td>23</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Patient-related tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assess patients’ needs for nursing care</td>
<td>2</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Plan work and prioritize nursing interventions</td>
<td>1</td>
<td>23</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Undertake the nursing intervention</td>
<td>1</td>
<td>22</td>
<td>23</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Follow-up the problems and nursing interventions</td>
<td>2</td>
<td>22</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Report, document, write patient care records, use the computer for support</td>
<td>1</td>
<td>1</td>
<td>22</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations and treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Assist with and perform investigations and treatments</td>
<td>1</td>
<td>3</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. Administer drugs</td>
<td>2</td>
<td>22</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of facts</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. Use of theoretical knowledge</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>17</td>
<td>21</td>
<td>3</td>
</tr>
<tr>
<td>12. Use of knowledge about research and developmental work</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td>22</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Leadership and management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Plan, conduct and delegate tasks</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td>22</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>14. Be prepared for action</td>
<td>1</td>
<td>3</td>
<td>20</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Ability to co-operate</td>
<td>1</td>
<td>22</td>
<td>23</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16. Ethical awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Accuracy and reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Self-knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>8</td>
<td>27</td>
<td>382</td>
<td>419</td>
<td>13</td>
</tr>
</tbody>
</table>
in relation to the student’s level of education, and whether assessment can be fair and capture the complexity of a situation. The factor ‘Use of knowledge about research and developmental work’ was approved by a majority (75%), and some comments included ‘need to be shown in every action’ and ‘should include critical review’.

One open-ended question concerned contemporary ideas, and two new issues were proposed: inclusion of the patient’s family and social situations, and the students’ independence. Also, re-wording of two previously identified areas was proposed.

The assessment form was developed for use at all levels of nursing education, and one question concerned opinions about this. Comments included ‘more explicit examples are needed’, ‘focus on some factors at lower levels’, and ‘more examples specifically related to each level of the education programme are needed’.

The last question concerned the assessment form as a whole. There were many positive comments referring to the factors as being ‘learning supportive’ and ‘a good prerequisite for self-assessment’, as well as ‘a sound base for discussions, not only for assessment but for learning in a wider perspective’. Some suggestions were made for minor alterations in the explanatory text.

Summary of the results of round 1

The original factors received overall approval, and comments concerned formulation of the explanatory text for some of the factors. Different wording was suggested for two areas and two new factors were suggested. No deletions of factors were suggested.

Round 2

Participants were asked to give their opinions about the revised assessment form with the new factors and other suggested alterations about how they should be presented. One of the two new suggested factors was stated as ‘collaboration with family and society’, with the explanatory text: ‘show respect for the patients’ social and cultural environment’. The majority agreed with this new factor (15/21). Five were uncertain and one had a negative opinion. Comments included: ‘good suggestion’, ‘very important’, ‘no, this aspect should be included in the assessment of the patient’, and ‘could be included in the ethical aspects’.

The second new factor suggested was formulated as ‘independence’, with the explanatory text: ‘be able to argue and justify one’s actions. Understanding the area of responsibility and its limits’. The majority (18/21) agreed to this suggestion, while three were uncertain. Examples of comments were: ‘it’s almost like a comprehensive assessment’ and ‘good factor that needs to be included’.

‘The nursing process’ was suggested as a change in the wording for the area previously called ‘patient-related tasks’. The majority (15/21) thought that this change should be made. One critical comment was: ‘the nursing process is too theoretical a construct’. It was also suggested that another area, originally called ‘personal characteristics’, should be changed to ‘professional stance’. Most respondents (15/21) agreed that this was a ‘good heading’.

In this round some respondents also commented on the area ‘knowledge of facts’. It was pointed out that theoretical knowledge as well as scientific knowledge must be included in all factors as a base for professional patient care.

Summary of the results of round 2

Questions about the two new factors and the altered wording for two areas were answered by the majority (15–18/21) with ‘yes, absolutely’, meaning that they agreed to the suggested alterations. A summary of the percentage of total agreement for the different assessment factors in round 2 showed a range from 75% to 100%. This was interpreted as consensus about the content of the factors in the assessment form. As no more suggestions for changes were given in round 2, a further round was not conducted. Participants were informed of this, and their contribution acknowledged.

Discussion

The results of this study showed support for the modified content of the assessment form that was reviewed using a Delphi process. Two altered formulations of areas and two new factors received acceptance, and some minor changes in the original text were suggested.

The two new factors proposed were ‘collaboration with family and society’ and ‘independence’. The inclusion of collaboration with family and society is a global issue, strongly supported and encouraged by WHO, World Health Organization Regional Office for Europe (1999), and it is also stressed in the literature about the future role of nursing in a reorganized health care system (American Association of Colleges of Nursing 1998, Meerabeau 1999). Health care of the future is going to be more community-oriented, with a greater number of patients cared for in their homes. Future patients will have more complex health problems and will be cared for using advanced technology to a greater extent (Pearson & Peels 2001). Today’s patients are also more aware of their rights to high quality nursing care, also called
evidence-based care (Stetler et al. 1999). In some situations, the nurse will be the sole provider of care, while also working with other disciplines and functioning as a member of a co-ordinated, interdisciplinary team (Oermann 1994). Collaboration with the family and society, including support systems from other institutions or the local government authority, are of vital importance in these situations, as well as in the acute phase of a disease when a patient is cared for in hospital. Inclusion of these issues is therefore appropriate and strengthens the assessment form. In a recent publication, the ICN has formulated a framework of competencies for nurses which are mostly in agreement with the factors in the assessment form described (ICN 2003). The factor ‘collaboration with family and society’ has strong relations to the area called ‘communication and teaching’.

Participants suggested that the concluding area of the assessment form should be called ‘professional stance’ instead of ‘personal characteristics’. This area includes the factors ‘ethical awareness’, ‘accuracy and reliability’ and ‘self-knowledge’, and the new factor ‘independence’ can be included here. The heading for this area is in line with definitions of and discussions about the concept of profession (Argyris & Schön 1977, Keogh 1997). There is still some debate about nursing being a semi-profession because nurses are not fully autonomous, since in many situations they are dependent on medical orders. The presumption is that the emphasis on developing independence during nursing education will promote more independent nurses. In accordance with the assessment form, the inclusion of ethical awareness, own area of responsibility, and the importance of students’ development of independence are strongly supported by Swedish and international guidelines for higher education (SFS 1992: 1434, SFS 1993: 100, American Association of Colleges of Nursing 1998). In the earlier assessment form, independence was referred to in the explanatory text, and the new factor therefore emphasises this issue.

A definition of profession usually includes aspects of scientific knowledge (Keogh 1997). The factor ‘to use research and developmental knowledge’ was seen previously as difficult to assess (Löfmark & Thorell-Ekstrand 2000). Participants in the present study, being researchers themselves, gave support to this factor, as expected, without any further comments.

‘The nursing process’ was chosen to replace the earlier heading for the area, which was ‘patient-related tasks’. Despite the objections of some participants that the nursing process was too theoretical a concept, the majority accepted this change as a more accurate and specific concept. Another stated reason was that many of the other skills specified in the assessment form may also be classified as patient-related skills. This area consists of five factors, including patient assessment, planning and prioritising, undertaking nursing interventions, follow-up, reporting and documentation. The concept of the nursing process is central in nursing education, and the problem-solving structure has a clear resemblance to the research process. Assessment of this area offers the possibility of including aspects of science, theory, skills and value components (Hayward 1989, Oermann 1994, Attree & Murphy 1999).

The open-ended questions and space given for comments allowed new ideas and new content to be suggested for the assessment form. There were few suggestions and comments, but these were used for new questions in the second Delphi round. Many comments, as well as answers to the open-ended questions, did not concern the subject matter of the factors to be assessed, but rather the difficulties of the assessment process, and therefore were not analysed. There were few ideas about a new theoretical structure for an assessment form. One that was mentioned but not further considered, as it is not easily applicable to education, was Benner’s view of development from novice to expert (Benner 1984, Benner et al. 1996). However, it has been reported that in the United Kingdom (UK) many assessment systems do use Benner’s approach (Webb et al. 2003).

Methodological aspects

In this study, the Delphi method was useful. It made it possible to get information and advice from some of the most influential and experienced nurse researchers in Sweden. There is reason to believe that this particular group also has important international experience of nursing knowledge and a feeling for current trends in the health care sector. The Delphi method is both valuable and effective when there is a need to capture expert knowledge that can also be analysed and judged by experts until consensus is reached (Polit & Hungler 1999). A Delphi study is also especially suitable for areas where there are few existing empirical data (McKenna 1994), which was the case in this study.

The reliability of the Delphi method has been questioned, for example, the appropriateness of replication studies (Williams & Webb 1994, Woudenberg 1991, Crisp et al. 1999, Hasson et al. 2000). Concerning validity, the use of participants with knowledge and interest in the topic may ensure the content validity of the study (Goodman 1987). This was the case in our study, as acknowledged nurse researchers were chosen. Validity is also affected by the response rate (Hasson et al. 2000), which in this study was 76–82% (Table 2). Concurrent validity is increased when successive rounds of the questionnaire are used (Williams & Webb 1994).
and when the experts themselves have identified and agreed upon the changes in the Delphi questionnaire form (Hasson et al. 2000). In this study, the participants showed stability of judgement about the factors in both rounds and the group could be seen as conforming. Only four of the originally invited panel did not participate in the second round.

The anonymity of participants in a Delphi study is usually regarded as important, while in this study the concept ‘quasi-anonymous’ was used, meaning that participants’ names were known to the researchers, but the responses of individual participants were not. The ethical issue of importance is that panel members have agreed in advance to participate and that anonymity is assured.

A strength of this study is the contribution of experienced nurse researchers from many different universities. However, a limitation is that this expert panel represented only one country in Europe.

Conclusions

Nurse education is of international interest, as the nursing profession is considered to fulfil an essential function in every society. In Europe, there is common agreement about the content and length of education for Registered Nurses (Ds 1992: 34), and the ICN stipulates similar requirements for nursing for the whole world, recently updated in a framework for competencies for the generalist nurse (ICN 1997, 2003). We have attempted to obtain support for an assessment form that is relevant for today’s health care, including assessment of ‘skills and confidence to negotiate an uncertain future’ (Meerabeau 1999, p. 2). The suggested changes in the assessment form are in agreement with expected changes in the health care sector and future demands upon professional nurses.

Epilogue

A revised assessment form incorporating these findings has been developed and will be tested. The results from the present study, together with our own experience, constitute the bases for changes made. For example, comments about scientific knowledge resulted in the formulation of a factor called ‘scientific awareness’ in the area ‘professional stance’. This represents an attempt to stress that this factor should be considered in all patient care situations.

As a complement, a more detailed instruction booklet will be offered and its use tested. The text in this booklet has been influenced by comments made by participants in addition to their answers to the questions. An example is that the assessment dialogue between student and supervisor can facilitate learning for both. Expressed doubts have been helpful in formulating examples in the booklet. The assessment form will henceforth be called the AssCE form, which is short for Assessment of Clinical Education.

Contribution

The authors have the same responsibility for every part of the manuscript.

References


WHO, World Health Organization Regional Office for Europe (1999) Health 21: the health for all policy framework for the WHO European Region. WHO Regional Office for Europe (European Health for All Series No. 6), Copenhagen.