Nursing remains a practice-based discipline and UK pre-registration programmes are part theory (taught at university), part practice (undertaken on practice placements in partner organisations comprising a range of healthcare providers).

Until recently, students on placement were assigned a mentor – a registered nurse, who provided feedback and assessed their learning. However, in 2018, education and training standards were revised by the Nursing and Midwifery Council to respond to the future demands of health and social care (Hoy and George, 2018), and mentors were replaced by practice assessors and practice supervisors. This online initiative was developed before the NMC’s new (2018) standards were published, but is compliant with the new requirements.

Practice assessment for students on placement is still mainly print based; this article describes the implementation of an Online Practice Assessment for Learning (OPAL) portfolio at Bournemouth University from 2015. The project started as a pilot for a new intake of 75 pre-registration students on the adult nursing programme, before being rolled out to approximately 1,200 pre-registration students from three fields of nursing.

Impetus for change
The university has two student intakes a year for adult nursing – one in February, one in September – and one in September for mental health, and children’s and young people’s nursing. All students undertake practice placements across a range of partner organisations during the three-year programme.

A dedicated university practice learning adviser (UPLA) team acts as the main link and liaison between the university and practice placements, working alongside practice educational leads. The UPLA team supports nurses responsible for student learning and assessment in the practice area, offering help with their preparation, placement audits, overview of placement evaluations and managing concerns.

Before implementing OPAL, the university used a paper-based practice portfolio; however, an internal moderation of it with...
practice partners revealed issues around practice assessment (outlined in Table 1) that were consistent with the literature. These included challenges and complexities resulting from:

- The large number of individuals involved;
- Variations in feedback;
- Recording of interviews;
- Inconsistency in documentation (Helminen et al., 2016; Fitzgerald et al., 2010).

We discussed how these challenges could be addressed by moving to an online format; an OPAL support team was established (1.5 whole-time equivalents) and a steering group set up, with academics and practice partners, to scope out what an online portfolio would require, including identifying commercial portfolio packages and platforms. This led to the development of a specification for the future online portfolio and a tendering exercise, in which developers were invited to bid for the work.

The UPLA team was pivotal in developing, implementing and providing training for OPAL, working with the OPAL support team led by a project manager. This support team took on the administration and support of the online tool and worked with academic staff and developers to establish and test OPAL. Once OPAL was established, the support team:

- Set up the portfolios;
- Ran reports used for exam boards;
- Offered a helpdesk five days a week to provide technical support to individual users.

Concerns with online format

During initial discussions, practice partners raised a number of concerns about moving to an online format, reflecting those found in the literature (Box 1). These included worries about:

- Mentors having insufficient computer access to complete the online portfolio;
- Whether the online tool would be accessible and secure using NHS trust computers;

The steering group engaged with trust IT directors and a domain was set up to test security and stability when accessing the online tool from placement areas. Certificates demonstrating compliance with security protocols were provided with support from the portfolio developers.

Table 1. Problems with paper-based practice assessment records

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Specific issue(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegibility</td>
<td>Unable to read handwriting/identify signatures</td>
</tr>
<tr>
<td>Incomplete records</td>
<td>Missing dates</td>
</tr>
<tr>
<td>Feedback</td>
<td>Poor quality and quantity of feedback</td>
</tr>
<tr>
<td>Assessment criteria</td>
<td>Limited feedback/rationale to support assessment decisions</td>
</tr>
<tr>
<td>Interviews</td>
<td>Inconsistent recordings; Untimely/absent records of discussions and interviews</td>
</tr>
<tr>
<td>Information accessibility</td>
<td>Print document held by student so only accessible when student on shift</td>
</tr>
<tr>
<td></td>
<td>Academic staff can only see print-based record once submitted</td>
</tr>
<tr>
<td>Documents</td>
<td>Lost and damaged</td>
</tr>
<tr>
<td></td>
<td>Difficulty keeping documents intact over a three-year period</td>
</tr>
<tr>
<td>Student engagement</td>
<td>Minimal reflections/comments on placement learning</td>
</tr>
<tr>
<td>Support</td>
<td>Fewer opportunities to offer students timely support as print document only accessible when student on placement shift</td>
</tr>
<tr>
<td>Moderation and submission</td>
<td>Administration support needed for document processing</td>
</tr>
<tr>
<td></td>
<td>Recording and collection of bulky documents (300+ documents on submission date)</td>
</tr>
<tr>
<td></td>
<td>Bulky transportation for personal tutors when checking students’ group (average 35 students) practice assessment record, personal tutors have many documents to transport</td>
</tr>
<tr>
<td></td>
<td>Authenticity of signatures</td>
</tr>
</tbody>
</table>

Box 1. Moving online: practice partners’ initial concerns

- Security and compatibility of the online portfolio when accessed through NHS computer, firewall issues
- Staff accessing and using computers for educational purposes in clinical areas
- Managing security and protection of NHS staff’s personal details
- Training of registered nurses (mentors) and NHS practice education teams
- Developing support systems as the portfolio is rolled out
- Ensuring stakeholders have a role in developing the portfolio
Clinical Practice

Innovation

Safeguards – including secure logins and clear rules on what students, mentors, and academic staff could grade – were also put in place to minimise academic fraud and ensure that grades and comments were made by mentors.

Features of OPAL

OPAL is a secure platform, accessible by registered users from any device with internet access. It has the following features:

- Only registered nurses with a secure login can assess and grade students;
- Students can:
  - View their portfolio;
  - Record additional learning opportunities;
  - Add their reflections and feedback in the interview sections;
- Personal tutors can:
  - Review their students’ progress while on placement;
  - Enter feedback;
  - Record any tripartite meetings to aid cooperation between all practitioners who are supporting the students’ placement.

OPAL will be of great benefit within the new education and training standards. By automatically entering key information – such as dates and names of nurses completing assessments – it shows when interviews and assessments were done and by whom, enhancing the quality-assurance moderation process. The portfolio works on a progress rule, which means students have to complete one section before they can move on to the next; for example, they have to complete the initial interview to progress to the mid-interview, and only after they have completed this can they move on to the final interview. OPAL provides tutors with a cohort report in which moderation identifies incomplete elements – this means, they do not have to check every page of print portfolios, which saves time.

Implementation

We decided to adopt a staged implementation by piloting the model with a smaller group of students before rolling it out more widely. The February 2015 intake of 75 adult nursing students was considered most suitable for introducing OPAL, as its small size allowed a focused and manageable approach to staff/student training and support. Cassidy et al (2012) found one of the challenges for mentors in shifting to online practice assessment was interpreting and applying the programme competencies; as such, to ease the transition from print to online and prevent staff from having to learn a new assessment process, the existing practice assessment documentation was adapted for online use.

“"The benefits of mentors being able to access portfolios meant they could view the assessment criteria and previous mentors’ feedback when planning face-to-face meetings with their students”

Training and support

Previous experiences of implementing e-portfolios showed a need for strategies to prepare users and help with the cultural change from print to online portfolios (Andrews and Cole, 2015). A range of newsletters and training materials were incorporated into planned mentor updates, courses on learning and assessing, and roadshows. The roadshows were central to the implementation, as they involved a hands-on demonstration of OPAL and allowed for user feedback, which informed future newsletters and roadshows.

A series of directed training and support plans were held before the first intake of students started their placements. The OPAL support team played a key role in the early stages, identifying common enquiries, which informed the development of support and guidance in the form of user guides and newsletter ‘tips and tricks’.

Initial experiences

Previously, students held a physical copy of their printed portfolio to guide their learning and support assessment, so mentors could only access this when students were on their practice placements. However, switching to an online system meant students and mentors in the pilot could access portfolios at any time. The benefits of mentors being able to access portfolios meant they could view the assessment criteria and previous mentors’ feedback when
planning face-to-face meetings with their students. This planning activity allows mentors to complete the documentation more quickly (McIntosh et al, 2014), and reduced frustration for students, as it was easier for them to complete their documentation in time for submission.

However, students in the pilot group reported that, although mentors were confident in the competencies to be assessed, they were less sure about how to access and use the online tool. This was confirmed by a review of the tracked calls and enquiries to the OPAL helpdesk, and prompted the team to revisit student preparation, as it was felt students could support mentors in using OPAL. Students now attend an interactive session in a computer room to prepare them and the team has created a series of online, quick-reference guides for students, academic staff, practice supervisors and practice assessors that break down the skills and steps required to access and complete the online tool.

Extending the programme
From September 2015, OPAL was rolled out to all new student intakes in all fields of nursing. Student training is planned and timetabled before their first practice placement; it involves the UPLA team and computer-room sessions, with the guides now used as the first point of help for common questions.

The UPLA team addresses any concerns about security and confidentiality by emphasising the nature of secure logins: students can only view their own portfolio, and mentors or practice assessors can only see portfolios to which their students have linked. User training on digital security stresses the importance of not sharing passwords and reminds nurses to use trust guidance on creating secure passwords.

Evaluation
The benefits found by moving from a print to online format are shown in Table 2 and include improved accessibility, consistent feedback and documentation clarity. The online tool provides a sustainable, safe and secure platform, while stakeholders’ initial concerns were shown to be unfounded. Data on user activity shows users access OPAL through a variety of devices:
- 13% mobile phones;
- 5% tablets;
- 81% computers (33% NHS computers).

The average login duration per session was 14 minutes.

Some organisations had not updated their browsers to the most up-to-date version of Internet Explorer, which meant some functionality, such as editing comments, did not work. This was easily rectified by advising users and organisations to switch to the most up-to-date version, or to use other browsers that support OPAL; the support team no longer receives enquiries about this issue.

“Student engagement with mentors’ feedback improved with the online portfolio”

The UPLA team compared feedback and future learning in 20 online OPAL practice assessments (selected at random) with 20 print-based practice assessments from an earlier student cohort. A significant finding was the improved readability of the feedback, and the quantity, quality and timeliness of interviews in OPAL compared with the paper-based assessments.

There was also more student engagement with mentors’ feedback and evidence of students considering feedback when documenting future plans. One explanation for this could be that OPAL is set up so students must complete one section before they can move to the next, requiring them to act upon their mentor’s feedback.

Future developments
The drive to enhance digital literacy is increasingly important in healthcare, with staff needing to be ready to support change and innovation (NMC, 2018; Health Education England and Royal College of Nursing, 2017). The shift to online portfolios in pre-registration nurse education should help with this, so the team will continue to develop student and practice assessor guides and factor in timetabled computer-room training for students before their placements to develop confidence in navigating and understanding OPAL.

Providing dedicated administrative and technical support is essential to the success of OPAL, and the support team offers a 24-hour (weekdays only) response time to enquiries. It also creates submission reports and spreadsheets confirming grades, which saves staff a significant amount of time.

The NMC’s (2018) standards for education and training introduce three new roles: practice supervisors, practice assessors (replacing mentors) and academic assessors. Practice supervisors, practice assessors and academic assessors need to work in partnership to provide feedback, assessment and progression on the student’s journey. OPAL, as an online tool, should help the new roles to function effectively by serving as an ideal platform to help the transition towards the new standards for supervision and assessment (NMC, 2018).

Conclusion
Moving from a paper-based system to an online practice assessment can pose a number of challenges, but adopting a staged implementation process and using existing practice assessment documentation facilitated the process and helped ensure the project’s success. OPAL is now firmly embedded in all our undergraduate nursing programmes; we have a secure, sustainable system that has improved accessibility, engagement and documentation, as well as saving paper.

Across the region, assessment documentation is set to align with the new standards for supervision and assessment, and will be transferred to OPAL. We are also planning larger evaluations of OPAL to continue developing the quality of practice assessment.

References