## Clinical Evaluation: Concepts and Processes

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<th>Purpose</th>
<th>This session provides an overview of major evaluation concepts as they are applied in clinical education. The acquisition of clinical knowledge and approaches to determine competence for novice nurses are discussed. The roles of the clinical teacher and effective strategies related to evaluation are examined.</th>
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**Clinical Evaluation Process Overview**  

| Materials Needed | PowerPoint Slides 5-1 through 5-31 |
Opening
PPT 5-1
Introduce yourself and your role. Share some background on yourself and your expertise with clinical evaluation to establish your credibility with the participants.

Objectives
PPT 5-2
This presentation has been organized using these as guiding objectives.

Clinical Evaluation
PPT 5-3
Now, let’s talk more specifically about clinical evaluation and the educator’s role. First and foremost, faculty has the legal and ethical responsibility to pass only students who are safe practitioners and meet the clinical objectives of the course.
Clinical Evaluation – Assumptions

Oermann and Gaberson (2013) provide some insight into basic assumptions about the evaluation process, especially in the area of clinical or performance evaluation. They explain that:

1. Evaluation is a process by which judgments are made about performance. That sounds pretty simple – yet consider the context of that performance (student variables, patient conditions, unexpected events, etc.).

EXAMPLE: Student changing a complicated leg dressing using sterile technique, patient in isolation in skeletal traction, another student and I am holding the leg, I’m observing technique, a third student is in the room to observe and get supplies as needed – third student faints.

2. Clinical evaluation is NOT objective; it IS subjective, involving judgments by faculty, student and others. I would add that any evaluation is subjective to some extent. This is an area we struggle with (rightly so) in our efforts to be fair and objective.

By stating that it is not objective, I mean that many variables come into place in making judgments – the student, the patient and clinical situation, and all influence the context for performance and evaluation. We can and should consider the objective statements of criteria and standards, but must consider also the contextual elements in a situation.

EXAMPLE: If sterile technique is not maintained, is it because of distraction or poor knowledge or skill?

3. The teacher’s values influence evaluation, and we cannot be free of that, but need to be aware of our values to avoid unfairness with students. Evaluation of performance, or of another’s judgment, is always filtered by our own perspective and values. The clearer the
criteria are to the evaluator and the learner, the better the chance that the judgments can be made fairly. Our judgments must not be made capriciously or arbitrarily.

EXAMPLE: Requires that we mentally/emotionally step out of a situation and consider how personal biases influence the evaluation.

Faculty Self-Awareness

Because evaluation is NOT objective AND the teacher’s values influence it, faculty must be self-aware.

Subjectivity and Fairness

Oermann and Gaberson cite three dimensions in devising a fair system and practices:

a. Teacher values – requires self-awareness, acceptance of differences, recognition of attitudes towards students who don’t fit the norm, (racial, gender, nontraditional, youthful, returning/repeating students).

b. Pre-determined objectives or competencies should be used and evaluation conducted according to these.

What about using objectives determined individually by student and faculty? For “legal” purposes, objectives should be consistent within a course; individually established could be a component of course objectives, but they should adhere to some guidelines, and be clearly established and agreed upon by teacher and learner.

c. Developing a supportive clinical environment allows freedom to learn, accepts differences, evaluation as growth promoting and not controlling.
College Contract with Student

PPT 5-7

The school itself sets up a contract with students in regard to information provided during admission and in formal documents such as the college catalog and/or student handbook. This includes information provided by the school regarding criteria to be met for graduation. Information provided in a course syllabus regarding criteria to be met for satisfactory completion of the course also constitutes a contract with a student. It is for this reason that faculty must carefully include all course requirements in the syllabus at the beginning of a course and abide by those statements when making decisions regarding student grades. It is a good idea to review all course requirements during orientation so any questions students may have can be addressed.

Student-Related Policies

PPT 5-8

A link or reference to the location of student policies should be provided in the syllabus. These are usually available in a formal document such as the student handbook. When these handbooks are handed out or information is given regarding their location on the college website, documentation that includes the student’s signature should be obtained that this information was made available to them. While all of the policies that relate to students should be available in these handbooks, the ones that relate to academic issues address progression, retention, graduation criteria, academic standards (such as the school’s grading scale), appeal or grievance policy, and guidelines related to personal and professional conduct.
**Student-Related Policies**

PPT 5-9

Policies should be reviewed with students at the beginning of each course and clearly reflected in the syllabus. Students should be given the opportunity to ask questions they may have regarding any of the policies. The syllabus should then contain the course description; course objectives; credit hours; course faculty along with contact information; class schedule with deadlines for assignments and classroom as well as clinical attendance policies; evaluation criteria for assignments and clinical along with tools and methods that will be used for evaluation and the standards set for determining a grade. Syllabi may also require that students notify faculty at the beginning of the course if they have a documented need for accommodations during testing or clinical.

**Clinical Standards Must Be:**

PPT 5-10

Standards must be clear and understandable to faculty and students.

- The language of “academics” is not always as clear as we would think, in spite of the agonizing that we do in writing clinical objectives.
- In reviewing the evaluation tools you will use, make sure you are clear about what is intended—discuss with course coordinator or a more experienced faculty member. If it isn’t clear to you, it probably isn’t clear to students either.

Bring a copy of an evaluation tool from your school and cite several of the clinical objectives. Discuss how they meet the criteria on the slide.

In order to make the statements clear, it is helpful to use some time in orientation to verbalize expectations or to review the meaning of written statements. If this doesn’t occur at that time, then clarification of the meaning when weekly evaluations are done will help students understand.
Clinical Evaluation

PPT 5-11
Faculty should ensure that clinical objectives are clear with observable and measurable behaviors identified. The clinical evaluation tool should be provided at the beginning of the course and its use for student evaluation discussed in depth. The schedule for evaluations should be set at the beginning of the course and conveyed to students—be it weekly, biweekly or twice during the rotation. Obviously, the more often evaluations are done, the more data faculty will have to base their decisions upon regarding a final grade.

Acquisition of Clinical Knowledge

PPT 5-12
To encourage discussion, ask: What does novice mean?

Novice Learners

PPT 5-13
Novices have had little to no experience in the situations in which they are expected to perform.

NOTE the puzzled look on the examiner’s face—“what is it I’m supposed to be seeing?”
Novice Learners
PPT 5-14
As a review, according to Patricia Benner (1984) we know that:

To prepare they first must learn facts (observable attributes) and context free rules. **NOTE the concentration on the task in the picture**

Novices operate begin to learn with these limited and fairly inflexible rules and facts. **REMEMBER learning to take vital signs?** Take pulse, then take respiration, then take blood pressure, then take temperature − one at a time??

Acquisition of Clinical Knowledge
PPT 5-15
According to Patricia Benner (1984) we know that experienced nurses develop clinical knowledge.

- clinical knowledge (i.e. practical knowledge) is gained over time
  AND
- clinical knowledge involves the ability to recognize qualitative distinctions, common meanings, early warnings of distress − achieved with many hours, days and years of experience
  AND
- clinical experts understand situations globally, not using isolated facts, rules, cues
  AND
- clinical experts were all novices at one time.

Students are typically operating at a novice level.

We want to help students develop clinical knowledge, but most students will graduate still at a Novice level, or in some situations at what Benner calls the Advanced Beginner…so who is this novice learner??
Novice Learners

PPT 5-16

The goal for clinical experiences is that they learn how to put these facts and rules together and critically analyze what it all means.

They need time, experience and guidance to help learn. They can, however, be evaluated, but at the novice level. They are not experts who understand the nursing or clinical situations in a global way, all at once – or not at first!

Students are novices, similar to nurses in a new or different clinical area or role.

As students progress through the educational program, or enter different clinical areas, they can be expected to build on previous knowledge and skills. They can also be expected to take some time to adjust to each new area, and to acquire new skills and knowledge.

Sooo…a change of facility, or a new rotation to a more specialized area requires some adjustment and sometimes a reminder for them of what is the same.
Create Supportive Environment

PPT 5-17

Anything faculty can do to create a supportive learning environment for students will enable them to perform to the best of their ability. It is an inevitable fact that when students are in lab or clinical, they are learning in public. They report feeling like they are being evaluated “all the time”. Even mistakes that a student makes are often apparent to classmates and clients. Anything faculty can do to decrease a student’s stress level will enhance their ability to perform to the best of their ability. Structuring the course so students have the opportunity to practice skills in the clinical lab prior to client care enhances both the student’s performance level and client safety. Scheduling time for the student to orient to the unit will facilitate their familiarity and comfort level with the environment. Assigning clients who are appropriate for a student’s knowledge and skill level is important. Providing feedback or “constructive” criticism should always be done in private with students – and displaying an approachable attitude so students seek assistance when needed is also important. Students who find their clinical faculty intimidating will feel less willing to approach them when they have a question.

Create Supportive Environment

PPT 5-18

To encourage discussion, ask: What can you do to create a supportive environment?
Formative & Summative Evaluation
PPT 5-19
Instructors use both formative and summative evaluation for students in clinical courses.

Formative = its purpose is diagnostic, not graded; gives feedback on performance in relation to criteria; occurs throughout period of instruction; may be done at an established midpoint (e.g. midterm, after first 6 weeks in new position, etc.).

Summative = end of instruction, summarizes achievement (e.g. end of semester; associated with final determination of ability or competency; in academic settings, signified by a grade, or "pass").

Both formative and summative evaluation should be documented and shared with the students and based on multiple sources of data (observations).

Formative Evaluation
PPT 5-20
Formative evaluation will be given throughout the clinical course and includes both verbal and written feedback. Verbal feedback should be frequent, constructive, private, and timely. When there are problems with performance, constructive feedback should include an objective description with factual, anecdotal data and how to improve. Find a private place to talk. It may work best to do this away from the clinical unit. Written feedback uses course evaluation tools and is clearly documented. The next presentation will focus on evaluation tools.
**Formative Evaluation**

PPT 5-21

We recommend frequent formative evaluations so improvement can occur before the end of the course. A student’s final grade should never be a surprise. By giving your students feedback throughout the course, they should have a good idea of their final grade before they receive it. Always do a midterm evaluation so that students can address any deficiencies while there is still time.

**Midterm Contract**

PPT 5-22

Explain how to create and use a midterm contract and improvement plan for students whose performance is unsatisfactory. The improvement plan is often called a learning contract or remediation plan. Include predetermined intervals at which you will follow up with the student regarding his or her progress.

**Summative Evaluation**

PPT 5-23

It’s helpful for new instructors to check with an experienced faculty member to validate your expectations and confirm how you rate student performance. Discuss any concerns you have about a student’s performance and your evaluation with your course coordinator. Do not fail a student without checking with your course coordinator.
Due Process

PPT 5-24

This section on Due Process expands on what was covered in the Legal Issues presentation. All students have the right to due process if they feel their grade was not given in a fair manner.

Due Process – Student Role

PPT 5-25

Students should be informed of their rights and given the guidelines to follow if they wish to appeal a grade or other decision they perceive as arbitrary or capricious.

Due Process – Student Role

PPT 5-26

At most schools, a committee will review the evidence presented by the student and determine if it supports the need to re-evaluate the grade or decision.
Due Process – Faculty Role
PPT 5-27
The instructor can use their syllabus and anecdotal notes to support the grade given to the student. The instructor should be able to show that the student was given an opportunity to improve her or his performance.

Student Appeal Process – Outcome
PPT 5-28
If the student’s appeal is denied by the committee, a student may pursue it by following the school’s guidelines to further the appeal. The academic dean or director may review the decision. The school’s legal counsel may become involved in the student’s appeal. It is important to follow the school’s due process procedures. Courts consistently support faculty decisions for student evaluations IF due process is followed.

FERPA
PPT 5-29
Similar to HIPAA, which protects the privacy of individually identifiable health information, the Family Education Rights and Privacy Act of 1974 (or FERPA) protects the following rights of students:

- The right to access educational records kept by the school.
- The right to allow disclosure or release of educational records only after consent has been given.
- The right to amend educational records that are in error.
- The right to file complaints against the school for disclosing educational records in violation of FERPA regulations.
Clinical Evaluation Process Overview

PPT 5-30
Use this slide to review the steps in the clinical evaluation process. Check for the participants’ understanding of each step.

Questions?

PPT 5-31
End the presentation with questions from the participants.