Clinical Evaluation Tools

Objectives

- Discuss a variety of clinical evaluation tools
- Discuss the development and use of a clinical performance rubric
- Discuss methods of providing feedback to students
- Compare the traditional nursing care plan with the concept map
- Discuss how to develop positive student-faculty relationships
- Practice using the clinical performance rubric for a student scenario with paperwork to evaluate

Tools for Evaluation

- Direct observation
- Preceptor observation
- Anecdotal notes
- Clinical performance rubrics

Tools for Evaluation: Assignments

- Journals/reflection papers
- Process recordings
- Portfolios
- Patient assessment tools
- Nursing care plans
- Concept maps
- Student self-evaluation

Observation

- Observation guides
  - Checklists are often used by faculty when students demonstrate skills
  - Skill demonstration occurs in a simulation or learning lab
- Direct clinical observation
  - Anecdotal notes
    - Faculty use anecdotal notes to remember observations
    - According to O’Connor (2015), anecdotal notes should include a:
      - Description of care patient received
      - Description of what student did or failed to do in providing care
      - Description of any situational or environmental factors that contributed to the observed situation
  - Clinical rubrics
  - Preceptor observation
What is a clinical performance rubric?
- Predetermined behaviors/criteria
- Delineates safe and satisfactory student performance
- Derived from course outcomes
- Describes different levels of quality such as:
  - Satisfactory
  - Needs Improvement
  - Unsatisfactory

Why develop a clinical rubric?
- Provides the new student with behaviors expected in the first clinical course so they know what faculty are looking for and gain understanding of the role of the nurse.
- Gives the student a concrete view of their performance and how faculty evaluated them, and can be a guide for faculty when giving verbal feedback.
- Allows for faculty identification of poor student performance early in the term so the student has time to make improvement.
- Provides new faculty with examples of behaviors to be evaluated as well as provides a mechanism for assigning a letter grade to clinical courses.

Consider the Clinical Competence Rating Scale and adding a point system to each rating.
- Independent (5)
- Supervised (4)
- Assisted (3)
- Marginal (2)
- Dependent (1)

Rubric Rating Scales
These are two examples of rubric rating scales that could be adapted.
- The Clinical Competence Rating Scale was adapted from Dr. Kathleen Bondy by Dr. Linda J. Scheetz (2000). This rating scale has been tested and has evidence of reliability and validity, according to Scheetz.
  - Independent
  - Supervised
  - Assisted
  - Marginal
  - Dependent
  - Not applicable
  - Not observed
- Keele University Clinical Criteria (Priest, 1998)
  - Outstanding
  - Very good
  - Good
  - Average
  - Poor
Faculty Guidelines for Clinical Rubric Management

- Give each student a copy of the rubric during clinical orientation.
- Encourage students to review and ask questions of clinical faculty.
- Checkmark or indicate somehow the behaviors that were observed and how student performance was rated (Satisfactory, Needs Improvement, or Unsatisfactory).
- Write comments in space available. Always include some written comments. Students desire and want faculty feedback.
- Give student a copy of the rubric with feedback. It is important that students receive a copy of the rubric with faculty feedback before the next clinical week.
- Review your comments with the student. Students want time with faculty to review faculty feedback before starting the next clinical week when possible.

Example of Clinical Outcomes

- Sample clinical outcomes:
  1. Provide care for clients in a variety of settings based on the relationship of the client, health, and environment.
  2. Demonstrate professional nursing knowledge, attitudes, and behaviors in the delivery of person-oriented health care.
  3. Apply critical thinking skills when caring for clients in a variety of settings.
  4. Employ effective communication with clients, health team members, faculty, and peers.
  5. Implement therapeutic nursing interventions to meet client needs.

Example Rubric Clinical Outcome 1

1a. Identifies disease processes, psychological, and socio-cultural factors that affect the client’s health.

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>The student defines/describes patient’s primary medical diagnosis and/or surgical intervention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>The student defines patient’s medical diagnosis or surgical intervention with assistance of faculty.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>The student is unable to identify patient’s primary medical diagnosis or surgical procedure.</td>
</tr>
</tbody>
</table>
Patient Assessment

- A patient assessment form or tool often accompanies a nursing care plan and/or concept map. Students may be required to complete an assessment tool developed by the faculty, by a publisher, or by the setting.
- Each patient assessment is typically graded by clinical faculty with feedback given to the student.
- One assessment is often required per assigned patient.
- The configuration of the assessment form or tool may vary depending on faculty preference.

Patient Assessment

- Patient assessments often contain the following sections.
  - Patient demographics
  - Chief complaint
  - History current/past medical and surgical
  - Allergies and current medications
  - IV information
  - Laboratory, diagnostic tests, and procedures
  - Physician orders
  - Pathophysiology review

Nursing Care Plan

- The nursing care plan (NCP) demonstrates that the student understands the nursing process.
- A draft of the priority problem NCP may be required for faculty review the morning of the first clinical day (situation dependent) to demonstrate the student’s preparation for clinical.
- There is typically a standardized format to the NCP. The nursing diagnosis followed by the patient outcomes, interventions, rationale, and evaluation. In an effort to help the student understand that the evaluation is of the patient outcomes, some faculty move the evaluation column next to the patient outcomes column followed by interventions and rationale. The format may vary somewhat depending on faculty preferences.
- Key points for evaluation
  - The NCP is individualized for the patient.
  - The NCP includes all parts in an organized manner.
  - Rationales help to demonstrate knowledge of theory. The student should reference the rationale as required by faculty.
- The nursing care plan is typically a part of formative evaluation.
- The care plan is typically a graded written assignment.
Nursing Care Plans — Advantages and Disadvantages

- **Advantages**
  - Standard approach or format used by all students
  - Thought to show critical thinking and reasoning
  - Helpful in learning to think like a nurse

- **Disadvantages**
  - Standardized care plans available, question value of developing others
  - If standard NCP are used, questionable critical thinking
  - The linear approach of traditional NCPs has been criticized by those who feel the nursing process does not reflect nursing practice
  - Real nurses do not write care plans

Concept Maps

- Concept mapping reflects a diagrammatic teaching strategy
- Concept mapping demonstrates relationships between data
- Concept mapping shows student’s ability to organize a large amount of data
- The concept map strategy may be used in place of nursing care plans
- Concept maps are for formative evaluation
- Concept maps are graded similar to the NCP

Concept Maps — Advantages and Disadvantages

- **Advantages**
  - Creative strategy that demonstrates the student’s ability to synthesize knowledge
  - Requires less/minimal writing
  - Shows what the student does and does not understand about the relationships between and among the data

- **Disadvantages**
  - The concept map may be large and difficult to follow
  - No two will be alike in format or content even with similar clinical data
  - Attractiveness of the concept map may influence faculty assessment of student’s abilities

Concept Maps — Types

- The pathophysiologic concept map is a useful tool in the pathophysiology course
- The nursing care concept map is useful in the clinical courses. Students can verbalize the theory/rationale for interventions listed on the map
- The combined pathophysiologic and nursing care concept map provides the student with an opportunity to visualize and integrate theories with nursing process
  
  (Daley, 1999; Irvine, 1995; Kathol, Geiger, & Hartig, 1996)
**Tips for Concept Mapping**

- Both theory driven and an evidence-based teaching/learning strategy
- Integral part of learning how to think like a nurse
- Demonstrate how to construct a concept map
- Use concept map to keep notes throughout shift
- Assessment tool of student learning
- Collaborative learning & critical thinking

**Concept Map Example showing Connections**

![Concept Map Example showing Connections](image)

**Concept Map Configurations**

- **Spider maps**
  Central concept with radiating sub-concepts

- **Flow Chart map**
  Organized in a linear fashion

- **Hierarchy maps**
  General to more specific

- **System map**
  Shows inputs and outputs
**Concept Care Map**

- The concept care map incorporates the nursing diagnoses, outcomes, interventions and outcome evaluation of a traditional NCP but may take many forms. They can be set up linear or circular, and as diagrams, photographs, or algorithms. Students may choose to draw pictures or cut and paste.
- Students should be asked about rationale and for necessary details verbally.

**Clinical Evaluation Activity**

Handouts needed:
- Handout 1 – Clinical Performance Rubric, pages 10-13
- Handout 2 – Sample Adequate Nursing Care Plan, pages 14-15
- Handout 3 – Faculty Evaluation of Sample Nursing Care Plan, page 16
- Handout 4 – Poor Concept Map, page 17
- Handout 5 – Faculty Evaluation of Poor Concept Map, page 18
- Handout 6 – Concept Care Map, page 19
- Handout 7 – Faculty Evaluation of Good Concept Map, page 20

For this activity, work in groups of two to four participants.

1. Review the student scenario and look over the rubric provided. The rubric is partially graded based on student clinical performance.
2. Look over the patient assessment tool, NCP, and concept care map. Evaluate the level of understanding and preparation by the student. Make the appropriate checkmark in the column on the rubric.
3. Then review the medication profile sheet and the pathophysiologic concept map. Make the appropriate checkmark on the rubric reflecting your evaluation of student understanding and preparation by the student.

After the activity we will convene as a group to address:

- Issues
- Concerns
- Likes and dislikes
- What if…?

**Student Self-Evaluation**

- Students should provide their own perceptions of their clinical performance. Encourage them to provide examples from their clinical experiences to validate their performance including:
  - Strengths
  - Areas needing improvement
  - Strategies for improved performance

- According to Oermann and Gaberson (2006), students in the first clinical course may need assistance with identifying their strengths and areas needing improvement. Faculty needs to assist students in the identification of strategies to improve their performance. The self-evaluation process is only for formative evaluation and is not graded, according to Oermann and Gaberson.

**Student-Faculty Relationships**

- Fostering positive relationships with our clinical students is really our job. This can be accomplished by:
  - Displaying confidence in the students
  - Showing them respect, keeping your clinical expectations realistic (first clinical course behaviors vs. the final clinical course behaviors)
  - Being honest and direct when giving students feedback
  - Staying approachable by displaying caring behaviors
  - Remaining supportive and encouraging about potential for improvement and growth

- With problem students, step back and make sure you are not the problem. If you decide you might be part of the problem, be honest with the student and let them know what you will do to make changes and then guide them to understand their responsibilities in the change process. Make a commitment to help this student to become the best nurse they can in the time you have them. Of course this may be difficult if you have very short clinical rotations.
If you are sure the student may have difficulty being successful no matter what you or the student does, evaluate them weekly and keep them informed. And remember to document. Document student behavior that demonstrates unsatisfactory performance.

Summary

- In summary, during this session you learned about:
  - A variety of clinical evaluation tools available to faculty
  - The development and use of a clinical performance rubric
  - The guidelines for providing clinical feedback to students
  - Concept mapping and compared the traditional nursing care plan with the concept care map
  - What is needed to foster positive student-faculty relationships during clinical
- You practiced using the clinical performance rubric based on a student scenario and paperwork examples.

This presentation was developed by Susan Kasal-Chrisman, RN, PhD.