Behavorially Based Clinical Evaluation

BARBARA L. TOWER, MSN, MA, RN, Assistant Professor; THERESA V. MAJEWSKI, MS, RN, Associate Professor, Essex Community College, Baltimore, Maryland.

Nursing in a community college setting notoriously has a reputation for shortened clinical experience. The fact is that students can rotate through a variety of clinical settings lasting from a few days to a full semester. Within this framework, a student can and must progress from an assisted level of performance with emphasis on simple directed tasks to assume the beginning competencies of independent functioning. All of the above plus the fact that there may be a variety of faculty evaluators within one course make the process of clinical evaluation difficult for both the student and the faculty member. If clinical expectations and evaluation criteria are not clear it becomes easy for the faculty member to rely on subjectivity. The need for a

References


# FIGURE 1
CRITERIA PROFILES OF STUDENT BEHAVIOR

<table>
<thead>
<tr>
<th>Sample areas of evaluation</th>
<th>Levels of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Practice Standard</td>
<td>Safe</td>
</tr>
<tr>
<td></td>
<td>Each</td>
</tr>
<tr>
<td></td>
<td>Effect</td>
</tr>
<tr>
<td>Professional Responsibility</td>
<td>&quot;Other directed&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthesis and</td>
<td>Theoretical knowledge is applied correctly</td>
</tr>
<tr>
<td>Application of Principles</td>
<td></td>
</tr>
<tr>
<td>Focus on Nursing</td>
<td>Student focuses on patient</td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
</tr>
<tr>
<td>Cues* from Instructor</td>
<td>Behavior performed without supportive cues</td>
</tr>
<tr>
<td></td>
<td>Student did not need cues given</td>
</tr>
<tr>
<td>Coordination</td>
<td>Exceptionally def</td>
</tr>
<tr>
<td></td>
<td>Exceptionally coordinated</td>
</tr>
<tr>
<td>Student's Affect</td>
<td>Student appears confident and relaxed</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to Complete Task</td>
<td>Expedited or minimal time period</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Cues — What is required to maintain or encourage the student's performance
Supportive Cues — those that encourage, support or reinforce but do not change or direct what the student does or says
Directive Cues — verbal and/or physical; those that indicate what to do or say next; those that correct an ongoing activity
These profiles are not all inclusive. They are simply theoretical examples that can aid in a more objective evaluation.

clinical tool that insures consistency among a variety of evaluators and yet is manageable in length is vital. Such a tool must also reflect the conceptual framework and philosophy of the nursing program.

**Tool Development**

After an accreditation visit by the National League of Nursing (NLN), the faculty of an associate degree program decided to reassess their clinical evaluation tool. A volunteer committee from the faculty initiated a literature search. An analysis of the results of this search prompted the committee to reconsider the benefits and deficits of their original tool. In the meantime the nursing faculty voiced strong opinions that the tool must:
- utilize the nursing process;
- evaluate application of theory;
- be short and manageable enough to expedite evaluation on a daily basis;
- allow room for written anecdotal notes of either superior or incompetent behaviors.

With faculty input the committee members again searched the literature. Among the articles found, Bondy's (1983) Five Levels of Competency emphasized objectivity in the evaluation of clinical performance. With the author's permission the "Criteria
FIGURE 2

ESSEX COMMUNITY COLLEGE
DEPARTMENT OF NURSING
CLINICAL EVALUATION

<table>
<thead>
<tr>
<th>Unit</th>
<th>Week</th>
<th>Date</th>
</tr>
</thead>
</table>

A. PROFESSIONAL RESPONSIBILITY
The following will be evaluated. (OK or 1-3)
1. Demonstrates sensitivity and courtesy towards others
2. Anticipates needs of co-workers/pts and initiates appropriate help
3. Demonstrates acceptance of positive criticism
4. Demonstrates acceptance of school-agency goals and policies
5. Reports to clinical area on time

B. SKILLS
1. Requests and uses supervision appropriately
2. Demonstrates awareness of own limitations
3. Applies knowledge from completed units in performing previously learned skills
4. Performs previously learned procedure skillfully
5. Applies principles in performing new skills
6. Performs new procedures skillfully

C. COMMUNICATION
1. Reports pertinent information to patient, family, and appropriate health care team member
2. Reports pertinent information to clinical instructor
3. Chairs accurately, completely, and appropriately
4. Utilizes effective communication skills with health care team, patient, and family
5. Contributes to own and group's learning (pre/post-conference)

D. MEDICATIONS
1. Demonstrates knowledge of drug and nursing implications
2. Prepares drug correctly
3. Administers drug correctly
4. Calculates dosage and/or intravenous rate accurately

NURSING PROCESS

E. ASSESSMENT
1. Makes relevant patient observations
2. Uses appropriate resources for gathering data
3. Identifies patient's needs for care

F. PLANNING
1. Plans and identifies priorities for nursing care to meet individual patient needs

G. IMPLEMENTATION
1. Implements care according to priorities
2. Performs nursing actions/skills for comfort and safety
3. Organizes patient care and utilizes time constructively

H. EVALUATION
1. Uses evaluation in the nursing process

I. PATIENT CARE STUDY
1. Completes and submits plan on time with clear, correct, and concise composition
2. Focuses on individual patient in data gathering
3. Reports accurate data
4. Individualizes the steps of nursing process
5. Demonstrates critical and analytical thinking

<table>
<thead>
<tr>
<th>No.</th>
<th>1</th>
<th>x</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>x</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>x</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>x</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>x</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total points obtained
Minus points lost
Net possible points
Divided by items evaluated
PFA

TOTAL AVERAGE = TOTAL OF ALL PFA S - No. of days evaluated
for Clinical Evaluation" were adopted and modified.

The committee then examined the evaluative statements from their original tool and grouped them into five major categories:

Skills
Communication
Nursing process
Medications
Professional responsibility

The first four areas listed above are curriculum threads from the nursing program's conceptual framework. The area of professional responsibility embraces behaviors and attitudes that the faculty identified as being significant in achieving competencies of becoming an effective care giver.

Five levels of competency were designated as Independent (I), Supervised (S), Assisted (A), Marginal (M), and Dependent (D) from Bondy's article. A glossary was developed from the content of the original article to describe the individual levels of competency and facilitate the use of the letter designations in evaluating the student's clinical performance. The glossary was later modified and restyled into a grid format, "Criteria Profiles of Student Behavior" (Figure 1) to describe the level of competencies. These profiles were not meant to be all inclusive. They are simply behavioral examples of a more objective evaluation. In addition to show progression the faculty decided that the average first year student's minimal performance should be at the "assisted" level. By the time a student is ready to graduate the minimal performance is expected to be at the "supervised" level with the beginnings of independent functioning.

Use of the Tool

Each semester the student is given a copy of the tool (Figure 2) along with a clinical grading information sheet. With the aid of the "Criteria Profiles of Student Behavior" (Figure 1), the expectations for clinical performance are explained. At this time the faculty specify which level of competency is minimally acceptable. For instance, the first semester of the first year the level of performance expected is at "assisted." By the first semester of the second year the student must exhibit competencies at both the "assisted" and "supervised" levels.

Grade Calculation

If it is apparent that the student has performed satisfactorily according to the minimal level of performance expected then a designation of "pass" is used for the daily evaluation. This enables faculty to evaluate a student's performance easily without elaborate calculations. In those instances when a student's passing performance is questionable, letter designations of levels of competency are then converted to a numerical grade. Faculty are expected to write anecdotal notes to supplement any evaluation of behaviors that are at the independent, marginal or dependent level of competency.

Summary

For the past two years this clinical evaluation tool has been revised biannually by the original committee. Feedback has been solicited from the entire faculty and incorporated into the subsequent revisions.

In using the tool it is apparent that there are benefits for both students and faculty. Evaluation of the student is simplified because it is based on behaviorally described competencies. Because of this, consistency is further assured regardless of the number of evaluators. The faculty not only have a tool that is short and manageable enough to provide daily feedback but they also have the ease of using pass or fail for most of the evaluations.

Students are better able to channel their energies and ultimately their behaviors to focus on necessary competencies to become an effective care giver. Students have the benefit of objective evaluation of their behaviors with an opportunity for daily feedback. The student is aware of expected performance levels prior to evaluation as well as the need for progress in those competencies. While the tool in its present format still has some shortcomings, the entire faculty have had the pleasure of knowing that as a group they have created a workable and discriminating evaluation tool.

References


The authors acknowledge the entire nursing faculty of Essex Community College. Special thanks go to Arriane Regester and Mary Norville, who along with the authors, served on the evaluation tool committee.

Practice: A Sanctioned Faculty Role

MARY ANN PARSONS, PhD, RN, Associate Professor; GWEN FELTON, PhD, RN, Associate Professor; College of Nursing, University of South Carolina, Columbia.

Nursing is a practice profession that places great value on those who excel as providers of direct care. Unfortunately, many of our colleagues in practice promote the innuendo that those who cannot do, teach. It has also been implied that nursing faculty are teachers, not "real" nurses; and traditionally, faculty have done little to refute that claim. Nursing faculty have focused their energies in support of the teaching research and community service missions of the university; but have viewed these missions as discrete categories and often failed to recognize that practice is the means through which these missions come together. There has also been the belief that any obligation to practice is met by clinical supervision of students (Collison & Parsons, 1980).