Development of a Clinical Evaluation Tool: Process and Pilot Implementation

Teresa Connolly, PhD, RN
Brenda Owen, MSN, RN, CNM
Glenda Robertson, MA, BSN
Joan Ward, MS, RN, CNE
Fara Bowler
Teresa Connolly
Paul Cook
Jodie Fuller
Kathy Foss
Peggy Nagel
Noreen Nicol
Brenda Owen
Glenda Robertson
Kathy Shaw
Tammy Spencer
Joan Ward

Thank you!
LEARNING OBJECTIVES

- Describe the importance of systematically analyzing clinical skill performance evaluation process in undergraduate nursing education
- Explain how undergraduate curriculum influences clinical skill performance evaluation
- Identify how data will determine the future direction of evaluation of clinical skill performance
PURPOSE OF NEW CLINICAL EVALUATION TOOL

• Tie our clinical learning experiences: hospital clinical site and simulation evaluation together
• Create leveling of evaluation throughout all undergraduate clinical courses
• Ease of use and clarity of clinical evaluation
One document that has all the elements that students could be evaluated on throughout their clinical courses
METHODS
METHODS

Used QSEN As Guiding Principles

- Patient-Centered Care
- Teamwork and Collaboration
- Quality Improvement
- Evidence-Based Practice
- Safety
- Informatics
METHODS

Reviewed Current Undergraduate Clinical Evaluation Tools

Components Sub-Categorized Into QSEN Themes & Elements Developed
Domain (QSEN)

Theme

Patient Centered Care

Communication with the patient

Maintains competent, confident and professional bedside manner

Element
METHODS

Components sub-categorized into QSEN themes & elements developed

Elements organized according to Bloom’s taxonomy & skill level
"After a learning episode, the learner should have acquired new skills, knowledge, and/or attitudes" (Clark).

References:

by: Mia MacMeekin
AN ETHICAL ISLAND BLOG
Medical Surgical Nursing I → Medical Surgical Nursing II → Practicum

Clinical Reasoning and Skill Leveling

Beginning → Intermediate → Advanced
Domain (QSEN)

Theme

Element

Patient Centered Care

Communication with the patient

Maintains competent, confident and professional bedside manner

Leveling

Beginning

Intermediate

Advanced

Bloom’s Taxonomy

Understanding

Applying

Evaluating
METHODS

Elements Organized According to Bloom’s Taxonomy & Skill Level

Reference Guide Created & Evaluation Tool Design Meeting Held
**Domain:** Patient Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient’s preferences, values, and needs

<table>
<thead>
<tr>
<th>Bloom’s leveling</th>
<th>Bloom’s Taxonomy</th>
<th>Theme: Communication with the Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>Understanding</td>
<td>• Recognizes the boundaries of therapeutic relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Describes patient findings accurately, completely, and concisely to the instructor/preceptor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explains the elements of competent, confident and professional bedside manner to the instructor/preceptor</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Applying</td>
<td>• Asks patient for permission to provide nursing care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Utilizes a wide range of effective communication strategies and interpersonal skills to appropriately establish, maintain, re-establish and terminate the nurse-client relationship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Utilizes communication, motivational interviewing (verbal and nonverbal) that is patient/population specific: Open-ended, Affirming (empathetic), Reflective (reflect content, emotion, intention), Summarizes message</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Responds to patient’s questions or comments appropriately and in a timely manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintains competent, confident and professional bedside manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demonstrates professional communication</td>
</tr>
<tr>
<td>Advanced</td>
<td>Evaluating</td>
<td>• Assess own level of communication skill during encounters with patients, families, and/or population</td>
</tr>
<tr>
<td></td>
<td>Creating</td>
<td>• Adapts communication style (verbal and nonverbal) appropriately to situation, patient, family, or population</td>
</tr>
</tbody>
</table>
METHODS

Reference Guide Created & Evaluation Tool Design
Meeting Held

Pilot Evaluation Tool Created
**Patient Centered Care**

Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

<table>
<thead>
<tr>
<th>Communication with the Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Element</td>
</tr>
<tr>
<td>• Element</td>
</tr>
<tr>
<td>• Element</td>
</tr>
<tr>
<td>• Element</td>
</tr>
</tbody>
</table>
ACTIVITY
ACTIVITY

What do you hope the learner is able to accomplish by the end of the clinical experience? Identify:

- Two areas of fully proficient knowledge, skills, and/or attitudes
- Two areas of knowledge, skills, and/or attitudes learners are beginning to develop proficiency

Consider where the learners are at in their knowledge, skill, and attitude development
• How many people wanted to choose all the elements?
• How many people chose multiple things from each of the beginning, intermediate, and advanced levels?
• Is it realistic to have the learners complete all of that?
CHALLENGES

- Initial tool very long
- Level of OB course - both beginning and intermediate
- Short clinical length
- Formatting
- Personal challenge - wanted to implement without testing
PRELIMINARY RESULTS
# RESPONSE TO THE SURVEYS

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td>64%</td>
</tr>
<tr>
<td>Learners</td>
<td>47%</td>
</tr>
</tbody>
</table>
**DID THE PILOT TOOL CONTAIN FEEDBACK ABOUT STUDENT/MY PERFORMANCE?**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td>25%</td>
<td>0%</td>
<td>65%</td>
</tr>
<tr>
<td>Learners</td>
<td>9%</td>
<td>14%</td>
<td>77%</td>
</tr>
</tbody>
</table>
DID THE CURRENT TOOL CONTAIN FEEDBACK ABOUT STUDENT/MY PERFORMANCE?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>15%</td>
</tr>
<tr>
<td>Neutral</td>
<td>10%</td>
</tr>
<tr>
<td>Agree</td>
<td>60%</td>
</tr>
<tr>
<td>Learners</td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>94%</td>
<td></td>
</tr>
</tbody>
</table>
WHICH METHOD DO YOU PREFER TO EVALUATE PROFESSIONALISM IN THE CLINICAL SETTING?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Graded</td>
</tr>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td>5%</td>
</tr>
<tr>
<td>Learners</td>
<td>6%</td>
</tr>
</tbody>
</table>
### WHICH MEASUREMENT SCALE DID YOU PREFER TO BE EVALUATED ON?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td>20%</td>
</tr>
<tr>
<td>Learners</td>
<td>22%</td>
</tr>
</tbody>
</table>
OVERALL WHICH TOOL DO YOU PREFER TO EVALUATE STUDENT/YOUR PERFORMANCE?

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Tool</td>
</tr>
<tr>
<td>Educators (Clinical instructors, course faculty, CEC/SIM)</td>
<td>15%</td>
</tr>
<tr>
<td>Learners</td>
<td>19%</td>
</tr>
</tbody>
</table>
Qualitative Feedback

- “Need a place for comments at the end of the tool”
- “Place for a narrative for strengths and opportunities would be helpful”
- “Limited time to complete tool in simulation”
- “Students assume different roles in simulation; one may be the medication nurse, another performing tasks, another performing patient assessment. It is impossible to evaluate individual performance based on roles, particularly when the roles overlap during simulation, as students often collaborate during simulation.”
IMPLICATIONS
• Systematically analyzing the clinical skill performance evaluation process in undergraduate nursing education is essential.
• Mapping of Course Learning Outcomes in Undergraduate curriculum informs an effective leveling in evaluation of clinical skill performance.
• Data driven decisions will determine the future direction of the evaluation of clinical skill performance.
NEXT STEPS

• Complete Data Analysis from Pilot
• Provide complete results to faculty
• Meet with faculty determine which tool to implement
• Further education on implementation to all educators
QUESTIONS
Thank You!