Critical Thinking Paper 1B: Clinical Evaluation Tool

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“The competent nurse must be able to analyze complex patient situations, solve problems and communicate effectively with other health care disciplines and care recipients, adding domains of leadership, and spiritual competence” (Oermann, et. al., 2009, p. 353). Clinical instructors have the challenge of adequately preparing providers as well as assessing and evaluating students fairly. Faculty must use an instrument which allows them to measure clinical skills objectively and reliably (Coates & Chambers, 1992), (Billings & Halstead, 2009). Using a clinical evaluation tool can decrease bias, improve consistency and allows for a comprehensive analysis of performance (Billings & Halstead, 2009). The Weekly Clinical Performance Rubric posted on Blackboard was chosen for analysis.

Overall, I feel this evaluation tool is well made. The tool addresses issues that are relevant to mastery of clinical nursing care and thus has a high level of authenticity (Watson, et. al., 2002). One of the strengths of this tool is that it encompasses many different evaluation strategies within one rubric. For example, the tool evaluates the students’ care plans/concept mapping, written assignments, review of nursing notes and verbal/nonverbal communication skills. By evaluating performance in multiple ways, a comprehensive and “trustworthy” assessment of the student should result (Oermann, et. al., 2009). Utilizing multiple evaluation methods would also likely reduce bias from the instructor (Billings & Halstead, 2009). Key concepts identified by the NLN for reforming clinical education are evident throughout the rubric. Concepts including but not limited to interdisciplinary communication, evaluating outcomes and drawing upon a body of knowledge to make clinical decisions are issues highlighted by the NLN which are pervasive throughout the tool (NLN, 2008).

Safety initiatives are currently a large part of hospital reform as well as benchmarks set by accreditation committees (The Joint Commission, 2011). The first portion of the rubric
addresses the basic safety and legal concerns required for a practicing nurse to deliver appropriate care such as confidentiality, fundamental knowledge and environmental concerns. It is imperative that this be required of a new nurse to provide safe care within their scope of practice and it is, “the ultimate goal for clinical performance evaluation” (Billings & Halstead, 2009, p.449).

Reflective experiences are seen in the literature as important for clinical learning (NLN, 2008), (Girot, 1993), (Billings & Halstead, 2009), (Lasater & Nielsen, 2009). Self evaluation and self reflection are related in the sense that the students evaluation is based on ideas obtained from self reflection (Billings & Halstead, 2009). Activities such as reflective journaling allow the teacher to gain insight into the students’ thought processes and provide additional benefit to the student (Lasater & Nieslen, 2009). Self evaluation/reflection allows the student to examine their clinical progress and learn from their experiences (Lasater & Nieslen, 2009). Section 2A requires students to use self evaluation techniques to find insight and meaning in the clinical experience. An additional benefit of utilizing reflective journaling is the, “faculty’s ability to uncover misunderstandings or missed connections, and take the opportunity to help correct them” (Lasater & Nielsen, 2009, p. 42).

A potential criticism from a behaviorist point of view would be that certain areas of the assessment tool are subjective in nature not easily measured (Watson, et. al., 2002). Evaluation for criteria such as caring would require subjective assessment, which some say is not as “fair” as measurable objective criteria (Watson, et. al, 2002). Watson, et. al., also claims that bias in student assessment exists as a result of acquainting oneself with the student (2002). However, a dichotomy exists because if, “an external assessor – a lecturer or person who has not worked with the student – carries out the assessment, then on what basis have they made the
assessment?” (Watson, et. al., 2002, p.424). Feedback from staff, patients and peer review are also assessment methods commonly used in evaluation tools not seen in the sample rubric, which could be valuable for eliminating bias and producing a more inclusive assessment (Billings & Halstead, 2009), (Oermann, et. al., 2009).

There is no evidence that this tool was tested for reliability and validity. According to Watson, et. al., “much of the literature which addresses assessment refers to lack of reliability and validity of methods for measuring competence” (2002, p.428). An integral part of any tool should be its ability to measure what it claims to measure on a consistent basis (Coates & Chambers, 1992).

The tool lacks opportunities for formative evaluation. The rubric seems to be one which would be completed in totality by the assessor on one occasion. The student would likely benefit from ongoing critique in the clinical setting to help guide clinical reasoning and identify strengths and weaknesses (Oermann, et. al., 2009). This particular rubric appears to be more of a summative evaluation. The tool could be utilized in such a way where periodic written assignments are required throughout the clinical time allowing for feedback and guidance for the student. It is considered ideal if both formative and summative evaluation methods are evident in evaluation tools (Oermann, et. al., 2009).

In conclusion, despite lack of evidence regarding reliability and validity, this tool encompassed multiple suggested evaluation techniques seen in the literature. It evaluates basic nursing requirements such as providing safe care, as well as professionalism, communication skills, and actions within the nursing process. It is likely to give an accurate and fair analysis of student clinical performance.
References


http://www.jointcommission.org/assets/1/6/2011_NPSG_Hospital_3_17_11.pdf

