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Evaluation of nursing students' clinical performance is a key element for determining the extent that students exhibit professional client-centered care. The importance of clinical evaluation is apparent as the judgment of "pass" or "no pass" (i.e., fail) has significant implications for students, the nursing program, and the public. Because clinical evaluation is a critical element in nursing education, this descriptive study was conducted to evaluate a recently revised clinical evaluation tool and clinical evaluation process for a baccalaureate nursing (BSN) program at the University of Portland.

Literature Review

A systematic literature review was conducted using the Cumulative Index to Nursing and Allied Health Literature (CINAHL®), EBSCOhost® , ProQuest® , and Google™ Scholar databases to determine the current state of knowledge about how to evaluate clinical evaluation tools and clinical evaluation processes. Key terms used in the literature review were *nursing* , *education* , *clinical* , *evaluation* , *instrument* , *tool* , and *assessment* . The literature yielded limited evidence on the topic. In contrast, a preponderance of the literature provided recommendations on how to develop and implement a clinical evaluation tool (Bonnel, 2012 ; Gill, Leslie, & Southerland, 2006 ; Karayurt, Mert, & Beser, 2009 ; Krichbaum, Rowan, Duckett, Ryden, & Savik, 1994 ; Walsh, Jairath, Paterson, & Grandjean, 2010). The primary recommendations suggested that a clinical evaluation tool be criterion-based, provide explicit statements about the standards by which students would be evaluated, and address the unique mission and values of the academic institution (Bonnel, 2012 ; Gill et al., 2006 ; Krichbaum et al., 1994 ; Rooda & Nardi, 1989 ; Walsh et al., 2010). In addition to describing how to develop a clinical evaluation tool, the literature described challenges associated with the clinical evaluation process.

Clinical evaluation challenges included evaluator subjectivity, evaluator bias, misinterpretation of standards by both students and faculty, and the recognition that clinical practice is complex, random, and contextual (Gill et al., 2006 ; Krichbaum et al., 1994 ; Rooda & Nardi, 1989). Evaluation of clinical performance was described as having a "long and tortured history" (Krichbaum et al., 1994 , p. 395). A mixed-methods research study conducted by Gill et al. (2006) reported evidence from the perspective of nursing faculty about the difficulties associated with clinical evaluation. The researchers provided subsequent suggestions for how to improve clinical evaluation tools but did not provide suggestions for how to improve the clinical evaluation process.

The revised clinical evaluation tool evaluated in the current study incorporated recommendations from the literature. Specifically, the revised clinical evaluation tool was criterion-referenced, included program and course outcomes, incorporated elements from *The Essentials of Baccalaureate*

Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008), and provided criteria that differentiated expectations based on the level of the learner within the curriculum. Although the literature provided recommendations for development of a clinical evaluation tool, no sources were identified that described how to evaluate the effectiveness of both the clinical evaluation tool and the processes after implementation.

No existing survey instrument was located that could be used in this study; therefore, additional literature sources were reviewed to search for recommendations and criteria about essential components of clinical evaluation tools and evaluation processes. Multiple sources suggested that a reliable clinical evaluation tool should be designed to help students and faculty determine how well students are meeting objectives, verify students are safe practitioners, provide opportunities for timely formative and summative feedback, and explicitly state criteria so that all who use the tool understand what is expected (Billings & Halstead, 2012 ; DeYoung, 2003 ; Walsh et al., 2010). The authors incorporated recommendations from these sources, in combination with criteria unique to the institutional mission and vision statements to develop the survey instrument used in the current study.

Method

This study used a descriptive cross-sectional survey design. The survey consisted of 12 close-ended statements (**Table**) with a Likert-type scale ranging from 5 (*strongly agree*) to 1 (*strongly disagree*) and three open-ended narrative questions. The survey instrument was reviewed by three doctor of nursing-prepared educators with quantitative research experience. The group of experts examined the procedures used to construct instrument items, the content areas, and instrument readability, and content validity was assured. The survey instrument was found to be highly reliable (12 items, α = 0.89). Institutional review board approval was obtained from the university, and surveys were administered electronically via Web-based survey software. Data analysis was both quantitative (measures of central tendency and between group *t* test comparisons) and qualitative (content analysis) (Polit & Beck, 2004).

A convenience sampling strategy was used to recruit study participants. All senior-level nursing students ($n = 110$) and clinical nursing faculty ($n = 47$) at the university received an e-mail inviting them to participate. The revised clinical evaluation tool was implemented in January 2012, nine months prior to the onset of the study; therefore, all invited study participants had experience with the revised clinical evaluation tool. Consent was implied by completing and submitting the anonymous electronic survey.

A total of 54 students (49%) participated. Average student age was 22.4 years, and the average number of times students had completed the revised clinical evaluation tool was 4.01. A total of 20 faculty members (42%) participated. Average faculty age was 47.9 years, and the average number of times faculty members had completed the revised clinical evaluation tool was 2.35.

Results

Eight Likert-type survey questions measured student and faculty perceptions about the clinical evaluation tool (survey items 1 to 4, 6 to 8, and 12). Four Likert-type survey questions evaluated student and faculty perceptions about the clinical evaluation process (items 5 and 9 to 11). The **Table** presents survey instrument questions and findings on the Likert-type survey items.

In addition to the Likert-type questions, item 13 inquired about the evaluation process, asking participants to estimate how much time was spent during each clinical rotation completing the tool and meeting for the evaluation. Students reported spending 60% more time than faculty per clinical rotation (2.7 hours for students and 1.6 hours for faculty).

Survey item 14 asked participants to provide narrative comments about the clinical evaluation tool. Narrative comments were provided by 28 of the 54 students (52%). Of these, 21% were positive and 79% were negative. The positive comments stated that the format and language of the clinical evaluation tool helped students reflect on their clinical performance and the program outcomes. Seven of the negative comments (31%) described concerns with the physical format or layout of the clinical evaluation tool. The most commonly occurring comment was that the form did not permit enough space for students to write narrative comments and document how they were meeting program outcomes. The second most common negative comment, which occurred six times (27%), stated that the outcomes, criteria, and exemplars were challenging to understand.

Narrative comments were provided by 15 of the 20 faculty participants (75%) about the clinical evaluation tool. Of these, 27% were positive and 73% were negative. The positive comments indicated that respondents believed the revised clinical evaluation tool was easier to use than the previous evaluation tool and that the tool assisted students and faculty to focus on the program outcomes. The negative comments revealed one primary concern; specifically, the faculty commented that they needed more or better instructions and orientation about the program outcomes, language, and criteria on the tool.

Item 15 asked participants to provide narrative comments about the clinical evaluation process. Narrative comments were provided by 22 of the 54 students (41%); of these, 23% were positive and

77% were negative. The positive comments focused on the types of feedback students received from clinical faculty during the clinical evaluation process. The negative comments highlighted three main issues with the clinical evaluation process. First, 11 students (50%) reported receiving no orientation about the clinical evaluation tool or process; the students stated that this lack of orientation created confusion, ambiguity, and frustration. Second, eight students (36%) indicated that the midclinical evaluation was either inappropriately placed or unnecessary, noting that the midclinical evaluations came too early in the clinical rotation to permit effective evaluation. Third, five students (23%) indicated that they were unable to see a connection between the program outcomes, course outcomes, and evaluation of clinical performance.

Written comments about the clinical evaluation process were provided by 14 of the 20 faculty participants (70%). Of these, 36% were positive and 64% were negative. The positive comments described the ease of use and time spent in comparison with the prior clinical evaluation tool. The negative comments revealed two main concerns. Five participants (36%) reported a lack of orientation to the tool and the evaluation process. The second most commonly occurring concern, reported by three faculty (21%), was associated with the timing of midclinical evaluations and the perceived senselessness of written midclinical evaluations, particularly when students had just begun the clinical experience.

Discussion

A mean score of 3.5 was used to guide interpretation of the findings and to prioritize recommendations for improvements. Survey items with a mean score 3.5 were interpreted as being adequate, whereas survey items with a mean score <3.5 were interpreted as being substandard and were prioritized as areas for improvement. Using a mean score 3.5 as a quality indicator permitted the researchers to focus attention on high-priority survey items and develop manageable recommendations for changing the tool, the process, or both.

Findings associated with the clinical evaluation tool revealed that only one of the eight questions resulted in a mean score <3.5. This result indicated that the tool itself was adequate and not a priority concern. In contrast, all four survey items associated with the clinical evaluation process received mean scores <3.5. Interpretation of the data as a whole primarily indicates a need for students and clinical faculty to receive enhanced orientation and instruction about the program and course outcomes on an ongoing basis. Students and faculty also needed a better understanding of the purpose of evaluation and expectations for the clinical evaluation process.

Although there were no survey items that specifically asked participants to rate their perceptions about the timing of either midclinical or final clinical evaluation, a preponderance of narrative responses indicated that both students and faculty struggled with the timing and usefulness of midclinical evaluations. Interpretation of the narrative text raised new questions about the rationale and effectiveness of written midclinical evaluations. More research should be conducted to determine the value of midclinical evaluations and explore possible variations in clinical evaluation that would best benefit the learner.

Limitations and Recommendations

There are limitations to this study. A cross-sectional survey design provides the viewpoints of study participants at only one point in time; therefore, findings are limited to the perspectives of the participants who volunteered to participate in the fall 2012 semester at the researchers' academic institution. A convenience sampling strategy also limits the generalizability of the study findings. Despite study limitations, the findings were relevant and produced recommendations for nursing education and nursing research.

Results of this study provide data that nursing faculty may use to make recommendations and prioritize educational activities. Specifically, nursing programs should assess their undergraduate curriculum and faculty orientation programs with the goal of ensuring explicit initial and ongoing clinical evaluation education that is timely and meaningful for both students and clinical faculty. The orientation and ongoing instruction should engage both students and faculty in active learning strategies. These strategies would allow students and faculty opportunities to connect clinical evaluation tool criteria with clinical practice scenarios, encourage rehearsal and repetition with the clinical evaluation tool, and provide learners with timely formative feedback through the analysis of acceptable and unacceptable examples of completed evaluation tools. An orientation process also could serve to engage students and faculty members in dialectical conversations about the evaluation tool and process, promoting critical reflection about the purpose and function of clinical evaluation.

Recommendations for future research also arose from the study. For example, both students and faculty commented that the timing of the midclinical evaluation was inappropriate, particularly for students who have 12-hour (versus 8-hour) clinical shifts. Recommendations include studying the merits of written midclinical evaluations as well as studying whether different clinical evaluation tools should be developed for varying types of clinical rotations.

The findings from this study provide nurse educators with guidance to appraise their own clinical evaluation tool and process. Ensuring that nurses are competent to practice is a social mandate of schools of nursing. A clear, effective, and efficient clinical evaluation tool is one means to help achieve this goal.

Table: Clinical Evaluation Survey Items and Results

Survey Item	Mean (SD)	*t*Test	
Students	**Faculty**		
1. The clinical evaluation tool documents the extent that students are meeting program outcomes	3.84 (0.88)	4.3 (0.47)	2.15**
2. The clinical evaluation tool documents the extent that students are meeting course objectives	3.69 (0.97)	3.85 (0.93)	0.60
3. The clinical evaluation tool documents that students are safe practitioners based on the semester-level criteria	3.79 (1.08)	4.6 (0.50)	3.20***
4. The clinical evaluation tool helps students identify areas that need improvement	3.67 (1.12)	4.45 (0.75)	2.82**
5. The clinical evaluation tool provides opportunities for timely identification of areas for improvement so students have enough time to modify or improve clinical practice	3.39 (1.30)	3.9 (1.02)	1.53
6. The clinical evaluation tool instructions are clear	3.69 (1.11)	4.1 (0.96)	1.41
7. The clinical evaluation tool performance criteria are clear (students know what criteria they will be evaluated against)	3.43 (1.20)	3.65 (1.08)	0.70

8. The design or layout of the clinical evaluation tool is user friendly	3.81 (1.00)	3.9 (1.20)	0.31
9. The time that it takes to complete the evaluation tool is appropriate	2.92 (1.28)	3.7 (1.30)	2.29[**]
10. The clinical evaluation process matched my expectations of the evaluation process	3.33 (1.07)	3.8 (1.05)	1.64[*]
11. My orientation to the clinical evaluation tool prepared me to actively participate in the evaluation process	3.26 (1.30)	3.35 (1.34)	0.23
12. The clinical evaluation tool promotes consistent evaluation of students against program outcomes	3.52 (1.10)	3.9 (0.91)	1.34

[*]$p < 0.05$.

[**]$p < 0.01$.

[***]$p < 0.001$.

Footnote

The authors have disclosed no potential conflicts of interest, financial or otherwise.

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