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THE FORMULATION OF AN INSTRUMENT TO EVALUATE PERFORMANCE OF
NURSING STUDENTS IN CLINICAL NURSING BASED ON CORRELATED
BEHAVIORAL OBJECTIVES

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A Master's Paper Submitted in Partial Fulfillment
of the Requirements for the Master's Degree through
the Department of Curriculum and Instruction

The University of Wisconsin

Approved by W. H. Southworth Date 7/25/67

Registered
08/11/67
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TABLE OF CONTENTS

CHAPTER	PAGE
I. STATEMENT OF THE PROBLEM	1
II. REVIEW OF THE LITERATURE	3
III. POPULATIONS, PROCEDURES, METHODS	26
IV. THE FORMULATION OF AN INSTRUMENT	33
V. CONCLUSIONS	61

CHAPTER I

STATEMENT OF THE PROBLEM.

A major responsibility of faculty members in a school of nursing is the evaluation of student performance in clinical nursing areas. This responsibility assumes even more significance in nursing education as the development of the individual practitioner is not the only factor in the evaluation of performance; perhaps even more significant is the maintenance of competence of performance in order to ensure the safety of the patient who is the recipient of nursing services.

The idea of describing behavioral objectives in behavioral terms advocated by Benjamin Bloom and Ralph Tyler has only recently become an approved practice in schools of nursing. Furthermore the correlation of evaluation and objectives or the utilization of objectives as the yardstick against which performance may be measured has been an area which has universally been subject to much neglect in schools of nursing. Without the correlation referred to, it is impossible to derive valid answers to such questions as: did the student learn what she was supposed to learn and did the course accomplish what it was supposed to accomplish? It is the purpose of this paper to investigate this relationship between objectives and evaluation and to attempt to formulate an evaluative device for selected levels of learning in medical-surgical nursing. It is anticipated that this device will be based upon the behavioral objectives of the particular units of learning.

The several purposes of the proposed investigation may be identified as follows:

1. To discuss the role of faculty members in schools of nursing in the evaluation process.
2. To review the literature on objectives and evaluation as they relate to student progress in schools of nursing.
3. To identify some of the problems associated with evaluation of performance.
4. To develop an evaluative instrument for measuring clinical performance in a selected area of nursing, that of medical-surgical nursing at two selected levels.

CHAPTER II

REVIEW OF THE LITERATURE

History is replete with means by which to appraise human behavior. Possibly the oldest recorded evaluation instruments are concerned with performance tests of physical strength and endurance common to primitive societies. It is even reported that such formal devices as written tests date back to before the time of Christ when the Chinese had a well-organized system of examinations.^{1.}

However, it is only in relatively recent years that the concept of evaluation as a means of appraising performance by rather specific measurement has evolved. In the 1890's Rice sought to demonstrate misplaced emphasis in philosophy and method in education by devising a spelling test to be administered on a large scale and thereby compared the achievement of groups of pupils who had had varying amounts of drill in spelling. His conclusions gave credence to the thesis that mechanical drill is one of the factors of least importance in developing skill in spelling.^{2.}

It was not, however, until much later that the concept of evaluation began to have a profound influence upon formal education. Since the original study by Rice, many large-scale evaluation studies of student performance have been conducted; of these the Eight-Year Study was perhaps one of the first comprehensive studies. In addition, leading educators have advanced formulations of the principles and theory which

characterize evaluation and educational research. It is of value at the outset to examine these in detail in order to outline the background against which the evaluation instrument will be developed.

Ralph Tyler through his writings describes evaluation as a basic function of the teacher. He enunciates four major steps in curriculum development as follows:

1. To determine the objectives which the course of the program should seek to attain.
2. To select learning experiences which will help to bring about the attainment of these objectives.
3. To organize these learning experiences so as to provide continuity and sequence for the student and to help him integrate what might otherwise appear as isolated experiences.
4. To determine the extent to which the objectives are being attained.

The underlying philosophy of this approach takes account of the belief that education is a process which has, as its objective, changing human behavior. Tyler elaborates further saying that he views behavior in the broad sense including thinking and feeling as well as overt actions.⁴ "When education is viewed in this way, it is clear that educational objectives, then, represent the kinds of changes in behavior that an educational institution seeks to bring about in its students."⁵

With respect to the determination of the objectives or educational purposes which the school should seek to attain, Tyler suggests that several activities are of value. To begin with studies of the learners themselves provide an important source of educational objectives as does study of contemporary life outside the school. In addition, subject specialists who are influential in textbook writing comprise a source of objectives. Tyler also suggests the identification of philosophy

as a necessary prelude to the formulation of these. Lastly he stresses the importance of the utilization of principles of psychology of learning in the selection of objectives. ⁶.

The close relationship between objectives and evaluation has also been described by Tyler: "The process of evaluation is essentially the process of determining to what extent the educational objectives are actually being realized by the program of curriculum and instruction." ⁷. The intermediate step or the bridge between the objectives and the evaluation which he proposes is the selection of the learning experiences which seek to attain the objectives.

In the standard work on objectives edited by Benjamin S. Bloom, Taxonomy of Educational Objectives, which also embodies a well-defined theory of evaluation, Tyler's original thinking is subjected to appraisal and is reformulated in more concrete terms by the collaboration of many leading educators. It is helpful to explore the main tenets of the philosophy of objectives advanced by Bloom et al, as these are basic to the idea of evaluation by objectives which will be further developed in this paper. Objectives are described as "explicit formulations of the ways in which students are expected to be changed by the educative process. That is, the ways in which they will change in their thinking, their feelings and their actions." ⁸. However, before objectives can be classified, they need adequate definition. In the taxonomy, three levels of definition are utilized in each category: the first describes the class and the subclass, the second expresses student behavior intended, and the third illustrates behavior

appropriate to the category. The taxonomy itself in the cognitive domain, identifies six categories of objectives, knowledge, comprehension, application, analysis, synthesis, and evaluation. The purpose of stating objectives is outlined as follows: "It is important that the major objectives of the school or unit of instruction be clearly identified if time and effort are not to be wasted on less important things and if the work of the school is to be guided by some plan." ⁹. Therefore, it might be said that objectives serve several purposes in the curriculum; they serve (1) as goals to be attained, (2) as guides in the selection of course content, organization, and methods, and (3) as standards for the evaluation of attainment. If one is of the opinion that a particular change in human behavior is a necessary outcome of a statement of objectives, then certain objectives should be determined within the scope and depth of the underlying philosophy. The end result would be an attempt to correlate the activities or plan the learning experiences in order to accomplish the desired change in human behavior.

Bloom further identifies three domains in his taxonomy. Objectives categorized in the cognitive domain are those "which emphasize remembering or reproducing something which has presumably been learned, as well as objectives which involve the solving of some intellectual task for which the individual has to determine the essential problem and then reorder given material or combine it with ideas, methods, or procedures previously learned." ¹⁰. Those objectives which fall into the second, or the affective domain are described as those "which emphasize a feeling tone, an emotion or a degree of acceptance or rejection". ¹¹.

The third domain proposed by Bloom and his associates is the psychomotor domain. Objectives which fall into this category are described as those "which emphasize some muscular or motor skill, some manipulation of material and objects, or some act which requires a neuromuscular coordination." ¹².

Bloom and his colleagues point out that the majority of objectives at the secondary and post-secondary levels fall into the cognitive domain and that consequently most of the tests and evaluative devices emphasize the objectives in this domain. ¹³. He further states that many objectives in the cognitive domain were found to have been developed with considerable precision on the part of teachers and that he found much evidence in his investigations of the development of a sizeable collection of techniques designed to test the extent to which skills had been developed by students. Bloom finally points out that it is still far from clear whether his handbook may be considered a true taxonomy; only the test of time will answer this question. ¹⁴.

Dressel's ideas concerning the interrelation of evaluation and instruction are interesting. ¹⁵. His efforts lie in the area of demonstrating to teachers how they can more effectively relate evaluation to instruction. He describes the parallel elements in these two processes as follows:

Instruction

1. Instruction is effective as it leads to desired changes in students

Evaluation

1. Evaluation is effective as it provides evidence of the extent of the changes in students.

- | | |
|--|---|
| <p>2. New behavior patterns are best learned by students when the inadequacy of present behavior is understood and the significance of the new behavior patterns thereby made clear</p> | <p>2. Evaluation is most conducive to learning when it provides for and encourages self-evaluation.</p> |
| <p>3. New behavior patterns can be more efficiently developed by teachers who know the existing behavior patterns of individual students and the reasons for them.</p> | <p>3. Evaluation is conducive to good instruction when it reveals major types of inadequate behavior and the contributory causes.</p> |
| <p>4. Learning is encouraged by problems and activities which require thought and/or action by each individual student.</p> | <p>4. Evaluation is most significant in learning when it permits and encourages the exercise of individual initiative.</p> |
| <p>5. Activities which provide the basis for the teaching and learning of specified behavior are also the most suitable activities for evoking and evaluating the adequacy of that behavior.</p> | <p>5. Activities or exercises developed for the purposes of evaluating specified behavior are also useful for the teaching and learning of that behavior. 16.</p> |

He arrives at the conclusion that evaluation is similar to instruction in purposes, methods and materials and that the only differentiation between the two would appear to be when the main purpose of evaluation is to pass judgment on a student at the conclusion of a unit of instruction. "Failure to engage systematically in evaluation in reaching the many decisions necessary in education means that decisions by prejudice, by tradition, or by rationalization are paramount and such patterns of decision making are not consistent with the aims of education, which in our culture are based upon the assumption that informed judgments can and should be wiser judgment." 17.

The discussion of the purposes served by measurement and evaluation

by Furst is of value in this review.¹⁸ He maintains that evaluation can serve many useful purposes, the most important of which is determining the effectiveness of courses or programs. Testing assumptions about given practices is the second purpose he sets forth. The significance of this is that every course rests upon certain assumptions, the validity of which must be subjected to evaluation in order to maintain sound practices and to abandon unsound ones. Evaluation also frequently results in the selection and appraisal of new objectives as well as the clarification of existing objectives. Other purposes are outlined as the discovering and understanding of learning difficulties, motivating of learning and providing data useful for the guidance of the individual student. Because all schools must exercise some selection of students, information afforded by evaluation can provide guidelines for this process. In addition, evaluation data can provide an excellent basis for the inservice development of staff.¹⁹

The general topic of evaluation is one which has received much attention from nursing educators for many years. The literature indicates that many conferences, workshops and conventions have centred around this theme and many papers have been presented by distinguished speakers from both general education and nursing education at such sessions.

In an early article which studied evaluative scales used by a selected number of schools of nursing, Eickman reports that there was too much dependence upon the memory of the evaluator and that

the evaluations themselves seem to have been colored by personal feelings of the evaluator.²⁰ In addition she also states that terminology was often not clear.

Nahm, Smith and Hunter advocate, in a 1950 article, a change from the "trait" method of judging students on the grounds that response to such evaluations was often negative and students often felt they were being unfairly labeled.²¹ Their recommendation is based upon upon evidence which they gathered.

Fredrick, in an article two years later, reports an evaluation project incorporating the use of a rating scale with emphasis placed upon efforts to make the scale as concise as possible and therefore more useable, and also to stress to evaluators that comparisons should only be drawn between two individuals where those individuals have had similar experiences.²²

Ingmire reports a method of evaluation whereby students are asked to keep daily records of their work in which satisfactions and dissatisfactions are described.²³ At the conclusions of the experience the student prepares a written evaluation from her daily notes. In the meantime the instructor keeps daily anecdotal records of the student's clinical performance and the final written report consists of a joint effort on the part of the student and her instructor prepared from their daily notes.

In another project, Beland describes how students were encouraged to participate in the formulation of the objectives for their clinical experience and, in addition, were permitted to revise their

objectives as they felt these warranted it during the experience.²⁴ At the conclusion of the experience, the instructor and the student meet and together describe the degree to which the student has achieved her objectives in the clinical experience.

The approach which Hanson and Upshaw take to evaluation is that of role analysis.²⁵ They point out that nurses work in an environment where there are many people who have roles other than nursing; e.g., patients, doctors, supervisors, head nurses and auxiliary nursing personnel. Because they have different roles, they therefore have different expectations of, and values concerning, the nurse's role. They then occupy counter positions to those occupied by nurses. The study centres around the expectations of students in a public health nursing program and those of others with whom they came into contact. One interesting issue raised in the study is that relating to the strength of the influence of others who have different role specific values upon the nurse.

An outcome of the Curriculum Research Project in Basic Nursing Education at the University of Washington is the volume on evaluation authored by Tschudin, Belcher and Nedelsky.²⁶ The objectives of the school developed by the faculty are centred around two areas: the behavioral and the content or context in which the former should occur.²⁷ The five content areas as defined by the faculty include: (1) the nurse as a person and as a citizen (2) the body of scientific and cultural knowledge (3) the agency and those it serves (4) the nursing care of the patient and (5) the nurse's professional

heritage and responsibilities. These general areas provide the framework for the development of more specific statements of content objectives in each of the clinical practice areas of nursing. It is also expected that the behavioral objectives are attainable within each content area outlined. The general behavioral objectives are stated as follows: (1) understanding facts and principles (2) critical thinking (3) controlled and coordinated motor activities (4) attitudes (5) interests and appreciations (6) communication skills and (7) habits.^{28.}

They suggest that one way to appraise the efficacy of instruction is to ascertain the resulting competence of students. To do this, the essential constituents of competence must first be identified; in this study the area of competence to be measured is analyzed for the behavioral and content aspects of objectives and the patterns in which these occur. In addition they consider the significant problem in nursing education of determining whether a nurse has reached a minimum acceptable level of competence. The authors state that because human lives depend upon a nurse's competence, the faculty participating in the project found it advisable to define minimum competence in terms of an absolute standard rather than in terms of a comparison with a group. Therefore, descriptions of situations derived from all major clinical areas were made and were accompanied by a description of the nurse's actions in three degrees of quality: acceptable, barely acceptable and unacceptable.^{29.} Thus evaluation is seen by this group of experimenters as one of the most

significant problem areas in nursing education; they further relate poor or inadequate attention in this area to the lack of definition by faculty members of the knowledges and skills a student must have attained at specific levels of the program.

Charlotte Coe's study of the relative importance of selected educational objectives in nursing among four groups of nursing personnel is interesting; these groups include staff nurses, supervisors, graduates of a baccalaureate nursing program and faculty members in a number of baccalaureate programs in selected colleges.³⁰ Selected are eight behavioral objectives and on the accompanying questionnaire the respondent is required to decide which of the objectives has greatest priority. Those objectives dealt with include: (1) Making accurate evaluations of nursing care required (2) performing within the legal responsibilities of nursing (3) Establishing and maintaining effective interpersonal relationships with co-workers (4) Maintaining desirable and useful interpersonal relationships with patients (5) Participating in community activities (6) Using consultants and printed sources of professional information (7) Communicating effectively (written and oral) (8) Being technically competent and skillful in giving nursing care.³¹ The results of the analysis indicate that there was no unanimous agreement on the importance of any one of the behaviors. However the staff nurse and supervisory group appear to place definite value upon the importance of having the ability and technical knowledge to make accurate evaluations of nursing care required by patients, performing within

the legal responsibilities of nursing and competently and skillfully providing nursing care. This group also places less importance on communicating effectively, interpersonal relationships, community activities and using sources of professional information. Coe concludes that these groups view the staff nurse as primarily a technician. In general, the baccalaureate graduates agree with the supervisors, but there were some marked areas of disagreement as well. The faculty group's thinking differs from the staff nurse group in that it places only half as much emphasis on technical competence and maintained that it is important for a staff nurse to maintain useful interpersonal relationships with patients. The faculty group agrees with the staff nurse group that it is important to be able to make accurate evaluations of nursing care required by patients.

In an article discussing evaluation of clinical performance, Hazeltine and Zeitz consider the problem of objectivity on the part of the evaluator.³² They report the results of an experiment in which they attempted to eliminate the feeling tone and elements of bias from the evaluation of nursing students. During the course of a semester, students are given learning experiences in a given area which are similar in nature and are later evaluated on the basis of performance in these. The experiences are selected on the basis of the objectives of the clinical course. Through direct observation of students' behavior, the instructor prepares daily anecdotal records of her observations. At the end of the experience evaluations are prepared from the anecdotal records of observations rather than

from the feeling state of the instructor. It is pointed out that the qualities of cooperation, dependability, flexibility and others are not recorded as separate items; rather the behavior which gives information about each is dealt with.

In discussing the rating scale which they developed, the authors point out that this is the point at which instructors seem to become involved with the "horn" and "halo" effect created by student-instructor interaction; it is thus difficult for the instructor to remain objective. The authors describe a "quality point system" whereby a student is graded from 0 - 4 on the basis of her clinical performance. In order to assist the instructor to remain objective each quality point is described in detail as to the performance of the student in each category. The items used in the scale are derived from those behaviors related to the objectives of the course. In their scale they list eight items related to knowledge, eighteen items related to skills and five factors which influence clinical performance. They emphasize the responsibility placed upon the instructors of clinical courses in that they must decide on the behavior to be expected of students at various levels of clinical experience.

Ortelt reports the development of a scale for rating clinical performance at the University of Hawaii School of Nursing.³³ In tracing the background for her project, she states that in the nursing profession, judgment and critical thinking are two of the most important abilities which must be developed. Evaluating the actions

of the practitioner in relation to these complex aspects of human behavior is certainly a difficult task. In nursing the instructor is confronted with the problem of measuring such behavior with techniques at her disposal which tend, at best, to be far from objective. Therefore she seeks to formulate a device which would enable the instructor to be objective and at the same time provide an accurate appraisal of the student's clinical performance. In order to develop the device, information is first obtained concerning faculty expectations of clinical performance of the beginning nursing student and also for students entering advanced courses in nursing. The next step in her project is to categorize the faculty expectations and develop objectives and descriptive behaviors from them. Categorization is accomplished by means of the classifications of safety, comfort and professional operation. For each of the ten objectives developed in behavioral terms, a description of the merit rating of Good, Satisfactory or Poor, was included on the rating scale. For example, a good rating for the first objective ("uses clean and contaminated areas and articles appropriately") indicates that the student is able to state rationale of use, and consistently uses clean and contaminated areas and articles appropriately.³⁴ Although three descriptions of behavior were included on the scale, a five-point scale was used so that the ratings would more closely correspond with the letter grades A - F. The rating form also provides space for supportive statements of an anecdotal nature. Ortelt also reports that with the use of this procedure, the student feels

more secure because she knows what is expected of her, and also that the form has led to better counseling of the student.

Flanagan, Gosness, and Fivars, in an article entitled "Evaluating Student Performance", report the use of the critical incident technique in order to more effectively indicate student behavior which meets or does not meet the needs of the patient.³⁵ Flanagan, the principal author, is the originator of the critical incident technique which he developed during World War II when consulted about the critical requirements for success in certain vital war-time jobs. When consulted by the faculty of the Western Pennsylvania Hospital School of Nursing, Pittsburg as to how they might arrive at a more satisfactory method of evaluating performance of their nursing students, Flanagan suggests the application of the critical incident technique to nursing evaluation. He defines the procedure as follows:

An incident is any observable human action sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. A critical incident is a sample of behavior which occurs in a situation where the intention of the person or the act is clear to the observer and there is little doubt about the behavior being effective or ineffective for completing the task at hand.³⁶

As a means of determining the most significant areas for evaluation, Flanagan review instructors records of student performance and selects 1,180 critical incidents which were described. He then divides them into effective and ineffective behaviors and categorizes them. This procedure leads to the development of a performance record consisting of twelve behavior areas dealing with work habits

and personal characteristics of nursing students. After a period of trial use the form developed is analyzed and revised. The new record is not intended as a rating device and is termed the Clinical Experience Record for Nursing Students. Notations are made daily by the instructor pertinent to student performance in any one of the twelve behavioral areas. An additional form entitled Individual Incident Form is supplementary to the previously mentioned device as it is used in recording incidents for the clinical experience record program. These are small forms which the instructor can carry in her pocket and may later be transferred to the Clinical Experience Record. The approach taken by Flanagan would appear to be an interesting one and similar to the use of anecdotal records used with many rating devices; because of the types of behaviors it outlines, it perhaps presents a more structured approach to the problem and is more easily used by the instructor. There appears, however, to be no means of rating the total performance of the student in a clinical course. Thus it would appear to be a very effective means of collecting the information in behavioral terms, but does not allow for utilization of the material collected.

Clissold and Metz identify behavioral objectives for the evaluation of performance and relate these to a seven-point checklist which demands direct observation of behavior.³⁷ After the manner of Mager they outline terminal behaviors in clear, concise language eliminating all but observable objectives.³⁸ Such a distinction requires again that the individual instructor must clearly state

exactly how the student is expected to perform in the clinical situation.

In Patient-Centered Approaches to Nursing, one of the most respected nursing researchers and authors, Dr. Faye Abdellah delineates five basic elements of nursing practice.³⁹ The first refers to skills in human relations including technical and managerial skills inherent in nursing care. The ability to observe with accuracy and to communicate her observations effectively relative to the condition of a patient, constitutes the second element of practice. Thirdly, she proposes that the ability to interpret the observations and the information she receives in order to follow the best course of action for a particular patient's welfare. The nurse must also be adept at analyzing nursing problems and at selecting those courses of action which will be in the best interest of the patient. Finally the nurse must demonstrate the ability to organize efforts to achieve the desired outcome.

Smith deprecates the commonly used practice of evaluating the individual by trait.⁴⁰ Her criticism is that seldom does this method of evaluation refer to on-the-job behavior. She utilizes the rather unique method of presenting one record evaluating the performance of a nursery school child, and another evaluating a business executive. She points out that neither picture is acceptable because both list characteristics of the individual rather than behavior which indicates quality of performance. Her message is clear - performance evaluations are too often based upon little

actual knowledge of the student's behavior, an error which can be corrected by making detailed and accurate observations of behavior and then determining whether the behavior is acceptable or not. Again she advocates objectivity by making numerous notations of actual observed behavior of each student and thus hopes to eliminate bias on the part of the observer.

In her study entitled Evaluating Student Progress in Learning and the Practice of Nursing, Rines defines evaluation in terms of process.⁴¹ She points out that it is important to consider evaluation in this way because it involves a series of steps, requires more than one way of looking at what is being assessed and also implies that there is more than one examination of whatever is being evaluated. Therefore it follows that evaluation will require the frequent use of several observational techniques. She asserts also that although evaluation involves measurement, it is much broader in scope involving nursing functions and the relation of curriculum materials and content to these. Here, she comments that in nursing, too little attention has been given to the quality of experiences a student is provided with, and too much to the quantity of experiences, and even less to the behaviors that they were supposed to produce in the student. Finally Rines advocates that evaluation is, in essence, an intellectual act.

Some principles of evaluation outlined by Rines are noteworthy and should be applied to nursing school evaluation. The first is that evaluation should be carried out in terms of the objectives or

the desired outcomes of the educational program. She advocates further that the objectives referred to should be both realistic and within the realm of attainment, and student-centred rather than teacher-centred. She quotes Barr, Davis and Johnson in this regard: "Outcomes of education have little meaning until we are able to learn precisely what a person does differently from what he did before he attempted to reach certain goals." 42. Evaluation must be in terms of observed student behavior. And the importance of complete and detailed and accurate observation is stressed here. The third principle takes account of the fact that evaluation should take into consideration the behavior that is appropriate for the stage of learning which the student has reached. Of course this implies that observation of student behavior is a necessity both to learn if the objectives of the course are being achieved and also to find out if the student is achieving satisfactorily at her level of development. Fourthly, evaluation should be a continuing process, and should be carried on from beginning to end of a particular student's experience. The faculty member must also be aware of her responsibility in making pertinent observations of the student's performance throughout her experience. Next, evaluation takes into consideration the growth and development which the student has reached. Evaluation also should include all who participate in the educational program and pertinent information should be gathered from all possible sources. Evaluation should be a stimulating force leading to definite improvement in both teaching and

learning situations and in the growth and development of students. Finally, evaluation should be carried out in terms of units appropriate to the behavior being measured.

In her discussion of the tools of evaluation, Rines reports on the anecdotal record, the checklist or observation guide, the rating scale and student self-evaluations as instruments which are currently being used extensively in clinical evaluation of student performance. Of these she would appear to convey the impression that the anecdotal record and the checklist (a form of critical incident observation) are the most valuable and beneficial to the instructor. Perhaps the most interesting aspect of Rines' study is the fact that she has identified the principles of learning and evaluation and has applied these to the evaluation of nursing performance. She demonstrates that evaluation must be considered in terms of how learning takes place, and in terms of the need for a planned program of evaluation.

Heidgerken points out the centrality of evaluation in nursing.^{43.} She states that "the very essence of nursing requires the nurse to evaluate constantly the patient's nursing needs as well as her own activities in meeting these needs, guiding the patient in his own evaluation of his own health needs, determining how well he is meeting them and planning with him to maintain an optimal level of health."^{44.} Thus she proposes that evaluation is as an essential part of nursing, as it is of teaching and learning.

Another interesting point that Heidgerken brings up relates

to the chief goals of evaluation which she sees as change in the direction of improvement through careful appraisal. She proposes also that evaluation is based on principles which lead to an accurate and thorough appraisal of the area under investigation. With respect to evaluation of clinical performance, Heidgerken discusses the use of rating scales, anecdotal records and critical incident techniques, all of which have been alluded to earlier.

Mary Ellen Palmer is noted for the rating scale she developed which was intended to be used as a guide in grade determination for clinical practice in the medical and surgical nursing course of a specific basic collegiate program.⁴⁵ Her work is based on the assumption that measurement of the educative process is best done in terms of the changes in behavior which have resulted. In addition, she asserts that the degree to which changes in behavior have occurred can only be done in terms of the objectives which have been formulated with a view to expected learning outcomes. Therefore, she proposes that a rating scale which is based upon the objectives of a selected clinical course should prove valuable in determining the extent to which behavioral change has occurred in the student.

Palmer's belief is that objectives which are truly operational are applicable only to the clinical course for which they are constructed. And in constructing her instrument Palmer uses objectives as the pivotal point of her study. Therefore the clinical practice objectives of the course in question were carefully defined

and stated. In order to state the particular level of achievement the student has reached, she chose "outstanding," "acceptable" and "unsatisfactory" as the terminology to be used, and the behavior appropriate to each level of achievement is accordingly described. The following is an example of one of her objectives and the manner in which the rating is determined:

II. Objective:

To assist the student in developing the ability to reason out the application of principles.

Outstanding (95 - 90)

The student shows an exceptional understanding of all principles and he is able to draw sound and logical conclusions when he is confronted with situations which require special adaptations. (Example - when the student has a sterile dressing to do, he knows that either gloves or instruments can be used and he is able to reason out the differences in technique which are pertinent to each method.)

Acceptable (85 - 80 - 75 - 70)

The student demonstrates an adequate understanding of principles, but may not be able to reason out the appropriate action when he is faced with a situation which is more unusual than the normal. (Example - if the student is doing a catheterization, he recognizes at once when a section of the sterile towel becomes contaminated, but he may not know how to adapt his activities during the rest of the procedure to work around this imposed limitation.)

Unsatisfactory (65 - 60 - 55)

The student shows limited understanding of even basic underlying principles. (Example - in respect to drug administration principles, the student may prepare the wrong dosage of a drug and may consistently display calculation difficulties.) The student is unable to reason out even simple adaptations in relation to patient needs. (Example - if the student is going to apply a hot water bottle over a wet dressing, he may not reason out that the temperature of the hot water bottle should be less than would be normally acceptable.)^{46.}

Further research conducted by Palmer is designed to revise as well as extend the scope of her original study.^{47.} Because Palmer

feels strongly that there are many devices which can be used for evaluation of clinical performance, she attempts in this study entitled Self-Evaluation of Nursing Activities, to explore the avenue of student self-evaluation. She advocates a sufficiently long contact period (i.e., one semester) for adequate sampling of behavior to form the basis for evaluative decisions. Students write anecdotes periodically throughout the semester on various aspects of clinical performance such as reactions to having carried out some nursing measure, evaluative comments on the performance of a procedure, reflective thoughts on a patient-nurse interview, analysis or an interpersonal or communicative problem and states of personal feeling with respect to nursing.⁴⁸ At the end of the clinical experience, the instructors anecdotes are made available to the student and she is given a sheet with the clinical practice objectives in one column and asked to comment on the quality of her performance in terms of "favorable" or "unfavorable" explaining the reasons for her behavioral descriptions. At the final evaluation conference, the instructor and student then compare their ratings and arrive at a final grade. The results of Palmer's study indicate that this method of evaluation produced satisfactory grade averages and proved to be both statistically reliable and valid. Both students and instructors express feelings of personal satisfaction with the process of evaluation and the method appears to add a trusting, cooperative quality to the student-instructor relationship.

CHAPTER III

POPULATIONS, PROCEDURES, METHODS

The populations involved in the original consideration and development of the topic of this paper are primarily and students and faculty of St. Mary's School of Nursing, Madison, Wisconsin. The problem arises out of the author's experiences with the evaluation of nursing students in the clinical nursing laboratory. The problem is not a simple one, and it has been the author's observation after reviewing the literature and after many discussions with colleagues and faculty members of other schools, that the problem has not been unique to St. Mary's School of Nursing.

In addition to faculty meetings and workshops designed to consider the problem of clinical evaluation, many valuable insights and ideas have been gained from the regular program of inservice education meetings carried out cooperatively by the diploma schools of nursing in Madison; one year's programs of these meetings centred around the theme of evaluation and consultants from both nursing education and general education proved to be a valuable resource in gaining background for this investigation. The author is grateful to her colleagues - instructors and associate director of St. Mary's School of Nursing for their careful perusal of the manuscript and for their ideas, suggestions and encouragement.

The definition of objectives is determined to be a vital part

of the construction of the evaluative instrument because of the stated belief in the interdependence of objectives and evaluation. The following represent the criteria against which the objectives were appraised in determining their useability as clinical practice objectives.

1. Are the objectives realistic and within the realm of attainment? 49.

2. Are the objectives student-centred rather than teacher-centred? 50.

3. Are the objectives appropriate for the level of learning the student has reached? 51.

4. Are the objectives stated in terms of behavioral changes expected in the learner? 52.

5. Are the objectives stated simply and concisely? 53.

6. Are the objectives few in number? 54.

In order that the objectives will more readily lend themselves to evaluation, they are written in such a form that they do not contain such value terms as "intelligently", "good", "always", "sometimes". The activities which indicate that the student is, or is not meeting the objectives of the course are described in more detail in the categories of the rating scale in order to assist the instructor to evaluate the clinical performance of the student in qualitative terms. An attempt is also made to define the objectives in terms of Bloom's Taxonomy of Educational Objectives. It is felt that the various categories of behavior are so well-described

behaviorally in this taxonomy that its use serves to further clarify the objectives utilized. Thus the clinical practice objectives which have been identified for the first course in clinical nursing in the area of medical-surgical nursing are as follows:

A. COGNITIVE DOMAIN

Knowledge

OBJECTIVE 1: Ability to recognize symptoms indicating deviations from normal.

Comprehension

OBJECTIVE 2: Ability to understand pertinent information concerning patients and to report and record significant data.

Application

OBJECTIVE 3: Ability to apply principles to the nursing care of patients.

OBJECTIVE 4: Ability to implement nursing care plans.

Analysis

OBJECTIVE 5: Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual and teaching needs.

Synthesis

OBJECTIVE 6: Ability to formulate nursing care plans for patients.

Evaluation

OBJECTIVE 7: Ability to appraise the quality of own performance in the light of the objectives of the course.

B. AFFECTIVE DOMAINResponding

OBJECTIVE 8: Ability to communicate effectively with others and to establish effective working relationships with co-workers.

C. PSYCHOMOTOR DOMAIN

OBJECTIVE 9: Ability to perform manipulative nursing skills.

A few additions are made to the objectives for the second clinical course in medical-surgical nursing.

A. COGNITIVE DOMAINKnowledge

OBJECTIVE 1: Ability to recognize symptoms indicating deviations from normal.

Comprehension

OBJECTIVE 2: Ability to understand pertinent information concerning patients and to report and record significant data.

OBJECTIVE 3: Ability to interpret data on clinical charts in light of possible implications for nursing care.

Application

Application

- OBJECTIVE 4: Ability to apply principles to the nursing care of patients.
- OBJECTIVE 5: Ability to implement nursing care plans.
- OBJECTIVE 6: Ability to apply principles of leadership to functioning as a leader of the nursing team.

Analysis

- OBJECTIVE 7: Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual and teaching needs.

Synthesis

- OBJECTIVE 8: Ability to formulate nursing care plans for patients.
- OBJECTIVE 9: Ability to formulate new and creative ways of dealing with nursing problems.

Evaluation

- OBJECTIVE 10: Ability to appraise the quality of own performance in the light of the objectives of the course.

B. AFFECTIVE DOMAIN

Responding

- OBJECTIVE 11: Ability to communicate effectively with others and to establish effective working relationships with co-workers.

OBJECTIVE 12: Ability as leader of the nursing team, to motivate team members to work effectively with patients.

C. PSYCHOMOTOR DOMAIN

OBJECTIVE 13: Ability to perform manipulative nursing skills.

Stating the objectives in terms which were free of qualitative statements allows the writer to describe specific behavior in the performance scale which is a key tool in the evaluative process. The final objectives do not contain specific statements indicating such things as disease conditions, aseptic technique, pre- and post-operative care. Each of these corresponds with the more generally stated objectives and is used in the statements of desired behavioral outcomes.

In developing the behavioral outcomes which indicate the quality of the student's performance, it must first be established that the best methods we have relating to evaluation of performance of nursing students in the clinical field are those which are observational in nature. Therefore it seems appropriate to describe the expected behavioral outcomes of the objectives and to use this comparison as a measure of student progress in clinical nursing. Three categories of behavior are described for each item because it would seem that this is the simplest manner in which to differentiate performance; a greater number would make the scale much more complicated and more difficult for an instructor to use. The terms selected to describe these levels are again as simple and as

clear as possible: "outstanding", "satisfactory" and "unsatisfactory". Behavioral descriptions are made of each of these for each objective. A statement made by Sand relative to this process is interesting:

The need to show changes of behavior in clinical practice points to the need for developing precise descriptive phrases about how students work . . . further assistance may come as more detailed description is developed for the behavioral aspects of the objectives. 55.

CHAPTER IV

THE FORMULATION OF AN INSTRUMENT TO EVALUATE PERFORMANCE OF NURSING STUDENTS IN CLINICAL NURSING BASED ON CORRELATED BEHAVIORAL OBJECTIVES

OBJECTIVES FOR THE FIRST COURSE IN MEDICAL-SURGICAL NURSING

A. COGNITIVE DOMAIN

Knowledge

OBJECTIVE 1: Ability to recognize symptoms indicating deviations from normal.

OUTSTANDING

Shows ability to recognize all symptoms and relate them to previously learned material which indicates deviations from normal patient response. (e.g., recognizes that lowering of blood pressure in the immediate postoperative period indicates complications and takes steps when this occurs; alert to condition of preoperative patient - reports to physician immediately symptoms of nasal congestion which might indicate an upper respiratory infection and a contraindication to surgery.)

SATISFACTORY

Recognizes the most significant symptoms which indicate harmful changes in the patient's condition, or may recognize the symptom but fail to realize its significance in terms of outcome for the patient.

(e.g., may recognize that the neurosurgical patient has become less alert to his surroundings, but does not realize that it is a symptom of increasing intracranial pressure and should be reported to the physician immediately.)

Recognizes most obvious symptoms which indicate deviations from normal, but has difficulty making fine distinctions.

UNSATISFACTORY

Seldom able to recognize untoward symptoms even when these are obvious (e.g., does not relate an elevated temperature to an abnormal body state; fails to note the poor color of a patient when giving care in the immediate postoperative period.)

Comprehension

OBJECTIVE 2: Ability to understand pertinent information concerning patients and to report and record significant data.

OUTSTANDING

Does in-depth study of patients assigned to her.

Able to point out variations between patient's condition and typical textbook picture. (e.g., notes that bacteriology report states that patient's infecting organism is resistant to the drug he is receiving and reports same.)

Understands and is able to relate results of diagnostic studies and other orders on the chart to the patient's condition.

Reports all symptoms, even those which are the least obvious,

to the responsible individual with respect to assigned patients.

Records pertinent information only; includes all essential information; expression is always good.

SATISFACTORY

Does adequate study of background of assigned patients, but perhaps does not recognize all pertinent details. May be unable to completely relate the textbook picture to the patient's condition.

Reports most obvious symptoms which indicate deviations from normal, but may not recognize those which are less obvious.

Records pertinent and essential information in most situations; when the situation is more complex, may fail to record pertinent data. Charts clearly in most situations, but may not express material as well as might. (e.g., charts most observations on postoperative patient but fails to record that the patient has an intravenous running upon return from surgery.)

UNSATISFACTORY

Does insufficient study of background material on assigned patients.

Fails to understand significant relationships between patient's condition and textbook picture.

Recording is incomplete. Fails to record pertinent and essential information. Poorly expressed.

Application

OBJECTIVE 3: Ability to apply principles to the nursing care of patients.

OUTSTANDING

Shows excellent understanding of scientific principles underlying patient problems and methods of treatment. Able to reason out solutions to nursing problems as a result of knowledge based on principles. (e.g., Understands that purpose of preanesthetic medication is to relax the patient and make him drowsy. Therefore plans nursing care so that needs are cared for before the preanesthetic medication is administered and tries not to stimulate him after this period of time.)

SATISFACTORY

Shows adequate understanding of principles, but may not always be able to reason out a solution to a complex problem. (e.g., During a surgical procedure realizes that when a sterile surface becomes wet it is contaminated, but doesn't know how to rectify this when faced with the situation.)

UNSATISFACTORY

Shows poor understanding of even the most basic principles. Unable to solve nursing problems as is unable to draw on knowledge of principles which guide a course of action. (e.g., Fails to realize that when an unsterile surface comes into contact with a sterile

sterile one, the latter becomes contaminated - is unsafe when changing a patient's sterile dressing.)

OBJECTIVE 4: Ability to implement nursing care plans.

OUTSTANDING

Is consistently able to translate well-formulated nursing care plans into action.

Appears organized and systematic in efforts to carry out nursing care at all times. (e.g., Gives the patient having pain in the early postoperative period pain medication before carrying out ambulation orders.) Doesn't waste time and energy. (e.g., plans movements so that carries all the items she needs to give nursing care into the room at one time.)

SATISFACTORY

Able to implement nursing care plans under most circumstances. In complex situations may have problems establishing priorities; where interruptions require adaptations in nursing care plan, may have problem adjusting to this. (e.g., Able to follow through with all the usual nursing care measures for the preoperative patient on the morning of surgery, but may fail to realize that the anxiety he displays indicates that emotional support is a most important component of nursing care.)

UNSATISFACTORY

Unable to follow through with nursing care plans. Consistently

fails to carry out orders; e.g., medications, dressing changes not given at the proper time.

Does not appear to grasp the importance of following through with nursing care plans for each patient to ensure optimum patient care.

Analysis

OBJECTIVE 5: Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual and teaching needs.

OUTSTANDING

Appears to be very alert to the total needs of patients and consistently takes account of special needs of a patient in planning nursing care. (e.g., Understands the apprehension of the tracheostomy patient and tries to spend as much time as possible with him performing suctioning when needed, giving explanations of care and reassuring him. Has magic slate at bedside so that the patient may communicate readily.)

SATISFACTORY

Usually is able to analyze patients' needs and to plan nursing care accordingly. May have difficulty planning for other needs that arise during the course of the assignment period. (e.g., Aware of the physical needs of the tracheostomy patient, but fails to realize that much more is needed in terms of psychological¹

support including explanations and teaching.)

UNSATISFACTORY

Doesn't appear to be alert to the needs of patients and is unable to perform simple planning. Consistently late with assignments. Appears unaware of, and unconcerned about patients' needs.

Synthesis

OBJECTIVE 6: Ability to formulate nursing care plans for patients.

OUTSTANDING

Consistently able to devise means by which nursing action is suggested to meet the particular needs of the individual patient.

Is always in control of the situation because is well able to plan care independently and within available time and to make adjustments in the plan as needed.

Does not proceed to give nursing care without a well-defined analysis of needs and course of action.

Shows creativity in ideas and plans formulated.

SATISFACTORY

Is able to plan nursing care adequately under normal circumstances. In complex situations may have some difficulty making allowances for special needs of patients.

Usually is conscientious about planning care, but in a few instances neglects to do so.

UNSATISFACTORY

Is not able to plan effective nursing care based on the needs of patients to whom she is assigned.

In many instances neglects to do any planning for care at all.

Evaluation

OBJECTIVE 7: Ability to appraise the quality of own performance in the light of the objectives of the course.

OUTSTANDING

Makes constant efforts to appraise quality of own performance in view of course objectives, and is accurate in her appraisal.

Receives satisfaction from good performance, but also sees areas for improvement and works hard to improve these.

SATISFACTORY

Usually can appraise own performance with a reasonable degree of accuracy. May require guidance in pointing out areas where improvement is needed.

UNSATISFACTORY

Has great difficulty appraising own performance; comments are not appropriate to a description of her performance as others view it.

B. AFFECTIVE DOMAINResponding

OBJECTIVE 8: Ability to communicate effectively with others and to establish effective working relationships with co-workers.

OUTSTANDING

Appears exceptionally well able to express self in a manner that is clear and acceptable to others; statements give evidence of good insight into both people and situations; tactful, considerate, polite and conducts self in a professional manner under all circumstances.

Co-workers appear to respond positively to the student.

Assists co-workers when has time.

SATISFACTORY

Verbal expression is satisfactory; usually able to converse clearly and approach problems with co-workers tactfully. Polite to co-workers, but does not always make efforts to give assistance where this is needed when has available time.

Usually conducts self in a professional manner, but in order to gain acceptance of others may at times be too formal or too familiar in dealings with co-workers.

Usually co-workers appear to respond positively to student.

UNSATISFACTORY

Verbal expression is poor. Has difficulty getting others to understand meaning of statements.

Impolite to co-workers; makes no attempt to assist them when

she has time; conduct is often unprofessional.

Co-workers respond negatively to the student.

C. PSYCHOMOTOR DOMAIN

OBJECTIVE 9: Ability to perform manipulative nursing skills.

OUTSTANDING

Appears at ease when performing manipulative tasks. Movements are well-coordinated and technique used appears to be based upon sound principles.

Appears to have such a degree of mastery of skills at this point that appears more concerned about the effect of the procedure upon the patient. (e.g., when performing a gastric analysis test, is not only well-able to perform the skills involved, but is able to facilitate patient understanding and acceptance of the test by explanations and psychological support.)

SATISFACTORY

Appears able to perform manipulative tasks with ease under most circumstances. Occasionally in situations where she is anxious, may appear flustered and violate principles upon which the technique is based, but recognizes that she has done so.

Under most circumstances shows concern for the patient during the course of the treatment involving a manipulative skill. (e.g., usually is able to prepare injections well, but when a stat order is requested, contaminates the syringe because of apprehension.)

UNSATISFACTORY

Movements are uncoordinated and appears unable to execute a manipulative skill successfully. Does not appear to understand principles upon which the technique is based.

OBJECTIVES FOR THE SECOND COURSE IN MEDICAL-SURGICAL NURSINGA. COGNITIVE DOMAINKnowledge

OBJECTIVE 1: Ability to recognize symptoms indicating deviations from normal.

OUTSTANDING

Shows ability to recognize all symptoms and relate them to previously learned material which indicates deviations from normal patient response. (e.g., recognizes that lowering of blood pressure in the immediate postoperative period indicates complications and takes steps when this occurs; alert to condition of preoperative patient - reports to physician immediately symptoms of nasal congestion which might indicate an upper respiratory infection and a contraindication to surgery).

SATISFACTORY

Recognizes the most significant symptoms which indicate harmful changes in the patient's condition, or may recognize the symptom but fail to realize its significance in terms of outcome for the patient. (e.g., may recognize that the neurosurgical patient has

become less alert to his surroundings, but does not realize that it is a symptom of increasing intracranial pressure and should be reported to the physician immediately.)

Recognizes most obvious symptoms which indicate deviations from normal, but has difficulty making fine distinctions.

UNSATISFACTORY

Seldom able to recognize untoward symptoms even when these are obvious (e.g., does not relate an elevated temperature to an abnormal body state; fails to note the poor color of a patient when giving care in the immediate postoperative period).

Comprehension

OBJECTIVE 2: Ability to understand pertinent information concerning patients and to report and record significant data.

OUTSTANDING

Does in-depth study of patients assigned to her.

Able to point out variations between patient's condition and typical textbook picture (e.g., notes that bacteriology report states that patient's infecting organism is resistant to the drug he is receiving and reports same).

Understands and is able to relate results of diagnostic studies and other orders on the chart to the patient's condition.

Reports all symptoms of significance, even those which are the least obvious, to the responsible individual with respect to

assigned patients.

Records pertinent information only; includes all essential information; expression is always good.

SATISFACTORY

Records pertinent and essential information in most situations; when the situation is more complex, may fail to record pertinent data. Charts clearly in most situations, but may not express material as well as might (e.g., charts most observations on postoperative patient, but fails to record that the patient has an intravenous infusion running upon return from surgery).

UNSATISFACTORY

Does insufficient study of background material on assigned patients.

Fails to understand significant relationships between patient's condition and textbook picture.

Recording is incomplete. Fails to record pertinent and essential information. Poorly expressed.

OBJECTIVE 3: Ability to interpret data on clinical charts in light of possible implications for nursing care.

OUTSTANDING

Is familiar with all pertinent information on patients' charts and is adept at understanding the significance of information both in terms of the patient's prognosis and in terms of planning nursing

care. Checks record frequently for new additions. (e.g., Upon noting that a patient's bacteriology report has come back with a positive staphylococcal infection of the variety requiring strict isolation, takes appropriate measures).

SATISFACTORY

Cognizant of most significant material on patients' charts and in uncomplicated cases usually understands the significance of information in the light of possible implications for nursing care.

At times may not check chart frequently enough to keep up to date.

UNSATISFACTORY

Unfamiliar with information on patients' charts.

Unable to satisfactorily relate pertinent details on chart to patient's condition and nursing care.

Application

OBJECTIVE 4: Ability to apply principles to the nursing care of patients.

OUTSTANDING

Shows excellent understanding of scientific principles underlying patient problems and methods of treatment. Able to reason out solutions to nursing problems as a result of knowledge based on principles. (e.g., Understands that purpose of preanesthetic medication is to relax the patient and make him drowsy. Therefore

plans nursing care so that needs are cared for before the preanesthetic medication is administered and tries not to stimulate him after this period of time.)

SATISFACTORY

Shows adequate understanding of principles, but may not always be able to reason out a solution to a complex problem. (e.g., during a surgical procedure realizes that when a sterile surface becomes wet it is contaminated, but doesn't know how to rectify this when faced with the situation.)

UNSATISFACTORY

Shows poor understanding of even the most basic principles.

Unable to solve nursing problems as is unable to draw on knowledge of principles which guide a course of action (e.g., fails to realize that when an unsterile surface comes into contact with a sterile one, the latter becomes contaminated; is unsafe when changing a patient's dressing).

OBJECTIVE 4: Ability to implement nursing care plans.

OUTSTANDING

Is consistently able to translate well-formulated nursing care plans into action.

Appears organized and systematic in efforts to carry out nursing care at all times (e.g., Gives the patient having severe pain in the early postoperative period, medication before carrying out

ambulation orders.)

Doesn't waste energy and time. (e.g., plans movements so that carries all the items she needs to give nursing care into the room at one time.)

SATISFACTORY

Able to implement nursing care plans under most circumstances. In complex situations may have problems establishing priorities; where interruptions require adaptations in nursing care plan, may have problem adjusting to this, (e.g., able to follow through with all the usual nursing care measures for the preoperative patient on the morning of surgery, but may fail to realize that the anxiety he displays indicates that emotional support is a most important component of nursing care.)

UNSATISFACTORY

Unable to follow through with nursing care plans. Consistently fails to carry out orders; e.g., medications, dressing changes not given at the proper time.

Does not appear to grasp the importance of following through with nursing care plans for each patient to ensure optimum patient care.

OBJECTIVE 6: Ability to apply principles of leadership to functioning as a leader of the nursing team.

OUTSTANDING

Functions effectively in all situations as a team leader; able to communicate clearly and to teach and guide nursing personnel working under her; familiar with patient diagnoses, conditions and treatment; able to coordinate nursing care for all patients in order to ensure optimum patient care for all those under her jurisdiction.

SATISFACTORY

Usually able to function effectively in most situations as team leader; usually communicates quite well with staff, but may not always recognize the capabilities and limitations of various levels of personnel working on the team. Team reports are satisfactory, but would be more meaningful to staff members if more pertinent details concerning patient care were included. Coordinates care of patients satisfactorily.

UNSATISFACTORY

Functions poorly as nursing team leader; appears unable to give adequate direction to the various levels of staff working on the team; organization is poor and is unable to coordinate care of patients.

Analysis

OBJECTIVE 7: Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual and teaching needs.

OUTSTANDING

Appears to be very alert to the total needs of patients and consistently takes account of special needs of a patient in planning nursing care. (e.g. Understands the apprehension of the tracheostomy patient and tries to spend as much time as possible with him performing suctioning when needed, giving explanations of care and reassuring him. Has magic slate at bedside so that the patient may communicate readily).

SATISFACTORY

Usually is able to analyze patients' needs and to plan nursing care accordingly. May have difficulty planning for other needs that arise during the course of the assignment period. (e.g., Aware of the physical needs of the tracheostomy patient, but fails to realize that much more is needed in terms of psychological support, including explanations and teaching.)

UNSATISFACTORY

Doesn't appear to be alert to the needs of patients and is unable to perform simple planning. Consistently late with assignments. Appears unaware of, and unconcerned about patient's needs.

Synthesis

OBJECTIVE 8: Ability to formulate nursing care plans for patients.

OUTSTANDING

Consistently able to devise means by which nursing action is suggested to meet the particular needs of the individual patient.

Is always in control of the situation because is well able to plan care independently and within available time and to make adjustments in the plan as needed.

Does not proceed to give nursing care without a well-defined analysis of needs and course of action.

SATISFACTORY

Is able to plan nursing care adequately under normal circumstances. In complex situations may have some difficulty making allowances for special needs of patients.

Usually is conscientious about planning care, but in a few instances neglects to do so.

UNSATISFACTORY

Is not able to plan effective nursing care based on the needs of patients to whom she is assigned.

In many instances neglects to do any planning for care at all.

OBJECTIVE 9: Ability to formulate new and creative ways of dealing with nursing problems.

OUTSTANDING

Shows consistent originality in approach and solutions devised to nursing and ward problems. (e.g., As team leader developed a booklet to teach staff members principles of preventing the spread of infection from one patient to another).

SATISFACTORY

Sometimes shows originality in approach and solutions devised to nursing and ward problems.

UNSATISFACTORY

Never shows originality in approach and solutions to nursing and ward problems. Very "routine" in outlook.

Evaluation

OBJECTIVE 10: Ability to appraise the quality of own performance in the light of the objectives of the course.

OUTSTANDING

Makes constant efforts to appraise quality of own performance in view of course objectives, and is accurate in her appraisal.

Receives satisfaction from good performance, but also sees areas for improvement and works hard to improve these.

SATISFACTORY

Usually can appraise own performance with a reasonable degree of accuracy. May require guidance in pointing out where improvement is needed.

UNSATISFACTORY

Has great difficulty appraising own performance; comments are not appropriate to a description of her performance as others view it.

B. AFFECTIVE DOMAIN

Responding

OBJECTIVE 11: Ability to communicate effectively with others and to establish effective working relationships with co-workers.

OUTSTANDING

Appears exceptionally well able to express self in a manner that is clear and acceptable to others; statements give evidence of good insight into both people and situations; tactful, considerate, polite and conducts self in a professional manner under all circumstances.

Co-workers appear to respond positively to the student.

Assists co-workers when has time.

SATISFACTORY

Verbal expression is satisfactory; usually able to converse clearly and approach problems with co-workers tactfully. Polite to co-workers, but does not always make efforts to give assistance where this is needed when has available time.

Usually conducts self in a professional manner, but in order to gain acceptance of others may at times be too formal or too familiar in dealings with co-workers.

Usually co-workers appear to respond positively to student.

UNSATISFACTORY

Verbal expression is poor. Has difficulty getting others to understand meaning of statements.

Impolite to co-workers at times; makes no attempt to assist them when she has time; conduct is often unprofessional.

Co-workers respond negatively to the student.

OBJECTIVE 12: Ability as leader of the nursing team, to motivate team members to work effectively with patients.

OUTSTANDING

Able to interact effectively with staff members so that they are better prepared and positive in their approach to caring for patients.

Holds a daily team conference in addition to reports where she is able to very effectively to stimulate interest in and enthusiasm for improving patient care.

SATISFACTORY

Interacts satisfactorily in most situations with staff members so that they are better able to give improved patient care.

Usually holds daily team conference in addition to reports, where ways of improving patient care are discussed.

UNSATISFACTORY

Interaction with team members is ineffective. Team members respond negatively to the team leader. Appears unable to motivate them to give effective nursing care. Rarely holds team conferences on own initiative.

C. PSYCHOMOTOR DOMAIN

OBJECTIVE 13: Ability to perform manipulative nursing skills.

OUTSTANDING

Appears at ease when performing manipulative tasks. Movements are well-coordinated and technique used appears to be based upon sound principles.

Appears to have such a degree of mastery of skills at this point that appears more concerned about the effect of the procedure upon the patient (e.g., when performing a gastric analysis test, is not only well-able to perform the skills involved, but is able to facilitate patient understanding and acceptance of the test by explanations and psychological support).

SATISFACTORY

Appears able to perform manipulative tasks with ease under most circumstances. Occasionally in situations where she is anxious, may appear flustered and violate principles upon which the technique is based, but recognizes that she has done so.

Under most circumstances shows concern for the patient during the course of the treatment involving a manipulative skill. (e.g., Usually is able to prepare injections well, but when a stat order is requested, contaminates the syringe because of apprehension).

UNSATISFACTORY

Movements are uncoordinated and appears unable to execute a manipulative skill successfully. Does not appear to understand the principles upon which the technique is based.

X School of NursingEvaluation of Clinical Performance of Nursing Students
in Medical-Surgical Nursing - First Course

Student's Name: _____ Class: _____ Date: _____

ObjectivesStanding and CommentsA. Cognitive Domain
Knowledge

1. Ability to recognize symptoms indicating deviations from normal.

Comprehension

2. Ability to understand pertinent information concerning patients and to report and record significant data.

Application

3. Ability to apply principles to the nursing care of patients.

4. Ability to implement nursing care plans.

Analysis

5. Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual, and teaching needs.

Synthesis

6. Ability to formulate nursing care plans for patients.

Evaluation

7. Ability to appraise the quality of own performance in the light of the objectives of the course.

B. Affective Domain
Responding

8. Ability to communicate effectively with others and to establish effective working relationships with co-workers.

C. Psychomotor Domain

9. Ability to perform manipulative nursing skills.

Student's Comments

Additional Comments

Instructor's Signature _____

X School of NursingEvaluation of Clinical Performance of Nursing Students
in Medical-Surgical Nursing - Second Course

Student's Name: _____ Class: _____ Date: _____

ObjectivesStanding and CommentsA. Cognitive Domain
Knowledge

1. Ability to recognize symptoms indicating deviations from normal.

Comprehension

2. Ability to understand pertinent information concerning patients and to report and record significant data.

3. Ability to interpret data on clinical charts in light of possible implications for nursing care.

Application

4. Ability to apply principles to the nursing care of patients.

5. Ability to implement nursing care plans.

-
6. Ability to apply principles of leadership to functioning as a leader of the nursing team.

Analysis

7. Ability to analyze patients' nursing care needs in terms of physical, mental, social, spiritual and teaching needs.

Synthesis

8. Ability to formulate nursing care plans for patients.

-
9. Ability to formulate new and creative ways of dealing with nursing problems.

Evaluation

10. Ability to appraise the quality of own performance in the light of the objectives of the course.

B. Affective Domain
Responding

11. Ability to communicate effectively with others and to establish effective working relationships with co-workers.

-
12. Ability as leader of the nursing team, to motivate team members to work effectively with patients.
-

C. Psychomotor Domain

13. Ability to perform manipulative skills.
-

Student's Comments

Additional Comments

Instructor's Signature _____

CHAPTER V

CONCLUSIONS

The formulation of the instrument for evaluating clinical performance of nursing students in two courses in medical-surgical nursing has been the primary task of this paper. Since it is the belief of this writer that evaluation only becomes meaningful when it is undertaken in relation to the objectives of the course, the evaluative procedures outlined are related in their entirety to the stated objectives of the course. Many objectives were reviewed, retained or discarded, reformulated or condensed. It is not the intent of this paper to suggest that these are the only, the best, or the most suitable objectives which might be used for this or any other course in medical-surgical nursing. They appear only to this writer to be the most appropriate for the courses for which they were formulated. In addition, objectives are not seen as static and absolute, but rather as relative expressions of purposes which must constantly undergo revision in the light of the changing philosophy of the school, the changes occurring in education, the revision of the curriculum, and the changing attitudes and values of society, nurses and nursing students. A unique aspect of the statement of the course objectives is their expression in terms of Bloom's Taxonomy of Educational Objectives. A review of the literature reveals no other evaluative instrument or statement of objectives in nursing which utilizes the

categorization of human abilities developed by Bloom.

There are many ways to evaluate performance. The instrument presented in this paper is just one method of evaluating behavior and it is not presumed that there are no other methods of effectively evaluating performance. Many individuals have, in fact, reported the successful use of several techniques of evaluation in combination. The formulation of this instrument is only a beginning step in the development of a complete evaluation program within a school of nursing. Recommended areas of study which have arisen as a result of this investigation include the following:

1. The testing of the evaluative instrument in order to establish its reliability and validity.
2. Revision of the instrument on the basis of the results of the testing process.
3. Development of other instruments which would serve as adjuncts to the use of this instrument; e.g., self-evaluation procedures.
4. Gradual expansion of the project to include other clinical nursing areas.

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