THE DEVELOPMENT AND UTILIZATION OF A
DAILY CLINICAL ASSESSMENT TOOL
FOR USE IN MATERNAL CHILD NURSING

A Project
Presented to the faculty of the School of Nursing
California State University, Sacramento

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in
Nursing

by
Elyssa Lakich
Jennifer Malana

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THE DEVELOPMENT AND UTILIZATION OF A
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Date

School of Nursing
Abstract

of

THE DEVELOPMENT AND UTILIZATION OF A
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The purpose of this project is to develop a clinical evaluation tool to use with nursing students in the maternal child clinical rotation at California State University, Sacramento (CSUS). The current practice of evaluation does not allow for immediate feedback and improvement. The proposed intervention would be to develop a clinical assessment tool to provide more frequent formative evaluation, rather than summative evaluation at mid and final weeks of a clinical rotation. This Daily Clinical Assessment Tool (DCAT) was developed and implemented during the maternal child clinical rotation with a cohort of Second Bachelor’s Degree candidates in a condensed, ten-week semester. The data regarding the use of the DCAT to evaluate progress and direct clinical changes is somewhat inconclusive. Constraining factors of the DCAT include feasibility of completing the tool during the clinical day, interrater reliability, acuity and variation of unit rotations, and the ratio of students to faculty. Facilitating factors include a culture of
evaluation at CSUS, student expectation and desire of evaluation, and the variety of clinical learning experiences that lend to evaluation. While the authors recognize that there are improvements to be made to future versions of the DCAT, it is also recognized that overall, the DCAT accomplishes one facet of a large student evaluation system.

*Keywords:* nursing, student, clinical assessment, formative evaluation

__________________________, Committee Chair
Brenda Hanson-Smith RNC, PhD, OGNP

__________________________
Date
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Chapter One

Introduction

Statement of Collaboration

This project is a product of collaboration between two graduate students who work professionally in the fields of perinatal and pediatric nursing and nursing education. Within California State University, Sacramento (CSUS) School of Nursing (SoN) perinatal and pediatric curricula are placed within the same semester, thus the project developed was applicable to both nursing specialties.

Purpose

The purpose of this project is to develop a clinical evaluation tool to use with nursing students in the maternal child clinical rotation at California State University, Sacramento (CSUS). This evaluation tool would provide frequent feedback to enable students to make modifications in their clinical practice that are necessary to demonstrate competence in the clinical setting. The evaluation tool will provide individualized feedback on their knowledge, skills, and attitudes. A goal of this tool is that it would be easy to use and applicable to other clinical settings.

This project is conducted within the nursing specialty of maternal child health. Maternal child health is a field that encompasses all areas concerned with perinatal and pediatric care. This includes the high acuity areas of labor and delivery, high-risk maternity, neonatal intensive care, pediatric concentrated care, and pediatric intensive care. The lower acuity areas are post-partum, normal newborn nursery, and acute pediatrics.
**Problem**

At CSUS School of Nursing (SoN) the current practice of clinical evaluation for maternal child is done during the mid and final weeks of a six-week rotation. Formal written feedback is provided to students only once during the rotation. This method lacks timely remediation, personalized feedback, and ease of use.

The current practice of evaluation of nursing students in the maternal child clinical rotations at CSUS does not allow for immediate feedback and improvement. Clinical evaluation is done by reviewing outcomes during the mid and final weeks of rotations. (Parsh, 2012 and Ferguson, 2012) The list of outcomes is given to students prior to beginning clinical and it is explained that if they do not meet all objectives, they will not be able to pass the clinical portion of the course. (Parsh, 2012 and Ferguson, 2012) Providing students with formal written feedback only twice during the rotation provides a brief window of opportunity for the students to modify behaviors to demonstrate competency. For some students this is simply not enough time to implement needed change. For all students it increases stress associated with clinical performance (B. Hanson-Smith, personal communication, March 22, 2012).

The proposed intervention to assist students in gaining adequate feedback would be to develop an evaluation tool that helps to provide formative evaluation more frequently during a perinatal clinical rotation, rather than summative evaluation at mid and final weeks of the rotation. A daily clinical assessment tool, or DCAT, that compliments the current mid and final evaluation tool form would be optimal.
In order for successful implementation of the DCAT, there are two objectives that need to be met. The first objective would be the development of the DCAT for implementation to begin at the start of the maternal child clinical rotation and used throughout the course of the 10-week condensed curriculum semester. The second objective would be that students and faculty would need instruction on the implementation and use of the newly developed tool by their first clinical day.

The newly created DCAT would be evaluated using survey methods of the faculty and students that piloted the DCAT within the clinical rotation setting. The evaluation would be an anonymous, online survey using a Likert scale from one through five as quantifiers. One signifying strongly disagree, three would be neutral, and five would be strongly agree with the questions asked.
Chapter Two

Background of the Study

Review of Research

Hand (2006) states, “Assessment is a means of collecting data to demonstrate that an acceptable standard of practice has been reached by a student and on which a decision to declare a practitioner competent can be made” (p. 48). Competencies are explicit standards that must be met by synthesizing knowledge, assessment, and skills in application of theory to practice (Hand, 2006). Formative Assessments are designed to facilitate development and confidence by providing feedback and directing further learning (Hand, 2006). Summative Assessments utilize outcomes and require students to meet set objectives for the clinical placement (Hand, 2006). Hand suggests that in order for students in healthcare to demonstrate competence they “should have increased their knowledge, acquired or developed their skills and developed professionally in their attitude and performance” (Hand, 2006, p. 49).

Development of a formative assessment that compliments the current summative assessment would be helpful to clinical faculty at CSUS. It would allow them to address the disparity regarding lack of clinical evaluation methods for baccalaureate nursing students that allow for timely remediation, personalized feedback, and ease of use. Frequent and timely feedback would enable students to modify behaviors in a timely way to increase knowledge, skill, attitude, and performance necessary to demonstrate competency in the maternal child clinical settings.
Multiple literature searches were conducted to find relevant, recent literature on clinical evaluation methods for nursing students. An initial literature review was conducted with CSUS’s online library system EBSCOhost using the CINHAL Plus with Full Text option. All search terms used for this literature review were used without quotation marks. Initial suggested search terms used “nursing education” and “evaluation methods” yielded 816 results, adding a limiting factor of the years 2007 through 2012 resulted in 249 articles. Further limitation with the addition of the key word “clinical” and then selecting peer-reviewed articles only yielded 119 and 103 results respectively. Changing the search term from “clinical” to “student clinical” reduced the number of articles from 103 to twelve and limiting the articles to those with full text only resulting in six remaining articles. Based on the article abstracts and titles of those six articles, all articles were deemed insufficient for this literature review as they discussed teaching methods for nursing, rather than evaluation method.

A second literature review was conducted using the initial search term “clinical evaluation,” resulting in 31,014 articles. When narrowed with the terms “nursing” and “student” the results decreased to 11,116 and 3,742 respectively. Articles related to a simulated patient care environment or “objective structured clinical examinations” were eliminated from the search criteria leaving 3,578 results. Further limiters included publication within the last five years, written in the English language, and being peer reviewed, decreasing the list to 1700 entries. Search terms were rearranged in the Boolean phrase “clinical evaluation AND nursing student NOT objective structured clinical examinations” with limiters of publish date between December 1, 2007 and
December 31, 2012, English language, and peer reviewed. This resulted in twelve articles, ten of which were removed based on abstract content. The remaining two studies were considered suitable for the subject of this literature review as they discuss summative evaluations of student performance in the clinical setting and supported the current practice at CSUS.

Ulfvarson and Oxelmark (2012) looked at the ability to evaluate nursing skills as well as quality of care provided. The authors developed a summative assessment tool for use with students in the clinical setting based on clinical course objectives within the study’s setting. The tool, Assessment of Clinical Education, ACIEd, was developed and tested by the authors in a three year baccalaureate nursing program in Sweden. Students, preceptors, nurses, clinical lectures and university lecturers were all allowed to provide input on the ACIEd during development phase to ensure validity. The final version of the ACIEd focused on fourteen learning outcomes, divisible into four main categories: nursing, documentation, caring, skills and manual handling (Ulfvarson & Oxelmark, 2012). According to the authors, the ACIEd was administered to the students at the midpoint as a formative assessment and at the final part of the six week clinical session as a summative assessment. The authors included specific criteria that defined how the student is expected to meet the criteria in order to reach the required clinical learning outcomes, how to obtain a specific grade and how the criteria is linked to the outcomes desired (Ulfvarson & Oxelmark, 2012). The authors in this study found that having detailed criteria that the instructors used to evaluate students proved to be essential in creating a workable tool. According to the article, the conclusion that the authors made
was that the ACIEd was that it was best used as a basis for discussion between a student and instructor to ascertain where the student was regarding level of skill and knowledge base (Ulfvarson & Oxelmark, 2012).

Karayurt, Mert, and Beser described a clinical assessment tool development process for nursing students in the clinical setting (2009). The study, conducted at the Turkish University School of Nursing, aimed to develop a valid and reliable scale to evaluate clinical performance (Karayurt, Mert, & Beser, 2009). Using a sample size of 350 third and fourth year nursing students as participants, the tool was developed and validity was confirmed by utilizing input from 17 expert lecturers. The resulting tool consisted of 53 items in the pilot of the tool in the third year students with a decrease to 28 items on the final version used. Both tools were found to successfully evaluate nursing students in the clinical setting, but again were used as summative assessments.

A third literature review was then completed as an attempt to broaden the literature review base using the same library search engine with the key words “clinical student evaluation” and limiters of peer reviewed articles published between the years of 2007 through 2012, yielding thirty-nine results. Further limitation of full text articles resulted in fourteen articles. From those fourteen, four interdisciplinary articles were deemed appropriate for the subject of this literature review based on title and abstract that referenced an evaluation of clinical student experiences and/or clinical competency. The articles were divided into three categories: Physical Therapy, Nurse Practitioners and Pre-Licensure Clinical Learning.
Physical Therapy. The article described the development of a clinical internship evaluation tool (CIET) that was used to evaluate physical therapy students in a clinical setting. The specific purpose of this study to provide validity of the CIET tool as a measurement of physical therapy clinical performance (Fitzgerald, Delitto, & Irrgang, 2007). According to the authors of the study, physical therapy professional performance is dictated by the Guide to Physical Therapy Practice, however no guidelines for assessment of physical therapist performance are delineated. As part of the CIET development, the authors also looked at an interdisciplinary approach to medicine at how residents, medical students, and physicians are evaluated along with current physical therapy curriculum and evaluation methods. Motivating factors in the development of the CIET were to move entry-level physical therapy practice “well above competent” and curriculum objectives from the authors’ physical therapy program, the Guide to Physical Therapy Practice, and the Commission on Accreditation in Physical Therapy Education were combined to create the CIET (Fitzgerald, Delitto, & Irrgang, 2007). The researchers used the CIET to evaluate students from 1999 to 2003, with data collected from 228 student evaluations, surveys of 26 clinical instructors and item review by 7 faculty members (Fitzgerald, Delitto, & Irrgang, 2007). Statistical analysis was conducted and relevance was based on specific item review as well as survey. Results for the faculty item review and the clinical instructor survey stated that the items on the CEIT were representative skills and behaviors necessary to deem physical therapy students clinically competent and prepared as an entry-level clinician (Fitzgerald, Delitto, & Irrgang, 2007). According to the results, repeated use of the CIET demonstrated
improved patient management as students progressed and that 96% of survey respondents agreed that the instrument was easy to use (Fitzgerald, Delitto, & Irrgang, 2007).

Conclusions based on this study are that the CIET appears to be a valid, efficient tool for student clinical evaluation in physical therapy (Fitzgerald, Delitto, & Irrgang, 2007).

**Nurse Practitioners.** The first article regarding nurse practitioner curriculum discussed the use of Standardized Patients (SP’s) to provide a better method of teaching and evaluating both summative and formative clinical competency for nurse practitioner students (Ebbert & Connors, 2004). According to Ebbert and Connors (2004), SP’s are people who are specially trained to portray a specific patient that has been developed by expert clinicians. SP’s have been used in medical schools and in this study, evaluations were conducted after the implementation of SP experiences across the curriculum for family nurse practitioner (FNP) and adult geriatric nurse practitioner (AGNP) students in a midwestern nurse practitioner program (Ebbert & Connors, 2004). SP’s were recruited and trained based on cases written for the program and included practice with an experience clinician. Formative evaluation was done with SP’s identified as “teaching assistants” for more delicate exams such as pelvic/genitalia area; those SP’s received additional training (Ebbert & Connors, 2004). Summative evaluation was completed on the SP’s that were specific patients throughout the course work of both the FNP and AGNP programs (Ebbert & Connors, 2004). Evaluation was completed by the students immediately after each Standardized Patient Experience (SPE) on a 5-point Likert scale with the ability for students to provide written feedback at the end with the majority of result favoring realism of experience, usefulness and challenge of experience (Ebbert &
Connors, 2004). Conclusions of the study were that “authentic assessment” of student performance can be created through SPE’s and students reported being very satisfied with their program and their clinical competency (Ebbert & Connors, 2004).

The second article regarding nurse practitioner curriculum focused on summative and formative evaluation tools used in a dual track Adult Health and Gerontology Nurse Practitioner (AGNP) programs at the University of Pennsylvania School of Nursing (Cotter, Bradway, Cross, & Taylor, 2009). Researchers used research and clinical articles to created formative and summative evaluations for their AGNP program, relying on reflective logs, clinical documentation evaluation, preceptor evaluation, and evaluation in the clinical site through direct observation to compile student evaluation (Cotter, Bradway, Cross, & Taylor, 2009). The article describes the use of a Preceptor Clinical Evaluation Tool that is incorporated and administered by the preceptor at the midterm and end of the semester and used by multiple preceptors; students also completed a self-evaluation that is shared with the preceptor and faculty member (Cotter, Bradway, Cross, & Taylor, 2009). According to Cotter, Bradway, Cross, & Taylor (2009), students, preceptors, and faculty consistently indicate that the Preceptor Clinical Evaluation Tool is effective in identifying strengths and weaknesses in four specific indicators: data collection, differential diagnosis/clinical decision making, development and implementation of management plan and role development. The conclusion of the article stated that multiple evaluation methods are used to summatively and formatively measure students progress within the curriculum used at the University of Pennsylvania School of Nursing (Cotter, Bradway, Cross, & Taylor, 2009).
Pre-Licensure Clinical Learning. This article focused on the clinical learning environment tool that was created to evaluate the quality of nursing students’ clinical placement environment (Sand-Jecklin, 2009). According to the article, the Student Evaluation of Clinical Education Environment (SECEE) was created due to a lack of useful clinical learning environment evaluation data tools (Sand-Jecklin, 2009). The SECEE used in this study was version three; the initial version was developed because the author identified a lack of comprehensive and useful clinical learning environment evaluation tools (Sand-Jecklin, 2009). After initial data collection and analysis, SECEE Version 1 was revised and SECEE Version 2 was created with significant revisions (Sand-Jecklin, 2009). After an updated literature review and collective analysis of SECEE Version 2, the author made revisions and then tested SECEE Version 3 (Sand-Jecklin, 2009). Data was collected from January 2001 to May 2005 at a large mid-Atlantic university nursing school from student evaluations of all clinical agencies, with analysis completed on 2,768 evaluations (Sand-Jecklin, 2009). The SECEE was completed at the end of each clinical rotation, without the clinical instructors present, taking a total of ten minutes to complete (Sand-Jecklin, 2009). The SECEEs were collected in an envelope and then forwarded to the director of evaluation for coding (Sand-Jecklin, 2009). Statistical analysis was conducted and appears to provide faculty adequate information on student perceptions of their clinical agency placements; as an additional result, faculty strength and areas for improvement were identified (Sand-Jecklin, 2009). According to the author, limitations to this study were that did was not include a retest analysis and needs to be utilized at other schools of nursing of various
sizes to be more valid (Sand-Jecklin, 2009). Conclusions of this study indicate that the
SECEE Version 3 appears reliable and valid for identifying student perceptions of their
clinical learning environment as well as creating a method for practical feedback for
faculty and clinical agencies (Sand-Jecklin, 2009).

According to Sand-Jecklin (2009), there is very limited literature regarding
practical, useable clinical evaluation methods for nursing students in general and in terms
of the literature review conducted in the context of this project, the gap found in the
literature is apparent and reproducible. With a deficiency of research focusing on clinical
evaluation methods, it would be assumed that there is a significant lack of cohesive or
comprehensive way that all nursing students, in any type of program, are evaluated.
From the literature reviewed, adequate summative and formative clinical evaluation
poses a challenge to educators across many health disciplines.

Scope of Setting

The setting for this nursing project is a condensed, ten-week semester
baccalaureate nursing program at CSUS. CSUS is a public university in Sacramento,
California. Both the university and the city are diverse in culture and socioeconomics.
Due to the urban setting of CSUS, many of the students commute from around the local
area and live in off-campus housing.

The students within this curriculum track have all obtained baccalaureate degrees
in subjects other than nursing and are deemed to be Second Bachelor’s Degree
candidates. The students are beginning the second of six total semesters of nursing
school and have had minimal, hands-on patient experience in the hospital from the
previous semester. The students are participating in a pilot program that is administered in conjunction with a cohort of similar students accepted into California State University, Stanislaus baccalaureate nursing program.

For this specific group of students, curriculum is disseminated in a combination of televised and in-person classroom lectures as well as modules accessed online. Relevant maternal child knowledge is provided in a front-loaded format with the first week of classes entirely focused on the theoretical presentation of low risk pregnancy, labor/delivery, normal newborn, pediatric assessment, and child development. Additionally before entering the clinical setting, students are monitored in a structured, mastery learning based skills lab setting, where necessary competencies are assessed before beginning clinical rotations at the hospital.
Chapter Three

Analysis of the Data

Daily Clinical Assessment Tool Survey

The first survey was presented to thirty students after completion of their Maternal Child clinical rotations in which the DCAT was used supplementary to the Midterm and Final Assessment Tool (MFAT). Nineteen of thirty students in the program at CSUS completed the survey with the results presented as simple percentages of total respondents.

When asked if the DCAT accurately evaluated clinical performance, the students were divided on their answers, a slight majority (47.3%) agreed, while about a third (36.9%) disagreed. This same split happened when students were asked if the DCAT was helpful. However, most students (63.2%) felt the instructor’s written comments were most helpful with resulting affects being a change in their nursing practice.

Written comments provided by the students on how to improve the DCAT focus on the desire to incorporate more specific feedback from the instructor, and nursing staff, coupled with a place for students to score themselves on the DCAT. Written comments relating the least helpful aspect of the DCAT, included the limitation of faculty to student ratio in direct observation of care, subjectivity of scores, and poor use by faculty. Students identified that it was challenging for instructors to have direct observation of every student during each clinical shift, which made it challenging to provide accurate scores. Students also recognized the time commitment involved in completing a score for each student and suggested that the DCAT scoring could be completed every other shift.
One student stated that “it seemed like more of a hassle for the faculty” and they “would prefer to have more time with the teacher and get feedback right away” rather than getting the written feedback after the shift.

**Midterm and Final Survey**

The second survey was presented to the same group of students after they completed their Medical Surgical clinical rotation in which only a Midterm and Final Assessment Tool (MFAT) was utilized. Seventeen of twenty-nine students that remained from the original cohort of students completed this survey. Results are presented as simple percentages of total respondents.

Most students felt that the MFAT accurately evaluated their clinical performance (58.8%) and was helpful to them (53%). The majority (58.8%) of students felt the instructors written comments changed their nursing practice. When reviewing the written comments from students five themes arose. The themes that arose were that students wanted more one-on-one time spent with instructors, more feedback from the nurse with which the student worked, more personalized comments, fewer boxes to check, and more clarity and/or simplistic terms in the categories. Some students felt that the evaluation was subjective and dependent on the faculty’s feelings about the student.

In the comments section, one student stated they “would like the midterm evals to be returned earlier in the session so I could have a better gauge of my progress.” One student stated that the MFAT did not evaluate their clinical performance accurately but that it was more accurate than the DCAT. One student mentioned that the MFAT was “not very helpful or accurate if there was (sic) multiple clinical instructors for a rotation.”
Overall, students expressed a desire to have more one on one interaction with faculty and more concrete/specific examples of what to modify/improve as well as what went well. They preferred immediate feedback, especially having a verbal interaction with faculty where they could ask questions and seek guidance. In addition, they wanted feedback from the nurse with whom they worked. It was evident that students want feedback about their clinical performance from multiple sources.
Chapter Four

Findings and Interpretations

The data regarding the use of the DCAT to evaluate progress and direct clinical changes is somewhat inconclusive. The DCAT provides immediate feedback to assist students to modify behaviors to demonstrate clinical competency. It is recognized that many clinical faculty provide frequent verbal feedback to students during the clinical experience. However, it can be challenging for students to really hear these recommendations during a busy shift and reflect on them after the clinical shift. Having a written document like the DCAT, that students can review after their clinical day, allows for thoughtful reflection and future improvement. It is not clear as of yet whether the students value this data as a vehicle for change.

Constraining Factors

There are several constraining factors identified as potential barriers to equitable evaluation. These include factors associated with the DCAT itself, factors associated with the clinical setting, and factors associated with larger accrediting bodies and clinical agencies. Those set by the accrediting bodies and clinical agencies are out of the control of the clinical faculty. Those associated with the DCAT are modifiable and will also be addressed in the recommendations for future versions. The factors related to the clinical setting are to a certain extent limited in the ability to modify.

Constraining factors related directly to the DCAT include feasibility of completing the assessment during the clinical shift and interrater reliability. Challenges were met with the feasibility of completing the assessment every clinical day. For
clinical rotations with back-to-back clinical shifts, the faculty had a challenge in choosing between grading clinical prep sheets and completing DCAT scores. For clinical shifts that occurred once a week this would not be an issue, however, it could become an issue if the clinical shift was busy in the afternoon. It is possible that the faculty could complete the DCAT after the shift and return them to the students prior to their next clinical shift.

There is some concern as to the interrater reliability of the DCAT and inconsistency of DCAT scoring by faculty. One faculty gave the students a score of 4 in some of the criteria of the DCAT on their first day of clinical. It is unlikely that students were “efficient, coordinated, generally relaxed, and confident” with only “occasional verbal and/or physical direction” (Appendix A) in any of the skills performed on their first day in a new clinical location with a new patient population. Again, interrater reliability needs to be established prior to implementing the DCAT on a large scale.

Constraining factors related to the clinical setting include acuity and variation of unit rotations and the ratio of students to faculty that limit the time allowed for completion of any evaluation by faculty. The acuity of patients and variation of clinical units within maternal child nursing provide a unique challenge to successful use of the DCAT. Students participate through observational experience and less hands-on patient care in high acuity areas or high-risk procedures often found in labor and delivery or intensive care settings. It is recognized that in situations where student participation is observational, the DCAT may not be applicable. In low risk settings and with low acuity patients, students provide the majority of the hands-on patient care and interventions. In
circumstances where students are more actively participating in patient care, the DCAT is of greater help for evaluation purposes. Due to the variety of units and level of involvement in nursing care that the students provide, the ability of the students and faculty to give and receive timely and meaningful feedback will vary greatly.

The ratio of clinical faculty to students also provides challenges. Often there is only one clinical faculty member to ten nursing students on the maternal child units and depending on the hospital facility, the ten students can be assigned over two to four physical nursing units. Logistically it is a challenge to be able to have one clinical faculty reach all ten students, observe clinical care, and provide accurate evaluation each week. This is both an issue of feasibility of faculty to adequately observe that student and the limited time available for proper evaluation.

Factors associated with larger accrediting bodies and clinical agencies dictate many aspects of the clinical learning environment and evaluation process. Accrediting bodies such as Western Association of Schools & Colleges (WASC), Commission on Collegiate Nursing Education (CCNE), the state of California Board of Registered Nursing (BRN) guide nursing education theory and clinical curriculum. Professional practice recommendations are provided by the American Nurses Association (ANA) Essentials and Quality and Safety Education for Nurses (QSEN) pre-licensure knowledge, skills, and attitudes (KSA’s) along with the California State University system requirements for nursing programs. Clinical agencies place constraints related to availability of clinical sites. This is particularly a problem due to the numerous nursing programs within the Sacramento area and limited maternal child clinical sites. This limits
the amount of time that students have access to community agencies for clinical use because of the need to share availability with other programs.

**Facilitating Factors**

The three primary factors that facilitate the use of evaluation methods for nursing students include a culture of evaluating student performance at CSUS SoN, student expectations of evaluation and desire to obtain feedback to develop good nursing practice, and SoN faculty appreciation of the variety of learning experiences and their effects on evaluation. First, a comprehensive clinical evaluation system ensures to the Sacramento healthcare community that CSUS SoN regularly and continuously assesses and evaluates student at each level in the program to prepare new graduate nurses to take on the professional role and responsibility of nursing. As Hand (2006) identifies, it is the quality of assessment that protects the reputation of a profession. Because clinical sites are impacted by the amount of nursing programs in the area and budgetary constraints, evaluation assures that CSUS SoN is making the best use of their resources, such as clinical site placement, faculty assignment, and student time. Second, students seek frequent assessment, as evidence by responses to our surveys. Utilizing formative assessments allow student the opportunity to increase confidence and understanding (Hand, 2006). Finally, the faculty at CSUS SoN strive to craft beneficial clinical and theory experiences for students and to develop well-prepared new nurses for the workforce. The faculty are cognizant that evaluation occurs on multiple levels based on the variety of clinical education experiences that the students have. Members of the
faculty are supportive of student desire for frequent feedback and appreciate that the DCAT accomplishes one facet of a large student evaluation system.

**Recommendations for Future Versions**

For future versions of the DCAT, recommendations are as follows. First, extensive faculty education and interrater reliability on scoring the DCAT should be incorporated. Interrater reliability would ensure consistency and better accuracy in DCAT scoring. Second, provide a method for student self-evaluation. Adding the use of a rubric for student self-evaluation could increase clinical competency (He and Canty, 2012) and provide students a method of participation in the evaluation process. Last, integrating staff nurse feedback to create a more comprehensive evaluation method. The integration of staff nurse feedback would provide balance for both low and high acuity settings within maternal child clinical rotations.
Appendix A
Daily Clinical Assessment Tool

<table>
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<th>Scale</th>
<th>Standard</th>
<th>Performance Quality</th>
<th>Level of Assistance</th>
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<tr>
<td>Independent</td>
<td></td>
<td>Proficient, coordinated, confident. Expedient use of time. Applies theoretical knowledge accurately each time. Focused on client/family while giving care.</td>
<td>Without direction</td>
</tr>
<tr>
<td>Met – 5</td>
<td>Safe</td>
<td>Efficient, coordinated, generally relaxed, and confident. Spends reasonable time on task. Applies theoretical knowledge accurately with occasional cues. Focused on client/family and task.</td>
<td>Occasional verbal and/or physical direction</td>
</tr>
<tr>
<td></td>
<td>Accurate</td>
<td>Partial demonstration of skills. Inefficient of uncoordinated. Delayed time expenditure. Identifies principles, but needs direction to apply them. Focused primarily on task.</td>
<td>Frequent verbal and/or physical direction</td>
</tr>
<tr>
<td>Assisted</td>
<td></td>
<td>Lack of skill; uncoordinated in majority of behavior. Considerable delay; activities disrupted or omitted. Identifies fragments of principles; applies principles inappropriately. Focuses entirely on task or self.</td>
<td>Continuous verbal and/or physical direction</td>
</tr>
<tr>
<td>Met – 3</td>
<td>Safe</td>
<td>Attempts activity but is unable to demonstrate procedures. Performs in unskilled manner; lacks organization. Appears frozen; unable to move. Unable to identify principles. Focused entirely on task or self.</td>
<td>Continuous verbal and/or physical direction</td>
</tr>
<tr>
<td>Provisional</td>
<td>Under supervision is safe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet – 2</td>
<td>Questionable accuracy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent</td>
<td>Unsafe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet – 1</td>
<td>Inaccurate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incomplete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Goals for the upcoming clinical days:

Other Comments:

Faculty signature________________________________________
### Appendix B
#### DCAT Survey

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the days when the Daily Clinical Assessment Tool (DCAT) was utilized in your Pediatric and/or OB clinical, did the DCAT accurately evaluate your clinical performance?</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. When the Daily Clinical Assessment Tool (DCAT) was utilized, did the instructor’s written comments change your nursing practice?</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Referring to the Daily Clinical Assessment Tool (DCAT) used during Summer 2012, do you feel this type of clinical evaluation tool was helpful to you?</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What would you suggest to be included in future versions of this type of daily clinical assessment tool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. What was the least helpful about this type of clinical assessment tool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C
Midterm/Final Survey

1. During your Medical Surgical rotations, the Midterm and Final clinical evaluation tool accurately evaluated your clinical performance.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. The instructor’s written comments on your Midterm clinical evaluation tool changed your nursing practice prior to your Final evaluation.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Referring to the Midterm and Final clinical evaluation tool: this type of clinical evaluation tool was helpful to you?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. What would you suggest to be included in future versions of this type of Midterm and Final clinical evaluation tool?

5. What was the least helpful about the Midterm and Final clinical evaluation tool?

6. When comparing the Midterm and Final clinical evaluation tool used during Medical Surgical to the Daily Clinical Assessment Tool (DCAT) used during Peds/OB, which evaluation tool do you think more accurately evaluated your clinical performance?

<table>
<thead>
<tr>
<th>DCAT (Daily Clinical Assessment Tool)</th>
<th>Midterm and Final clinical evaluation tool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Please provide any other comments regarding either evaluation tool.
### Appendix D

DCAT Survey Results

1. On the days when the Daily Clinical Assessment Tool (DCAT) was utilized in your Pediatric and/or OB clinical, did the DCAT accurately evaluate your clinical performance?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (5.3%)</td>
<td>6 (31.6%)</td>
<td>3 (15.8%)</td>
<td>7 (36.8%)</td>
<td>2 (10.5%)</td>
</tr>
</tbody>
</table>

2. When the Daily Clinical Assessment Tool (DCAT) was utilized, did the instructor’s written comments change your nursing practice?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (5.3%)</td>
<td>1 (5.3%)</td>
<td>5 (26.3%)</td>
<td>12 (63.2%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

3. Referring to the Daily Clinical Assessment Tool (DCAT) used during Summer 2012, do you feel this type of clinical evaluation tool was helpful to you?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 (10.5%)</td>
<td>5 (26.3%)</td>
<td>3 (15.8%)</td>
<td>8 (42.1%)</td>
<td>1 (5.3%)</td>
</tr>
</tbody>
</table>

4. What would you suggest to be included in future versions of this type of daily clinical assessment tool?

- Nothing I can think of at this time.
- I can’t think of anything at this moment
- No comment at this time b/c I can’t recall all the clinical assessment tools that we used.
- I would like to see some input from the student as to the quality of interaction with the RN they followed. I had a really poor day with a crabby, unprofessional-acting RN, an would like to be able to have that considered (I don’t know if this RN criticized me, or if that impacted my clinical eval, but...)
- I would consider doing this every other clinical day.
- When the professor had the time to write information down based on their observations, yes it was helpful. However, with time constraints, most information written down was general and not always applicable to me.
That personalized comments be included for each student and if instructors were only able to be with 3-4 students then only use the DCAT for those students.

Recommendations/comments from floor nurses you worked with that day.

Maybe just 1 sentence – what you did well 1 sentence – what you need to improve on

A column where student give a mark & space from comment + a column where the instructor gives a mark & space for comment where feedback from the teacher, staff, pt, family can be noted.

One specific thing to work on in particular.

It seemed like more of a hassle for the faculty. We didn’t always get them. Time in clinical is important and I would prefer to have more time with the teacher and get feedback right away

No

<table>
<thead>
<tr>
<th>5. What was the least helpful about this type of clinical assessment tool?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information used to complete the DCAT might only be a snapshot of the student's day.</td>
</tr>
<tr>
<td>I found the ability for our instructors to get an adequate judgement on our skills as being least helpful. There were about 10 students to 1 instructor and it's impossible for her to get around to each student and observe their patient care. As a result, the comments were not 100% reflective of our daily performance.</td>
</tr>
<tr>
<td>Having to remember to print one out to take to clinical each day.</td>
</tr>
<tr>
<td>I can't recall at this moment.</td>
</tr>
<tr>
<td>Daily scores were not reflective of what students did.</td>
</tr>
<tr>
<td>I felt this clinical assessment tool did not have any significant weaknesses. I didn't feel as though the clinical instructors had time to fill these out efficiently everyday.</td>
</tr>
<tr>
<td>It seemed almost impossible for the professor to make use of this tool accurately so that us, as students could change our practice.</td>
</tr>
<tr>
<td>It wasn't a practical expectation for the instructor to spend individual time with each</td>
</tr>
</tbody>
</table>

student on every clinical day. Therefore without 1:1 time it is nearly impossible to accurately assess each student's performance.

can't think of anything right now

it was redundant since we verbally debrief

Subjective, not always an example of the day's behavior to justify the score, just a number written down.

I can't think of/remember anything.

It wasn't always used and there were times I just got all 5s which doesn't really help either
## Appendix E

**Midterm/Final Survey Results**

1. During your Medical Surgical rotations, the Midterm and Final clinical evaluation tool accurately evaluated your clinical performance.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (11.8%)</td>
<td>2 (11.8%)</td>
<td>1 (5.9%)</td>
<td>4 (23.5%)</td>
<td>9 (52.9%)</td>
<td>1 (5.9%)</td>
</tr>
</tbody>
</table>

2. The instructor’s written comments on your Midterm clinical evaluation tool changed your nursing practice prior to your Final evaluation.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (5.9%)</td>
<td>1 (5.9%)</td>
<td>5 (29.4%)</td>
<td>9 (52.9%)</td>
<td>1 (5.9%)</td>
<td></td>
</tr>
</tbody>
</table>

3. Referring to the Midterm and Final clinical evaluation tool: this type of clinical evaluation tool was helpful to you?

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (5.9%)</td>
<td>2 (11.8%)</td>
<td>5 (29.4%)</td>
<td>8 (47.1%)</td>
<td>1 (5.9%)</td>
<td></td>
</tr>
</tbody>
</table>

4. What would you suggest to be included in future versions of this type of Midterm and Final clinical evaluation tool?

- Make it shorter
- Nothing different
- Some generic check boxes to make sure we are on par for the requirements, followed by another specifics on good/needs improvement.
- I remember the evaluation tool being useful.
- More one on one conversation regarding the Midterm eval.
- I think the faculty should talk to the nurses that you are working with to get a more well rounded picture of you.
- I think the tool could be re-worded to have a more “common sense” feel.
- More narrative from our professors describing what we could improve on and have
done well on so far.

It would be nice if there was feedback from the nurses we worked with.

I think the instructors should spend a little more time with each student during the course of the semester. From what I can remember, there were too many students and not enough time for the instructors to really make an accurate evaluation.

A section at the end that said one thing we were doing well at and one thing to work on specifically. These could be separate from the categories already filled out. It would be nice to have something specific to work on and something to be confident about.

Keep the open comments section, since words and thought flesh out a person’s performance more than check marks. Consider having one more column to the right so that comments can be made right next to the outcome that may need to be worked on.

The form needs to be more reflective of what we are doing in clinical and more practical. I’d say something that is shorter would be more useful for both professors and students. Though the tool was meant to create a standard by which all students were graded, there were definitely differences in grading between two clinical instructors teaching the same clinical and students. More needs to be done on creating standardized grading system. For instance, my grade really depended on who was grading. My grade was significantly different between two instructors. Perhaps the terms of the grading tool needs to be better defined.

<table>
<thead>
<tr>
<th>5. What was the least helpful about the Midterm and Final clinical evaluation tool?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the questions were confusing and wordy</td>
</tr>
<tr>
<td>Some of the things to check off</td>
</tr>
<tr>
<td>I don’t have a copy that I can keep. In fact There were about 2 clinical evals that I never even saw. It was not helpful or accurate if there was multiple clinical instructors for a rotation.</td>
</tr>
<tr>
<td>Nothing comes to mind</td>
</tr>
<tr>
<td>It was very subjective if your faculty didn’t like you then you didn’t get a good eval</td>
</tr>
<tr>
<td>Several of the criteria seemed vague and academic, rather than reflecting bedside care actual practice.</td>
</tr>
</tbody>
</table>
The cumbersome details.

Sometimes the goals are a little bit confusing. Maybe state it more clearly on some of them.

As I mentioned previously, the least helpful part is that the evaluations may not be completely accurate due to lack of time spent with each student.

I would like the midterm evals to be returned earlier in the session so I could have a better/earlier gauge of my progress.

It’s a very long document. I think people glaze over and get “form fatigue” and may tend to just want to finish it rather than really focus on performance. Tighten up the categories, use fewer words, less abstract/theoretical language.

6. When comparing the Midterm and Final clinical evaluation tool used during Medical Surgical to the Daily Clinical Assessment Tool (DCAT) used during Peds/OB, which evaluation tool do you think more accurately evaluated your clinical performance?

<table>
<thead>
<tr>
<th>DCAT (Daily Clinical Assessment Tool)</th>
<th>Midterm and Final clinical evaluation tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 (43.8%)</td>
<td>9 (56.3%)</td>
</tr>
</tbody>
</table>

7. Please provide any other comments regarding either evaluation tool.

N/A

I liked the idea of the DCAT, but it was unrealistic to expect one everyday. If the instructor spend a significant amount of time with a student during that particular day the DCAT was more accurate than the mid/final eval because it would included much more specific examples.

They were both subjective and didn’t always give concrete things to work on or improve.

Ultimately, I think accurate student evaluation and guidance depends on more intense one-on-one interaction with faculty. I would have liked it if I had more of a sense of rapport.

I really like the DCAT. It helped with the feedback on what I can improve on.

I chose MedSurg format for a few reasons. 1) The format complemented the other,
detailed feedback I was receiving on my clinical prep packets. Those packets were scribbled all over and also had a cover page where the instructor gave a grade and also gave general comments. It was a lot of feedback and very thorough. It enhanced my learning. 2) The MedSurg form allows for the reality that the instructor may not be able to visit each student each clinical day and really have a chance to assess. The DCAT felt forced at times, especially if the instructor had only a minute or two of interaction with a student – how accurate of an eval for the day is that, compared to observing a student’s trends in performance over time and then giving a midterm and final eval. 3) It is crucial to recognize that a tool is only as good as it’s user. It doesn’t matter how pretty or thorough the grid is, it’s a waste of a tool if the user does not complete it in full, does not complete it on time, or completes it even without having fully observed a student. 4) I also chose MedSurg format because I knew that in addition to written evaluations I could depend on my instructors to give me Just-In-Time coaching / counseling / encouragement / education. Those written documents merely supplement the interactions I was already having with my instructors. My impression was that the DCAT was at times used as a tool to REPLACE the one-on-one crucial conversations with students. It was nice at times to have a weekly written assessment, but it would have been even nicer to consistently have a weekly verbal conversation, which would have allowed for more free exchange of ideas, get questions answered, ally fears, and help build relationship.
References


