Courses, Clinicals, and Core Competencies: Creating a Single Standardized Clinical Evaluation Tool for Senior Nursing Students

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Introduction
Clinical rotations are a part of conventional nursing education. Traditionally, students learn concepts and theory in the classroom and apply this knowledge with hands-on experiences in the clinical setting (McClure & Black, 2013). However, evaluating student performance in the clinical setting is widely variable. Research has identified challenges to clinical evaluations including biases, misinterpretation of expectations, and inconsistent opportunities for learning (Krautscheid, Moceri, Stragnell, Manthey, & Neal, 2014). The QSEN (Quality and Safety for Nurses) project has outlined competencies to prepare nurses for excellent, safe practice in the 21st Century (Cronenwett et al., 2007). These competencies, based in part on the recommendations from the Institute of Medicine, identify knowledge, skills, and attitudes (KSA's) required in pre-licensure students. This information can be easily translated into evaluation tools with clearly delineated expectations. Unfortunately, there is only minimal integration of QSEN curricula in undergraduate nursing programs (Barnsteiner et al., 2013). This lack of QSEN was evident in the clinical evaluation tools used in the Stevenson Nursing Department. Additionally, tools varied tremendously between courses, including expected clinical behaviors, evaluation methodologies, formatting, and length of evaluation tools. This variation created a big problem for both faculty and students. Nursing faculty who taught in multiple clinical courses were required to evaluate students using different, course-specific tools. Students lacked a clear, consistent delineation of knowledge, skills, and attitudes expected of them.

Objectives
The objectives of this leadership project were to organize a Clinical Performance Evaluation Tool (CPET) Committee and create a standardized tool for use in undergraduate senior clinical nursing courses.

Methods
Spring 2014
1. Reviewed literature for Evidence-based Tools and current knowledge on state of clinical teaching and created project proposal.
2. Met with Associate Dean for Nursing to update on state of clinical evaluation, pitched need for creating a new Clinical Performance Evaluation Tool, and received approval to proceed with proposal.
3. Created Clinical Performance Evaluation Tool Committee from nursing faculty volunteers who were also coordinators of senior clinical courses.
4. Updated committee on current literature and evidence on state of clinical teaching. In initial committee meetings, identified problems within clinical courses regarding student behaviors, preparation, and clinical instructors.
5. With committee, reviewed published tools that contained Quality and Safety Education for Nurses (QSEN) competencies and/or American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice.
6. Created rough Clinical Performance Evaluation Tool with committee.
7. Distributed tool to faculty for feedback and brought feedback to committee for revisions on two separate occasions.
8. Reviewed CPET with Dean of the School of the Sciences for feedback.
9. With committee, revised tool using Dean's recommendations and finalized formatting for introduction at Fall Clinical Supervisor Orientation.

Fall 2014
1. Developed and implemented a Professional Development activity targeting QSEN KSA's for Clinical faculty at Fall Clinical Supervisor Orientation.
2. Clarified expectations of Clinical faculty regarding standardization of procedures and expectations.
3. Began organizing a plan for use of the CPET as a platform for evaluation of Clinical faculty.
4. Organized monthly follow-up with Course Coordinators to address issues/ concerns.
5. Continued committee work on standardizing Junior Clinical Performance Evaluation Tool.

Results
A Clinical Performance Evaluation Tool (CPET) was created with input from Clinical Course Coordinators, Clinical Faculty, and other members of the Clinical Performance Evaluation Tool Committee. Following conversations with the Course Coordinator for Community Nursing, the CPET received modifications to address the different evaluation needs in community settings. Tools were then identified as either CPET for community courses or hospital-based courses. The hospital-based tools are 15-pages in length and contain seven core competencies. Each core competency has associated KSA's as well as course specific KSA's. Pilot testing began in Fall 2014 for two clinical courses, Pediatrics and Medical-Surgical Nursing II.

Conclusions
Fortunately, the timing of this project coincided with the Leadership Academy. The personality inventories taken as part of the pre-academy work identified important aspects of my leadership style. The various parts of this project, including organizing a committee, formulating a plan, constructing a tool, and providing professional development afforded me an opportunity to use my strengths. As I garnered members of the committee and devoted hours of time to researching and writing an acceptable tool, being methodical, analytical, and persevering were invaluable traits. Learning to be less self-dependent and more accepting of help are still areas for personal growth. As we move toward finalizing the senior CPET and refining a Junior CPET, I will build upon what I have learned through the Leadership Academy and continue to enhance my skills as a nursing leader.

References