EVALUATING STUDENTS:
CLINICAL EDUCATION

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Clinical Instructor Orientation
KEY POINTS

• Goals of Clinical Education
• Organizing your Clinical Day
• 5MP Steps
• Safety and Medication
• Evaluation: Scoring vs. Grading
Introduction to Clinical Education

◦ Students are not nurses and have had little clinical experience.

◦ **Active and Engaged Learning** is central focus of the clinical experience.

◦ Not task and skills mastery focus.

◦ Allow time for students to learn before they are evaluated.
Introduction

- Realistic expectations are important.
- Students need to practice skills and critical thinking.
- **Redundancy** is an important component in learning.
  - Students may have been given information before but may not remember it or know how to apply it.

- Clinical Instructors represent the University in the clinical setting.
Introduction

- **Set clear expectations** for student performance and then help students to meet those expectations.
  - Clinical Learning Objectives
- Anxiety may interfere with student’s abilities.
  - Assess how anxious students are ...
- Establish conducive learning environment
  - Student feels comfortable enough to seek assistance.
Setting up your Clinical Day

- Important to touch base with each student frequently during the clinical day.
  - Recommend for you to rotate, visiting each student eliciting patient reports and plan of care.

- Have a plan for observation of important clinical skills, such as physical assessment and medication administration.
  - Document student progress and challenges.
Clinical Day....

**RN Partners:** Check in with the nurse who is paired with your student
- Assess the student’s ability to work with other professionals and be a proactive learner.
- Document any difficulties or challenges.

**Provide Daily Feedback**
- Identify challenges and areas where they need to improve
- Give them specifics on how to do this...
5MP STEPS
(FIVE-MINUTE PRECEPTOR)

Nursing Clinical Education

STEP 1: Get the Student to Take a STAND

Problem-Solving
Ask for an Assessment or Plan

Without hints, clues, or recommendations

“Could you please give me the report.”

“Identify your care plan list.”

“What are your priorities?”
Step 2: Probe for Supporting Evidence

**Feedback:**
Ask for reasoning or evidence (before commenting)

Tell me more about why your priority is…

Could you explain why you are concerned about…

What clinical signs lead you to focus on…

Have you read any research or reports that might help?
Step 3: Teach General Rules

Conceptualizing

Communication: Clearly identify what you think important.
Teach Care Plan and Priority.
Identify Resources and Support.
Document your teaching and plan.
Notify your Team.
Step 4: Reinforce the Positives

Supportive Feedback

Pointed, clear feedback of what the student got right.

Good identification of problem and subjective
Step 5: Correct Errors or Misinterpretations

Guided or Directed Feedback

Specific Feedback: What was missing or wrong
Complete assessment
Verify History
Explore all nursing interventions
Plan resources
• Step 1: Get the Student to Take a Stand
• Step 2: Probe for Supporting Evidence
• Step 3: Teach General Rules
• Step 4: Reinforce the Positives
• Step 5: Correct Errors or Misinterpretations
### 5MP steps

#### Clinical teaching encounter

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<tr>
<th>Step 1: get the student to take a stand</th>
<th>Preceptor: Tell me what’s happening with your patient.</th>
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<tbody>
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<td>Student: Mrs. Brown has Alzheimer’s disease. This morning she’s refusing to take her medication. Yesterday, my first day with Mrs. Brown, she took all of her medication without any problems. I think I should call the doctor.</td>
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<th>Step 2: probe for supporting evidence</th>
<th>Preceptor: Tell me more about why you’ve made the decision to call the doctor at this point in time.</th>
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<td>Student: Well, I know that patients who are competent (that means, patients who have insight into the consequences of their choices), have a right to refuse treatment or medication. Because Mrs. Brown is cognitively impaired, I am not convinced that she is capable of making good decisions about her own health, in this case, making the decision not to take any of her medications.</td>
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<th>Step 3: teach general rules</th>
<th>Preceptor: What else might you want to consider here, say in relationship to her antihypertensive medication, before calling the doctor?</th>
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<td>Student: Well, I can’t force her or trick her into taking her medications, but I’m worried that she really needs her antihypertensive before her blood pressure gets out of control, as this could lead to serious medical problems. I’m not really sure what else you are getting at.</td>
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<th>Step 4: reinforce the positives</th>
<th>Preceptor: First of all, the most appropriate initial action here with Mrs. Brown is to behave in a nonconfrontational manner. Quietly leave the patient’s room and come back after about 15 minutes or so. People with Alzheimer’s disease have periods short-term memory loss and may become irritable during care. They often become more cooperative after a cooling down period.</th>
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<td>Student: What if this doesn’t work?</td>
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<th>Step 5: correct errors or misinterpretations</th>
<th>Preceptor: If this approach doesn’t work, and she continues to refuse the medications, particularly her blood pressure meds, take her blood pressure and document it. Then, notify the physician.</th>
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<tr>
<td>Preceptor: You have shown a good understanding about competent patients’ rights to make choices about treatment and medications. I also really like your proactive thinking about Mrs. Brown’s blood pressure; planning to prevent problems before they occur indicates that you are thinking critically about your patient’s care.</td>
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Safety

- Student Progress or Care
- Medication
- Communication
Concern about a Student or Situation: Contact + Document

- It is important to **communicate** information about students or situations to the Faculty of Record for the course (FOR).
- Please keep the **FOR contact information** with you at all times.
- **Document** (Progress Note) when students are late for clinical, are absent or when an issue arises.
- Remember that students may need help in remediating problem behaviors.
  - Letting things slide without notification may interfere with mastery.
Medication Safety Competency

- All clinical instructors should complete the medication safety competency form twice for each student.

- Students are directly observed by the clinical instructor on two occasions when giving medications.

- Students successfully completing the Medication Safety Competency may then give medication under the direct supervision of the staff nurse working with the patient.
Safety Competency

- **Under no condition**, should students be giving medication or performing invasive procedures by themselves, unsupervised.
- If in doubt about student competence, you can require that students not give medication yet, or only give under your direct supervision.
- Also, invasive procedures need direct supervision.
Evaluation

Feedback
Clinical Evaluation Tool
Pass/Fail
Scoring vs. Grading
Formative vs. Summative Evaluation

- **Formative evaluation** provides cues to improve mastery
  - Helps students understand how they are doing
  - Can be daily
  - Is not scored or graded.

- **Summative evaluation** judges how successful students were in meeting the objectives of the clinical experience.
  - Mid-term evaluation: self-scoring and evaluation with faculty input
  - Final evaluation: faculty judgement and score
Using the Clinical Evaluation Tool

○ **Before clinical starts:** Thoroughly review the tool
  ◦ Be knowledgeable about the criteria and the basis for your assessment.

○ **First day of clinical, review the tool with your student group.**
  ◦ Point out any particular areas that you think are especially important.
  ◦ See if they have questions.
Using the Clinical Evaluation Tool

◦ **Mid-rotation**: students complete the tool as a self-evaluation in addition to you completing it.
  ◦ Sit down individually with students and compare your impression with theirs.
  ◦ Reinforce those areas that students need to concentrate on to gain mastery.

◦ **End** of the clinical experience, complete the evaluation tool and submit to the FOR.
Overall Grading for Courses

- Students graded on a **PASS/FAIL** basis in the clinical component of each course.
- The clinical segment is paired with the theory and students will receive a grade reflecting both components.
- **Scores < 74%** are considered failing and if a student fails the clinical component (or didactic component) they will fail the entire course.
- The clinical instructor is responsible for completing the tool and scoring it; the **FOR is responsible for assigning Grades.**
Clinical Evaluation: Scoring

- **Score not grade** the student, bearing in mind the descriptions of what the rating numbers mean:
  - 4 = always (no cues)
  - 3 = regularly (occasional cues)
  - 2 = occasionally (frequent cues)
  - 1 = seldom (safe only with supervision, continuous cues)
  - 0 = never (unsafe, continuous cues)

- **Provide comments** with as many behaviors as possible—especially when you are scoring a student as deficient or excellent (assume 3 is an average).

- It is not our expectation that students will be achieving mastery on all behaviors at this level.
Other Key Requirements

- **Safety concerns**—please call and document.
- **Contact us** with any questions.
- Be prepared to participate in conference calls, site visits and e-mail check-ins.
- **Materials at the end of the quarter** (check with FOR about due dates).
- Keep a folder with data pertaining to each student.
Thank You!

- We Appreciate Your Contribution to our program and want you and our students to be successful.
- Please let us know about anything that you need to help you teach more effectively.
- We welcome feedback and suggestions!
References


