USING EVALUATION AND FEEDBACK TO IMPROVE CLINICAL PLACEMENTS

ABSTRACT


Clinical practice accounts for 50% of nursing students’ education, yet how its effectiveness is evaluated by students is inconsistent. Clinical staff can remain uncertain about how effective they are being at providing an environment that is conducive to learning. By implementing an evaluation tool, feedback can be given directly to the ward, good practice can be acknowledged and areas for development can be identified. This article describes the introduction of an evaluation tool and the consequences of its implementation.

The evaluation was led by the link lecturer with a member of the ward team present to listen and address issues raised by students directly. This demonstrated to the students a partnership between education and practice (Brown et al, 2005) and meant that their perceptions of the clinical learning environment were being represented.

A relatively simple evaluation was formulated to ensure immediacy. This included a questionnaire asking:

- What made this placement a good clinical learning environment?
- What do you feel could improve this placement as a clinical learning environment?
- Between a score of 1 and 10, 1 being very poor and 10 being excellent, what score would you give the placement overall?
- Students were then invited to include their own comments.

The link lecturer facilitated a discussion attended by students and a member of ward staff around the completed questionnaires, which was followed by a nominal evaluation, enabling priorities to be identified more easily. Students were given five votes to indicate how strongly they felt about particular issues. To prevent inhibitions, they could ask the link lecturer and member of staff to leave the room while they voted. The link lecturer summarised the issues identified and the member of ward staff indicated possible courses of action. Feedback from every evaluation was presented at ward meetings.

QUALITATIVE FEEDBACK

Students gave qualitative feedback on the evaluation form. Individual students could decide whether or not they wished an issue to be addressed in front of the group. The link lecturer collated feedback and provided ward staff with a summary report that included students’ comments. This ensured that students did not feel compromised; any feedback that they did not wish to share was not addressed in public. This meant their perspective was acknowledged but not in a public forum – it could be that some issues were considered too personal for individual students to share, especially in a peer-group situation.

DISCUSSION POINTS

The following issues were discussed with students, clinical staff and the link lecturer after the initial evaluation. These included the areas that students and staff considered most significant:

- HCAs;
- Role models and learning;
- Induction;
- Morale.

HCAs

One area students felt could be improved was that concerning HCAs, whose knowledge and understanding of what it means to be a nursing student varied.

For example, HCAs often asked students to undertake tasks even though students were being supervised by a qualified member of staff who was allocating their work. This can be attributed to the increasing reliance on HCAs for delivering bedside care.

Students said that while they could learn a great deal from HCAs, the HCAs did not understand their needs.

To address these issues the link lecturer
BACKGROUND

Although clinical placements are an essential aspect of nurse education, the feedback offered can vary.

This may be because placement evaluations are undertaken within higher education institutions and feedback may not be appropriately disseminated, or because the evaluation may lack any relation to a specific placement (for example a group of students in a directorate) so that it then inevitably becomes generalised.

Feedback from students regarding clinical placements often comes in the form of thank-you letters and chocolates from those who have enjoyed a particular placement but sometimes none is offered at all.

Without feedback, clinical staff are unsure of the efficacy of the placement they provided, and this can contribute towards poor staff morale.

delivered an educational session to the HCAs, providing an overview of nursing student training and what it means to be a nursing student.

Role models and learning

Students found that teaching in the clinical setting was a particular strength. Qualified staff recognised learning opportunities and encouraged students to be exposed to or participate in them.

Students often said staff were good role models and that this facilitated teaching and learning, as well as developing competence and increasing confidence.

In particular, students highlighted the positive influence of the ward sister. A figure such as this can not only establish and maintain an environment conducive to learning (Midgley, 2006) but also facilitate confidence (Chesser-Smyth, 2005).

Students also highlighted the opportunities to observe and practise clinical skills. They reported that staff gave them freedom to practise clinical skills and that this was pivotal in their practice development. Although clinical skills teaching can be simulated within a replicated skills-teaching environment, it was felt that nothing could replace the ‘hands-on’ approach.

Induction

Students said how they were orientated to the ward varied – some were shown around while others were not. Not being shown around not only potentially compromised health and safety but also did not make students feel welcome and compounded their fear in an acute environment.

After receiving this information, staff implemented a one-day programme to introduce students to the clinical practice area so they would be prepared for their allocation. This programme included a tour, an overview of policies, an introduction of key staff, identification of the student’s mentor and agreement of their shifts, and a discussion about learning opportunities.

Student evaluation suggested they found the new programme helpful and supportive, and that it allayed fears and made them feel a member of the team quickly.

Morale

Receiving positive feedback from students boosted staff morale and provided the impetus for enhancing and improving the learning environment. This contributed towards staff developing their teaching skills and thinking creatively about addressing those areas that required development.

Staff working in clinical practice can take their own skills for granted, perceiving them as being ‘nothing special’. For students, on the other hand, being able to observe and participate in a clinical practice role is invaluable to their personal, professional and academic development (Benner, 1984).

Acknowledging this reality places a value on staff members’ knowledge and skills that becomes tangible to them.

Overall score

An average mean score was calculated and given to the ward staff. While this was something of a snapshot approach, it did provide immediate feedback. The most common scores were between 7 and 10 and measured the attributes of the ward as a learning environment.

CONCLUSION

The results of the evaluation provided an impetus towards instigating and developing initiatives for staff who, because they were immersed in a situation, found it more difficult to step back and be objective.

Relationships between the clinical staff and the university link lecturer improved, with the link lecturer being more visible and contributing towards a real and practical difference. This proved to be a good example of effective partnership.

Educationalists can appear remote, floating in and out of placements to visit students, while not always communicating with clinical staff – this has bridged that gap.

Subsequent evaluations have been extremely positive so we may not need to undertake as many in the future; these could be conducted on a more ad hoc basis for the purposes of review. The evaluation process served its purpose as it was the catalyst to an environment that is conducive, committed and continually working to enhance student learning.

For the full version of this paper, including background to an implementation of the project and full reference list, log on to nursingtimes.net, click NT Clinical and Archive and then Clinical Extra