



# Evaluating Nursing Students' Clinical Performance

Effective feedback can be the difference between a student passing and failing a course.

This article is one in a series on the roles of adjunct clinical faculty and preceptors, who teach nursing students to apply knowledge in clinical settings. This article describes aspects of the student evaluation process, which should involve regular feedback and clearly stated performance expectations.

Students should have no surprises about their clinical course grade at the end of a term and should be informed of their progress toward meeting course requirements through positive written and verbal feedback. However, when their clinical skills or conduct do not meet the established objectives in the course, the clinical instructor has a responsibility to give constructive, honest, and timely feedback.

Consider this example. A junior nursing student, Brittany Jones, is told to administer furosemide 40 mg iv daily to a patient with heart failure. The instructor, Carol Smith, quietly observes as Ms. Jones compares the drug's label against the medication list on the patient's electronic medical record and then scans the vial's bar code. Ms. Jones selects the appropriate syringe and withdraws the correct amount. She enters the patient's room and performs hand hygiene, puts on gloves, and proceeds to clean the iv port. Just before Ms. Jones accesses the port, her instructor reminds her that she has failed to check the two patient identifiers, a crucial step in the prevention of medication errors.

By intervening, Professor Smith has kept the patient safe, but her responsibility doesn't end there. To help a student become a competent nurse and avoid course failure, the instructor must give regular feedback, which should be both constructive and respectful. Correcting student performance in front of staff, peers, or patients can be embarrassing to the student and damaging to the student's confidence. The feedback should be given in a private setting, and students should receive a clear message about what they can do to address the instructor's concerns.<sup>1</sup>

In the scenario described here, Professor Smith finds an opportunity to speak with the student privately

and asks her to identify the steps to safe medication administration. Ms. Jones can list all the steps of the process. When her instructor mentions the omission of checking for identifiers, Ms. Jones acknowledges her error. Because the student is able to show a clear understanding of the medication administration process, no additional remediation is needed. Professor Smith praises her for being able to list the steps and encourages her to keep trying.

Giving instruction during the learning process is called *formative* feedback. Formative evaluation assesses student progress and is particularly important if the instructor is concerned about the student's ability to meet a course's clinical competencies. Students need feedback on the development of competencies as the semester progresses and must be given the opportunity to rectify shortcomings along the way. In addition, when instructors do not provide such feedback on an ongoing basis, they will lack clear justification for their summative evaluation (typically, a passing or failing grade) of student performance in meeting specific course competencies at the end of the semester.

## THE IMPORTANCE OF FEEDBACK

The author of a small descriptive study examining the self-reported experiences of five third-year nursing students in Australia concluded that feedback is valuable for students if it focuses on specific behaviors; is "immediate," "positive," and clear; and provides "just enough information" to improve practice.<sup>2</sup>

Reviewing the available literature on feedback for undergraduate and graduate medical trainees, Ramani and Krackov identified 12 imperatives for feedback<sup>1</sup>:



Photo courtesy of Bob Christy / Kent State University College of Nursing.

- Establish a respectful learning environment.
- Communicate goals and objectives for feedback.
- Base feedback on direct observation.
- Make feedback timely and a regular occurrence.
- Begin the session with the learner's self-assessment.
- Reinforce and correct observed behaviours.
- Use specific, neutral language to focus on performance.
- Confirm the learner's understanding and facilitate acceptance.
- Conclude with an action plan.
- Reflect on your feedback skills.
- Create staff-development opportunities.
- Make feedback part of institutional culture.

### KEEPING WRITTEN RECORDS

It's important to keep written records of a student's progress as well as details of any feedback given to that student.<sup>3</sup> In a study of 849 faculty members asked whether they recorded information about nursing student clinical performance, 64.2% said they did so "almost always," while 92.4% reported doing so sometimes, and not just when "disciplinary action is required."<sup>4</sup> The study findings indicate that

clinical instructors rely on written records in presenting formative feedback to students.

In our example, Professor Smith documents the incident with Ms. Jones and the subsequent discussion. She records in her notes that the student was unable to demonstrate safe administration of medication in that she failed to follow established guidelines for patient identification. She also documents that Ms. Jones performed well when asked to identify the steps to safe medication administration.

Though there are no specific guidelines about record keeping, other than a final evaluation of clinical performance, some schools require the instructor to provide the student with written feedback regularly—even weekly, in some cases.

Serious problems should certainly be documented as they occur. This can later provide evidence to support summative decisions, including the decision to assign a failing grade. Documentation may also be helpful to students who have failed and want to understand how they can improve their future performance, or, in some cases, to appeal an instructor's decision to fail them. At the same time, the documentation can provide support for the instructor in the event of an appeal.

At the very minimum, students should receive a written evaluation of their progress at midterm.



## THE CLINICAL OLYMPICS

There are less stressful approaches to evaluating students than the skills lab. In one sophomore level class, Health Assessment Nursing Fundamentals, instructors conceived of a fun way to prepare students for their summative evaluation of clinical competence.

Several weeks prior to the last day of the course, students were given a study guide to help them prepare to perform various clinical skills such as assessment of lungs, skin, apical pulse, and bowel sounds; correct catheterization technique; proper suctioning technique; and dosage calculation.

Then, just before the course ended, they participated in “Clinical Olympics,” working in groups to demonstrate skills while instructors and faculty volunteers used special checklists to assess them. Groups had to successfully complete one task at each station in a set amount of time in order to earn points. At the end, winning teams were presented with a “gold,” “silver,” or “bronze” award.

The Clinical Olympics engaged students and allowed for meaningful learning in a safe and nonthreatening environment. It helped clinical instructors identify students’ areas of weakness. Faculty were also able to observe group dynamics. By noticing the roles each student played in her or his group, instructors could identify less confident students as well as those who were unprepared or needed additional support.

Although participation was mandatory, students did not receive individual grades for performance. In subsequent evaluations of the activity, students wrote, “Clinical Olympics was a fun way to practice the clinical skills I learned throughout the semester. . . . It was nice to see the faculty so much less serious while performing their team cheer!” And: “I am happy that my group won the silver award! We want to try for the gold next year!”

Different institutions have different suggestions for how evaluations may be recorded, including special forms.

At Professor Smith’s institution, there is an evaluation form and a number of suggested program objectives. Based on the American Association of Critical-Care Nurses Synergy Model for Patient Care, the form asks instructors to consider the student and note such aspects of student performance and overall approach to clinical work as the following<sup>3</sup>:

- clinical judgment skills
- ethical judgment
- compassion
- ability to collaborate
- cultural awareness
- effective communication

Professor Smith is asked to name which competency is relevant, record the date of the event, describe Ms. Jones’ performance, and make recommendations. She notes that Ms. Jones failed to demonstrate safe medication administration by not identifying the patient prior to attempting to administer a medication.

A week passes and Professor Smith is notified that Ms. Jones was just in a patient’s room ready to administer insulin without a double check or supervision (which protocol requires). A nurse reports that she stopped the student from administering the medication just in time. Professor Smith promptly takes Ms. Jones aside to discuss the incident. She explains to her what is expected of her in this situation and reminds her that

she is responsible for understanding and meeting those expectations. Because this is Ms. Jones’s second medication protocol error in two weeks, her clinical instructor decides to pursue formalized remediation.

### IN THE EVENT OF CLINICAL REMEDIATION

Remediation is handled differently by different schools and by different instructors. The form of remediation is determined by the identified need for improvement. If the student isn’t able to safely administer medication, the remediation plan might entail the student completing learning modules about medication administration or being directed to attend a simulated learning experience in the school’s laboratory that addresses safe medication administration.

Following the school’s procedure for clinical remediation, Professor Smith records what has happened by completing the appropriate form and develops a written remediation plan for Ms. Jones.

**The action plan.** An action plan for improvement should be developed collaboratively between the student and the instructor. The student should be given an opportunity to think about the problem and to help develop the action plan. In the plan in this scenario, Professor Smith and Ms. Jones determine that Ms. Jones will provide evidence of having reviewed online learning modules for medication administration by a set date and will participate in a remediation simulation session dealing with safe medication administration in the skills lab by a set date. She will

also demonstrate competency in safe medication administration by the end of the course.

**The skills lab.** Part of clinical evaluation is making sure that the student competently performs according to a procedural checklist. Clinical evaluation is ongoing—but a student may have limited opportunities to perform certain tasks on that checklist. To remedy this, faculty can use the nursing skills lab to test competency.

Once a student is in the lab, she or he is given a skill at random. Each skill has an assigned station with a procedural checklist identifying the elements that determine satisfactory performance. The student is expected to perform the selected skill while clinical faculty observe.

### WHEN A STUDENT MUST BE FAILED

At the end of the semester, Professor Smith finds that Ms. Jones has drawn up the wrong dose of insulin for another patient. She determines that the student is not meeting the required course competency standards for safe medication administration. Professor Smith summatively evaluates Ms. Jones as having failed the clinical course, despite ongoing evaluation and the remediation plan.

It can be difficult for an instructor to fail a student—both to feel sure that she or he has made the correct decision based on the student's performance, and to feel that it's the right thing to do.<sup>6</sup> The instructor may feel self-doubt, fear the student's reaction, and worry about the student's fate. The instructor may feel the failure was her or his own fault.<sup>7</sup> There may also be pressure on some clinical instructors not to fail too many students because it could affect the school's reputation; this may present a conflict with the need for the instructor to maintain a good relationship with the host institution as well as concerns about possible legal ramifications of letting a poor student continue to work in a clinical setting.<sup>8</sup>

Students may react with tears or even hostility to the news of their failure. A strong reaction is more likely if students don't know they are about to fail. It's important to make students aware of problems through formative evaluation and implementation of an action plan. If the instructor has done this and still feels anxious about telling the student she or he is failing, the instructor can ask another instructor (or the course supervisor) to be present for the final evaluation. If instructors feel anxious at any point, they should acknowledge those feelings and seek support.<sup>3</sup> It may even be possible for another instructor to evaluate the student's clinical performance through direct observation or clinical simulation. In addition to providing support for the instructor, this may also lead students to feel the evaluation was objective.<sup>3</sup>

### DECIDING HOW TO ASSESS A STUDENT

Not every student has the ability to meet the rigorous demands of today's increasingly challenging nursing curricula. Clinical instructors are professionally, legally, and ethically required to protect patients through honest evaluation of student performance and to fail those students who do not meet course objectives.<sup>9</sup> Faculty must also be prepared to evaluate student attitude and psychosocial demeanor with patients.

If an instructor decides a failing grade is necessary, the student may still succeed in the future. Students who do not pass a course the first time may be allowed to repeat it. This additional time to develop clinical competencies may help them.<sup>3</sup>

At some institutions, however, a single failure may lead to a student's dismissal from the program. In the scenario described, Ms. Jones failed the course but then repeated it and did well the second time.

Although the evaluation process is complex, formative and summative evaluation of nursing students' clinical competency is essential and must be thoughtfully approached to ensure that future nurses have the competencies to provide safe and effective care. ▼

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