

Congruence in Clinical Evaluation in Nursing Education

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Presentation Outcomes & Author Disclosures

Outcome: Evaluate the state of the science in clinical evaluation of congruence among evaluators in the U.S. and internationally

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Purposes of this Presentation

1. Discuss the importance of congruence among evaluators of student clinical performance.
2. Review research findings of studies examining congruence.
3. Make recommendations for addressing and improving congruence in nursing education and research.

What is congruence?

For this study congruence was defined as:
the comparison of clinical evaluation
outcomes between two or more types of
evaluators.

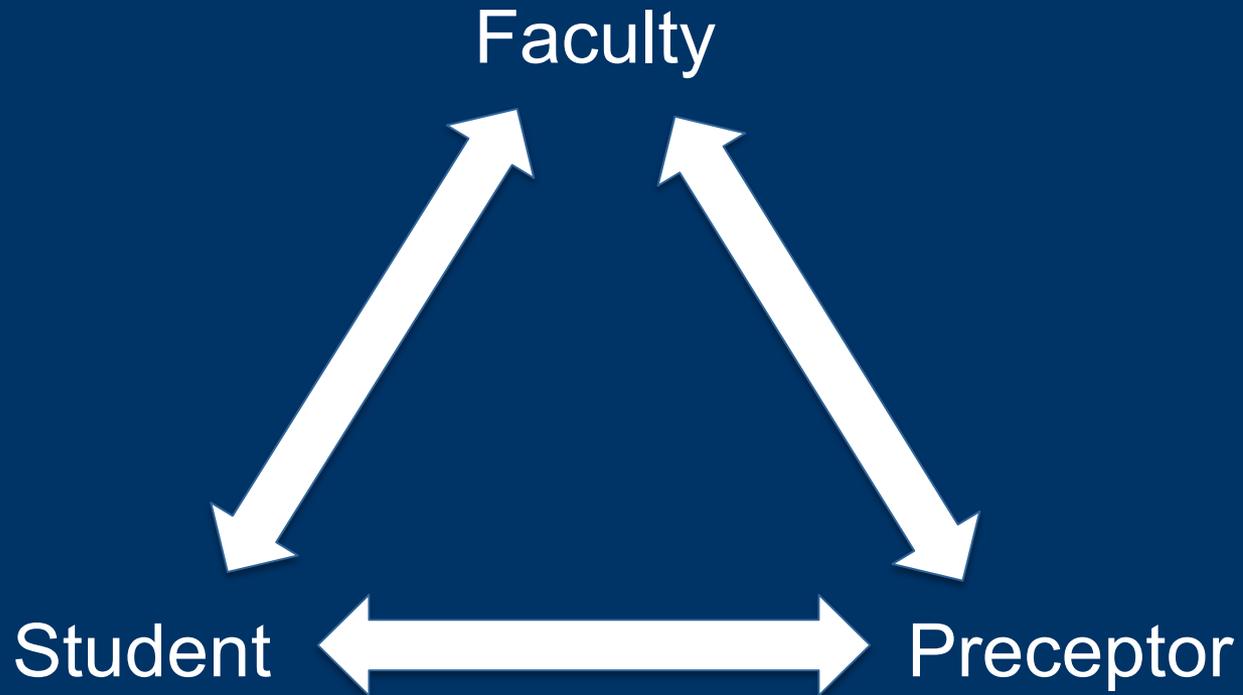
Why is congruence important?

- Ubiquitous use of preceptors in nursing education
- Clinical evaluations:
 - should be reliable across evaluators
 - should be equitable
 - indicate student competence
 - impact student and program outcomes

Influences on Congruence in Clinical Evaluation

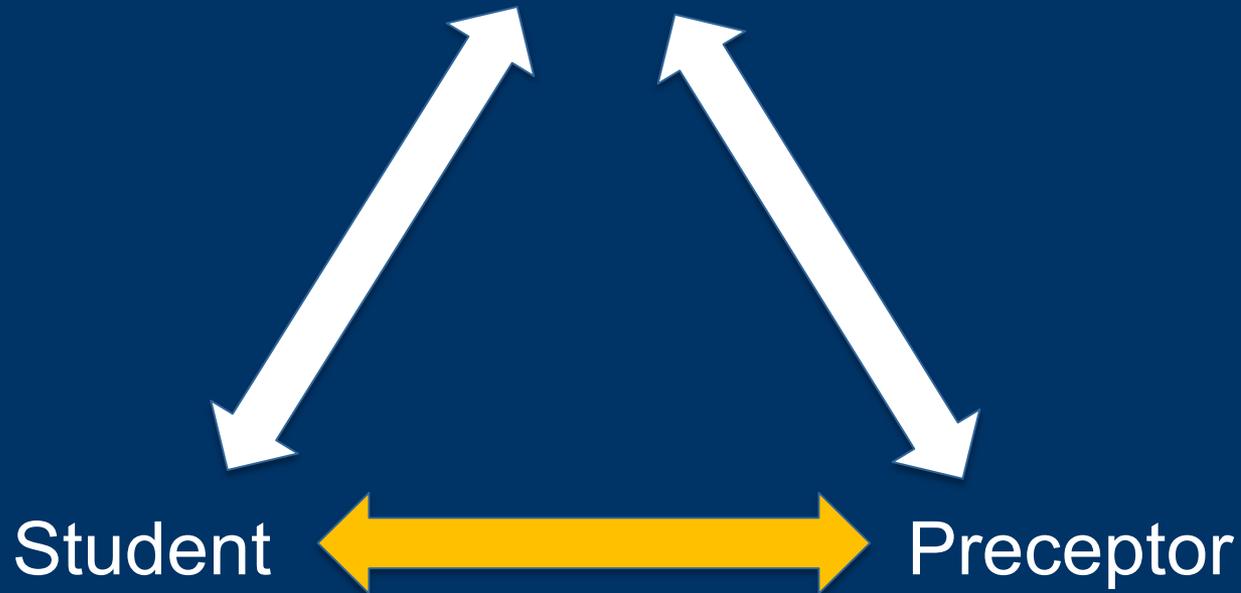
- Numerous evaluators offer input in the clinical evaluation of students
 - Students (self and peer evaluations)
 - Nurses on clinical unit (educator role)
 - Preceptors
 - Faculty
- Lack of standardized training for preceptors
- Lack of education on evaluation process

Perfect World



Reality

Faculty



Barriers to Interactions

- Lack of structured preceptor training
- Distance to clinical sites
- Students in multiple clinical sites
- Variations in preceptor work schedules
- Large student to faculty ratios (up to 15:1)

Issues with Multiple Evaluators

Students

- often lack perspective when self-evaluating

Clinical nursing staff

- students from multiple nursing programs
- may not be aware of specific evaluation criteria

Preceptors

- may lack formal training in evaluation
- hesitant to “fail” a student

Faculty

- may not witness student performance
- may rely on preceptor reports/evaluations

The Larger Study

- **Purpose:** Conduct a research synthesis to determine the state of the science related to clinical evaluation in nursing education programs
- **Theoretical Framework:** Cooper (2010)
- **Inclusion criteria:** Research studies that examined clinical evaluation for any level of nursing student, written in English
- **Exclusion Criteria:** Simulation, focus on perception/satisfaction only



Methods

- Extensive electronic literature search (June 2019)
- Review of TOC of 7 top-tier nursing education journals 2010-2019
- Review of reference lists of five review articles on clinical evaluation
- Grand total: 250 unique articles
- Final sample: 88 studies that met criteria

Results of Larger Study

10 categories identified

Congruence 3rd largest with 15 studies

Results published:

Lewallen, L.P. & Van Horn, E.R. (2019). The state of the science on clinical evaluation in nursing education [CE article]. *Nursing Education Perspectives*, 40(1), 4-10.

Congruence Studies

- N = 15 studies, including 2 unpublished dissertations
- Publication dates: 1981-2017
- Originating in 6 countries: 7 studies in the U.S.
- Quantitative n=12, Mixed methods n=3; no qualitative studies
- Most used comparative analyses

Congruence Studies

- Program types: Associate's, Bachelor's, Diploma, and Graduate
- Evaluators included:
 - clinical faculty, preceptors, student's self-evaluation, student peers, hospital personnel, and a family member of a patient (1 study)
- Inpatient settings with varied specialty patient populations

Congruence Studies

- Evaluation comparisons between:
 - Students and faculty (n = 8)
 - Faculty and preceptors (n = 4)
 - Students and preceptors (n = 2)
 - Experienced and non-experienced faculty (n = 1)
- 4 studies provided education/training on evaluation criteria, process, and/or measures

Findings

- There was frequent disagreement among evaluators.
- Non-faculty such as preceptors, often scored students higher than did faculty.
- Students often scored themselves higher or lower than did faculty.

Findings

- Studies recommended preceptor training on evaluation tools and how to use criteria.
- Education/training on evaluation criteria, process, and measures resulted in significantly greater congruence.
- Preceptor barriers to congruence were identified.

Preceptor Barriers to Congruence

- Differing views of the definition of the measured competencies
- Difficulty in discerning different levels of competence
- Difficulty in providing constructive feedback

Conclusions

- Lack of congruence among evaluators is a problem across programs in national and international settings.
- Standardized, reliable, and valid measures of student clinical performance are needed.
- Evaluator education/training has shown effectiveness in increasing congruence in evaluations.

Implications for Nursing Education

- Structured training for preceptors and instructors
 - Classes
 - Faculty-led training (individual)
 - Online modules
 - Provide resources for preceptors and instructors
- Strategies to increase faculty-preceptor and faculty-student interactions
- Clear communication of student expectations and evaluation criteria

Implications for Nursing Education Research

- Intervention studies on preceptor training
- Development and testing of valid and reliable evaluation instruments
- Strategies to increase faculty-preceptor interactions

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- Sarah Abrams, RN, PhD
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References

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Questions?

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