

The Effect of Faculty Training and Personality Characteristics on High Stakes Assessment of Simulation Performance

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Conflicts of Interest and Disclosures:

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Session Objectives:

- Describe the need for evaluator training and development of shared mental models for high stakes assessment of student performance in simulation
- Describe an experimental study design that includes a training intervention developed to prepare faculty for performance evaluation
- Discuss results of the study and implications for nursing education programs and future research

Background for Study

High-Stakes Assessment in
Simulation



High Stakes Assessment in Simulation

- Simulation is evolving from a teaching/learning strategy used for formative assessment to.....
- A summative and high stakes assessment method
 - ▷ NCSBN study (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014)
 - ▷ NLN study (Kardong-Edgren, Oermann, Rizzolo, & Odom-Maryon, 2017; Rizzolo, Kardong-Edgren, Oermann, Jeffries, 2015)
- How do we ensure validity and reliability in high stakes assessment in simulation?
- How do we ensure fair and equitable assessment?

“*High stakes assessment: an evaluation process associated with a simulation activity that has a major academic, educational, or employment consequence . . .*”
(Meakim et al., 2013, p. S7).

Research Study Design



Experimental, Randomized, Controlled Study

- What is the effect of (a) a training intervention and (b) faculty personality characteristics on faculty ability to achieve intra/inter-rater reliability when evaluating student performance during simulation?
- Multi-methods: IRR, qualitative survey
- Conceptual Framework
- Nationwide recruitment of 102 pre-licensure RN faculty
- Control and Intervention Groups

Both Groups

Basic Orientation

Experimental Procedure

- 1st rating of 3 video performances of varying quality
- One month pause
- 2nd rating of same 3 video performances
- Completed StrengthsFinder Survey as final study activity

Intervention Group

Advanced Evaluator Training Intervention

- Evaluation of training videos
- 2 Webinars
- Remediation, if needed



Data Collection Instruments

- Demographic Survey
- Creighton Competency Evaluation Instrument (CCEI)
- 10 video-recorded student performance videos
- Clifton StrengthsFinder Inventory
- StrengthsFinder Survey

Findings/Results



Participants

- 75 of the 102 participants completed the study
- Retained equal numbers in Control (37) and Intervention (38) groups
- No statistically significant differences between the groups in demographic characteristics such as age, years of teaching, years of teaching with simulation

Inter-rater Reliability: Total Score

Video	Intervention Group		Control Group	
	ICC	Kappa	ICC	Kappa
1	.869	.769	.794	.527
4	.969	.541	.738	.311
6	.934	.411	.768	.294
11	.922	.461	.771	.363
19	.962	.658	.861	.584
28	.952	.705	.567	.615

ICC

0.75-1.0: excellent
 0.60-0.74: good
 0.40-0.59: fair
 <0.40: poor

Kappa

>0.80: high
 0.60-0.79: substantial
 0.40-0.59: moderate
 <0.40: poor to fair

Intra-rater Reliability: Total Score

Video	Intervention Group		Control Group	
	ICC	Kappa	ICC	Kappa
1	.811	.951	.912	.527
4	.825	.885	.844	.541
6	.858	.723	.770	.503
11	.896	.821	.879	.522
19	.957	.862	.953	.829
28	.926	.891	.576	.616

ICC

0.75-1.0: excellent
 0.60-0.74: good
 0.40-0.59: fair
 <0.40: poor

Kappa

>0.80: high
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Personality characteristics

- Most participants thought the StrengthsFinder results were accurate
- Participants explained how knowing their strengths could help with the evaluation process
 - ▷ “As I learn more about myself, I feel I can provide more consistent evaluation”
- Participants reflected on how their strengths may make it more difficult to evaluate students fairly
 - ▷ Too strict, too lenient, don't like conflict, difficulty being consistent

Study Conclusions

Conclusions

- A structured training method that included a model evaluation and practice evaluations contributed to higher inter and intra rater reliability.
- Providing participants with a video recorded “model” evaluation was a useful method to initiate a SMM in a diverse group of evaluators.
- Live discussions allowed participants to express their values and beliefs about clinical competence in attempts to reach consensus.
- Participants who were initially resistant agreed, through continued discussion, to adopt a reasonable, if not perfect, SMM.
- The accuracy of video performance evaluation was highly dependent on the quality of audio and video capture and the

Study Implications

Education and Research



Implications for Education

- Communication and sharing of individual beliefs and values about competency must occur among team members.
- An intentional process must be planned that allows time for consensus to occur.
- Evaluators must be trained in the use of a valid evaluation tool.
- The process should include practice evaluations using live or high-quality video recorded performances of differing competency levels.



Implications for Research

- Additional studies are needed to test and confirm the effects of training methods on reliability.
- Funding sources are needed to support large scale experimental studies.
- The effect of faculty personality characteristics on student performance evaluation requires more study.
- Studies are needed to examine evaluator decision-making using checklists versus global rating scores.

Question
s?



References

- Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgren, S., & Jeffries, P. R. (2014). Supplement: The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation, 5*(2), C1-S64.
- International Nursing Association for Clinical Simulation & Learning. (2016). INACSL standards of best practice: SimulationSM participant evaluation. INACSL Standards Committee. *Clinical Simulation in Nursing, 12*, S26-S29. [http://dx.doi.org/10.1016.j.ecns.2016.09.009](http://dx.doi.org/10.1016/j.ecns.2016.09.009)
- Kardong-Edgren, S., Oermann, M. H., Rizzolo, M. A., & Odom-Maryon, T. (2017). Establishing inter- and intrarater reliability for high-stakes testing using simulation. *Nursing Education Perspectives, 38*(2), 63-68. doi: 10.1097/01.NEP.0000000000000114



References

- McComb, S., & Simpson, V. (2014). The concept of shared mental models in healthcare collaboration. *Journal of Advanced Nursing, 70*(7), 1479-1488. doi:10.1111/jan.12307
- National League for Nursing. (2012). Fair testing guidelines for nursing education. Retrieved from <http://www.nln.org/fairtestguidelines>
- Rizzolo, M. A., Kardong-Edgren, S., Oermann, M. H, & Jeffries, P. R. (2015). The National League for Nursing project to explore the use of simulation for high-stakes assessment: Process, outcomes, and recommendations. *Nursing Education Perspectives, 36*(5), 299-303. doi:10.5480/15-1639