

RESPONSES

Carolyn Attridge

It is my pleasure to respond to the Mogan and Knox article on "Students' Perceptions of Clinical Teaching." I commend them for their study of an area (student evaluation of clinical teaching) which has been the subject of much talk in nursing education but of very little research as their literature review clearly indicates. I found the article interesting and stimulating, and some of the questions and ideas it led me to consider I will discuss briefly here.

Methods

First, some questions about methodology. What were the procedures used for administration of the forms to the students in the sample? The authors, using a retrospective approach, had no research control over administration variables. I am aware through my own and others' experience with teacher evaluation that forms are often administered hurriedly, with short time periods allotted for responding, at the end of some other educational activity considered by the teacher as more important. Yet time allotted must surely affect the specificity of students' comments secured, a variable which apparently was of interest to the authors.

A second question here has to do with repetitive use of the form. The article states the number of students involved but does not make clear how many forms per student were obtained. Forms were apparently administered after every six to eight weeks' clinical rotation. For any student did this occur once, twice, several times a year? Repetitive exposure to one instrument can have an off-putting impact on respondents and may reduce the accuracy and detail of their responses. This factor may help to explain the lack of increasing specificity of students' comments over time, specificity which the authors apparently were hoping to see.

A third question is concerned with the mix of post-basic and generic students in the study especially in the third and fourth program years. Though the nature of the study did not permit student evaluations to be categorized as to type of student, it would be informative to the reader to know at least the proportion of data derived from each group.

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Finally, in reviewing Figure 2, in order to interpret the percentages, it would be helpful to know the total number of comments categorized and how widespread any category was among the student sample. For example, apparently only 5% to between 15% - 20% of comments over the four years were concerned with the nursing competence of teachers. Can the reader assume that 5% to 15% - 20% of *students* were concerned with this area of teacher performance?

Findings

Now, some comments about findings. First, the five categories of response which emerged are interesting. Most, in my view, comprise teacher behaviours which strongly affect what I call student *quality of life* in a program. Teachers' personality characteristics, their interpersonal relationships, the environments they set for learning, their approaches to feedback to students, etc. all affect the way that students *experience* a program, any program, and it is not surprising to me that these concerns supersede in students' minds such variables as the amount of learning obtained. Moreover these are the variables students can best pronounce upon; no one else in a program can experience such behaviours through students' eyes. And we, as teachers, can strongly benefit from such data. I am therefore somewhat perplexed by the authors' statement that:

Areas deemed important by teachers but neglected by students, serve to point out weaknesses in the students' ability to evaluate and thus point out areas to be emphasized in the teaching of evaluation. (p. 5)

Students evaluate differently than teachers and these differences result from their perspectives of the learning situation. But do such differences constitute "weaknesses"? I am unclear here about which areas "deemed important to teachers" students should be taught to better evaluate.

A second and related comment has to do with the authors' concern that students' evaluation skills did not markedly improve over the years (p. 11). I am unclear what criteria to assess improvement' the authors were using. Were students expected to widen their perspectives to include different categories of concern, for example, perceived teacher impact on student learning, as they moved through the program? The consistency of student responses over the years seems to attest to the importance that the five categories of behaviour found in the study held for them. The authors are right to suggest that if comments on other behaviours, perhaps viewed as less important to students than teachers, are desired by teachers they must provide more direction to students in their evaluation forms. Were students

expected to become more specific in their comments as they became more senior? Here factors such as time allowed, boredom with the instrument (discussed above), relationship with the teacher, etc. may have been operating.

Third, the most interesting finding for me was the low incidence of comments on teachers' performance as nurses. For me, this adds credibility to other findings that the *nursing* abilities of teachers are not highly visible to students; usually because students do not *see* their teachers nursing patients in the clinical field. This apparent lack of *visibly* competent potential nurse role models among those members of the students' role-sets who are closest to them over time and in physical proximity, that is their teachers, is unfortunately one of the more serious deficiencies in the educational process that nurse educators must address. The Mogan and Knox data are supportive of this inference and studies of this variable alone are important to pursue.

I thank *Nursing Papers* and Mogan and Knox for the opportunity to share some of my thoughts about this paper and look forward to more studies and more dialogue about this topic so relevant to nursing education.

Darle Forrest

Nursing students, as consumers of education, are clearly indicating they want a voice in determining the effectiveness of teaching. Nursing teachers concerned with the implementation of a sound educational program recognize the value of seeking student perspective of the educational process. The study by Mogan and Knox provides further confirmation for the importance of the above points in relation to clinical teaching.

The primary question that arises about the study has to do with the validity of the evaluation form used to collect data from students. The specific question is whether the evaluation tool assesses what it was intended to measure, namely student perceptions of clinical teaching. As

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the authors indicate, the evaluation form (which is brief, open-ended, and general in nature) is used by other faculties on campus, yet they point out that "classroom rating scales are not sufficient" for measuring the specifics of clinical teaching.

A second problem of the study has to do with the methodology for the classification of students' responses. For example, how would the following imaginary response by a student, on number 2 of the evaluation form, be categorized: 'this clinical teacher is a warm person who cared about me and what I learned'. It seems such a statement overflows into categories 1, 4, and 5, and one is left with no clear understanding as to how such a response would be categorized or what the consistency of such categorization would be.

The comments by the authors that students attributed little importance to the teachers' nursing knowledge needs further examination. It is not conceivable that students interpreted questions 2 and 3 of the evaluation form as relating to teaching and instructional strategies rather than the teachers' nursing knowledge? Hence the result that teachers' knowledge in nursing was not commented upon may derive from the inadequacy of the rating form to elicit such a response.

A similar criticism applies to the statement by the authors that students rarely addressed the issue of learning. Again, this does not seem surprising since the two questions on the evaluation form are focused on aspects of the teacher's instruction and not on the *product* of that instruction. Student perceptions can relate to instructional outcomes and/or teacher behaviours. The first area taps student perception of learning and the second area taps student assessment of the conditions the teacher provides for learning and includes teacher traits and teacher use of self.

Concluding that "students' evaluation skills did not markedly improve over the four years" is questionable when one recognizes the inadequacy of the evaluation form to provide information on that question. As well, Registered Nurse students who entered the program at the third year level were not distinguished from the four-year generic students.

Indication that a teacher's ability to evaluate the students appeared important to "all" students would suggest that all respondents commented in regard to this category. Since this is unlikely, perhaps the authors were referring instead to the particular students whose comments could be classified in category 3.

I would concur with Mogan and Knox that a more structured evaluation tool (and I would add, a more comprehensive instrument) is required for the purpose of student evaluation of clinical teaching.

Such an instrument would survey the important teacher behaviours involved in clinical teaching from the perspective of both students and teachers, and incorporate both content and process dimensions. Such an evaluation form could comprise statements or questions which reflect the important aspects alluded to above. A Likert scale could be incorporated for the rating of each statement, which would present fairly explicit data in regard to student perception of the teacher behaviour described in each statement. Space for student comment in regard to each statement would provide descriptive data. A "picture" of student perceptions is readily presented in the data. Teacher strengths and weaknesses, as perceived by students, are readily spotted. If an evaluation tool is developed locally, then psychometric data should be collected about its validity and reliability. One needs to know that the outcomes measured are the ones intended to be measured and, as well, that the tool measures with consistency.

In a review of evaluation on teaching by Cohen, Trent, and Rose (in the Second Handbook of Research on Teaching) the following major factors emerged consistently from student ratings of teacher effectiveness. Teachers were seen as effective if there were present: 1) clarity of organization, interpretation and explanation, 2) encouragement of discussion and presentation of diverse points of view, 3) stimulation of students' interests, motivation and thinking, 4) manifestation of attentiveness to and interest in students, 5) manifestation of enthusiasm.

As pointed out by Mogan and Knox, the major purpose for student evaluation of teaching is to provide feedback to the teachers so they can maximize their effectiveness with students. The literature suggests student evaluation of teacher effectiveness, if conducted systematically, provides useful and reliable information about:

- 1) a teacher's skill in terms of personal effectiveness
- 2) the rapport a teacher has with students, and
- 3) the way a course or class is organized and managed.

The clinical setting is unique in providing the opportunity for one to one or small group teaching. In addition, Schweer and Gebbie state in their book, *Creative Teaching in Clinical Nursing* (3rd ed.), that the effectiveness of clinical teaching is directly proportional to the kind of relationships the teacher establishes with students. It would seem, then, that the students' perceptions of their relationships with the clinical instructor is of critical importance in the evaluation of clinical teaching.

Florence MacKenzie

Evaluation of courses by students is a common practice in many universities. In this study the authors have been realistic in capturing the data already available on the current course evaluation forms used in their university and then to examine this data in light of the question concerning the students' perception of clinical teaching. Since the same form was used by students in each year of the four year program this allowed for comparison of the students' responses across the four years. The authors wisely acknowledged the limitations of this means of collecting data since they were restricted to the information available on the form.

As in other studies which asked students to rate their teachers, the students in this program rated teachers as excellent or above average. This result brings in to question the purpose of such a rating scale. What is the students' interpretation of average? How does such a rating influence teacher effectiveness?

In the content analysis of the students' responses to the open-ended questions which asked about the effectiveness of the instruction, the researchers identified five categories (teaching ability, nursing competence, ability to evaluate, interpersonal relationship, personality). The most frequent comments referred to teaching ability. This is not surprising in that the question asked what are the most effective aspects of the individual's instruction. Little difference was noted in the responses from one year to another. In sum, students viewed the effective instructor as being available, organized, issuing clear instructions, and giving guidance as necessary. No teacher would argue with such comments. One other category identified by the researchers was knowledge of nursing. The authors interpreted that because few students' responses referred to the instructor's nursing knowledge then it would follow that they attributed little importance to the teacher's ability. It is difficult to agree with this interpretation as it is likely that the problem lies in the design of the form which asks for evaluation of the instruction and not the content of the course. This points to the difficulty in using a common form to evaluate all courses.

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In examining the distribution of comments in each of the five categories of teaching behaviours (Figure 2) several observations are in order. The number of comments is not recorded in the figure nor is the number mentioned in the body of the paper. It would be interesting to know how many comments were made in each year for each category, in addition to the percentage which does appear in the figure. It is also noted that compared to the other years, year 3 has a greater percentage of comments in the categories, evaluation, interpersonal relations and personality. In addition, no ineffective comments are recorded in the nursing category. One might query what is different about the instruction in year 3.

The researchers identified the inadequacies of the evaluation form in that it did not bring forth the students' perceptions of what they learn from the teacher nor did it provide the students with enough direction for evaluation of clinical teaching. The researchers expressed concern that the students' evaluation skills did not show marked improvement over the four years. In exploring this further one might question if the students receive any feedback about their evaluation. In other words, what do the students learn about evaluation through completing these forms? Do they know whether or not their evaluation contributes to teacher effectiveness? Is there a relationship between the students' perceptions of the effective teacher (ability to evaluate category) who is supportive, helpful, approachable, non-threatening and the tendency of the students to identify effective rather than ineffective teaching behaviours.

This study has shed light on the use of course evaluation by students in one university school of nursing and has raised several useful questions for future research.

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HUMAN VALUES AND CANCER**

March 15-17, 1984, New York, New York

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