

# PARENTAL EVALUATION OF A T&A FOLLOW-THROUGH PROGRAM

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The follow-through clinical experience as a vehicle through which faculty and students can meet clinical educational objectives is not a new one. The essence of the experience consists of student-client interaction before, during and following an anticipated health care intervention in which the student plays an active role. The concept of follow-through clinical experiences evolved as one answer to the diminishing acute care setting client population in the face of increased enrolments in all of the health care educational facilities. Further, the structure of this type of clinical learning experience fosters the kinds of nursing behaviors associated with the baccalaureate nurse. It is within this context that the Tonsillectomy and Adenoidectomy (T&A) follow-through program was planned as a component of the pediatric nursing clinical experience. The purpose of soliciting parental evaluation of the program was two-fold: to determine the value of the program to participant families; to elicit strengths and weaknesses in current course and curricular design.

It is the purpose of this paper to present the parameters of the program, parental perceptions of the competencies of the student nurse and the implications of client evaluation of student performance for curricular development.

## *THE PROGRAM*

All patients who met the following criteria were selected from the practices of participating otolaryngologists:

- residency in the city proper, to facilitate student visiting
- admission to a pediatric acute care setting
- the surgery was booked for any of three specified days during the week, over the academic year
- the anticipated hospital stay was two nights.

While the most common procedure was the T&A, it may have been any procedure on any child which met the above criteria such as a myringotomy or septoplasty.

The program consisted of four phases. The first of these was a home visit involving the student, child and family some three or four days prior to admission to the hospital. The specific behavioral objectives of this visit centred around the establishment of rapport with the child and family and preparing both child and parents for the

hospitalization experience and post-operative home care. The second contact was made at the time of admission with specific learning objectives concerned with facilitating the admission of the child and orientating the child and parents to the hospital environment. During the third phase, the student spent the operative day with the child. The objectives focused on nursing behavior preparatory to imminent surgery, the provision of post-operative nursing care in both the recovery room and on the unit, as well as an observation experience in the operating room. Finally, a home visit was made about one week post-operatively to ascertain the recovery status of the child and to terminate the relationship.

The total number of participant families was restricted to 39, the enrolment of the class for which the experience was planned. The 41 children involved ranged in age from 2.5 to 14 years. Following one explanatory contact with the family by a faculty member, the student assumed responsibility for all subsequent phases of the experience. The theoretical premises, procedural routines and behaviors to be achieved relevant to this practicum were presented to the students prior to the first visit.

### *PARENTAL EVALUATION QUESTIONNAIRE*

The questionnaire was sent to each of the homes from 2 to 15 weeks following the last visit. Parents did not have prior knowledge that they would be asked to fill out a questionnaire. A covering letter indicated that the anonymity of the respondent was desired, that the student's grade would not be affected by the ratings, and that the purpose of the questionnaire was the improvement of the experience for other children and their families.

The questionnaire consisted of 18 statements to be rated on a 5 point scale ranging from excellent (A) through average (C) to very poor (E). Of the 18 statements, 14 related directly to student behavior.

The statements were organized sequentially relative to the four phases of the experience but designed to elicit parental perceptions of the knowledge (5), affective skills (5) and technical competencies (4) of the student. A distinction was made between the student's ability to enact a helping relationship with the parents and with the child (7 statements relating to each).

### *RESULTS*

Eighty percent of the questionnaires were returned. The responses were heavily skewed to the excellent (A) rating, with a response mean of 75.9% across the fourteen items falling in that category.

Hence, the perception of excellence was used to assess relative strengths of student competencies in relation to cognitive, affective and technical abilities; skills relating to helping behaviors directed towards parents and towards the child; the four phases of the experience.

The percentage of parents who rated student performance as excellent on the cognitive, affective and technical competencies was 71.10%, 78.52% and 78.70% respectively.

On the parent/child dimension, the percentage of respondents rating student behavior as excellent relative to helping behavior directed towards parents was 75.66%, and the child, 76.18%.

A comparative summary of the perceptions as excellent of the competencies on each of the parent/child dimensions is presented below.

PERCENTAGE OF PARENTS PERCEIVING STUDENT BEHAVIOR  
AS EXCELLENT RELATIVE TO DIRECTION AND KINDS OF SKILLS

	Cognitive	Affective	Technical
Directed towards parents	71.29	81.48	81.48
Directed towards child	70.37	76.54	77.77

The parents' rating of excellence in terms of student helpfulness during the four phases of the experience is shown below. Further, the mean percentage for parental ratings of excellence on those student activities which occurred in the hospital was 73.28% as opposed to 78.51% for those which occurred in the home.

PERCENTAGE OF PARENTS PERCEIVING STUDENT BEHAVIOR  
AS EXCELLENT RELATIVE TO EACH OF FOUR CONTACTS

Pre-operative (home)	Pre-operative (hospital)	Operative day	Post-operative (home)
75.55	68.79	77.77	81.48

## DISCUSSION

The questionnaire elicited some interesting directions in the parents' perceptions of student helpfulness throughout the planned hospitalization of their children. More parents rated students as high in their technical skills and supportive role than in their knowledge base as expressed through the teaching function. Parents perceived that students were of greater help to them than to their children. This help was greatest in the home setting and least during the admission of the child to the hospital. With the exception of the admission phase, the parents saw the students as increasingly helpful as the experience progressed.

While parental ratings of the students are necessarily influenced by uncontrolled variables, the direction of their perceptions raises

some interesting questions about the experiential emphasis within the curriculum, the inter-relatedness of facets of the students' learning and the resultant relative student competencies in nursing behaviors.

In terms of curricular and course design, the discrepancy between perceived helpfulness at home and in the hospitals may well reflect greater experiential focus in home care. More specifically, it may reflect the fact that the admission of this child is the student's first experience in the T&A unit. Or, it may reflect the parents' greater sense of control and comfort in the home. That is the admission procedure, as the irrevocable commitment of the child to surgery, may be the most stressful phase of the experience for the parents, student or both.

In a course that is ostensibly child-centred, it was interesting that parents felt students offered more to them than to their children. This perception begs a number of questions because it speaks to a fundamental philosophy of child nursing. Does it reflect curricular stress on adult-centred nursing or perhaps, family-oriented nursing? Could it be an expression by the respondent of a greater awareness of his own needs as a parent, or, perhaps an unwillingness to acknowledge skills in another perceived as a travesty on the parental role?

Parents rated more students as excellent in technical competencies than in cognitive competencies. Those of us who teach in baccalaureate education are apt to be surprised. Statements such as: "The student knew what to do for my child," relative to the operative day, were categorized as technical. "The student could answer my questions," typifies the statements relevant to cognition. These statements subsumed a teaching function. Hence, the lower rating on cognition may reflect a greater deficit in the teaching role than in cognition *per se*. On the other hand, it may reflect congruence between the student's and parent's understanding of the surgical procedures and hospital routines but a greater capacity for the student to act in that context.

There is an omnipresent need for evaluation of educational experiences designed to prepare students to meet client needs in their nursing practice. Client evaluation of services provided is a sorely neglected source of data on the relevance of our educational goals to the needs of the public and the effectiveness of the curricular designs we use to achieve these. It offers a dimension to the evaluative process which can augment those tools commonly used to assess the achievement of educational goals. The instrument described needs considerable revision if it is to answer more questions than it raises. It represents a beginning effort to tap yet another credible source about the validity of our efforts as educators.