

STUDENTS' PERCEPTIONS OF CLINICAL TEACHING

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Evaluation of faculty, especially by students, has become an important issue given the emphasis today on student consumer rights and tight university budgets.

As Thomas Brothen (1979) pointed out at a recent conference on Improving University Teaching, "Educational institutions must attract and hold students and be prepared to demonstrate they are serving students' needs" (p. 408). Because educators want to know that they are meeting students' needs, numerous standardized rating forms that allow students to evaluate their instructors have been developed. These are widely used to document teaching effectiveness for academic advancement, administrative decisions, and self-improvement (Aleamoni, 1973; Irby & Rakestraw, 1981; Seldin, 1980). These classroom rating scales are generally considered valid and reliable indicators of teaching effectiveness (Thorne, 1980).

Evaluation of the nursing teacher is especially complicated. Classroom rating scales are not sufficient because of the additional component of clinical instruction. As Jacobsen (1966) points out, "In the clinical situation the relationship of student to teacher is a significant one. The learning situation is often one that cannot be repeated, and the clinical learning milieu is not usually controlled specifically for the teaching of the nursing student only" (p. 218).

In marked contrast to extensive research on classroom rating scales, few investigators have developed clinical evaluation tools (Brown & Hayes, 1979). Valid and reliable student rating forms are unavailable. Furthermore, descriptions of effective and ineffective clinical teaching behaviours in all health professions are scarce (Brown & Hayes, 1979; Irby & Rakestraw, 1981; Stafford & Graves, 1978), although they are needed to help faculty to improve their teaching (Abrami, Leventhal, & Perry, 1979).

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The focus of this paper is on a study that identified effective and ineffective aspects of clinical teaching as perceived by students. As well, changes in students' perceptions of what constitutes these aspects at different levels in professional nursing education were examined.

The identification of students' perceptions is an important facet in the development of a more effective teacher evaluation tool. Since the information was derived from comments of a large group of university students ($N=435$), one can assume that they represent a reasonable indication of students' impressions of what helps or hinders their learning. As well, the study reveals five main categories of clinical teaching behaviours (see Figure 2) and thus can assist clinical teachers to increase their own teaching effectiveness. 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. However, the study will also be of interest to nursing educators because it shows that students have difficulty in the evaluation process. Students, over the four years of baccalaureate program in nursing, did not show a marked difference in identifying areas of effective and ineffective teacher behaviours. Although nursing education emphasizes the need for nurses to be able to evaluate peers effectively, even in senior years these students did not show an increased ability to do so more specifically.

METHOD

Setting

The study was conducted at the University of British Columbia School of Nursing. The School offers a four-year baccalaureate nursing program and allows Registered Nurse students to join generic students at the third year level. During the time of the study Registered Nurse students and generic students followed the same curriculum. No distinction was made between the two groups. Students in all four years took general education and nursing theory courses and gained practical experience in a wide variety of clinical settings including in-patient agencies, community health centres, schools, clinics, and homes. Each clinical rotation lasted approximately six to eight weeks and students were asked to evaluate their teachers after each clinical rotation.

The evaluation form was introduced four years ago after several evaluation tools had been tried and rejected. The present form, which is also used by other health sciences faculties at our University, is brief (see Figure 1). The first item asks the student to rate the teacher's per-

formance as "excellent," "above average," "average," or "unacceptable." Next, two open-ended questions ask students: "What are the most effective aspects of this individual's instruction?" and "How could this instructor's effectiveness be improved in this course?"

<p>1. How do you rate the effectiveness of this instructor in this course?</p> <p>_____excellent _____above average _____average</p> <p>_____below average_____unacceptable</p> <p>2. What are the most effective aspects of this individual's instruction?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. How can this instructor's effectiveness be improved in this course?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Figure 1. Student ratings of teacher effectiveness

The evaluation procedure involves student collection of the evaluation forms and collation of the comments by a central office outside the School of Nursing. A typed summary sheet of all comments is returned to the instructor and a copy is kept at the central office for one year. This process ensures anonymity of students since the instructor does not see the student's name or handwriting.

This evaluation process offered the investigators an ideal opportunity to collect data on effective and ineffective clinical teaching behaviours in a manner similar to that described by O'Shea and Parsons (1979) but without the necessity to request students to respond to a research questionnaire. We used the summary sheets for the academic year 1980/81 from 58 consenting faculty members (92% of all eligible faculty members) as our data base. The data consisted of the responses from 99 first year students, 71 second year students, 91 third year students, and 74 fourth year students.

Design and Procedures

The study was qualitative in design. It used pre-collected data of students' evaluations of clinical teaching. The responses to the two open-ended questions on the evaluation form were the primary focus of analysis. Ratings were reviewed as well. A research assistant deleted all identifying information (name, clinical agency, and personal pronouns) from the forms and sorted them into years.

The data were analyzed using the method of constant, comparative analysis (Glaser & Strauss, 1967) to generate categories. These categories were refined to provide a description of students' perceptions of clinical teaching over the four years of a baccalaureate program in nursing.

In conducting the analysis, the first step was for both researchers to read all the summary sheets and identify broad categories of effective and ineffective teaching behaviours. Once tentative categories were identified, the summary sheets were read as year groupings and the categories redefined. The researchers spent time discussing the categories and noting exceptions or differences. The data were then re-examined and recategorized until agreement between the two researchers was reached. Agreement was determined by individual examination and categorization of the data followed by comparison with the other researcher. Data were then normalized to the total number in each year and each category and expressed as percentages. Finally the responses made by the students in the four years were compared.

Limitations of the Study

1. Data were pre-collected; areas desirable for research but not included in the original data could not be supplemented.
2. The population consisted of generic students and Registered Nurse students.

Responses from these potentially different groups could not be distinguished.

FINDINGS AND DISCUSSION

Students in all four years rated the majority of their teachers as excellent or above average. Indeed, there seemed to be a reluctance to identify a teacher as below average and only one fourth year student identified a teacher as unacceptable (see Table 1). These findings are consistent with research data from general education (O'Hanlon, & Mortensen, 1980), which show that most teachers are rated above the midpoint on student rating scales (on our scale "average" is the midpoint), and that most students are generous in their evaluation of faculty (Hoyt, 1973).

Table 1
Distribution of Students' Ratings of their Clinical Instructors

	Excellent		Above Average		Average		Below Average		Unacceptable		No Comment	
	%	N	%	N	%	N	%	N	%	N	%	N
First year	45.5	45	32	32	16.5	16	3	3	0	0	3	3
Second year	32	23	55	39	10	7	1.4	1	0	0	1.4	1
Third year	39	35	46	42	10	9	4	4	0	0	1	1
Fourth year	35	59	45	76	14	29	3.5	6	.6	1	1.8	3
Mean (x)	37.9	162	44.5	189	12.6	61	3	14	.6	1	1.8	8

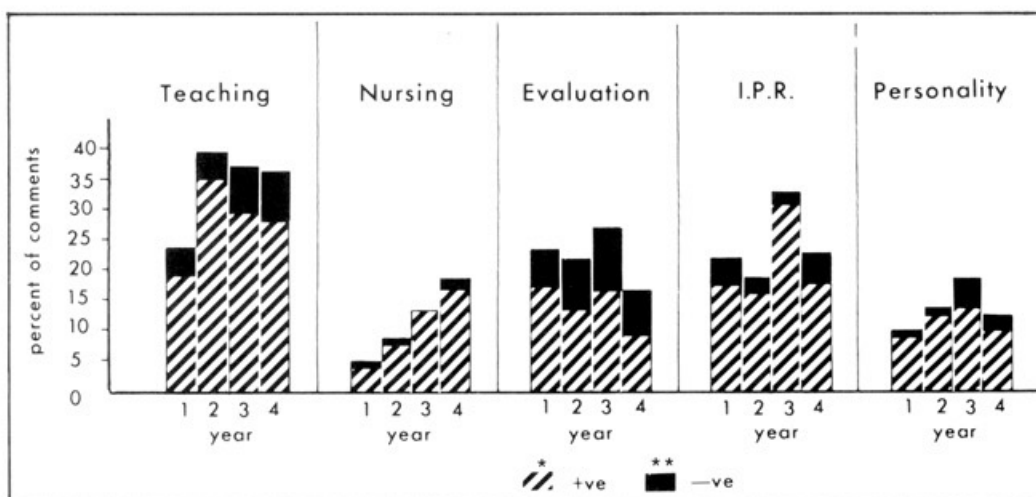
The analysis of student comments reflected the findings described by O'Shea and Parsons (1979); all students found it easier to list effective rather than ineffective teaching behaviours. However, negative comments increased as students progressed through the four years of the program.

Effective and ineffective behaviours portrayed the same qualities, the former stated in positive, the latter in negative form. For instance, an organized teacher was described as effective, a disorganized one as ineffective. It was thus possible to group both positive and negative comments into one category.

All student responses could be fitted into five categories identified by content analysis (see Figure 2). They are:

1. Teaching ability — defined as the process of transmission of knowledge, skills and attitudes, and the creation of an atmosphere in which this is done.
2. Nursing competence — defined as theoretical and clinical nursing knowledge and attitude toward the nursing profession.
3. Ability to evaluate — defined as the type and amount of feedback the student receives from the teacher regarding clinical performance and written clinical assignments.
4. Interpersonal relationship — defined as a state of reciprocal interest or communication between two or more people excluding specific therapeutic communications between nurse and patient.
5. Personality — defined as the totality of the individual's attitudes, emotional tendencies, and character traits which are not specifically related to teaching, nursing, or interpersonal relationships but may affect all three.

The most frequent student comments referred to the instructor's ability to teach. This area was also significant in showing an increase in ability to appraise teaching effectiveness as students progressed from first to fourth year. The most critical difference was in increasing awareness of not only the teacher's behaviour (or process of teaching) but also the outcome of teaching (or what the student had learned). First year students did not comment at all on teaching outcome. Second year students commented occasionally on what they had learned. By third and fourth year, these comments had increased in number and refinement.



* +ve: Students' comments describing effective aspects of the teacher's instruction.

** -ve: Students' comments describing ineffective aspects of the teacher's instruction.

Figure 2. Distribution of comments in each of the five categories of teaching behaviours

Another difference, noted over the years, was in the area of independence. Beginning students valued an instructor who allowed independence at the level of capability. By fourth year, students valued a teacher who fostered independent thinking.

Despite these differences, the majority of comments, in essence, remained the same. All students wanted the instructor to be available, to be organized, to give clear instructions and explanations and to give guidance and/or supervision as necessary.

Judging from the number of comments, students attributed little importance to the instructor's knowledge in nursing, although there was a slight increase of observations from students in the first year compared to those in the last year of the program. This finding, which is contrary to those described in the literature (Eble, 1970; Irby & Rakestraw, 1981; Kiker, 1973; Seldin, 1980), is difficult to explain. Possibly students were reluctant to comment in an area where the instructor's expertise is taken for granted. It is also conceivable that many students saw the nursing staff rather than the clinical instructor as their role model and thus did not evaluate the teacher's nursing competence.

From the few comments made, it appears students valued an instructor who was an expert clinician and a good role model. They also appreciated the instructor's theoretical knowledge and therapeutic communication skills with patients. Negative comments

were minimal and related primarily to the instructor's lack of practical skills and/or familiarity with the clinical area.

The teacher's ability to evaluate the students appeared important to all of them and thus was an area regarded rather critically, especially by fourth year students. Students unanimously agreed that instructors who set high but clear standards were more helpful than teachers whose demands were inconsistent or unreasonable. Frequent, if not constant, feedback was especially appreciated by students in the first and second year. The most vehement criticism was directed against the teacher who gave negative feedback in front of others and against those whose evaluation was considered unfair.

A supportive, helpful instructor who is approachable and non-threatening was seen as effective by students in all four years. Conversely, intimidating and nonsupportive behaviour was criticized most often. First year students would have liked a more supportive teacher, while fourth year students requested more respect.

The instructor's personality also seemed to help or hinder students' learning. Comments in this area were similar throughout the four years. Students valued an enthusiastic teacher who was well organized but at the same time flexible. A few comments regarding the instructor's sense of humour and cheerfulness were also made.

IMPLICATIONS AND CONCLUSIONS

The main purpose of our study was to assist our faculty to improve their clinical teaching by examining students' perceptions of effective and ineffective teaching behaviours.

Our findings indicate that students in our School were able to describe behaviour that helped or hindered their learning. However, they rarely addressed the issue of learning. Thus we do not really know what students learn from their clinical teacher, nor do we have any indication whether students learn more from a teacher they rate high. Furthermore, we do not know whether teacher behaviours, perceived by students as helpful, do indeed contribute to their learning. A more detailed evaluation tool may have also provided more specific evaluations. These and similar questions, although outside of our present study, certainly need to be answered before one can make more definitive statements about teacher effectiveness.

Another area requiring closer scrutiny is our observation that students' evaluation skills did not markedly improve over the four years of our program. This was even more surprising, given the addition of Registered Nurse students in the last two years of our program, a group who had considerably more experience in evaluation and who

were expected to be more adept at critical appraisal. Although these data might be specific to our School, they certainly point out the importance of including the teaching of evaluation in a university nursing curriculum for both generic and Registered Nurse students, since as professional nurses they will be involved in performance evaluation of self, peers, and subordinates.

The data also suggest that an open-ended evaluation form does not provide the student with enough direction for evaluation of clinical teaching. With such a form the students are left to develop their own criteria for effective teacher behaviours. A lack of these criteria may have resulted in vague comments that provide little direction to the teacher for improvement.

Since the main purpose of student evaluation of teachers is to provide the data to assist teachers to improve their teaching (Centra, 1977; O'Hanlon & Mortensen, 1980), it is suggested that a more structured form be designed using teacher, student and practising graduate input. Such a form would not only provide data for teacher improvement but could also contribute to the scarce descriptions of effective and ineffective teacher behaviours.

REFERENCES

- Aleamoni, L. The usefulness of student evaluations in improving college teaching. In L. Sackloff (Ed.), *Proceedings of the First Invitational Conference: Faculty Effectiveness as Evaluated by Students*. Philadelphia: Temple University, 1973.
- Abrami, P., Leventhal, L., & Perry, R. P. Can feedback from students' rating help to improve college teaching? *Fifth Conference on: Improving University Teaching*, 1979, 354-363.
- Brothen, T. Faculty involvement in designing and evaluating a course evaluation system. *Fifth Conference on: Improving University Teaching*, 1979, 408-417.
- Brown, D. L., & Hayes, E. R. Evaluation tools: Student's assessment of faculty, *Nursing Outlook*, December 1979, 27, 778-781.
- Centra, J. A. Student ratings and their relationship to student learning. *American Educational Journal*, 1977, 14, 17-24.
- Eble, K. E. *The recognition and evaluation of teaching*. Washington, D. C.: American Association of University Professors, 1970.
- Glaser, B., & Strauss, A. *Discovery of grounded theory*. Chicago: Aldine Publishing, 1967.
- Hoyt, D. P. The Kansas State University Program for assessing and improving instructional effectiveness. In L. Sackloff (Ed.), *Proceedings of the First Invitational Conference: Faculty Effectiveness as Evaluated by Students*. Philadelphia: Temple University, 1973.
- Irby, D., & Rakestraw, P. Evaluating clinical teaching in medicine. *Journal of Medical Education*, 1981, 56(3), 181-186.
- Jacobsen, D. Effective and ineffective behaviors of teachers of nursing as determined by their students. *Nursing Research*, 1966, 15, 218-224.

- Kiker, M. Characteristics of the effective teacher. *Nursing Outlook*, 1973, 21, 721-723.
- O'Hanlon, J., & Mortensen, L. Making teacher evaluation work. *Journal of Higher Education*, 1980, 51, 664-672.
- O'Shea, H. S., & Parsons, M. K. Clinical instruction: Effective and ineffective teacher behaviors. *Nursing Outlook*, 1979, 27, 411-415.
- Seldin, P. *Successful Faculty Evaluation Programs*. Crugers, N. Y.: Coventry Press, 1980.
- Stafford, L., & Graves, C. C. Some problems in evaluating teaching effectiveness. *Nursing Outlook*, August 1978, 26, 494-497.
- Thorne, G. L. Student ratings of instructors. From scores to administrative decisions. *Journal of Higher Education*, 1980, 51, 207-214.

RÉSUMÉ

Perception de l'enseignement clinique chez les étudiants

La littérature sur l'efficacité des enseignants dans le domaine clinique est rare et il n'existe que peu de documentation sur les perceptions qu'ont les étudiants de l'efficacité des professeurs cliniques. Le présent projet a été conçu afin de recueillir des données sur de telles perceptions et de comparer la façon dont les étudiants, au cours de chacune des quatre années d'un programme, perçoivent leurs enseignants cliniques. L'étude a été menée dans une école universitaire de sciences infirmières où les étudiants participent activement à l'évaluation du corps enseignant. Les données ont été recueillies pendant l'année 1980-81 à l'aide d'un formulaire standardisé d'évaluation de l'enseignant, préparé par le corps professoral. L'analyse des données a révélé que les étudiants répartissaient les caractéristiques des enseignants en cinq domaines principaux: personnalité, compétences pédagogiques, compétences infirmières, capacité d'évaluer, et rapports personnels. Dans chacune des catégories, les étudiants ont signalé chez l'enseignant des comportements efficaces et des comportements inefficaces. Au cours des quatre années, les étudiants se sont exprimés sur les mêmes types de comportements et de caractéristiques. On a trouvé que les évaluations des étudiants selon l'échelle d'évaluation ne cadraient pas toujours avec les commentaires écrits. Ces observations devraient, d'une part, fournir des données qui permettront l'élaboration d'un outil plus efficace d'évaluation, outil capable d'aider les enseignants à devenir plus efficaces, et d'autre part, proposer des domaines où les étudiants peuvent avoir besoin d'aide au cours du processus d'évaluation.