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A study of a clinical evaluation tool and process: Student and faculty perspectives

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Abstract

Clinical evaluation tools (CETs) are designed to assess nursing students' knowledge, skills, and attitudes related to program and course outcomes and professional nursing standards. Students, faculty, administrators, and the public rely upon the effectiveness of the tool and the process to determine progression within the curriculum and validate competency. In May 2012 a revised CET was implemented in a baccalaureate nursing program. The purpose of the study was to examine student and faculty perspectives about the revised CET and the evaluation process. The study employed a descriptive cross-sectional survey design. Findings revealed that the revised CET provided a user-friendly format with clear instructions and sufficient grading criteria to determine clinical competency. The findings also revealed a need for improvement in the areas of orientation to the tool, connecting program outcomes to clinical performance, and meaningful participation in the evaluation process. Recommendations for improving the clinical evaluation process and for further study are made.

A study of a clinical evaluation tool and process: Student and faculty perspectives

Evaluation of student nurses' clinical performance is a key element for determining the extent that students exhibit essential knowledge, skills, and attitudes aimed at promoting optimal client-centered care. The importance of clinical evaluation is apparent as the judgment of "pass" or "no pass" has significant implications for the student, the School of Nursing, and the public. Because clinical evaluation is a critical element in nursing education, the authors elected to evaluate the recently revised clinical evaluation tool (CET) and the clinical evaluation process at their academic institution (a private, faith-based baccalaureate program located in the Pacific Northwest region of the United States). The purpose of this descriptive cross-sectional survey study was to evaluate the revised CET by exploring perspectives of students and faculty who use the CET and engage in the clinical evaluation process.

The nature of this research addresses both nursing education and nursing practice. Nurse educators strive to create a nursing workforce that is poised to address both current and future health care needs. Best teaching practices aimed at this goal would include appraising the CET for effectiveness and efficiency, appraising the evaluation process to determine if it achieved intended outcomes and met the needs of current users, and soliciting input about potential future uses that have not yet been envisioned. Quantifying perspectives about the CET and the evaluation process from a variety of perspectives is important in order to provide a holistic assessment that includes the viewpoints of both faculty and students using the tool.

Literature Review

In order to determine the current state of knowledge about CET effectiveness, a systematic review of the literature was conducted via the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, ProQuest, and Google Scholar databases. Key

terms used in the literature review included the following: *nursing, education, clinical, evaluation, instrument, tool, assessment.*

The literature revealed limited evidence regarding how nursing programs evaluate their CETs or the evaluation process. In contrast, a preponderance of literature provided recommendations for how to develop and implement a CET (Bonnell, 2012; Gill, Leslie, & Southerland, 2006; Karayurt, Mert & Beser, 2008; Krichbaum, Rowan, Duckett, Ryden & Savik, 1994; Walsh, Jairath, Paterson & Grandjean, 2010). Major recommendations primarily suggested that a CET be criterion-based, with explicit statements about the standards by which students would be evaluated. For example, Walsh et al. (2010) suggested that the *Quality and Safety Education for Nurses (QSEN)* competencies be the foundation upon which to develop criteria for evaluation of students' clinical performance. In contrast, Gill et al. (2006) recommended focusing on course outcomes and professional nursing standards. A synthesis of the available literature resulted in the understanding that clinical performance criteria should be informed by standards of professional practice while addressing the unique mission and values of the academic institution (Bonnell, 2012; Gill et al., 2006; Krichbaum et al., 1994; Rooda & Nardi, 1989; Walsh et al., 2010).

The revised CET used in this study (revised and pilot tested in Fall 2011 and implemented in Spring 2012) incorporated recommendations from the literature. Specifically, the revised CET was criterion-referenced, included academic-specific program outcomes and course outcomes, and was further guided by American Association of Colleges of Nursing (2008) essentials for baccalaureate nursing education. An excerpt from one section of the CET is presented in Figure 1. In addition, the CET was further refined to provide criteria that differentiated expectations based upon the level of the learner across the curriculum, specifically

addressing both junior-level and senior-level outcomes. While the literature provided recommendations for development of a CET, no sources were located to inform the authors about how to evaluate the effectiveness of the both the tool and the processes once they were implemented.

In addition to describing how to develop and implement a CET, the literature also described an abundance of challenges associated with the clinical evaluation process. The primary challenges included evaluator subjectivity, evaluator bias, misinterpretation of standards by both students and faculty, and the recognition that clinical practice is complex, random, and contextual (Gill et al., 2006; Krichbaum et al., 1994; Rooda & Nardi, 1989). Evaluation of clinical performance was described as having a “long and tortured history” (Krichbaum et al., 1994, p. 395); a history with an iterative nature. A mixed-methods research study conducted by Gill et al. (2006) reported evidence from the perspective of nursing faculty about the difficulties associated with clinical evaluation. The researchers provided subsequent suggestions for how to improve clinical evaluation tools. A study conducted by Karayurt et al. (2008) evaluated the validity and reliability of a CET utilized in an undergraduate nursing program. While this study reported that the CET demonstrated both validity and reliability as an objective measurement of clinical performance, the study did not address the questions about efficiency of use or user perceptions about the evaluation process in relationship to implementing the tool. Both of these studies, however, did raise important recommendations about future study, such as evaluating CETs for efficiency and effectiveness (Gill et al. 2006; Karayurt et al., 2008).

No existing survey was located that could be utilized to evaluate the CET or the clinical evaluation process. However, the literature did provide recommendations about the role and function of CETs. These recommendations informed the construction of a survey to evaluate the

CET and the process. For example, multiple sources suggested that a reliable CET should be designed to help students and faculty determine how well a student is meeting objectives, verify that the student is a safe practitioner, provide opportunities for timely formative and summative feedback, and explicitly state criteria so that all who use the tool understand what is expected (Billings & Halstead, 2012; DeYoung, 2003; Walsh et al., 2010). Recommendations from these sources, in combination with criteria unique to the authors' institutional mission and vision statements, resulted in the development of the survey instrument utilized in this study and described in more detail in the *Methods* section of this article.

Methods

Procedures

This study utilized a descriptive cross-sectional survey design. The survey was developed based upon recommendations from the literature and was then reviewed by three PhD prepared nurse educators with quantitative research experience to assure content validity. Prior to sending out the survey, Institutional Review Board (IRB) approval was obtained from the authors' academic institution. The survey consisted of 12 closed-end questions with Likert-like scale responses (1 = strongly disagree to 5 = strongly agree) and three supply-based, open-ended questions (Figure 2). The surveys were administered electronically via web-based survey software. Data analysis was both quantitative and qualitative. Quantitative analysis of the data included frequencies, measures of central tendency, and between group simple *t*-test comparisons. Narrative responses were analyzed using qualitative content analysis (Polit & Beck, 2004). Researchers read the text data multiple times, seeking commonalities in language and redundancy in thoughts. Narrative comments were then compared with quantitative survey findings.

Sample

A convenience sampling strategy was used to recruit study participants. All senior-level nursing students ($n = 109$) and clinical nursing faculty ($n = 47$) at the authors' academic institution received an email inviting them to participate in the study. Participants were invited because they had experience completing the revised CET as part of their clinical evaluation process. The revised CET had been implemented in January 2012, nine months prior to the onset of this study; therefore all invited study participants met the inclusion criteria. Students who were not in senior-level nursing courses (junior, sophomore, and freshmen) were excluded from the study. Consent to participate was implied by completing and submitting the anonymous electronic survey. The survey contained no identifying information that could be connected with study participants, thus assuring confidentiality. Those who chose to participate received a token appreciation gift card.

A total of 54 students completed surveys (a 49% response rate). The average student age was 22.4 years and the average number of times students completed the revised CET was 4.01. The faculty sample size was 20 (a 42% response rate), with an average age of 47.9 years. The average number of times the faculty completed the revised CET was 2.35.

Findings

Survey findings: clinical evaluation tool

Survey questions 1-4, 6-8, 12 and 14 measured student and faculty perceptions about the CET (Table 1). Findings revealed some significant differences between student participants (SP) and faculty participants (FP) perceptions of the tool. First, SPs neither agreed nor disagreed with the extent that the CET documented if students were meeting program outcomes ($x = 3.84$) while FPs somewhat agreed ($x = 4.3$; $p = 0.006$). Both groups of participants neither agreed nor

disagreed that the CET documented whether a student was meeting course objectives (SP $x = 3.69$; FP $x = 3.85$), and there was no significant difference between the FPs and SPs ($p = 0.54$). When asked if the CET documented that a student was a safe practitioner based upon semester-level criteria, SPs neither agreed nor disagreed ($x = 3.79$) while the FPs somewhat agreed ($x = 4.6$; $p = 0.000$). Student participants neither agreed nor disagreed with the statement that the CET helps students to identify areas that need improvement ($x = 3.67$) whereas the FPs somewhat agreed ($x = 4.45$; $p = 0.001$). When asked if the CET instructions were clear, SPs neither agreed nor disagreed ($x = 3.69$) and FPs somewhat agreed ($x = 4.1$; $p = 0.13$). When asked if the CET performance criteria were clear, both SPs and FPs neither agreed nor disagreed (SP $x = 3.43$; FP $x = 3.65$; $p = 0.46$). Both SPs and FPs neither agreed nor disagreed with the survey item that asked if the design or layout of the CET was user-friendly (SP $x = 3.81$; FP $x = 3.9$; $p = 0.77$). Participants were asked if the CET promoted consistent evaluation of students against program outcomes. In response to this survey item, both groups neither agreed nor disagreed (SP $x = 3.52$; FP $x = 3.9$; $p = 0.15$).

Question 14 asked participants to provide narrative comments about the clinical evaluation tool. Twenty-eight of the 54 student participants (51%) provided narrative comments that included both positive and negative feedback about the CET. Six of the 28 comments (21%) were positive, stating that the format and language of the CET helped students to reflect on their clinical performance and the program outcomes. One student stated, "I appreciate the structure that the tool has provided me as I have reflected on my own nursing practice. It is especially helpful that the tool is tied to the program outcomes . . . making them tangible and relevant." Twenty-two of the 28 comments (78%) were negative and concerned formatting issues of the tool. Seven of the negative comments (31%) described concerns with the physical format or

layout of the CET. The most commonly occurring comment was that the form did not permit enough space for students to write narrative comments to document how they were meeting program outcomes. One participant stated, “I do not like how little space is provided and feel like I have to write in a smaller format that is hard to read for the instructor.” The second most common negative comment, occurring six times (27%), was about the language of the exemplars on the CET. Students reported that the outcomes, criteria, and exemplars were challenging to understand. One participant noted, “The language used in the clinical evaluation tool is hard to decipher, both for the student and the evaluator.” Another participant stated, “Some of the criteria for the sections are not as clear as they should be.”

Fifteen of the 20 faculty participants (75%) provided narrative comments about the CET, and included both positive and negative comments. Four of the 15 comments (26%) were positive and primarily reported that the revised CET was easier to use than the previous one and that it assisted students and faculty to focus on the program outcomes. One faculty member wrote, “The tool guides the clinical instructor toward the program objectives.” and another stated, “I believe refinements made to the tool over the past two years have been exceptionally valuable. I believe that this has moved us towards more consistency in how the tool is used.” Eleven of the 15 comments (73%) were negative and revealed one primary concern. Specifically, the faculty commented that they needed more or better instructions and orientation about the language and criteria on the tool. For example, one faculty member stated, “Often neither the student nor the clinical faculty fully understand the SON’s [school of nursing’s] definition of the individual outcomes. Because of this lack of understanding, the exemplars provided either are not reflective of the outcome or lack the depth required.” Another faculty wrote, “...would like to see concise expectations of where the student is and should be at the end of the term.” And

finally, this faculty member noted about the revised tool, “[We] need more specific reference of course objectives in addition to program outcomes.”

Survey findings: clinical evaluation process

Survey questions 5, 9, 10, 11, 13, and 15 measured student and faculty perceptions about the clinical evaluation process. Both SPs and FPs neither agreed nor disagreed that the clinical evaluation process provided opportunities for timely identification of areas for improvement so students have enough time to modify or improve clinical performance (SP $x=3.39$; FP $x=3.9$; $p=0.08$). Students somewhat disagreed ($x=2.92$) that the time it took to complete the CET was appropriate, while faculty neither agreed nor disagreed with this survey item ($x=3.7$; $p=0.02$). Additionally, both students and faculty neither agreed nor disagreed that the clinical evaluation process matched their expectations of the process (SP $x=3.33$; FP $x=3.8$; $p=0.10$). Question 13 asked the participants to estimate how much time was spent for each clinical rotation completing the tool and meeting with faculty (combined total time spent at both mid-clinical and end-clinical evaluation times). Students reported spending 60% more time than faculty per clinical rotation (SP 2.7 hours; FP 1.6 hours).

Question 15 asked participants to provide narrative comments about the clinical evaluation process. Twenty-two of the 54 student participants (40%) provided narrative comments of which 22 comments (22%) were positive. The positive comments concerned receiving feedback from clinical faculty during the clinical evaluation process. As one student stated, “The process itself is not bad, I like getting feedback.” Another student commented that “sitting down with the clinical instructor is a very important way to establish feedback in both the positive, and constructively as well.” Students also provided negative feedback about the clinical evaluation process.

Seventeen of the 22 student comments (77%) were negative and highlighted three main issues with the clinical evaluation process. First, 11 students (50%) reported receiving no orientation about the clinical evaluation tool or process, stating that this lack of orientation created confusion, ambiguity, and frustration. One participant stated, “I never was oriented to the tool or the program outcomes, we just had to start using it.” According to another student, “This tool needs to be explained to juniors. The first time I had to use the tool, it took me over five hours.” The second most reported issue, noted by eight students (36%), indicated that the mid-term evaluation was either not appropriately placed or unnecessary. The participants indicated that the mid-term evaluations came too early in the clinical rotation to permit effective evaluation. One student noted, “I feel that we do our mid-term evaluations much too soon. In my current rotation, our mid-term evaluation has to be completed by the end of week two. This is not enough time to gather enough experiences and examples to effectively fill out the evaluation.” Another student stated, “I feel that it is especially difficult to complete the tool for the mid-term, as we usually have had hardly any clinical days completed.” A final comment about timing issues describes the futility of conducting mid-term evaluations in clinical situations when students are assigned to 12-hour shifts: “Doing mid-term evaluations after three days of clinical so they can be turned in week two can be really difficult. There is not enough time from the beginning of the semester to mid-semester . . . to have enough examples.” The third most commonly described issue associated with the clinical evaluation process, reported by five student participants (22%), indicated that students were unable to see a connection between the program outcomes, course outcomes, and clinical evaluation. For example, one participant stated, “I find not all of the outcomes apply to my clinical experience.” Another participant stated, “I would have liked to have been oriented in a more thorough manner . . . so we really

learn how to apply them [outcomes] in clinical.” A final poignant statement came from this participant who said, “The tool needs to be explained to us and it would be helpful for us to go over the program outcomes so that we know the purpose of them.”

Fourteen of the 20 faculty participants (70%) provided written comments about the clinical evaluation process. Five of the 14 comments (35%) were positive and each of these comments described the ease of use and time spent in comparison with the prior clinical evaluation tool. “This is a huge improvement over the original one. Much less time consuming.” and “This is thorough, attuned more to acute care settings than community settings, but overall appropriate and easy to use.” Nine of the 14 faculty comments (64%) were negative. These faculty comments revealed two main concerns. Five participants (35%) reported a lack of orientation to the tool and the evaluation process. According to one participant, “Criteria for determining whether a student is exceeding, performing or underperforming are not clear. I believe this leads to inconsistencies.” Another faculty participant stated, “The clinical evaluation tool should be reviewed at the very start of each clinical to ensure that the evaluation criteria will be known to both students and the faculty.” And finally, “students commented they feel instructors use the evaluation tool inconsistently between courses and would like additional clarification.” The second most commonly occurring concern, reported by three of the 14 faculty (21%) was associated with the timing of evaluations. One faculty member stated, “I have three week clinical rotations, midterm and final evaluations seem to be on top of each other.” Another reported, “Personally, I have difficulty with evaluation processes. I never wait until evaluation time to let a student know when things are not as they should be.” Finally, this participant commented, “[faculty] sometimes do not have the time requisite for the process to give the

evaluation justice; the process should compare to how we communicate our shift assessments, straight and to the point.”

Discussion, Limitations and Recommendations

The authors used a mean score of 3.5 to guide interpretation of survey findings and to prioritize recommendations for improvements. Survey items receiving a mean score of 3.5 or higher were interpreted as adequate. Survey item receiving a mean score of less than 3.5 were interpreted as less than adequate and were prioritized as areas for improvement. Utilizing a mean score of 3.5 or higher as the indicator for adequate permitted the researchers to focus attention on high-priority survey items and develop manageable recommendations for changing the tool and/or process.

Findings from survey questions that were associated with the CET revealed that only one of the eight questions (survey item 7) resulted in a rating of less than 3.5. This result indicated that the tool itself should not be the focus of improvement. Reflection on the whole of the data suggests that the student rating of question 7 (Figure 1) is most indicative of the need for students to have either enhanced or additional orientation to the program and course outcomes so they can best relate the outcome criteria to their clinical performance.

Findings from survey questions that were associated with the clinical evaluation process revealed that students and faculty would like either more or better orientation to the program outcomes, course outcomes, in addition to gaining a better understanding of expectations for the clinical evaluation process. Therefore, survey findings indicate that it is the clinical evaluation process that needs improvement; specifically the process by which students and faculty are oriented to both the tool and the process.

While there were no survey items that specifically asked participants to rate their perception about the timing of the CET, a preponderance of narrative responses indicated that both students and faculty struggled with the timing of mid-clinical evaluations. Interpretation of narrative text resulted in questioning the purpose and effectiveness of written mid-clinical evaluations.

There are some limitations to this study. A cross-sectional survey design provides the viewpoints of study participants at only one point in time; therefore, findings are limited to the perspectives of the participants who volunteered to participate in the Fall 2012 semester. A convenience sampling strategy also limits the generalizability of the study findings. Finally, the survey instrument was researcher-developed. Although measures were taken to strengthen content validity, reliability of the tool was not measured. Despite study limitations, the findings were relevant and produced recommendations for nursing education and nursing research.

Results of this study provide useful data that nursing faculty may use to make recommendations and prioritize educational activities. Specifically, this study revealed that administrative leaders at the authors' academic institution should dedicate resources toward educating both students and the faculty about the program outcomes and how these outcomes are connected to criteria on the clinical evaluation tool. Additionally, students and faculty members should receive explicit education about the purpose and function of the CET, as well as meaningful orientation to clinical evaluation processes. For example, an orientation process could be designed that introduces students and faculty members to the CET (inclusive of program and course outcomes) through active participation. Such an orientation would allow students and faculty opportunities to connect CET criteria with clinical practice scenarios, while providing students and faculty members with examples of acceptable and unacceptable versions

of completed tools. An orientation process could also serve to engage students and faculty members in dialectical conversations about the evaluation tool and process, and to promote ongoing timely feedback for students and faculty.

Recommendations for future research also arose from the study. For example, both students and faculty commented that the timing of the mid-clinical evaluation was not appropriate, particularly when students have 12-hour, versus 8-hour, clinical rotations. One recommendation is to study the necessity, benefits, and/or risk of conducting or not conducting written mid-clinical evaluations. Another recommendation for future research is to explore student perceptions of program and course outcomes to learn how students perceive the value of outcomes in relationship to their education and professional development.

The findings from this study provide nurse educators with guidance to appraise their own clinical evaluation tool and process. Ensuring that nurses are competent to practice is a social mandate of schools of nursing. A clear, effective, and efficient clinical evaluation tool is one means to help achieve this goal.

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Figure 1. Clinical Evaluation Tool (excerpt)

Program Outcome 4- Culturally Competent Provider

(It is assumed that the student is already able to develop plans of care that reflect client preferences and implement multidimensional strategies to reduce pain and suffering. The student already demonstrates respect for diversity and maintains client dignity.)

- **Integrates into practice theories that inform the delivery of culturally and linguistically congruent nursing care.**
- **Plans of care include comprehensive lists of nursing actions that will meet client outcomes effectively.**
- *Provides care based on the uniqueness of the client’s cultural norms and values.*
- *Provides nonjudgmental nursing care, particularly when confronted with values and practices that conflict with medical regimen or nurses’ values.*
- *Examines the impact of organizations and societal values in health care.*

Mid-Term Student Examples	Mid-Term Clinical Faculty/Instructor Evaluation (Check one and provide example)
	<input type="checkbox"/> Exceeding Expectations <input type="checkbox"/> Performing to expectations <input type="checkbox"/> Underperforming*
Final Student Examples	Final Clinical Faculty/Instructor Evaluation (Check one and provide example)
	<input type="checkbox"/> Exceeding Expectations <input type="checkbox"/> Performing to expectations <input type="checkbox"/> Underperforming*

Figure 2. Survey to assess clinical evaluation tool and process

The purpose of this survey is to learn about the beliefs and attitudes that students and faculty have about the clinical evaluation tool and the clinical evaluation process. Your response will help urse educators develop both a tool and process that prepares students and faculty to optimally evaluate student learning in the clinical practice setting.

Please provide the following demographic information. All information will remain anonymous.

Age: _____

Students and Faculty: Number of times you have completed the clinical evaluation tool: _____

Faculty only: List your highest degree earned: _____

Instructions: Within the context of the clinical evaluation process, to what extent do you agree or disagree with each statement:

5 = strongly agree **4** = somewhat agree **3** = neither agree nor disagree **2** = somewhat disagree **1** = strongly disagree

1. The clinical evaluation tool documents the extent that a student is meeting program outcomes.	5	4	3	2	1
2. The clinical evaluation tool documents the extent that a student is meeting course objectives.	5	4	3	2	1
3. The clinical evaluation tool documents that a student is a safe practitioner based upon semester-level criteria.	5	4	3	2	1
4. The clinical evaluation tool helps students to identify areas that need improvement.	5	4	3	2	1
5. The clinical evaluation process provides opportunities for timely identification of areas for improvement so students have enough time to modify or improve clinical practice.	5	4	3	2	1
6. The clinical evaluation tool <i>instructions</i> are clear.	5	4	3	2	1
7. The clinical evaluation tool <i>criteria</i> are clear.	5	4	3	2	1
8. The design or layout of the clinical evaluation tool is user-friendly.	5	4	3	2	1
9. The time that it takes to complete the evaluation tool is appropriate.	5	4	3	2	1
10. The clinical evaluation process matched my expectations of the evaluation process.	5	4	3	2	1
11. My orientation to the clinical evaluation tool prepared me to actively participate in the evaluation process.	5	4	3	2	1
12. The clinical evaluation tool promotes consistent evaluation of students against program outcomes.	5	4	3	2	1
13. How much time is spent for each clinical rotation completing the clinical evaluation tool and meeting with faculty (please estimate the combined total time spent on both mid-clinical and end-clinical evaluation times).					
14. What other comments would you like to share about the clinical evaluation <i>tool</i> ?					
15. What other comments would you like to share about the clinical evaluation <i>process</i> ?					

Table 1. Clinical Evaluation Tool / Process Survey Findings

Table 1

Clinical Evaluation Tool / Process Survey Findings

Survey Question	Student avg.	Faculty avg.	<i>p</i> value*
1. The clinical evaluation tool documents the extent that a student is meeting program outcomes.	3.84	4.3	0.006*
2. The clinical evaluation tool documents the extent that a student is meeting course objectives.	3.69	3.85	0.54
3. The clinical evaluation tool documents that a student is a safe practitioner based upon semester-level criteria.	3.79	4.6	0.000004*
4. The clinical evaluation tool helps students to identify areas that need improvement.	3.67	4.45	0.001*
5. The clinical evaluation process provides opportunities for timely identification of areas for improvement so students have enough time to modify or improve clinical practice.	3.39	3.9	0.08
6. The clinical evaluation tool <i>instructions</i> are clear.	3.69	4.1	0.13
7. The clinical evaluation tool <i>criteria</i> are clear.	3.43	3.65	0.46
8. The design or layout of the clinical evaluation tool is user-friendly.	3.81	3.9	0.77
9. The time that it takes to complete the evaluation tool is appropriate.	2.92	3.7	0.02*
10. The clinical evaluation process matched my expectations of the evaluation process.	3.33	3.8	0.10
11. My orientation to the clinical evaluation tool prepared me to actively participate in the evaluation process.	3.26	3.35	0.80
12. The clinical evaluation tool promotes consistent evaluation of students against program outcomes.	3.52	3.9	0.15
13. How much time is spent for each clinical rotation completing the clinical evaluation tool and meeting with faculty (please estimate the combined total time spent on both mid-clinical and end-clinical evaluation times).	2.7 hr.	1.6 hr.	N/A

* *p* value statistical significant set at < 0.05.