

A Pleasure to Work with

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Conflict Disclosure Information:

Presenter: Leanne Armstrong

Title of Presentation: A pleasure to work with

I have no financial or personal relationships to disclose

“A pleasure to work with”



Subjectivity in clinical evaluation

Search

- ▶ Search of the literature using CINAHL, Pubmed, Ebsco, Medline
- ▶ Clinical evaluation nursing 10,822
- ▶ Subjectivity in clinical evaluation - 350
- ▶ Subjectivity in Nursing clinical evaluation - 27
- ▶ Student perspectives and clinical instructor - mentor

Themes and Categories in the literature

Building relationships

Emotional labor

Good students

Forming judgment

Friendliness

Patience

Sense of humor

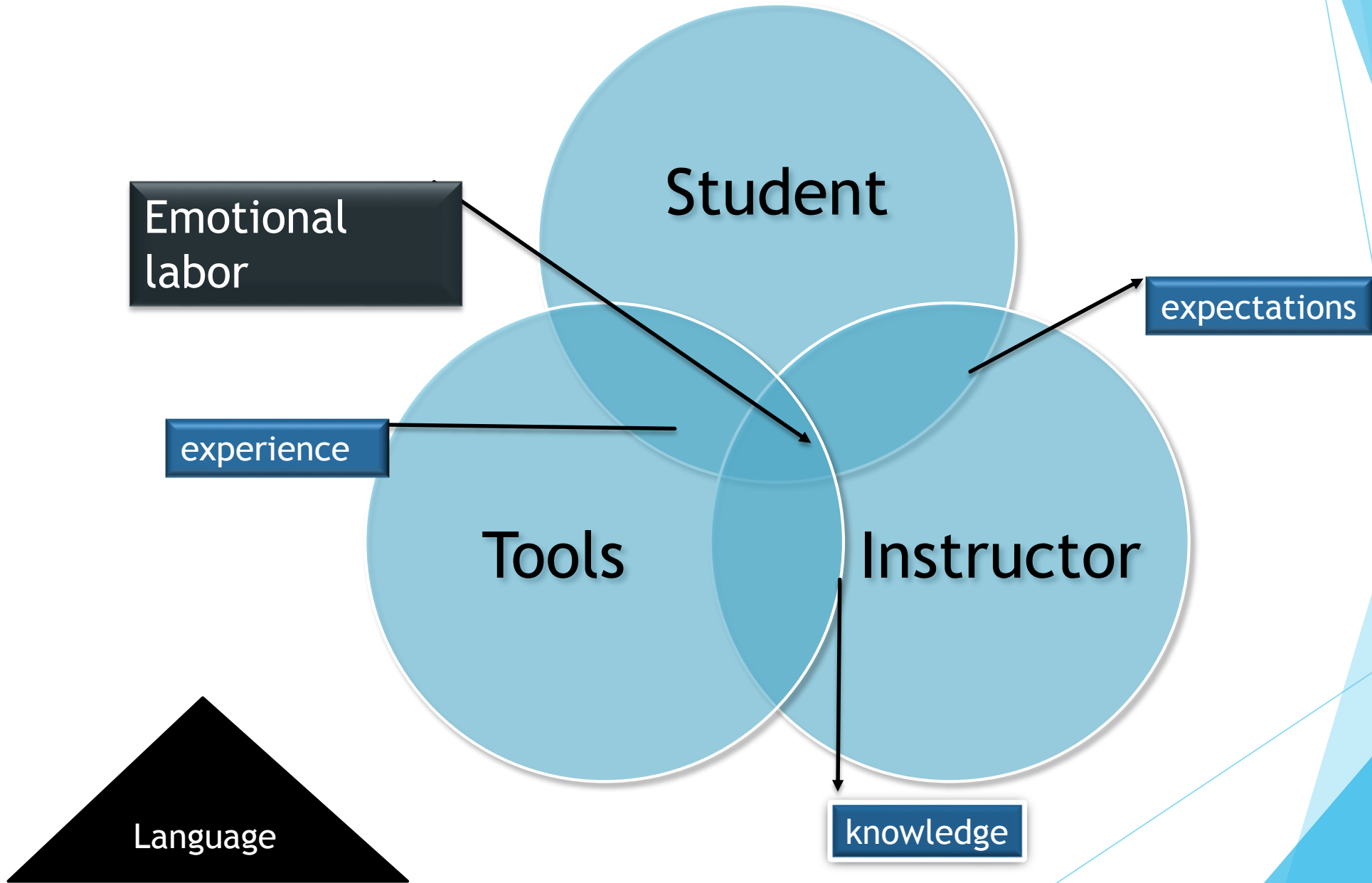
Being approachable and accessible

Preparations

Evaluative process for clinical instructors

Forming constructive relationships

Perspective of the job



Subjectivity because this is the topic lets look at this

Language: Clinical assessment (DeBrew et al., 2014; Shipman, 2012). Clinical competency (Oerman, 2009; Ross. 2009; Hager, 1993,; Thompson 1996 (as cited in Andre, 2000). Evaluation/ achievement (Carpenter, 2009). Meeting expectations (Greenwood , 2000; O'Malley, 2005)

Demonstrate proficiency: Spence, 2010; Suskie, 2009; Truemper, 2004). McDonald (2007), there are more variations intentionally

So we can see with just this small sample that judgments of student competencies are based subjective bias (Webb, & Shakespear, 2008; Scholes et al., 2004; Germaine et al., 2009) language, as through my research thus far I have learned that there is no one objective tool available. Although there are many tools.

What supports subjectivity?

1. Instructor perspective - how do we delineate instructor expectations? (Gray, 2001; Webb. 2000; Leyden,2000; Mahara, 1998). Hochschild (1983), would use the term emotional labor
2. Student perspective - self evaluation and how that differs form the instructor evaluation using the same tools. How do we incorporate critical thinking? (Walsh et al,2010;Manz et al.,2013;Mahara, 1998).
3. Interpretations of evaluative tools - terminology, emotional perspective

During the evaluative process: Which of these comments are made by students which are made by instructor or mentors?

- ▶ Good student
- ▶ Good attitude
- ▶ No trouble at all
- ▶ Feeling judged



Student

Good student - “I am a good student”

Good attitude - “my instructor was respectful”

No trouble at all - “my instructor was approachable”

Felt Judged - “ I felt like she [the instructor], was judging me”

Instructor mentor

Good student - “she was a good student”

Good attitude - “this student has a good attitude”

No trouble at all- “ this student was no trouble at all”

Felt judged - “ I felt the student was judging me”

Background

- ▶ Question how do we make/base our judgements about clinical competence?
- ▶ Some of the language



Clinical instructors

- ▶ Student perspectives
- ▶ Good student
- ▶ Good instructor
- ▶ Emotional labor

Tools

Observation, rubrics, anecdotal notes, reflection. Rating scales, OSCE, care plans, concept maps, clinical reasoning webs, self-evaluation, checklists, lists associated with professional standards, competency based.....



Emotional Labor

What does this mean? How can this translate into subjectivity into the evaluative process

Two Comparisons



Approaches and Theories

- ▶ Adult learning
- ▶ Curriculum development
- ▶ Andragogy and pedagogy
- ▶ Novice to expert
- ▶ Experiential learning
- ▶ Simulation

Approaches



Fuzzy logic

Future considerations

- ▶ Subjectivity - emotional labor as a factor
- ▶ Tools - developing a reliable and valid clinical tool
- ▶ Preparation - both students and instructors
- ▶ Critical incident using Benner novice to expert



Agenda



Students



Future Considerations

Critical incident using Benner novice to expert