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Diploma Nursing Instructors and Student Perceptions of Effective Clinical Instruction

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DIPLOMA NURSING INSTRUCTORS AND STUDENT PERCEPTIONS
OF EFFECTIVE CLINICAL INSTRUCTION

Marilyn E. Huggins

BY

Marilyn E. Huggins

MARILYN E. HUGGINS

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ABSTRACT

This descriptive study of effective clinical instruction surveyed students and faculty in six St. Louis area diploma nursing schools. While many studies have been done attempting to define and evaluate effective teaching, it has only been recently that researchers have begun to explore the effectiveness of clinical education. Clinical experience is that hands-on, practical experience one receives while in a professional education program such as nursing, medicine or dentistry. These studies show variation and conflicting results. Of the studies found relating to the effectiveness of clinical practice, the majority occurred with students other than diploma nursing students. This researcher--a diploma educator herself--was concerned about the lack of information about diploma students. Thus this project was conceived. Using a twenty-item questionnaire, volunteer students and faculty rated effective behaviors in the clinical instructor. The subjects also rank-ordered their five most important behaviors. There was congruence between faculty and students' perceptions of the importance of many of the behaviors. Several differences did appear to be noteworthy, however. These differences were as follows: 1. Faculty saw relationship behaviors as less important than did students. 2. Junior students were more concerned with the instructor's competence than were seniors. 3. Both student groups felt the most important behavior on the instructor's part is confidence in and respect for the student. 4. Faculty felt that interest in patients and their care is the most important

behavior in an effective instructor. Recommendations suggested there be more awareness on the instructors' parts of how important the student-faculty relationship is to the student. There was also a suggestion for active plans to maintain the instructor's clinical skills/competence. It was also theorized that students saw themselves as the most important part of the educational process, while faculty appeared to hold the more traditional view that even in a learning situation, the patient comes first. This is a topic that may require more research for validation.

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CHAPTER I

Introduction

Because much of the student's time in a diploma nursing program is spent in the clinical area, actually caring for patients, the clinical instructor who teaches, guides, supports, supervises and evaluates becomes a very important and influential person to the student. The more effective the nurse-teacher is in doing clinical teaching, the better learning experience the student should have. If instructors know how their students perceive effective clinical instruction and how other instructors view it, they may come to a consensus about behaviors in the clinical setting which are most productive to student learning. The focus of this investigation was the diploma nursing students and their instructors' perceptions of the instructor's effectiveness in the clinical area.

Nursing Education in the United States

Currently there are three educational programs available to the would-be nurse. Baccalaureate education (Bachelor of Science Degree in Nursing--BSN) emphasizes the leadership role of the nurse and furthering of education. It is a broad, liberal education which stresses the role of the nurse as a professional who directs care rather than actually provides care. Nursing education at this level usually takes place in a college or university

setting. The associate degree program (Associate of Arts Degree in Nursing--ADN), usually taught in a community college, is limited and primarily deals with nursing knowledge and technical skills. Graduates are expected to assist and work under the direction of a nurse supervisor. The third type of program, hospital based and supported diploma programs, emphasize preparation to assume the role of a general-duty staff nurse. This education, while not as broad as BSN but wider than ADN, prepares the graduate to function competently in a service-oriented role. The greatest emphasis in this type of school is delivery of patient care (Lombardo, 1978).

Nursing education in the United States formally began after the Civil War and was carried out in hospital-based schools that granted diplomas. These training schools were used primarily to provide manpower to the sponsoring institution and were essentially apprenticeships. Diploma schools traditionally graduated the majority of nurses in this country and were the "backbone" of the educational system for nurses (Kalish & Kalish, 1978; Lombardo, 1978; Notter & Spaulding, 1976).

The usual nurse shortage occurred after World War II with only one in six military nurses returning to civilian practice. There were numerous positions created for practical nurses and nurses aides to fill the void. In the early 1950's, partially in response to this acute need, the ADN programs were born. These were largely the result of Mildred Montag's work at Teachers College (Kelly, 1981).

In 1965 the American Nurses' Association (ANA) published the now (in) famous Position Paper on nursing education. This stated

that all nursing education should take place within the general education system, i.e. university and college settings, and that minimal preparation should be a baccalaureate degree for the professional nurse and an associate degree for a technical nurse (Notter & Spaulding, 1976).

Since that time we have seen a gradual decline in the number of diploma schools and the steady increase in the number of BSN and ADN programs. As of 1978, the number of diploma programs fell to about half the number in 1969, while associate degree programs grew by 73.6 percent and BSN programs by 39 percent (ANA, 1981).

However, there are many educators who feel that diploma education is effective in turning out good nurses, cost-effective, and still has a place in modern nursing education. Diploma advocates maintain that graduates of the hospital schools are more competent in caring for patients than are other types of graduates. Hospital-based programs, it is felt, provide learning experiences that are more closely related to the competencies, skills, and knowledge involved in providing patient care in hospitals (Kalish & Kalish, 1978).

The clinical component—actual provision of patient care by the nursing student—is very important in diploma programs. Logan (1978) wrote, "Probably the greatest asset of diploma programs is the availability of experience. Nursing is a professional education, and one learns best how to do by practice" (p. 69-70). This practice is the essence of clinical instruction.

The clinical setting provides the student a chance to reinforce

theory and perform skills that have been previously practiced in a simulated setting. There is a one-on-one relationship with the clinical instructor (Lombardo, 1978). The learning situation is one that cannot be replicated and the clinical environment cannot be controlled specifically for the teaching of nursing students (Jacobson, 1966). The student begins to become socialized to a new role while gaining clinical skills (Ford, 1978). Since so many learning experiences occur in the clinical area, it becomes a highly significant area for the nursing student and for study.

It may also be a stressful place for the students. Clinical practice can create this stress by exposing students to real patients and situations. Often students are in a totally new environment, one in which their successes of the past may not guarantee success in this alien setting (Karns & Schwab, 1982). The instructor can, if effective in her role, help to alleviate some of this stress and make the environment less threatening; this was another reason to explore effective instructor behavior.

As this project was designed to study diploma students and faculty, it did not include students or instructors from ADN or BSN programs. Because of the heavy emphasis on clinical experience in diploma schools it was felt that a review of effective instruction in this setting would be especially valuable.

Definitions

There are several terms that will now be defined for the reader.

This defining is to allow universal understanding of the researcher's use of the terms in the present study.

1.) Clinical teaching: that instruction that occurs in small groups or on a one-to-one basis in the patient care area.

2.) Clinical instructor: Nurse-teacher who instructs, supervises, and supports the student in clinical experience and then evaluates the student's progress.

3.) Diploma faculty: Teachers of nursing theory and practice who are employed by a hospital-based school of nursing.

4.) Diploma nursing students: Students enrolled in a two or three year diploma granting institution that is hospital based.

5.) Senior student: A third year nursing student in a school with a three year curriculum or a second year student in a two-year school.

6.) Junior student: A second year nursing student in a school with a three year program or a student in the last trimester of the first year in a school with a two-year curriculum.

Studies Pertaining to Clinical Instruction

There are numerous studies which pertain to effective teaching. It is only recently, however, that researchers have begun to explore clinical instruction and the instructor-student relationship.

Infante (1981) stated, "I can safely say that clinical learning activities, the heart of nursing's professional program of study, have been the most widely discussed and yet least studied of all nursing

education activities" (p. 16).

A national study of nursing education concluded that nurse educators tend to teach as they had been taught (Meleca, Schimphauser, Witteman & Sachs, 1981). These methods may or may not be effective. This was another reason I wished to investigate this topic. Are instructors just doing what they have always done, or is there justification for their actions? Do students and peers see clinical instructors as effective?

Studies have been conducted in the past about clinical instruction and have shown varying and contradictory results. Kiker (1973) found that nursing students most often ranked items of teachers' professional competence highest and faculty relationships with students lower. Later Brown (1981) found that nursing students ranked faculty relationships with students higher than other factors. Wong (1978) found differences between students in different classes; first year students were more concerned with the teacher and their relationship, whereas second year students were more concerned with the teacher's competency. Steubbe (1980) found remarkable differences between her faculty and student test groups for perception of effective instruction.

In spite of diverse results some characteristics appear to stand out as being important for effective clinical teaching. Irby (1978a) in doing a literature review noted four such characteristics which appeared repeatedly in multiple studies:

- 1.) Organization and clarity--behaviors associated with these were identified as effective in six studies of clinical teaching and

nineteen of classroom teaching;

2.) Enthusiasm and stimulation--these behaviors were seen as effective in twenty-six studies, eight clinical and eighteen classroom;

3.) Instructor knowledge--behaviors in this category were seen as effective in nine clinical and ten classroom studies;

4.) Group instructional skills--seen as effective teaching behavior in sixteen classroom and twelve clinical studies. He went on to note that instructor clinical competence and modeling behaviors of professional characteristics were important behaviors in the clinical role/area, with each listed in eight studies.

Many types of methodologies have been utilized in studying clinical teaching. Surveys, direct observation, and critical incident techniques seem to be the most often mentioned.

Schweer and Gebbie (1976) suggested three ways of judging teaching effectiveness: student evaluation, self-evaluation, and colleague evaluation. This project attempted to ascertain student and faculty (self) evaluation of effective clinical teaching via a twenty-item questionnaire. This survey was conducted in participating diploma nursing schools in the St. Louis area utilizing both faculty and students.

Hypotheses

The following hypotheses were formulated for this study:

1. There would be no differences between student and faculty perceptions of the importance of relationship behaviors in the

effective clinical instructor.

2. There would be no differences between juniors and senior students' perceptions of the importance of relationship behaviors in the effective clinical instructor.

3. There would be no differences between student and faculty perceptions of the importance of professional competence behaviors in the effective clinical instructor.

4. There would be no differences between junior and senior students' perceptions of the importance of professional competence behaviors in the effective clinical instructor.

5. There would be no difference between student and faculty perceptions of the importance of personal behaviors in the effective clinical instructor.

6. There would be no difference between junior and senior students' perceptions of the importance of personal behaviors in the effective clinical instructor.

By identifying both faculty and student perceptions of effective clinical instruction, it was hoped to discover if these perceptions were similar or very divergent. This knowledge would have implications for future nurse-educator preparation, for the continuing education of the established nurse faculty, and for nursing education itself.

In the next chapter a literature review will be presented.

CHAPTER II

Review of Literature

In reviewing the literature pertaining to clinical teaching and evaluation of its effectiveness, pertinent studies are found in several areas. The educational literature speaks to teacher behavior in general and effective classroom teaching. Nursing and allied health researchers have explored both effective teachers and more specifically effective clinical teaching. Studies have also been conducted concerning both faculty and student roles in evaluation. I have reviewed several studies in each area.

General Studies

Alfred C. Jensen (1951) reported on a study which attempted to define criteria of teacher effectiveness. The critical incident technique was used in this study of classroom behavior. Respondents, who were teachers, administrators, supervisors, and student teachers, were asked to write detailed descriptions of critical incidents in teaching, for both effective and ineffective teachers. Approximately five hundred such incidents were reported and reviewed. In analyzing the incidents it was found that most of them could be classified into three categories: personal qualities, professional qualities and social qualities.

Specific behaviors from the first category that were seen as effective were: being alert, being cheerful and enthusiastic,

exhibiting self-control and organization, liking fun and having a sense of humor, seeing and admitting own mistakes, and being fair and impartial.

The category of professional qualities contained seven behaviors that were seen as being effective. These were: having planned yet flexible procedures, stimulating students, having well-planned and clear demonstrations and explanations, encouraging students to think through their own problems and evaluate the results, being fair and dignified in handling discipline matters, being willing and enthusiastic in helping students, and anticipating and intervening with potential difficulties.

The last category contained six behaviors that were noted to be effective teaching behaviors: being sympathetic and understanding to students, being friendly, democratic, and courteous to students, helping students with personal problems, giving positive feedback, anticipating reactions of others in social situations, and encouraging others to do their best.

The relationship between teacher behavior and student learning was reported by Soloman, Rosenberg, and Bezdek (1964). Classroom behavior of twenty-four teachers was observed, tape recordings of classes were analyzed and teachers were questioned about their motives and objectives in teaching. Near the end of the semester their students were given a descriptive questionnaire which asked about the teacher's behavior during the semester. Learning objectives of the course were assessed via content testing of the students at the beginning and end of the semester. Teacher behaviors were categorized into eight factors and correlated with class means for measures of

learning and evaluation. Factual gain was positively correlated with clarity and expressiveness. Highest gains in comprehension were found in students with teachers moderate in permissiveness and in those with teachers with energy and flamboyance. It was believed that these behaviors stimulated students to become more interested and participate more readily.

Student perceptions of effective teaching from engineering instructors was reported by Deshpande, Webb and Marks (1970). It was felt by these researchers that most studies prior to that time had been concerned with the teaching of social rather than natural sciences, and that there was no reason to believe that effective behaviors in the former domain would hold true in the latter. A Teacher Description Instrument was developed from the prior literature search of relevant instruments, a survey of faculty teaching goals, a survey of student expectations of faculty, and a critical incident report by students. This tool was used with undergraduate mechanical engineering students for evaluating thirty-two teachers.

The authors found that the students preferred structure and control, stimulating instructors and instructors high in cognitive merit. These teachers were seen as businesslike, systematic, and tended to make presentations rather than have student participation.

Pohlman (1975) used a questionnaire to collect student ratings of their instructors and courses in a university setting. Approximately 35,000 students participated in this study, each using a five-point scale to rate effectiveness of instruction. Behaviors that were perceived as effective were: achieving course objectives,

responding satisfactorily to questions, knowing when they were being understood, and being available to the student. Other important behaviors perceived as effective by students in this study were being prepared and organized. "Students perceived the effective instructor as a person who has approached the ideal of presenting a body of knowledge in a way that is not only sound from the standpoint of content, but also in a way that increased the students' interest in and appreciation of the subject" (p. 52).

Wimberly, Faulkner, and Moxley (1978) studied ratings of teacher effectiveness behaviors. A five-point rating scale was developed for eight hypothesized examples of effective behaviors. Questionnaires were given to over 2000 university students in the social sciences and repeated the following year with over 2000 students. Results showed the highly evaluated teacher was capable, devoted to teaching, and had a command of his subject. He informed students about what to expect and of his expectations; he respected students and their views and encouraged and motivated his students.

Finally, Mishra (1980) rated teacher behaviors to attempt to determine specific correlates in a general rating of teacher effectiveness. Over 1000 undergraduates and graduate students rated fifty volunteer university teachers. The most important factors for these students were motivation by the teacher, interesting class presentations, clear explanations, and achievement of class objectives.

Nursing and Allied Health Studies

A pilot study at the nursing school of the University of

Cincinnati to determine both faculty and student reaction to faculty evaluation and effective teaching behaviors by nursing faculty was conducted by Mims (1970). Using a seventeen-item form, plus ten open-ended questions and four items evaluating the form itself, one hundred thirty-two junior and senior students evaluated the faculty. The following were found to be designated as most important teaching behaviors: fairness in making and grading tests, the ability to interest students, organization, the ability to explain clearly, and being available to the student. Interestingly, sympathetic attitude toward the student, which appears as an important factor in many nursing studies was seen by these students as a least important factor.

Walker (1971) studied dental students and what they felt was effective instruction. Open-ended questions about characteristics of the students' best and worst teachers were given to one hundred six-seven students. Twenty questionnaires were selected and from these categories were constructed for analysis of the remaining forms.

Well organized course content and lectures were highly important to these students, as were characteristics in the category of teacher-student interaction. Other frequently mentioned favorable characteristics were approachability, accessibility, being interested in students and understanding students. Negative qualities were listed much less frequently than were positive. Disorganized and poorly prepared lectures seemed to be the trait that was most often responded to negatively by the students.

Lowery, Kean, and Hyman (1971) studied BSN faculty and student opinions about faculty evaluation along with teacher characteristics rated as being most and least important by each group. Eighty-four teacher rating items, after analysis, yielded four prominent factors: Interpersonal elements, personal warmth, student inspiration by the teacher, and the teacher's knowledge of the subject. Items having the least importance for these respondents were scholarliness and participation in research.

A study to a.) investigate factors used by students in evaluating instructors and courses and b.) to identify the characteristics of teachers that students rate as being above average was conducted by Armington, Reinikka, and Creighton at the University of Wisconsin-Milwaukee in the early 1970s (1972). Twenty randomly-selected deans of BSN programs were requested to pass on to their students the questionnaire provided for evaluation of teachers and courses. Over 1000 students in two consecutive semesters rated thirty-two teachers.

The mean rating for a course was 3.77 and for instructors 4.02, with five being the highest score. Instructors who were rated above average were perceived to be superior in enthusiasm for their work, be experts in their field, encouraged students to think, and were accessible to the students. They were well organized, gave outstanding and imaginative presentations and had fair tests. In contrast with the last study discussed which de-emphasized the role of scholarliness and research, these authors found that of teachers who had published books and articles in national journals, sixty-five

percent were above the median in organization of concepts and principles, 70 percent in conveying enthusiasm, 80 percent in encouraging the student to think, and 75 percent above the median in outstanding and imaginative approach to teaching.

In 1972, Myrlene Kiker reported on a Texas study she conducted that compared perceptions of teaching effectiveness of thirty-six graduate and thirty-seven undergraduate nursing students with thirty undergraduate education students. A questionnaire testing twelve characteristics, each of which in previous studies had been mentioned at least twice by students as being desirable in teachers, was used. The students ranked these twelve characteristics in order of most to least essential. Then the twelve were grouped loosely into three areas: professional competence, relationships with students, and personal attributes.

Concerning professional competence, education students ranked instructor's confidence in her own ability as the most important characteristic. Almost equal to this in their ranking was encouraging students' independent thinking and learning. In the same category, undergraduate nursing students chose organization of class or clinical experience most often. They considered as second most essential that the instructor demonstrate attitudes, values and skills for the developing students. Graduate students ranked creativity and stimulation as the most essential traits.

In the category of relationships with students, no group considered this to be as essential as professional competence. Fair evaluations by the instructor was one trait in this category that

was in the top half of the rankings for over sixty percent of each group.

Personal attributes were considered least essential for a good instructor by all groups. Undergraduate students saw a sense of humor as more essential than did graduate students. Kiker suggested that "in the clinical setting, where the student is closely supervised, an instructor's sense of humor is important in allaying the student's anxieties" (p. 723).

A study on faculty and student perceptions of effective classroom teaching in nursing was completed by Dixon and Koerner (1976). These researchers wanted to develop an instrument for student evaluation of classroom teaching and to discover constructs used by students in their evaluation of effective teaching. As part of their study one hundred fourteen nursing students were asked to select one exceptionally good and one exceptionally bad teacher and describe them. Items that highly correlated with the good teacher were: generate enthusiasm for content, ask thought-provoking questions, demonstrate logical thinking processes, and demonstrate psychomotor and interpersonal skills.

A final study in this area was concerned not with the basic nursing student and her instructor, but with the graduate nurse as an evaluator of a continuing education instructor. Floyd (1982) wanted to determine the qualities or characteristics preferred in a continuing education instructor by registered nurses in a variety of roles and settings. A questionnaire was developed by the author and pretested with two different groups attending a continuing

education course. The final questionnaire contained ten items to be ranked 1-10. These items were qualities the respondent felt were most important that an instructor should possess. Occupational and educational data were also requested. The questionnaire was mailed to 1500 RNs; it had only about a thirty percent return rate, making the author's data generalization questionable. Respondents were divided into nine groups based on educational level and current area of responsibility (administration, education, etc.).

All groups ranked the quality of knowledge and adequate background/preparation as being the most important. Also one hundred percent consensus existed between groups for the second most important characteristic: ability to present knowledge. Except for the group made up of nursing service, openness to audience response/questions was the third highest ranked quality from all groups. After this the items received mixed ratings among groups. Evidence of ability to do clinical practice in area discussed, as a trait, was ranked third most important by those in nursing service and fifth by school nurses and educators. Poise was ranked ninth by all groups and physical attractiveness ranked tenth by all groups. These data tend to be similar with data discussed previously from formal educational studies.

Studies Related to Clinical Instruction

Virginia Barham's (1965) study of identifying effective nursing instructor behaviors seems very significant since it is described by most subsequent researchers who have studied this topic. Barham's

objective was to identify behavior which differentiated the effective from ineffective nursing instructor in California community colleges. This study was done at a time when nursing education was beginning to move from hospital-based programs into college settings and the instructor was functioning in two separate environments and trying to meet objectives of two institutions with two different philosophies.

By using a critical incident technique, Barham examined how effective the nurse-teacher was in this new setting. Thirteen ADN programs participated. Respondents, who were first and second year students, instructors, and directors, were asked to supply a description of a situation or event that illustrated effective and ineffective behaviors. Almost two-thirds of these occurred in the extended campus area rather than in the classroom. (I interpret "extended campus area" to mean the clinical area.) Incidents were analyzed to extract a word or phrase that best described the teaching behavior. Nineteen behaviors emerged as critical and these were validated by judges familiar with critical incident technique.

The nineteen critical teaching behaviors were as follows:

- 1.) accepting students as individuals,
- 2.) honestly admitting own mistakes,
- 3.) not humiliating students in front of others,
- 4.) being available to students,
- 5.) counseling nonjudgmentally,
- 6.) displaying confidence in students,
- 7.) being flexible,
- 8.) being understanding while working with students,
- 9.) empathizing,
- 10.) being prepared for activities,
- 11.) clearly explaining,
- 12.) making students feel important,
- 13.) establishing rapport,
- 14.) being with student during problem situation,

- 15.) producing nondefensive response,
- 16.) recognizing the individual's needs,
- 17.) being an example,
- 18.) controlling own anxiety so as not to influence the student, and
- 19.) stimulating and involving the student.

Jacobson (1966), in an also often cited study, identified effective behaviors of nursing teachers as described by undergraduate baccalaureate students. A modified form of critical incident technique was used. The students were asked to write descriptions of effective and ineffective incidents along with designating them as effective or ineffective, where the incident occurred, and the student's year in school. Over 1000 useable incidents were collected. From all the incidents collected, fifty-eight critical requirements for effective teaching--many very similar to Barham's--emerged and were placed into six major categories.

The major behavior categories classed as effective behaviors were as follows:

- 1.) availability to students,
- 2.) general knowledge and professional competence,
- 3.) interpersonal relationships,
- 4.) teaching practices in class and clinical,
- 5.) personal characteristics, and
- 6.) instructor's evaluation practices.

A 1970 University of Southern California study was conducted when students began having clinical instruction during their first year of medical school rather than the traditional third. Talalla, Bouggord, and Lass (1974) used several approaches in studying the effectiveness of instruction and the program. A questionnaire went to each student and instructor after each clinical experience. A questionnaire about the instructor which contained open-ended questions was distributed to students after the course ended. A special

examination was given to the students prior to the course and again at the last session.

In the main, students valued teachers who treated other health professionals with respect, who did not ridicule the student, and who asked and encouraged thought-provoking questions.

Rauen (1974) studied students' expectations of their clinical instructors as role models and the behavioral characteristics they expected the teacher to exhibit. Rauen used the Clinical Instructor Characteristics Ranking Scale, which she devised, to test her sample, eighty-four randomly selected freshmen and senior diploma nursing students. Each of them had been exposed to three or more clinical instructors. Each respondent was asked to rank six instructor characteristics in order of importance. The author discussed that in the literature studies indicate a clinical instructor fulfills three main roles: person, nurse and teacher. Rauen's instructor characteristics were divided to correspond with these three.

Freshmen students ranked the clinical instructor's nurse role characteristics as significantly more important than the other two roles. Seniors, in contrast, ranked the instructor's nurse and person role traits as being equally important in helping them learn their own nurse role and significantly more important than her teacher role. The most important priority item for the seniors was that the instructor should demonstrate how to function in a real nursing situation. For the freshmen students the most important priority item was to show contagious enthusiasm for giving high quality care to patients.

David Irby has done several studies and written articles on determining the effectiveness of clinical instruction for medical students. In 1978 (b) he reported on one such study. This study was designed to identify characteristics of the best and worst clinical instructors in medicine as perceived by students, residents, and faculty. He also wanted to determine if the ratings were affected by the instructor's role, department, or teaching method.

Irby listed four factors he found to be common in the literature about effective teachers: organization/clarity, group instructional skills, enthusiasm/stimulation, and knowledge. In addition, three were identified as traits important for clinical teaching: clinical supervision, clinical competence and modeling professional characteristics. These seven factors he hypothesized as dimensions for effective clinical teaching in this study.

A questionnaire with sixty-one items pertaining to clinical teacher behavior was mailed to medical school faculty, third and fourth year medical students, and residents at the University of Washington. Students were asked to describe their best and worst clinical instructor who used a preselected teaching method. Faculty were asked to describe as best and worst a colleague they had recently observed in a clinical instructor role. Then the subjects were requested to rate how descriptive the sixty-one teacher behaviors were of the previously described instructors. The instrument ended with an open-ended question about the three-five most important characteristics that made the instructor stand out in the respondent's mind.

Based on the highest factor ratings the best instructor was described as being enthusiastic, having clarity and organization of presentation, and clinical competence. From the open-ended question came the following characteristics of the best clinical teacher: breadth of medical knowledge, enthusiasm, enjoyment of teaching, friendliness, clinical competence, clear and well organized presentations, accessibility, and interest in students, residents, and patients.

Wong (1978) studied a.) the behavior of the clinical instructor which was perceived by students as being helpful or hindering and b.) if there was a difference in perceptions of first and second level students. The scope of her study was purposefully small, using only eight first and second level students in a two-year basic nursing program. This study, which was exploratory and descriptive, utilized a modified critical incident technique. Students were asked to describe teacher incidents in the clinical area that occurred in the previous six months which had helped or hindered learning. The behaviors were divided into five areas: professional competency, relationships, personal attributes, teaching methods, and evaluation of practice.

The total number of helpful behaviors mentioned was slightly higher than those hindering, but both groups described more behaviors that were hindering. Behaviors that were reported to be helpful were as follows: being willing to give explanations and to answer questions, being interested in students and being respectful to them, giving encouragement and due praise, informing students of their

progress, displaying a sense of humor, having a pleasant voice, being available when needed, giving an appropriate amount of supervision and displaying confidence in herself and her students.

As previously mentioned in Chapter I, first level students were very sensitive to how the instructor made them feel, whereas students in the second year, although sensitive to this, seemed to be more concerned with the teacher's competency.

O'Shea and Parsons (1979) conducted a study to identify and compare effective vs. ineffective clinical teaching behaviors as described by faculty and students in a baccalaureate nursing program. Their contention was that clinical learning was unique partially due to student and instructor anxiety because of the element of risk in working with real clients. This uniqueness made clinical instruction an important topic for study.

In this study, which was a survey, two questions were given to two hundred-five junior and senior nursing students and twenty-four faculty: list three-five facilitating behaviors by the instructor and list three-five interfering behaviors. Responses were divided into three categories: evaluative behaviors, instructive/assistive behaviors, and personal characteristics.

Junior students found it easier to list facilitative behaviors than hindering ones. This was found to a lesser degree in the other two groups. There was agreement between all groups about the value of feedback to students as being important. In the instructive/assistive category, the availability of faculty was the behavior noted by all groups to be most facilitating to learning. Senior students saw the lack of availability to be more of a hinderance than

did the other two groups. Juniors saw faculty willingness to help as facilitating; seniors saw as facilitating the instructor allowing the student to recognize and correct her own mistakes. Faculty saw role modeling behavior as facilitating behavior five times more often than did students. This reinforces a finding from Irby's previously mentioned study: he found of his hypothesized factors of effectiveness, modeling professional behavior was not confirmed as effective teaching behavior. Overall, facilitative behavior was seen as being friendly and supportive, being understanding, being available, being willing to help, and giving honest feedback and verbal encouragement. Ineffective behaviors were seen by students as being impersonal, critical and authoritarian. Faculty identified as hindering behavior: having unrealistic expectations about students, meeting their own needs rather than the students', and taking over assignments.

Brigitte Stuebbe conducted a study based on Rauen's, which has been previously discussed, in which she compared the role of the instructor as perceived by faculty and students (1980). Using an adaptation of Rauen's ranking instrument based on the instructor's behavior in nurse (n), teacher (t), and person (p) roles, she divided the eighteen nursing teacher behaviors into three groups of six each. The subject was to rank each group separately in order of their importance. At the bottom were spaces to rank order the three characteristics ranked as the most important in each of the three groups and the three characteristics that were ranked as being the second most important. Her working hypotheses included that instructors

would rank teacher characteristics highest while students would rank nurse characteristics highest. Freshmen would rank teacher characteristics highest and seniors would rank nurse characteristics in that position.

In looking at her data, the author found that there were remarkable differences among sixteen of eighteen characteristics in the rankings by faculty and different classes of students. The three highest characteristics as ranked by freshmen and juniors were: demonstrate how to function in real nursing situations (n), be available to help when needed (t), and show enthusiasm for quality patient care (n). Senior students saw as the three highest ranking characteristics: evaluate student progress and performance fairly (t), show enthusiasm for quality patient care (n), and demonstrate honesty (p). The three highest rankings from faculty were: encourage the students to think for themselves (t), show interest in the students as individuals (p), and evaluate student fairly and keep them informed (t). The author goes on to state,

The amount of variety seen in the rankings of characteristics shows a need for improved awareness on the part of instructors as to what the needs and expectations of their students are. Results from this study indicate that students value the learning of observed nursing skills and theory most, while instructors valued teacher-student relations more (p.9).

Irby and Rakestraw (1981) writing in the Journal of Medical Education described a study done of medical student ratings of clinical teaching in an obstetrics and gynecology rotation. This was done to confirm previous ratings of instruction and to help determine reliability of student ratings of clinical instruction.

A Clinical Teaching Assessment form was designed for student feedback. This form contained nine items to reflect six factors of clinical teaching effectiveness which had been previously identified: clear and organized, enthusiastic and stimulating, knowledgeable and analytical, establish rapport, actively involve students, demonstrate clinical skills and procedures, provide direction and feedback, be accessible, and overall teaching effectiveness. Using a one (poor) to five (excellent) rating system on the questionnaire, three hundred-twenty students rated a total of two hundred-thirty faculty and residents.

In looking at the ranges of scores for the items, at the high end of the range, students perceived faculty to be able to establish rapport, to be knowledgeable, and to be clear and organized in presenting information. Being enthusiastic and providing clinical supervision most strongly correlated with overall teaching effectiveness in a clinical setting.

The study which has the most relevance for this researcher is one that was done by Sylvia T. Brown of East Carolina University as reported in the Journal of Nursing Education (1981). She conducted a study with BSN students and faculty to determine their perceptions of effective clinical teaching.

Only senior nursing students were used. The author assumed that they had had enough exposure to clinical instructors to be able to determine effective teaching. Eighty-four students and forty-two faculty members were polled during class and faculty meeting time. A questionnaire containing twenty characteristics of an effective

teacher that could be rated for importance was the first part; a section ranking five of these characteristics as the most important was the second part of the questionnaire.

Over fifty percent of the students marked the following characteristics as being the most important: shows genuine interest in patients and their care, conveys confidence in and respect for the student, is well informed and communicates knowledge to the student, encourages students to ask questions or ask for help, and fairly and objectively evaluates the student. Fair and objective evaluation of students and being well informed and communicating knowledge were also picked by over fifty percent of faculty as being most important. The characteristic also picked by over fifty percent of faculty as being most important--but not seen as such by students--was relating underlying theory to practice.

The student group felt that all items on the rating scale had some importance for the effective instructor. Two faculty members felt that displaying a sense of humor was of no importance; one faculty member marked permitting freedom of expression and venting of feelings as being of no importance.

The characteristics were classified into categories of professional competence, relationships with students, and personal attributes. The students saw as most important faculty and student relationships while faculty ranked professional competence first with relationships as secondary in importance. Both groups saw personal attributes as third in importance.

In ranking the top five characteristics for an effective teacher

there were only two characteristics that both faculty and students saw as the most important: providing useful feedback and fair and objective student evaluation. The students' other top three were: to show genuine interest in patients and their care, to convey confidence in and respect for the student, and to have realistic expectations for students. The faculty's other top three were: to relate theory to practice, being well informed and communicate knowledge to the student, and to possess the ability to stimulate the student to learn.

There were marked differences between the groups on four items on the survey. These four items were relating underlying theory to practice, supervising without taking over, exercising self-control and cooperation, and permitting freedom of discussion and venting of feelings. Both groups saw all of these as important, but there were varying degrees of importance seen for each according to the group of respondents. Results from this study seem to indicate that baccalaureate nursing students regard relationships with instructors as being more important than instructor competence. Faculty, on the other hand, regard clinical competence as foremost.

Ratings of Teaching Effectiveness

Wong (1980) said that peer and self-evaluation is vitally important in helping to determine teaching effectiveness. Through this analysis teachers can identify strengths and weaknesses in their teaching methods and change accordingly.

Hildegard's study (1972) of effective teaching had students

and faculty identify the best and worst teachers and colleagues. He felt, based on this study, that faculty and students use similar criteria in carrying out evaluation ratings.

Infante (1975) conducted a study about the clinical laboratory in nursing in which she discovered that there may be some confusion on the part of nursing instructors about their role in the clinical situation. In analyzing her survey, Infante found that 10.3 percent of her respondents (nursing faculty) saw themselves in the nurse role rather than the teacher role; yet on different items on the same questionnaire only 4.3 percent saw themselves serving as a model of a nurse. She wondered about these inconsistencies in perceptions on their part and the possibility that they might not be clear about their roles in the clinical area.

O'Neill (1975) showed a close similarity of student-faculty patterns in a study of nursing student values. Schweer and Gebbie (1976) stated that some of the unanswered questions about the role of faculty in evaluation of teaching effectiveness were "how does the faculty identify good teaching?" and "should they give time to also identifying poor practices?" By utilizing faculty perceptions as part of the study done by this researcher, there may have been some information contributed toward the first question. If one of the major problems in student ratings is, as Mishra stated (1980), that students and faculty have discrepant goals and expectations, it is right and logical that both parties in the educational process need to be studied to gain information.

Using student ratings to help determine teaching effectiveness

has ceased to be controversial. In some literature comments were made about the subjectivity of student ratings and that ratings may threaten academic freedom (Harvey and Barker, 1970; Renner, (1967). Armington et al (1972) cited faculty who felt that raters would be so prejudiced that any ratings from them would be so skewed as to be unuseable. Pohlman (1975) cited results of student ratings that had been collected on items that were too vague as being a reason to avoid student evaluation of faculty.

There is also a body of literature that supports input about faculty behavior. Since the student is the recipient of the teacher's efforts he should be in a position to have his expectations about the instructor heard and acted upon (Rauen, 1974; Renner, 1967). All consumers have the right to judge for themselves what they purchase (Armington, et al, 1972). Studying perceptions of students about teacher effectiveness can yield information on a wide range of teacher behaviors from a large number of observers at a low cost. Also, according to the same author, there has been correlation between selected teacher behavior and student learning (Irby, 1978b).

In attempting to rule out instructor fears that students may be punitive in rating instructors, Hildebrand (1972) found that students were lenient rather than harsh. When students rated instructors using a continuum with a middle value identified as average performance, the mean of their rating was higher than the average value. In his study the mean was 5.5 on a seven-point continuum.

When asked if students should evaluate teaching 91.9 percent of teachers and 92.2 percent of students thought it was a proper

function (Lowery, et al, 1971). It was also found in the same study that 83.7 percent of faculty felt the student would be moderately objective or less but 61.2 percent felt the student would be very/extremely objective. In the students' view of their own objectivity in doing faculty evaluation, 83 percent felt they could be moderately objective or more, while only 17 percent felt they would not be fair or not objective.

Summary

In assessing and evaluating the foregoing studies in Chapter II, several show conflicting results. A brief tabulation of the studies reveals the teacher characteristics mentioned as effective behaviors the highest number of times throughout are: enthusiasm; being available to the student; being fair and impartial in counseling, evaluation and discipline matters; and being knowledgeable. Of these, enthusiasm and knowledge are the most often mentioned characteristics.

In carrying out the current study, I hoped to add information specifically related to how the diploma nursing student and faculty member view effective clinical instruction. In the majority of the previously cited studies, the populations/samples were non-nursing students and faculty or ADN-BSN students and/or faculty. In only two studies found, was the study group diploma students and only one of these included faculty. Both of these studies were brief and the total population for both studies combined was less than two hundred.

Because of the very few studies found relating to diploma

educators and their students and the very few individuals that have apparently been studied, I felt this study should be undertaken.

Chapter III will discuss methodology and procedures for conducting this study.

CHAPTER III

MethodologyPurpose

The purpose of this study was to determine if there was a difference in perceptions about effective clinical instruction between diploma nursing students and their faculty. The hypotheses that were formulated for the study were:

1. There would be no differences between student and faculty perceptions about the importance of relationship behaviors in the effective clinical instructor.
2. There would be no differences between junior and senior students' perceptions about the importance of relationship behaviors in the effective clinical instructor.
3. There would be no differences between student and faculty perceptions about the importance of professional competence behaviors in the effective clinical instructor.
4. There would be no differences between junior and senior students' perceptions of the importance of professional competence behaviors in the effective clinical instructor.
5. There would be no differences between student and faculty perceptions of the importance of personal behaviors in the effective clinical instructor.
6. There would be no difference between junior and senior

students' perceptions of the importance of personal behaviors in the effective clinical instructor.

Instrument

This project was a descriptive study using a survey methodology.

The survey instrument that was used is a twenty-item rating scale and five-item rank-order scale developed by Dr. Sylvia T. Brown, RN, of East Carolina University. This scale was utilized in her study of baccalaureate students and faculty perceptions of effective clinical instruction. Prior to its use at that time, the tool was evaluated by nursing students and faculty in a graduate level research course and revised on the basis of their evaluation. Permission has been granted by Dr. Brown and by the journal in which her study was published to use this survey instrument in this study. A copy of the survey and letters of permission can be found in the Appendix.

The instrument begins with a statement of purpose and instructions. Section I of this tool was changed only by adding an item that asked for the student's class or level in school. The rest of this section is exactly like the original. It consists of twenty statements that describe behaviors of the clinical instructor. The subject was asked to agree if each statement describes behavior consistent with her perception of an effective clinical instructor, and to what degree that behavior is important. The scale has outer limits of A (of most importance) to E (of no importance).

Section II of the survey form asked the subject to rank order the five most important behaviors displayed by the effective instructor from the previously listed twenty behaviors. This section was not changed from its original form.

Sample

Each director of a diploma nursing program was initially contacted either verbally or by letter seeking her permission and cooperation. At this point, five directors expressed varying degrees of interest, but all agreed to participate. One director requested a copy of the proposal for further study. After reviewing the proposal, this school also agreed to participate.

The population for sampling then became all instructors and students in the six St. Louis area diploma nursing schools. The sample became only those instructors and students who volunteered to participate in the study. There were 830 total questionnaires distributed. Of these, 552 (66.5%) were returned completed. Faculty completed 82 questionnaires; four hundred sixty-one came from students.

Survey Administration

I had originally planned to take the survey form to each school and administer it on site during class and faculty meeting time. Several previous studies mentioned this approach as a means of obtaining optimal return (Brown, 1981; Lowery, et al, 1971;

Walker, 1971). The majority of the schools, however, requested that the forms be mailed; as a result, the questionnaires were mailed in bulk to the directors for their distribution and administration. In only one school was there on-site administration by me.

At this school, questionnaires were administered over a one week period to both students and faculty. There was one hundred percent return rate of survey forms in this school.

The mailed forms were sent to the school directors over a three week period as requests for forms were returned to me. A copy of the note giving approval for participation and requesting survey forms can be found in the Appendix. Completed surveys were returned to me over a six week period. Due to the fact that schools were unidentified in their mailings, it was not possible to determine the percentage of return for these schools, but there were completed forms returned from each school.

Analysis

As the questionnaires were returned, they were divided into faculty, senior and junior groups. The results for each group were tallied separately. The rating scale (Section I) was tallied on a five-place grid for responses A to E, "of most importance" to "of no importance". After tabulating all results, percentages were done for each item.

Then, as in Brown's study (Brown, 1981), the twenty items were grouped into one of three categories: behaviors related to student-faculty relationships, behaviors related to faculty's

competence, and behaviors felt to be instructor personal attributes.

In classifying an item, I allowed my clinical judgment and professional experience to be determining factors. Thus there was a small difference in groupings between this study and the original groupings by Brown. Dr. Brown's groupings were as follows:

1. Personal factors: Items 5,9,11,18 and 19;
2. Relationship factors: Items 6,12,13,14,20 and 21;
3. Competence factors: Items 2,3,4,7,8,10,15,16 and 17. In

the current study the items were grouped as follows:

1. Personal factors: Items 3,5,9,12,18 and 19;
2. Relationship factors: Items 6,11,13,14,17 and 20;
3. Competence factors: Items 2,4,7,8,10,15,16 and 21. These

changes in item placement did make some differences in the data analysis from the original study by Brown.

Using these categories, a chi-square test was computed to determine differences between student and faculty ratings and the differences between students in different classes.

The ranking scale (Section II) was also tallied on a five-place grid with places for first through fifth most important behaviors of an effective clinical instructor and percentages were calculated. The items were then rank ordered for each group. A Spearman rank-order correlation coefficient was then calculated for this data. In this test, faculty was compared with students and junior students were compared with senior students.

Results of the data analysis will be presented in Chapter IV.

CHAPTER IV

Results of QuestionnaireData Collection

There were 830 total questionnaires distributed to six diploma nursing schools in the St. Louis area. Of the total, 552 (66.5%) were returned completed. Eighty-two questionnaires were completed by faculty members; one hundred seventy-eight came from seniors; two hundred eighty-three were completed by juniors. There were nine questionnaires that were not useable due to ambiguous or non-codeable answers.

Item Analysis

Table I on page 39 displays percentages of responses for each group for Section I of the questionnaire. A copy of the questionnaire will follow the table to allow easier reference to the items while the data is being discussed.

Over fifty percent of the responding faculty marked three items as being most important behaviors in an effective clinical instructor. These items were:

- 3--shows genuine interest in patients and their care;
- 15--is objective and fair in student evaluation;
- 16--demonstrates skills, attitudes and values that are to be developed by the student in the clinical area.

TABLE I
RESPONSES TO EACH ITEM IN PERCENTAGES

ITEM	FACULTY N=82					SENIORS N=178					JUNIORS N=283				
	A	B	C	D	E	A	B	C	D	E	A	B	C	D	E
2	25.6	47.5	19.5	1.2	0	28.6	55	15.7	.5	0	36.8	42.4	17.3	2.4	0
3	65.8	26.8	6	0	0	52.8	35.9	11.2	0	0	52.6	38.8	8.4	<1	0
4	42.6	43.9	10.9	0	0	32	47.1	19.1	.5	0	37.8	49.1	11.6	1	0
5	7.3	21.9	54.8	14.6	0	14	25.8	48.3	11.2	0	12.7	25.7	44.8	14.1	2.1
6	39	48.7	10.9	0	0	59.5	35.3	5	0	0	57.5	33.9	7.4	<1	<1
7	43.9	53.6	1.2	0	0	60.1	34.8	3.9	1.1	0	63.6	32.1	3.8	<1	0
8	23.1	53.6	21.9	0	0	46	42.1	25.6	0	0	46.6	41.3	10.6	1	0
9	35.3	37.8	23.1	1.2	0	32	48.8	16.2	2.2	0	33.2	40.2	22.2	3.5	0
10	36.5	46.3	15.8	0	0	36.5	47.1	15.1	0	0	48.4	40.2	10.9	<1	0
11	18.2	51.2	29.2	0	0	38.2	44.3	16.2	.5	.5	50.1	36	12.7	<1	<1
12	37.8	43.9	17	0	0	52.8	38.2	7.8	0	0	58.3	32.5	8.1	<1	<1
13	47.5	40.2	8.5	2.4	0	43.2	47.1	9.5	0	0	47.3	40.6	11.6	<1	0
14	42.6	46.3	9.7	0	0	51.1	41	7.3	.5	0	57.9	32.8	8.8	0	<1
15	63.4	29.2	6	0	0	62.3	29.7	7.8	0	0	57.9	35.6	5.6	0	0
16	50	36.5	9.7	1.2	0	35.3	44.3	16.8	1.6	0	39.2	46.6	13	1	0
17	31.7	51.2	14.6	0	0	29.2	43.8	23.5	2.8	0	34.9	38.8	21.9	3.5	0
18	36.5	47.5	14.6	0	0	29.2	47.7	21.9	0	.5	35.3	43.8	19	2	0
19	17	50	30.4	1.2	0	24.7	49.4	24.1	.5	.5	28.9	46.6	22.9	1	0
20	19.5	40.2	39	0	0	38.7	44.9	15.1	1.1	0	33.9	43.8	20.1	2.1	0
21	31.7	46.3	19.5	1.2	0	35.9	42.6	18.5	1.1	0	46.9	42.7	10.2	0	0

CLINICAL TEACHER CHARACTERISTICS INSTRUMENT

Developed by Dr. Sylvia T. Brown

Purpose: The following tool is designed for the nursing student and faculty member to rate characteristics that an effective clinical teacher/instructor should have.

SECTION I

Instructions: Please indicate your response to each item using the code given. Do not give your name. The code is

a= of most importance

b= very important

c= important

d= slightly important

e= of no importance

- _____ 1. Please indicate if you are a student or faculty member
_____ Student _____ Year, level, etc. _____ Faculty
- _____ 2. Facilitates student's awareness of their professional responsibilities.
- _____ 3. Shows genuine interest in patients and their care.
- _____ 4. Relates underlying theory to clinical practice.
- _____ 5. Displays a sense of humor.
- _____ 6. Conveys confidence in and respect for the student.
- _____ 7. Is well informed and able to communicate knowledge to the student.
- _____ 8. Supervises and helps in new experiences without taking over.
- _____ 9. Admits limitations and mistakes honestly.
- _____ 10. Provides useful feedback on student progress.
- _____ 11. Is self-controlled, cooperative and patient.
- _____ 12. Is realistic in expectations of students.
- _____ 13. Is honest and direct with students.
- _____ 14. Encourages students to feel free to ask questions or to ask for help.
- _____ 15. Is objective and fair in the evaluation of the student.
- _____ 16. Demonstrates skills, attitudes and values that are to be developed by the student in the clinical area.
- _____ 17. Possesses the ability to stimulate the student to want to learn.
- _____ 18. Shows enthusiasm for teaching.
- _____ 19. Is flexible when the occasion calls for it.
- _____ 20. Permits freedom of discussion and venting of feelings.
- _____ 21. Available to work with students as situation arises in the clinical setting.

SECTION II

Instructions: Please choose five characteristics from the above items (2-21) which you consider to be the most important for a clinical teacher to have and rank them in order of importance.

1. _____
2. _____
3. _____
4. _____
5. _____

Over fifty percent of the senior students marked six items as being of most importance in the effective clinical instructor. These items were:

- 3--shows genuine interest in patients and their care;
- 6--conveys confidence in and respect for the student;
- 7--is well informed and able to communicate knowledge to the student;
- 12--is realistic in expectations of the students;
- 14--encourages the student to feel free to ask questions or to ask for help; and
- 15--is objective and fair in student evaluations.

Fifty percent or more of junior students marked these same six items as being the most important behaviors in effective clinical instructors. In addition, they also marked item 11 (is self-controlled, cooperative and patient).

No faculty member marked any item to be of no importance. Three items were marked as of no importance by one senior student each (0.5%). These items were 11 (to be self-controlled, cooperative and patient), 18 (show enthusiasm for teaching), and 19 (is flexible when the occasion calls for it). Six junior students (2.1%) marked item five (sense of humor) as being not an important behavior in an effective instructor. Items six (conveys confidence in and respect for the student), eleven (is self-controlled, cooperative and patient), twelve (is realistic in expectations of students), and fourteen (encourages student to feel free to ask questions and to ask for help) were each noted one time (less than 1%) to be of no importance.

Statistical Analysis

As noted in Chapter III, the twenty items on the survey were grouped into categories of student-faculty relationships, professional competence, and personal attributes. Utilizing these categories, chi squares were constructed and calculated. Chi Square tests show if observed data deviates substantially from an expected theoretical frequencies.

It was hypothesized that there would be no differences between junior and senior students' perceptions of the importance of relationship behaviors in the effective clinical instructor.

Table 2 shows the difference between juniors and seniors in the category of relationship items. The table displays total responses in each portion of the scale and percentages.

TABLE 2
Comparisons of Student Responses for
Relationship Items

Group	A	B	C	D	E	CHI SQUARE	DF
Juniors							
Total	798	640	234	20	3		
Percent	46.9	37.6	13.7	1.1	1		
Senior							
Total	463	457	137	9	1	7.66522*	4
Percent	43.3	42.7	12.8	1			

*Not Significant

This test indicates that there is no difference between perceptions of these two groups of students concerning the value of student-faculty relationship behavior. Percentages in this table are similar for each category for these test groups. In this instance the hypothesis is confirmed that there is no difference between student groups concerning the importance of relationship behaviors in the instructor who is effective in the clinical area. Both groups appear to feel it is important behavior.

It was hypothesized that there would be no differences between student and faculty perceptions of the importance of relationship behavior in the effective clinical instructor.

In comparing all students with faculty perceptions of the importance of relationship behaviors, on the other hand, there are differences. Table 3 displays this data in total responses and percentages.

TABLE 3
Comparisons of Student and Faculty
Responses for Relationship Items

Group	A	B	C	D	E	CHI SQUARE	DF
Students							
Total	1261	1097	371	29	4		
Percent	45.5	39.6	13.4	1	1	30.3581*	4
Faculty							
Total	163	228	92	2	0		
Percent	33.1	46.3	18.6	.4	0		

*Significant at .01 levels

For this data, the hypothesis that there would be no differences between faculty and student perceptions about the importance of relationship behaviors is rejected. The difference in these two groups' perceptions appears to be very significant. Students and faculty were divergent in their perceptions with students seeing these behaviors as more important than did their instructors.

No differences between juniors and seniors concerning the importance of professional competence in the effective clinical instructor was hypothesized. Table 4 displays this data in total responses and percentages.

TABLE 4
Comparisons of Student Responses for
Competence Items

Group	A	B	C	D	E	CHI SQUARE	DF
Juniors							
Total	1067	935	236	18	0		
Percent	47.1	41.2	10.4	.7	0		
						13.36235*	4
Seniors							
Total	600	611	194	9	0		
Percent	42.1	42.9	13.6	.6	0		

*Significant at .01 level

On the basis of this test, the hypothesis stating that there would be no difference between the students' perceptions about

professional competence in an effective instructor is not confirmed. It would appear that junior students valued professional competence as being important for effectiveness in the instructor more so than did the senior students. No differences between student and faculty perceptions of the importance of professional competence behaviors in the effective clinical instructor was hypothesized.

Faculty perceptions of competence as an important behavior for the effective instructor compared to all student perceptions is shown in Table 5. This table also displays total responses and percentages.

TABLE 5
Comparisons of Student and Faculty Responses
for Competence Items

Group	A	B	C	D	E	CHI SQUARE	DF
Students							
Totals	1667	1546	430	27	0		
Percent	45.2	41.9	11.6	.7	0		
						3.88161*	4
Faculty							
Totals	260	249	86	3	0		
Percent	39.6	37.9	13.1	.4	0		

*Not significant

In this test, the hypothesis stating that there would be no differences in perceptions between students and faculty regarding importance of professional competence in an effective instructor

is confirmed, as faculty and students do not differ significantly in their perceptions of this factor.

It was hypothesized that there would be no difference between junior and senior students' perceptions of the importance of personal behaviors in the effective clinical instructor.

The differences in perceptions between student groups of the importance of personal behavior items is depicted in Table 6. This table, as the previous ones, displays total responses and percentages.

TABLE 6

Comparisons of Student Responses
for Personal Items

Group	A	B	C	D	E	CHI SQUARE	DF
Juniors							
Total	625	645	356	60	7		
Percent	36.8	37.9	20.9	3.5	.4		
						6.90220*	4
Seniors							
Total	366	438	231	25	2		
Percent	34.2	41	21.6	1	1		

*Not significant

There was no statistical significance in this test according to the chi square coefficient, confirming that the hypothesis that there would be no difference in students' perceptions of the importance of personal behaviors in the effective instructor.

There was also no statistical significance between all student and faculty perceptions of the importance of personal factors. It had been hypothesized that there would be no difference between student and faculty perceptions of the importance of personal behaviors in the effective clinical instructor. Table 7 displays this data in total responses and percentages.

TABLE 7
Comparisons of Student and Faculty Responses
for Personal Items

Group	A	B	C	D	E	CHI SQUARE	DF
Students							
Total	991	1083	587	85	9		
Percent	35.8	39.1	21.2	3	1	4.46613*	4
Faculty							
Total	164	187	120	14	0		
Percent	33.3	38	24.3	1	0		

*Not significant

According to the chi square for this test, the hypothesis that there would be no differences in faculty and student perceptions of the importance of personal factors is confirmed. Both groups appear congruent in their perception of this factor.

Rank-Order Data

In Section II of the questionnaire, the respondent was asked to

rank order the five behaviors considered most important for an effective clinical instructor. Table 8 displays the total percentages for each item on the questionnaire according to group.

TABLE 8
Total Percentages of Each Group Perceiving Item
to be one of Five Most Important

Item	Faculty	Senior	Junior
2	18.2	10.6	13.7
3	53.6	28.6	23.3
4	35.3	19.1	24.7
5	9.7	14.6	13.4
6	31.7	61.7	51.9
7	46.3	39.3	39.2
8	13.4	36.5	27.9
9	14.6	26.9	13.0
10	29.2	20.2	27.9
11	8.5	16.2	25.4
12	32.9	38.2	47.3
13	28.0	26.9	19.4
14	17.0	33.7	37.8
15	39.0	35.3	32.5
16	40.2	23.0	20.1
17	25.6	19.1	21.2
18	23.0	13.4	15.1
19	9.7	11.2	8.4
20	10.9	14.0	10.6
21	13.4	14.0	23.6

Item three (shows genuine interest in patients and their care) was chosen as one of the top five by 53.6% of the faculty. Item 7 (is well informed and able to communicate knowledge to the student) was the next highest chosen by the faculty with 46.3% choosing this answer. The least often chosen items by faculty were 5 (sense of

humor) and 19 (is flexible when occasion calls for it) tied at 9.7% each.

The item chosen the most often by senior students as one of the five most important behaviors in an effective instructor was Item 6 (conveys confidence in and respect for students) with 61.7% choosing it. The second highest chosen was Item 12 (is realistic in expectations of students) with 38.2% choosing it. The least often chosen item by seniors was Item 2 (facilitates students' awareness of their professional responsibilities) with 10.6% choosing it.

The item chosen the most often by junior students as one of the five most important behaviors was also Item 6 with 51.9% choosing it. The second most often chosen item by this group was also Item 12 with 47.3% choosing it. The least often selected item by the junior students was 19 (is flexible when occasion calls for it) being chosen by only 8.4%.

Items were then put into rank order for each group to compare them. This data is depicted in Table 9 which is displayed on the following page.



TABLE 9
Items Rank-Ordered by Groups

Faculty	Seniors	Juniors
3	6	6
7	7	12
16	12	7
15	8	14
4	15	15
12	14	10
6	3	8
10	13	11
13	9	4
17	16	21
18	10	3
2	17	17
14	4	16
9	11	13
21	5	18
8	20	2
20	21	5
19	18	9
5	19	20
11	2	19

As previously noted, both student groups ranked Item 6 (conveys confidence in and respect for the student) as the most important item. This was in seventh place for the faculty. Faculty ranked Item 3 (shows genuine interest in patients and their care) as number one, while senior students ranked this item in seventh place and juniors in eleventh place.

Number two ranking went to Item 12 (is realistic in expectations of students) for junior students. Seniors placed this item in third place and faculty in sixth place. Seniors and faculty agreed on Item 7 (is well informed and able to communicate knowledge to the

student) being in second place. Juniors had Item 7 in third place.

Faculty ranked Item 16 (demonstrated skills, attitudes, and values that are to be developed by the student in the clinical area) in third place. Seniors ranked this item in tenth place and juniors in thirteenth. Seniors ranked Item 12 (is realistic in expectations of students) in third place. Third place for juniors was held by Item 7, as noted earlier.

Fourth place ranking for faculty went to Item 15 (is objective and fair in evaluation of the student). This item was only slightly less important to students, being ranked in fifth place by both groups. Fifth for faculty was Item 4 (related underlying theory to clinical practice). Fourth place for seniors was held by Item 8 (supervises and helps in new situations without taking over); Item 14 (encourages students to feel free to ask questions or to ask for help) took fourth place for juniors.

Juniors ranked Item 19 (is flexible when occasion calls for it) in twentieth (last) place. Seniors ranked Item 2 (facilitates students' awareness of their professional responsibilities) in last place. Faculty ranked Item 11 (is self-controlled, cooperative and patient) in twentieth place.

Following the rank-ordering, a Spearman correlation coefficient was computed. The results of this test are displayed in Table 10.

TABLE 10
 Test Group Responses Ranking Five Most
 Important Behaviors in
 Effective Clinical Instructors

Group	Correlation Coefficient
Junior-senior	.7703*
Junior-faculty	.4776**
Senior-faculty	.5653**

*Significant at .01 level

**Significant at .05 level

All groups show a positive correlation in their ranking of the top five behaviors in an effective instructor. The strongest correlation--the most congruent in perception--exists between the two student groups.

In the next chapter, interpretation of the results, conclusions, and recommendations will be presented.

CHAPTER V

ConclusionsHypotheses

In this study of diploma nursing students and faculty, an attempt was made to determine if there was congruence in the perceptions of what constitutes an effective instructor in the clinical area. There was also a secondary interest in determining if there was a difference in perceptions between the students in different classes.

The working hypotheses for this study were as follows:

1. There would be no differences between student and faculty perceptions of the importance of relationship behaviors in the effective clinical instructor.
2. There would be no differences between junior and senior students' perceptions of the importance of relationship behaviors in the effective clinical instructor.
3. There would be no differences between student and faculty perceptions of the importance of professional competence behaviors in the effective clinical instructor.
4. There would be no differences between junior and senior students' perceptions of the importance of professional competence behaviors in the effective clinical instructor.
5. There would be no difference between faculty and students'

perceptions of the importance of personal behaviors in the effective clinical instructor.

6. There would be no difference between junior and senior students' perceptions of the importance of personal behaviors in the effective clinical instructor.

Of these six, four were accepted; there were no significant differences in perception between junior and senior students about the importance of relationship behaviors and personal behaviors or between students and faculty about the importance of professional competence behaviors and personal behaviors. Two of the hypotheses were rejected; significant differences were found in testing. The two hypotheses that were rejected were: a.) that there would be no difference between student and faculty perceptions about the importance of relationship behaviors in the effective clinical instructor and b.) that there would be no difference between junior and senior students' perceptions of the importance of professional competence behaviors in the effective clinical instructor.

There does seem to be little congruence between faculty and students in the perception of the importance of student-faculty relationships. Students appear to value these behaviors much more than do faculty. This data is similar to Brown's results (Brown, 1981) with baccalaureate students and Wong's results (1978) with her first level students. It is in contrast, however, with Mims (1970) and Kiker (1972) both of whom found relationship functions a lesser or least important factor. Both of the latter mentioned studies were done early in the decade. Perhaps during the 1970's, with the

increased emphasis on the "me generation", "doing your own thing", and student rights, students now feel more concerned with themselves as the focus of the educational process.

There are also differences between the two student groups concerning the importance of competence for an effective instructor. Juniors appeared to perceive this as more important than did seniors. Perhaps this is due to anxiety in the clinical area in the "younger" students. Perhaps the juniors feel the need of a strong, knowledgeable, competent person with them for guidance and help as they don't feel that way themselves. Perhaps seniors feel more capable themselves and don't feel it so critical for the instructor.

Overall, in considering the analysis of the data, there appears to be congruence between student groups and faculty in their perceptions of behaviors that would be displayed in an effective nurse-teacher in the clinical area. Perhaps this is because there is homogeneity within the population. Nursing students tend to be similar to their faculty role models--white, middle-class, female. Perhaps the similarity seen in perception is a reflection of similar "class" values as a whole. Or perhaps it is a subtle reflection of recruiting practices. Students may be recruited into diploma programs partially because they hold values similar to the faculty's.

Similarities could also be a result of the socialization process that occurs during the educational process. With repeated contact with instructors in the clinical setting, one might come to see them and their behaviors, attitudes, values, etc., as part of the nursing role that is to be acquired.

In looking at the individual items on the survey, over fifty percent of the instructors responding felt the following three were most important in the effective instructor:

- Item 3--Show a genuine interest in patients and their care;
- Item 15--Is fair and objective in evaluation of the student; and
- Item 16--Demonstrate skills, attitudes and values that are to be developed by the student in the clinical area. The faculty in valuing these behaviors seem to be looking at nursing and the educational process rather than the individual student. The faculty appears to be less interested in student-faculty relationships, but rather, behaviors that help to produce nurses that will give competent care to patients. Item 16 seems to link with Item 3 because as the student learns the skills and attitudes in the clinical area, she will also be better able to deliver quality care.

Senior students chose six items more than fifty percent of the time as being most important behaviors. These items were:

- Item 3--Shows genuine interest in patients and their care;
- Item 6--Has confidence in and respect for the student;
- Item 7--Is well informed and able to communicate knowledge to the student;
- Item 12--Is realistic in expectations of the student;
- Item 14--Encourages the student to feel free to ask questions or to ask for help;
- Item 15--Is fair and objective in evaluation of the student.

Junior students also picked these same six items more than fifty percent of the time and also added Item 11--Is self-controlled, cooperative and patient.

In choosing these items, it appears that the student is seeing herself as the center of the educational process and is focusing on her needs as a learner rather than the educational outcome. The student-instructor relationship then becomes very important. How the instructor relates to and makes the student feel as she learns and how the instructor affects the student's self-esteem would seem to be of prime importance to the student.

Rank Order Data

In looking at the rank ordered data one sees students ranked in number one position Item 6, conveys confidence in and respect for the student. Faculty ranked Item 3, shows genuine interest in patients and their care, in the top position.

In all three groups responding there was over fifty percent agreement about the importance of only two items on the survey. These items with the highest perception for importance in the effective instructor were items three (shows genuine interest in patients and their care) and fifteen (is fair and objective in student evaluation).

Interestingly, faculty ranked Item 3 as their top choice in the rank order, while students placed it lower, in seventh and eleventh places. Students apparently feel caring about patients/patient care is important but not the most important behavior. Both student groups felt Item 6 (conveys confidence in and respect for the student)--a relationship behavior--was most important.

Last place ranking for juniors went to Item 19 (is flexible

when occasion calls for it). One might surmise that these students are still unsure of themselves in clinical situations, and being anxious, look for an instructor providing security through direction and more rigidity. The juniors also valued someone self-controlled, cooperative and patient. This could also be a result of their anxiety. The junior students were also the only group who felt a sense of humor (Item 5) was of no importance. Perhaps this is another indication of anxiety in the clinical area; they see practicing nursing as "not a laughing matter".

Last place ranking went to Item 2 (facilitating student's awareness of their professional responsibilities) for senior students. Being relatively closer to graduation and taking their place in the profession, this seems to be a conflict in their perceptions. Perhaps in diploma schools with a curriculum that emphasizes the skills and procedures for giving care to patients, professional/leadership responsibilities are not stressed.

Another interpretation of the students' lowest ranking for this item is that they felt that they already had enough awareness of what they perceive to be professional responsibilities and no longer saw this behavior as a high priority.

Faculty ranked Item 11 (is self-controlled, cooperative and patient) in last place. This may be a reflection of faculty viewing relationship behaviors as less important behaviors.

Comparison with Other Diploma Studies

The only studies found that explored diploma students perceptions

of effective clinical learning were Rauen's (1974) and Stuebbe's (1980).

Rauen found the instructor's nurse role was more important than either the teacher or person role to junior students. Seniors, she found valued person and nurse roles equally and both over the teacher role. In Stuebbe's study, students were found to value learning of nursing skills and theory while teachers valued relationships.

In the current study, both groups of students appear to find relationship behaviors more important than does the faculty. It also seems that junior students perceive competence behaviors (teacher role) as more important than do the seniors.

Recommendations

Based on the findings of this study, the following recommendations seem reasonable.

- 1.) Given the fact that students clearly felt relationship behaviors to be important, nursing faculty should take steps to facilitate these behaviors. The first step in fostering these behaviors is that faculty need to be aware of their impact on students in the clinical area and how important students seem to feel the one-on-one student-instructor relationship is. While learning objectives for the clinical experience need to be met, the dynamics between the student and instructor can make the obtaining of the objective harder or easier for the student. If the instructor is aware at all times about her behavior and how it may affect the

relationship, she may be more careful or helpful in her dealings with students. Instructors should be skilled at interpersonal and counseling techniques, as well as teaching and nursing activities. Learning and refreshing these skills can be incorporated into faculty in-service and faculty development programs and into formal nurse-teacher preparation programs.

2.) Due to the importance that juniors placed on competence behaviors, it could also be suggested that schools of nursing have active programs to help maintain faculty's clinical skills. This is difficult with diploma curricula that do not often utilize joint appointments or have extended blocks of time without teaching responsibilities to allow clinical practice. National League for Nursing evaluation criteria stipulate instructors prepared at graduate level in specific clinical fields. This clinical competence will not be sufficient, however, if skills are not maintained. This researcher finds this to be especially true in the specialty areas (obstetrics, pediatrics, intensive care, etc.)

It might be suggested that at least one-half of the in-services attended by faculty be clinically oriented and contain actual "hands-on" experiences. "Buddy-ing" in unfamiliar clinical areas with peers may be helpful in gaining experience. Perhaps rotations could be devised that would allow each instructor to have a certain amount of time without clinical and classroom duties that could be devoted to clinical practice for the instructor.

3.) I would also suggest further research be conducted in several areas:

I would suggest more research into perceptions of professional responsibilities as held by both instructors and students. Perhaps curricula need to be reevaluated to examine content and principles that are stressed. It may be found that skills and procedures are emphasized over use of nursing process and professional responsibilities.

I would also suggest further exploration of the differences between student and faculty perceptions of the most important behavior in an effective instructor. Faculty believed this to be "genuine interest in patients and their care," while students believed it to be "conveys confidence in and respect for the student." In this instance, the underlying assumptions may differ in who is the most important person in the educational process. Do the educators see the students as traditional apprentice nurses caring for patients with the patients' needs paramount, while the students see themselves more as individuals in school to receive an education to meet their own needs? Other questions in this area that I feel need to be answered are a.) How do diploma students view themselves as learners? How does the faculty view them? and b.) If an instructor is personable and has excellent relationships with her students, yet is less competent than the more aloof instructor who is deemed to be more effective as a clinical nursing teacher?

It may be that diploma educators do as was suggested in an earlier chapter, teach as they had been taught (Meleca, et al., 1981). After all, many of us are products of basic diploma education ourselves. Perhaps, then, the suggestion should be made that nursing

educators should have more background in educational theory/methodology along with their nursing expertise.

Conclusion

In this study of diploma nursing students and faculty perceptions of effective clinical instruction, congruence appeared in several areas. Areas where noteworthy differences appeared were between student and faculty perception of the importance of relationship behaviors and between student perceptions of the importance of instructor competence.

In this researcher's opinion, it is important that in the interest of furthering future effective clinical instruction, that these differences are made known.

CONFIDENTIAL - SECURITY INFORMATION

March 18, 1963

Wash. Field Office

Mr. Evelyn Higgins, S.O., S.I.M.

St. Charles, Missouri 63301

Dear Mr. Higgins:

I am pleased that you are interested in utilizing my research instrument for your investigations. I would be most happy to give you permission to utilize it with the proper name indicated on the Appendix

I apologize for the lateness of my replying your letter and your patience - best of luck with your research. I would be most interested in the results of your study.

Sincerely,

John F. Brown

John F. Brown, S.O., S.I.M.

JFB/lw

EAST CAROLINA UNIVERSITY
GREENVILLE, NORTH CAROLINA 27834

65.

SCHOOL OF NURSING

March 18, 1983

Telephone (919) 757-6061

Ms. Marilyn Huggins, R.N., B.S.N.

St. Charles, Missouri 63301

Dear Ms. Huggins:

I am pleased that you are interested in utilizing my research instrument for your investigation. I would be most happy to give you permission to utilize it with the author's name indicated on the tool.

I apologize for the tardiness of my response; your letter had been misplaced. Best of luck with your research. I would be most interested in the results of your study.

Sincerely,

Sylvia T. Brown

Sylvia T. Brown, R.N., Ed.D.

STB/lfw

RECEIVED 400 P.A. 800
Permissions Granted
Marilyn Huggins
3-25-83

St. Charles, Missouri 63301
22 March 1983

Charles B. Slack, Inc.
6900 Grove Road
Thorofare, N.J. 08086

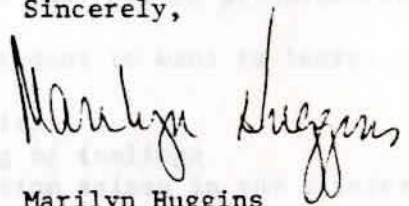
Sir:

In the November 1981 issue of the Journal of Nursing Education there appears an article entitled "Faculty and Student Perceptions of Effective Clinical Teachers", by Sylvia T. Brown. In this article, on page 7, appears a survey instrument.

I should like your permission to reproduce this tool to utilize in my master's thesis which is on that topic. I have the author's permission to use it and I am sending you a copy of her letter giving the permission.

Thank you for your help. I would appreciate your notification as soon as possible as the proposal has to be turned in in six weeks!

Sincerely,



Marilyn Huggins

RECEIVED MAR 28 1983

Permission Granted
Margaret Carmine, RN
3-28-83

Developed by Dr. Sylvia T. Brown

Purpose: The following tool is designed for the nursing student and faculty member to rate characteristics that an effective clinical teacher/instructor should have.

SECTION I

Instructions: Please indicate your response to each item using the code given. Do not give your name. The code is

- a= of most importance
- b= very important
- c= important
- d= slightly important
- e= of no importance

- _____ 1. Please indicate if you are a student or faculty member
_____ Student _____ Year, level, etc. _____ Faculty
- _____ 2. Facilitates student's awareness of their professional responsibilities.
- _____ 3. Shows genuine interest in patients and their care.
- _____ 4. Relates underlying theory to clinical practice.
- _____ 5. Displays a sense of humor.
- _____ 6. Conveys confidence in and respect for the student.
- _____ 7. Is well informed and able to communicate knowledge to the student.
- _____ 8. Supervises and helps in new experiences without taking over.
- _____ 9. Admits limitations and mistakes honestly.
- _____ 10. Provides useful feedback on student progress.
- _____ 11. Is self-controlled, cooperative and patient.
- _____ 12. Is realistic in expectations of students.
- _____ 13. Is honest and direct with students.
- _____ 14. Encourages students to feel free to ask questions or to ask for help.
- _____ 15. Is objective and fair in the evaluation of the student.
- _____ 16. Demonstrates skills, attitudes and values that are to be developed by the student in the clinical area.
- _____ 17. Possesses the ability to stimulate the student to want to learn.
- _____ 18. Shows enthusiasm for teaching.
- _____ 19. Is flexible when the occasion calls for it.
- _____ 20. Permits freedom of discussion and venting of feelings.
- _____ 21. Available to work with students as situation arises in the clinical setting.

SECTION II

Instructions: Please choose five characteristics from the above items (2-21) which you consider to be the most important for a clinical teacher to have and rank them in order of importance.

1. _____
2. _____
3. _____
4. _____
5. _____

**LINDENWOOD COLLEGE****St. Charles, Missouri 63301**

St. Charles, Missouri

30 September 1983

Ms. _____, Director
Hospital School of Nursing

St. Louis, Missouri 631..

Dear Ms. _____ :

I am a diploma nursing educator and am finishing my graduate degree in education at Lindenwood College in St. Charles. My culminating project is a research study to help determine diploma nursing students' and faculty perceptions of an effective clinical instructor. I feel it will be valuable to discover if each group holds the same perceptions about what constitutes effective behavior of the instructor while in the clinical area.

I would very much appreciate it if your student body and faculty would participate in my study by completing a questionnaire. The questionnaire consists of twenty items pertaining to instructor behaviors that are to be marked as to their importance to the respondent. Then five of these behaviors are to be rank ordered for most importance. It takes approximately ten to fifteen minutes to complete the form.

Naturally, I will be glad to share my findings from this project. Individual school responses will not be identified.

Attached is a reply card and envelope. I will bring or mail you the questionnaires for distribution and administration. I will also supply a stamped and addressed mailing envelope for the return of the completed questionnaires.

Looking forward to your response, I am

Sincerely,

Marilyn Huggins, R.N., B.S.N.

WE ARE NOT INTERESTED IN BEING PART OF THIS STUDY.

WE WILL PARTICIPATE IN THIS STUDY.

PLEASE SEND _____ COPIES OF THE SURVEY INSTRUMENT.

PLEASE BRING _____ COPIES OF THE SURVEY INSTRUMENT.

NAME: _____

INSTITUTION: _____

Bibliography

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Wong, S., & Wong, J. The effectiveness of clinical teaching: a model for self-evaluation. Journal of Advanced Nursing, 1980, 5, 531-537.

Abstract

The purpose of this study was to evaluate the effectiveness of clinical teaching in a hospital setting. A model for self-evaluation was developed and used to assess the effectiveness of clinical teaching in a hospital setting. The model was based on the following criteria: (1) the effectiveness of the teaching process, (2) the effectiveness of the teaching materials, and (3) the effectiveness of the teaching environment.

Introduction

The purpose of this study was to evaluate the effectiveness of clinical teaching in a hospital setting. A model for self-evaluation was developed and used to assess the effectiveness of clinical teaching in a hospital setting.

The model was based on the following criteria: (1) the effectiveness of the teaching process, (2) the effectiveness of the teaching materials, and (3) the effectiveness of the teaching environment.

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The model was based on the following criteria: (1) the effectiveness of the teaching process, (2) the effectiveness of the teaching materials, and (3) the effectiveness of the teaching environment.

Conclusion

The model for self-evaluation of clinical teaching is a useful tool for the evaluation of clinical teaching in a hospital setting. The model was based on the following criteria: (1) the effectiveness of the teaching process, (2) the effectiveness of the teaching materials, and (3) the effectiveness of the teaching environment.