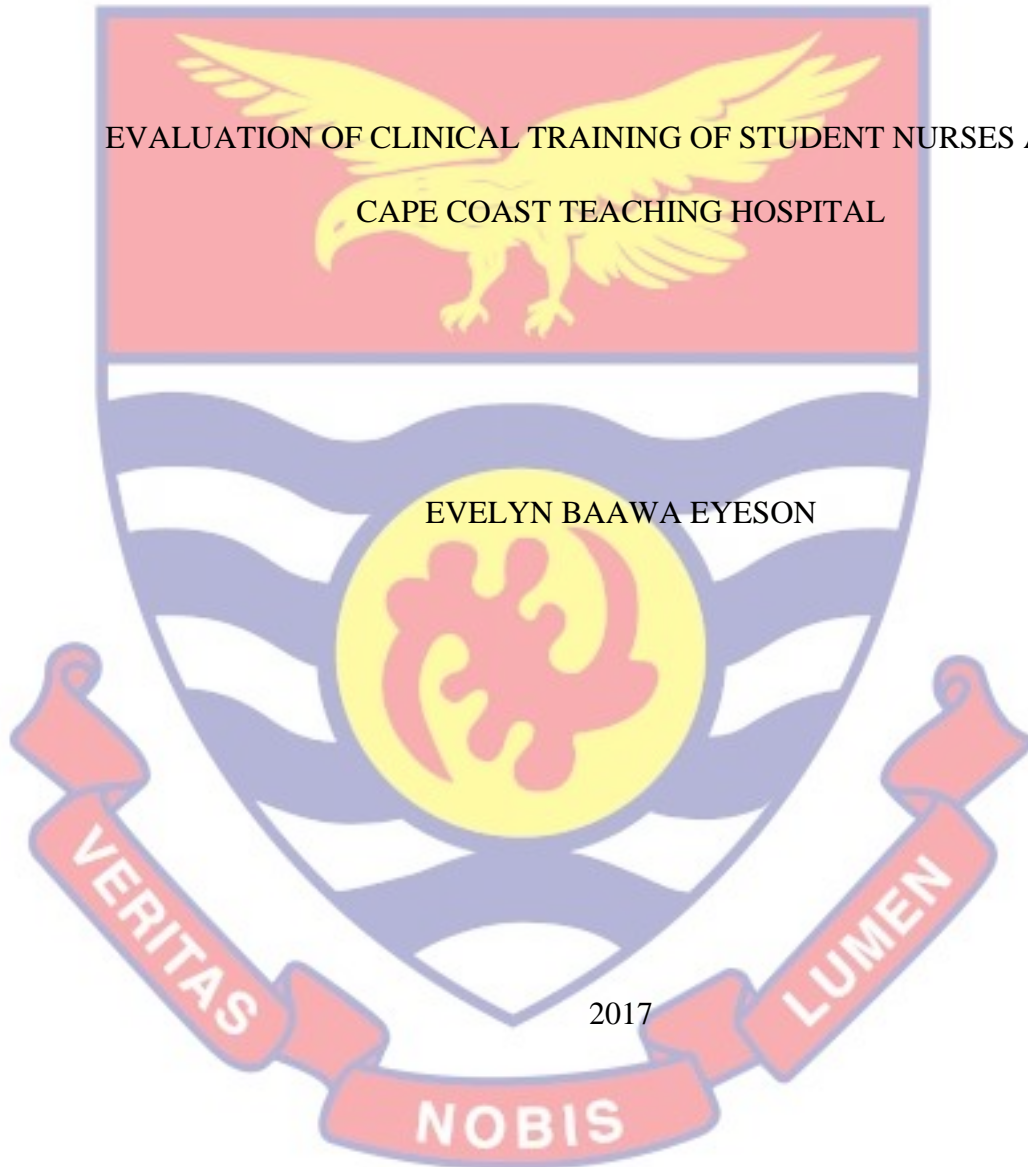UNIVERSITY OF CAPE COAST

EVALUATION OF CLINICAL TRAINING OF STUDENT NURSES AT THE

CAPE COAST TEACHING HOSPITAL

EVELYN BAAWA EYESON

2017

UNIVERSITY OF CAPE COAST

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CAPE COAST TEACHING HOSPITAL

BY

EVELYN BAAWA EYESON

Thesis submitted to the School of Nursing and Midwifery, College of Allied
Health Sciences University of Cape Coast, in partial fulfillment of the
requirement for the award of Master of Nursing

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DECLARATION

Candidates Declaration

I hereby declare that, this thesis is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's signature…………………   Date: ………………………..

Name: Evelyn Baawa Eyeson

Supervisor's Declaration

We hereby declare that, the preparation and presentation of the thesis were supervised in accordance with the guidance on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature …………………. Date……………………

Name: Dr. Mate Siakwa

Co-Supervisor's Signature…………………….   Date………………………

Name: Dr. Samuel Nuvor

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ABSTRACT

Clinical learning is a vital component in the curricula of nursing education, providing an opportunity to student nurses to combine cognitive, psychomotor, and affective skills. Evaluation is a basic part of clinical education. There are a number of problems and challenges associated with evaluation of clinical training of student nurses. Some of these concerns are subjectivity and variability in the use of effective clinical evaluation tools to evaluate the psychomotor, affective and cognitive learning domains. These invariably safeguards patients from unsafe practice. The purpose of the study is to explore the views and experiences of preceptors and clinical instructors regarding evaluation of student nurses' clinical training. The study utilized a descriptive case study methodology and was conducted at Cape Coast Teaching Hospital. Ten preceptors and five clinical instructors participated in the study. The data was collected, using face-to-face interviews of fifteen participants each. The data was analyzed using thematic content analysis approach. Several themes emerged from the data analysis. Examples of these include problems with the evaluation process, subjectivity of evaluation tool, increased number of students, training needs and inappropriate clinical placement. It is recommended that preceptors and clinical instructors need to be professionally trained to fit for their demanding role. Again, the training should be ongoing to support and improve the quality of students' evaluation.
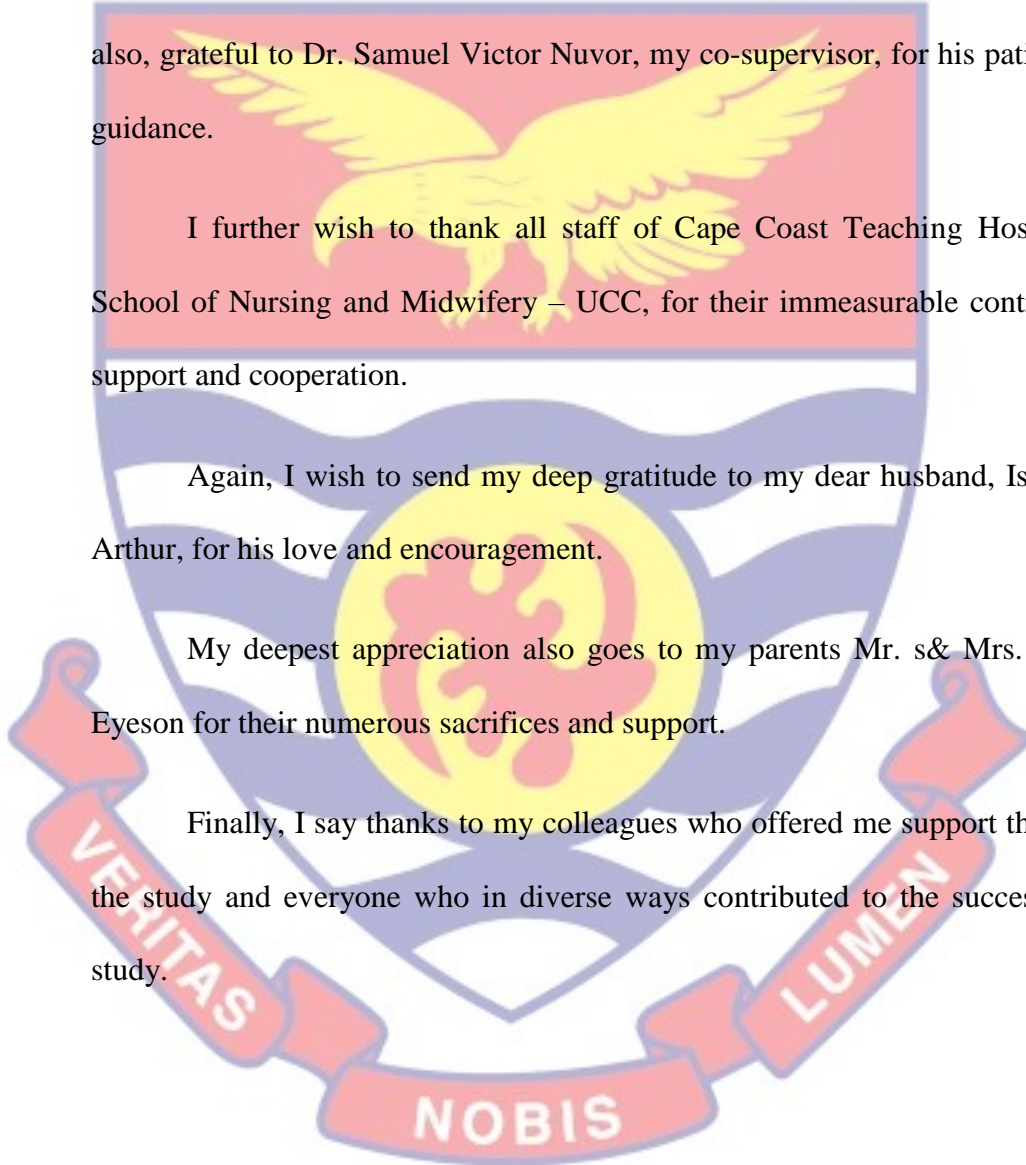
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Finally, I say thanks to my colleagues who offered me support throughout the study and everyone who in diverse ways contributed to the success of this study.

DEDICATION

This work is dedicated to my two sons, Kuuku and Nana Kwame.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Clinical learning is an important aspect of pre-registration nursing programmes. It enables students to acquire skills and knowledge required for quality care provision. In clinical learning, skills are taught and the knowledge can be applied in practice to help understand existing realities. Nursing educators consider clinical skills acquisition as an important part of nursing education. They also believe, nursing students can improve their theoretical knowledge by working in real clinical condition (Elcigil & Sari, 2007; McCarthy & Murphy, 2008).

In United States of America, Australia, New Zealand and European countries clinical teaching and learning form a significant part of pre-registration and education programmes (Price, 2007; Cooper, 2014). In these countries, clinical learning plays an important role in improving the practice of both healthcare professionals and student nurses, which in turn contributes to improved care provision. It is probably for this reason that Cassidy (2009) describes clinical learning as the heart of professional practice. Acknowledging this, the preceptor or clinical instructor constitutes an important aspect of students' learning. Fitzgerald and colleagues (2010) claimed that students' knowledge, skills acquisition, and theory-practice integration can be enhanced through preceptorship activities.

Preceptorship is a model or approach to teaching and learning that pairs nursing students with experienced practitioners to assist students in meeting specific learning objectives in the clinical setting (Myrick, 2005). Carr (2008) defined the preceptorship model as the act of teaching, assessing, supervising and coaching students. Preceptorship may also be defined as a one-to-one teaching and learning relationship between a Registered Nurse (RN) and nursing student whereby the RN acts as a role model to facilitate student learning and provide evaluation of learning objectives (Kaviani & Stillwell, 2000; Luhanga, Billay, Grundy, Myrick & Yonge, 2010). In countries such as United Kingdom, the term preceptorship is similar to mentorship and these terms are used interchangeably to indicate the same process of clinical teaching (Myrick, Caplan & Smitten, 2011). The clinical learning environment is where students learn to incorporate cognitive, psychomotor and affective skills necessary for professional development, and in turn become socialized into the profession (Luhanga et al, 2010). Midgley (2006) posited that most effective climate for learning and critical thinking is one that is devoid of fear, supportive, fosters openness and respect for the student as an individual. Myrick (2005) also asserted that in such an environment students can develop self-confidence, competence, interpersonal communication and problem-solving skills. These were further supported by various studies which show that students paired with preceptors have better learning outcomes (Wieland, Altmiller, Dorr & Wolf, 2007; Luhanga et al, 2010). As such, the responsibility of nurturing and supporting future nurses lies largely on nurse preceptors (Ohrling & Hallberg, 2000).

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In Ghanaian nursing education, in order to improve effective clinical teaching and learning, preceptors have been introduced to supervise students in the practice setting. Preceptorship model was first introduced into a peri-operative nursing program in Ghana (1990s); this model was subsequently expanded to basic diploma and Bachelors in nursing education (Opare, 2000). The preceptorship model has proved to be highly useful strategy for clinical education as it allows education to be individualized. Classroom knowledge was likened to real patient management problems and provides for role modeling as the student's develops standards and strategies for practice.

To safeguard patients from unsafe practice, it is important to evaluate student's clinical competence. It should not automatically be assumed that learning is taking place in students' practice experience. The preceptor provides constant feedback and support to the student and provides evaluation data to both the student and faculty (National Organization of Nurse Practitioner Faculty, 2000). However, this type of teaching is not without problems. It has been noted that teaching in clinical setting often occurs at a rapid pace with multiple demands on the preceptors. A variation in teaching and learning opportunities occurs because cases vary in number, type and complexity and may lack continuity (Irby, 2001). In a busy setting, there may be limited time for teaching and feedback from preceptors. Students may not find learning to be collaborative with the preceptor. Additionally, personal attributes of the nurse are found to influence preceptors' role and commitment (Andrews & Chilton, 2000). These attributes of preceptors have been identified as mainly patience, non-judgmental, empathic, warm,

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respectful, fairness and flexibility (Burns, Beauchesne, Ryan-Krause & Sawin, 2006). It was reported that such personal attributes can affect nurses' attitudes and beliefs towards preceptorship (Vallant & Neville, 2006) in turn affect whether they see preceptees as an integral part of nursing or a separate additional responsibility (Atkins & Williams, 1995). When preceptorship is seen as an integral part of nursing, RNs acknowledge the presence of the model as beneficial to both themselves and students. This benefit can mold and shape nursing education (Myrick, 2005). Additionally, it influences how they fulfill their roles as preceptors (Atkins & Williams, 1995) contributing to a positive learning environment and outcomes in students during clinical placement (Vallant & Neville, 2006). Moreover, preceptors who have positive attitude towards preceptorship are more likely to be committed to their roles, thus they are less likely to be concerned that precepting will compromise their time with other nursing activities (Atkins & Williams, 1995).

Assessment of clinical performance involves collecting data for a better judgment of nursing students. Clinical learning outcomes emphasize skills related to patient care standards (Billings & Halstead, 2009). The process of evaluation involves data collection, interpretation and formation of judgments and conclusions about students' clinical performance (Mahara, 1998). Additionally, evaluation helps in the maintenance of professional standards and the protection of the public by ensuring that those that graduate from nursing programmes have attained the requisite skills and are safe to practice (Goldenberg & Dietrich, 2002). Evaluation has two interrelated functions which are achieved through

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formative and summative methods. Formative evaluation is intended to provide feedback on the learning which has taken place and to identify areas requiring remediation, while summative evaluation aims at making judgments to determine if the student's performance meets academic and professional requirements. (Atkins & Williams, 1995). Formative and summative evaluations are similarly seamless; there is formative element in any summative evaluation (Schoenhofer & Coffiman, 1994).

Various authors have revealed that, evaluation of the clinical performance of nursing and midwifery students has been a long-standing concern for nurse educators (Andre, 2000; Lasater, 2007). Clinical evaluation is complex and challenging for both seasoned and novice educators, thereby raising concerns among students and faculty (Isaacson & Stacy, 2009). Some of the concerns are the subjectivity and variability involved in evaluating students' clinical performance. Much of the discussion have centered on the thorny issue of subjectivity and a plethora of clinical evaluation tools that have been devised or abandoned in the quest to overcome this ongoing dilemma. Wood (1982) proposed that the problem probably persists because clinical evaluation relies upon the observation of the performance of one individual by another, which itself is inevitably subjective.

Evaluation is an important component of the preceptor-student relationships. Evaluation is performed by either a preceptor or clinical instructor. The preceptor and clinical instructor need to be familiar with the institution curriculum. There are goals and objectives for the specific clinical experiences

and the evaluation tool that is required by the institution at the completion of the placement. An evaluation session at midpoint of the term and at the end of the rotation is essential. The preceptor's evaluation also needs to be shared with the faculty person who is responsible for grading the student's performance (Khodadadi, 2012)

There are many issues in assessing clinical nursing skills (Coates & Chambers, 1992). Inconsistency in the use of applied tools and disagreements in evaluation process by clinical educators are two of the issues. Most student nurses believe that clinical evaluation cannot distinguish the level of their theoretical and practice knowledge (Sheikholeslami, Masole, Rafati, Esmaeili, Vardanjani, Yazdani- Talami, & Khodadadi, 2012).

Statement of the Problem

The quality of nursing education depends largely on the quality of clinical experience planned in the nursing curriculum. The evaluation of students' competency to practice is a worldwide matter of concern to all practice-based professions (Whiteford, 2007). The multiplicity of factors influencing evaluation indicates its complexity and difficulty in ensuring its objectivity and accuracy. It is therefore not surprising to note that student's' clinical skills are sometimes not accurately evaluated (Roberts, 2011). Acknowledging this, students who perform poorly may slip through the net of education programmes and subsequently enter professional practice. Patients encountering these categories of nurses may be at risk of receiving inadequate care which may have a negative impact on their health.

Evaluation, as a way of determining the clinical competence, is one of the fundamental principles of development and measurement of student achievement in nursing education (Wallace, 2003). The clinical teacher; preceptor's role is of fundamental importance in shaping the student nurses' clinical learning experiences. Competence in clinical practice is a necessary element of professional nursing practice. Determination of student's progress towards the achievement of course objectives is one of the most important roles of the preceptor and clinical instructor. Competence is a construct which is not directly measurable but can be inferred from the evaluation of performance (Stuart, 2003). Despite this, limited studies have been conducted on factors that may affect clinical performance and evaluation of students in practice. This is particularly the case in Ghana, although the preceptorship and clinical instructorship model has been introduced in nursing education, it has not been fully integrated into the nursing education curriculum as asserted by Lewallen and DeBrew (2012).

Purpose Statement

The purpose of the study is to explore the views and experiences of preceptors and clinical instructors regarding the evaluation of student nurses' clinical training at Cape Coast Teaching Hospital.

Specific Objectives

The study seeks to describe:

1. The role of preceptors and clinical instructors during clinical training of student nurses.

2. The assessment of student nurses' clinical performance.

3. The barriers/challenges to effective evaluation of students' clinical performance.

4. The tools and methods are used for assessing student nurses' clinical training.

Significance of the Study

Nursing institutions in Ghana are now at a stage where they are already recognized internationally. Nursing education institutions must improve the quality of teaching and learning so they can educate professional nurses to have advanced nursing knowledge and competency skills.

There are a number of problems and challenges associated with evaluation of clinical performance of student nurses. Some of these concerns focus on subjectivity and variability. To overcome these obstacles, improvements in the evaluation of clinical performance by preceptors and clinical instructors must be ensured. Also the use of effective clinical evaluation tools, which evaluates the psychomotor, affective and cognitive learning domains, and invariably safeguard patients from unsafe practice.

The result of the study may benefits preceptors, clinical instructors, faculty, and student nurses. It is hoped that the study will encourage the use and

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implementation of better teaching and learning processes including the evaluation of clinical activities within nursing education institutions in Ghana.

Limitation

There are few preceptors and clinical instructors in the study area. This limits the amount of information needed because the instructors and preceptors were reluctant to give information. External factor including perceived unavailability of participants were likely to be limitation to the study.

Delimitations

The establishment of exclusion and inclusion criteria according to LoBiondo-Wood and Haber (2010) increases the precision of a study and strengthens the evidence produced. The participants of the study were preceptors who are registered general nurses with three or more years of experience in evaluating students. The exclusion criteria of the study include preceptors who are not registered general nurses with no or less than three years' experience in evaluating students.

Operational Definitions

Competence:

Competence means the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession.

Preceptor: Preceptor is a registered Nurse (RN) who facilitates student learning and provides evaluation of course objectives.

Preceptorship: Preceptorship is one-to-one teaching and learning relationship between a registered nurse (RN) and nursing student whereby the RN acts as a role model to facilitate student learning and provide evaluation of course objectives.

Clinical instructor: A clinical instructor is a qualified faculty academic or a skilled practitioner, who teaches, supervises and evaluates student nurses in the hospital or simulation laboratory.

Evaluator: Evaluator is someone who has the responsibility of evaluating student nurses competencies. It could be a preceptor in the clinical setting or a faculty academic (clinical instructor) or both.

Evaluation: Evaluation is the process of gathering information used to make judgments about student learning and achievement including clinical performance.

In the study, the term is sometimes used interchangeably with assessment.

Clinical setting: Clinical setting refers to places where students do clinical practice. It could be a ward in a hospital or a clinic.

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CHAPTER TWO

LITERATURE REVIEW

This review analyses issues in the clinical evaluation of student nurses by preceptors and clinical instructors. Computer database searches of relevant literature was carried out using CNAHL, ERIC, MEDLINE, EBSCO host database, Nursing Education Journals, Google Scholar and Africa Nursing Education Journals. However, the review also cited relevant nursing education theory from nursing textbooks. Frequently used key search words included clinical preceptor, evaluation of clinical training, clinical instructor, preceptorship and clinical competence. Most of the literature found was in the form of nursing research articles. Literature reviewed were studies conducted within the time frame of years 1984-1999 and 2000 – 2016.

The review addressed roles of clinical preceptor and clinical instructor, clinical evaluation process, challenges experienced performing evaluation, problems associated with the use of clinical evaluation tools and effects of the clinical environment on the evaluation process.
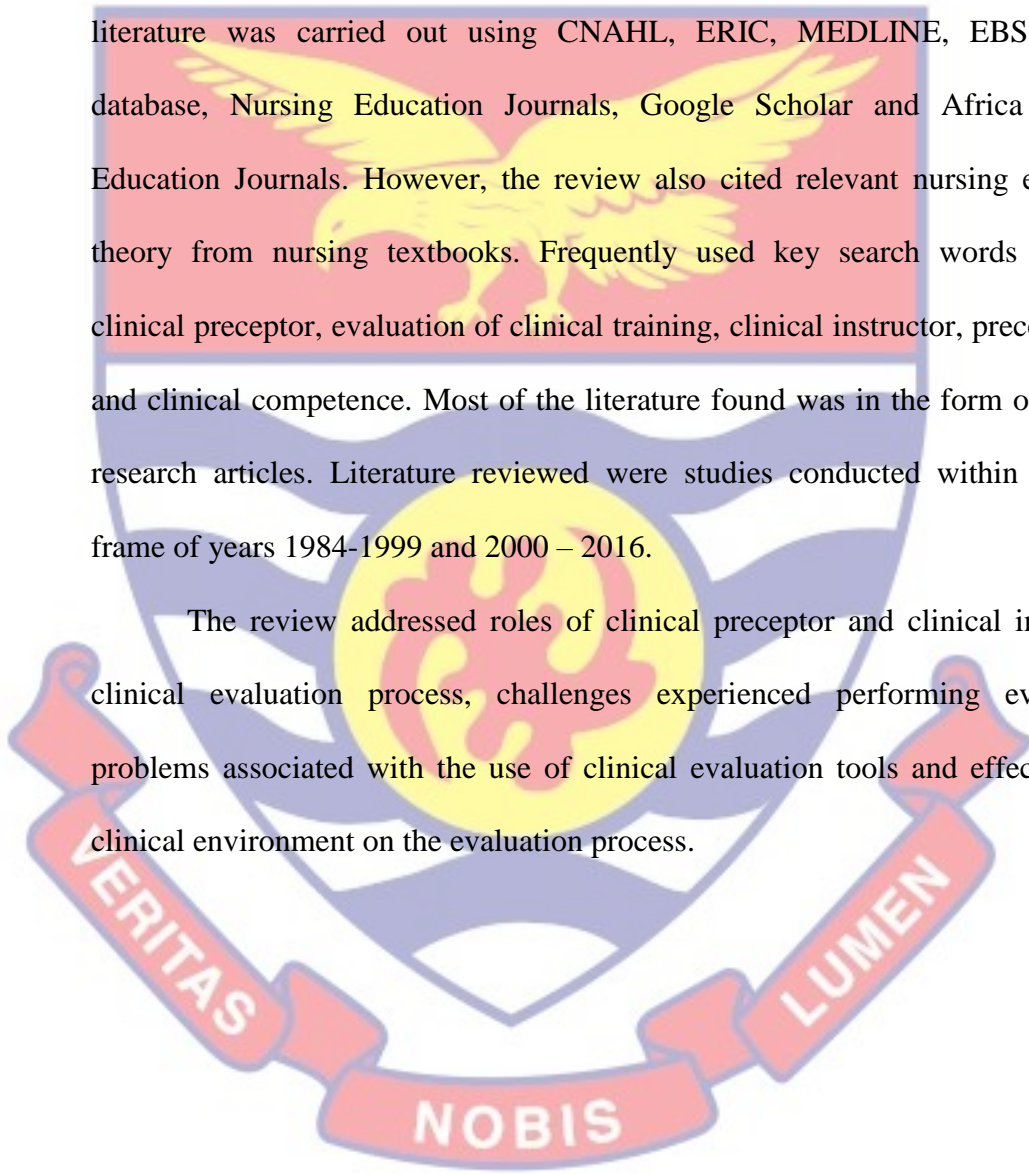
Roles of the Clinical Preceptor/ Clinical Instructor (CI)

Role of Clinical Preceptor

Preceptorship may be defined as a one-to-one teaching and learning relationship between a registered Nurse (RN) and nursing student whereby the RN acts as role model to facilitate student learning and provide evaluation of learning objectives (Kavini & Stillroell, 2000; Luhanga, et al, 2010). A clinical preceptor is both a clinical teacher and a practicing nurse in work setting; he/she guides nursing students in learning how to apply theoretical knowledge to practice. A preceptor is important in the education and socialization process of nursing students (Ousey, 2009). The preceptorship model bridges the gap between classroom and clinical area where professional nursing is practiced (Flynn & Stack, 2006).

Preceptors are registered nurses who have been prepared for their role in supervision, teaching, evaluation and giving of continuous feedback by completing teaching assessment (Pianta & Hamre, 2001). Preceptorship can be viewed also as professional nurturing the student (McCarthy & Murphy, 2008). It is believed that by working alongside clinical experts, students will learn in a safe supportive and educational environment (Benner, 1994). Each Clinical Preceptor is assigned to a maximum of two (2) students who provide individualized guidance, supervision, support and assessment for student's learning experience (Croxon & Magginis, 2009).

The importance of preceptorship in ensuring positive clinical experiences for nursing students has been widely acknowledged in literature (Charleston &

Happell, 2005). The essential characteristics of effective preceptors include willingness to share knowledge and skill, good communication skills, being encouraging, supportive, approachable and giving constructive feedback (An Bord Altranais (ABA), 2003). Good preceptors feel genuine concern for the students as individuals and embrace their role willingly (Gray & Smith, 2000).

Clinical Instructor (CI)

Since Florence Nightingale's day, the clinical instruction of nursing students has been recognized as a key component of nursing education (Brown, Nolan, Davies, Nolan, & Keady, 2008; Tanda & Denham, 2009). Ideas about what and how nursing students acquire knowledge and clinical skills during their clinical instruction have been developed over time from an apprentice to labourer role learning about the tasks of nursing, to a teacher-led experience, where students are meant to learn how to be critical thinkers in rapidly changing clinical environments (Gillespie & McFetridge, 2006; Carr, 2007; Bell-Scriber & Morton 2009; Tanda & Denham, 2009; Phillips & Vinten, 2010).

A clinical instructor (CI) is a qualified faculty academic or a skilled practitioner, who teaches, supervises and evaluates student nurses in the hospital or simulation laboratory (Gillespie & McFetridge, 2009). A clinical instructor must have at least a Bachelor's degree and a valid nursing license. The clinical instructor could be a part-time or full time practitioner or teachers contributing effectively to the nursing education and the profession (Kelly, 2007).

As a full-time faculty, he may teach in class and clinical settings and assume duties such as advising students, serving on committees, and maintaining a

personal record of scholarship. They work in nursing colleges and universities across the country.

The dynamic process of clinical instruction occurs in a variety of socio-cultural contexts and the behavior of clinical instructors play an important role in the learning process of students. The ratio of Clinical Instructor to students as Ousey (2009) finds is not more than one Clinical Instructor to twelve (12) students, to provide adequate supervision throughout the clinical practicum.

Clinical instructors have the opportunity to greatly influence learning experience of students who eventually graduate and shape nursing practice. Clinical instructors must possess effective teaching characteristics such as professional knowledge, role modeling and clinical competence with communication skills to facilitate optimal clinical learning. Scholars have identified that students' clinical practice and their experiences with clinical instructors (CIs) play an important role in shaping their professional values (Gillespie, 2002; Addis & Karadag, 2003; Tanner, 2005; Haigh & Johnson, 2007). Though students and faculty differ in their views of most and least important characteristics of effective clinical instructors, they agree that, overall, the best clinical teachers should have sound interpersonal skills, good at providing feedback, clinically competent and know how to teach effectively (Lee, Cholowski & Williams, 2002; Barnett & Matthews, 2009)

In addition to the main roles identified above, both CIs and preceptors perform similar roles to facilitate optimal clinical learning. The following such as teaching roles, preparation and planning, evaluation, further training needs,

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collaborative roles and giving feedback are some of the roles preceptors and CIs perform.

Teaching Roles

Regardless of whether a "sink or swim" a number of manipulated structure approaches are required to be used. Several specific strategies of teaching are useful for all levels of learners. Modeling is an effective teaching strategy (Irby, 1995). This approach allows the student to see the reality of classroom education applied to actual patients. Observation and modeling provide the preceptor/ CI and the student with the opportunity to share impressions, think through cases together and develop differential diagnoses. However, modeling and observation are relatively passive; learners need to actually apply skills themselves to achieve mastery (Luhanga, Yonge & Myrick, 2008).

Case presentations reflect the student's ability to obtain critical histories, report pertinent physical findings, generate reasonable differential diagnoses and develop management and follow-ups plans. Discussing cases allow the preceptor to determine if the student is able to incorporate past experience and schemata into new clinical situations and assess the students' level of expertise in dealing with range of patients (Wolpaw, Wolpaw & Papp, 2003) Direct questioning, another teaching strategy, is also helpful in fostering critical thinking skills (Isaacson & Stacy, 2008)

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Preparation and Planning

In addition to the personal qualities of the preceptor that have been mentioned, preparation and planning have also been noted by several authors to be key component to a successful experience for all students (Smith & Irby, 1997; Fay, Feldt, Greenberg, Vezina, Flaherty & Ryan, 2001). The goal is to provide settings and experiences in which learning can occur with minimal disruption to agency operations and patients needs and expectations. Again, awareness of the school's goals as well as the students' personal goals is essential. Communication with faculty prior to the students' arrival on the wards and discussion of goals with the students before clinical activities begin are important.

Evaluation

This is an important component of the preceptor and the clinical instructor. Evaluation helps in the maintenance of professional standards and the protection of the public by ensuring that those that graduate from nursing programmes have attained the requisite skills and are safe to practice (Goldenberg & Dietech, 2002).

The evaluation format needs to conform to the institution curriculum, the specific clinical experiences and the evaluation tool that is required by the school at the end of the placement. An evaluation session mid-way through the term and at the end of the rotation is essential. The students should be encouraged to self evaluate as well as to receive evaluate information from the preceptor or CI. The preceptor's evaluation needs to be shared with the faculty who is responsible for grading the student's performance.

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Although many nurses have excellent clinical skills, their roles in teaching students are less refined. Therefore it is essential to have nursing preceptors' program that strengthen their teaching competencies (Punyathorn, 2009).

Further Training Needs

Nursing preceptors have many roles in their working setting in addition to teaching students. It is quite understood that their didactic skills need to be sharpened as they teach during student nurses' clinical practice. Preceptoring nursing students is both demanding and complex (McCarthy & Higgins, 2003). It has been described as labour intensive and stressful, but also brings challenge, enthusiasm and enrichment to the clinical area (Goldenberg & Dietech, 2002). Thus as mentioned by the National Council for the Professional Development of Nursing and Midwifery (2004) and An Bord Altranais (ABA) (2003), all nurse preceptors must be prepared for this role.

CIs, the "teachers" who are with students in the clinical setting, need to be expert in both clinical and teaching skills. Clinical instructors need to model professional behavior to facilitate optimal student learning. A research by Bell-Scriber and Morton (2009) revealed that clinical instructors are portrayed as needing to be good educators, as well as excellent clinicians. However, they often lack formal education and professional development opportunities related to the role and must draw on their individual personal and professional experiences to guide their teaching to meet the demands of both the clinical and academic contexts in which they simultaneously work. Therefore, Ironside, Diekelmann, and Hirschmann (2005) suggest it is important for CIs to receive continual

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educational support to develop their teaching skills. Clinical expertise is pivotal to being a good teacher, but it is not sufficient by itself. All teachers must recognize this and develop the unique skills essential for success acquired through faculty development programs as well as through formal education.

Nursing colleges and Universities sponsor interdisciplinary or inter-professional teaching, seminars or workshops for faculty. These can be excellent opportunities, offering not only quality guidance on improving teaching skills, but also a network of supportive colleagues in multiple disciplines across campus, a valuable commodity in the academic setting. (Bellack, 2003). Besides school-specific offerings, a number of regional and national conferences are designed for developing teaching excellence in nursing faculty. For example, the American Association of Colleges of Nursing (AACN) (2008) organises annual conferences for faculty in specific types of programs, such as Baccalaureate, Master's, and Doctoral Education Conferences, as well as the annual Faculty Development Conference for nurse educators/ clinical instructors.

Collaboration Needs

The Education Institution (nursing schools) and Clinical Placement Provider (hospitals) are jointly accountable for providing clinical placements that achieve the goals and outcomes of the nursing education programme. They are responsible for ensuring and maintaining standards of clinical education. Singapore Nursing Board (SNB) (2015) outlined the following standards and criteria to ensure collaboration between the clinical placement providers and education institution.

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The Education Institution is responsible to look out for appropriate Clinical Placement Provider(s) that meet the clinical learning outcomes of their programmes. The Education Institution has a formal and written agreement with the Clinical Placement Provider(s). The Education Institution shall appoint a named nursing education staff member as a Clinical Programme Coordinator. The Clinical Programme Coordinator plans, develops and organizes clinical education activities to achieve learning goals outcomes.

The Clinical Placement Provider shall provide a named registered nurse to serve as a Clinical Placement Coordinator to liaise with the Education Institution to facilitate clinical education for nursing students. This Clinical Placement Coordinator has oversight of the clinical placement's schedule and provides resources and support for students' learning in the clinical setting. The Clinical Programme Coordinator, together with the Clinical Placement Coordinator, oversees and coordinates the students' overall clinical education in order to achieve their learning outcomes.

To ensure a good collaboration, the Clinical Programme Coordinator provides ongoing communication to the Clinical Placement Provider about any change in nursing curriculum, assessment methodology and or clinical grading criteria. This is to ensure compliance to changes made. Collaboration between preceptor and clinical instructor promote effective evaluation of learning outcomes (Korean Accreditation Board of Nursing, 2010).

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Evaluation of Clinical Performance

The evaluation of students in the clinical area is a critical role of the nurse preceptor or clinical instructor. Evaluation is a process that includes data collection, interpretation, formation of judgments and conclusions about student's clinical performance (Mahara, 1998; Oermann & Gaberson, 2006). The nursing faculty generally attempts to evaluate students' performance in the clinical setting by adapting clinical course objectives to the application of behaviors considered pertinent to clinical practice. Typical strategies for evaluating student clinical performance include: observation, checklists, and rating scales, written assignments, clinical simulations, and clinical journals (Isaacson & Stacy, 2008). Nursing practice also requires the integration of skills (Mackenzie, 2009). The evaluation helps in the maintenance of professional standards and protection of the public by ensuring that those who graduate from nursing education colleges attain the requisite skills and are safe to practice (Goldenberg & Dietrich, 2002; Sjöström, & Dahlgren, 2002).

Another important issue in nursing education is grading of student nurses. Specific grading of nursing students has its own challenges and problems, some of the concerns being subjectivity and variability involved in assigning a grade. (Andre, 2000; Seldomridge & Walsh, 2006). Graded assessment refers to the practice of assessing and reporting levels of performance that recognize merit or excellence beyond a pass grade (Andre, 2000). It involves assigning numerical scores, a measure of the student's clinical competence.

Some other difficulties identified with grading of students are that students focus on achieving their competencies and don't value other learning experiences. Another problem with the grading has to do with the tendency to create a competitive environment. Diekelmann and Schulte (1992) assert that this makes the students develop anxiety about their clinical grades (Bryman, 2004). Becker, Geer and Hughes (2005) describe grades as the "currency of the campus", a reward available for academic work. The "nursing process" is often used to guide the evaluation of students in their clinical practice and includes the concepts of assessment, diagnosis, planning, implementation, and evaluation (Gantt, 2010; Oermann & Gaberson, 2006). Nursing process theory, originating in the 1950s, has been one of the foundations for student evaluation in clinical and simulated experiences and is used in most nursing programs to teach students to learn, think, and reason like a nurse (Berman & Snyder, 2012). While each of these phases overlaps, the process is cyclical since patient care occurs on a continuum. The purpose of the nursing process is to provide a systematic, rational method of planning for patient care (Cholowski & Williams, 2002).

The challenges associated with clinical evaluation are clear and it is essential that these should be carefully thought through and controlled to ensure that the goals of evaluation are achieved. Each clinical placement concludes with evaluation of students' clinical performance. This is carried out by preceptors, clinical instructors, ward sister or other senior nurses in the ward in collaboration with the nurse lecturer or educator who is responsible for clinical supervision in that particular ward. The multiplicity of factors influencing assessment indicates

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its complexity and difficulty in ensuring its objectivity and accuracy. It is therefore not surprising to note that student clinical skills are sometimes not accurately assessed (Roberts, 2011). While we acknowledging these, it is also seen that poor performing students may slip through the net of educational programmes and subsequently enter professional practice. Patients encountering this category of nurses may be at risk of receiving inadequate care that may have a negative impact on their health. Validity and reliability of assessment ought to be improved to help minimize the risk of poor performances students slipping through the educational net and providing inadequate care.

Another issue with evaluation of clinical practice is the difficulty of consistency. Each clinical situation varies, which makes it a challenge to evaluate each student using the same criteria (Karayurt, Mert & Beser, 2008; Seldomridge & Walsh, 2006; Tanda & Denham, 2009; Woolley, Bryan & Davis, 1998) With potential for instructor bias, unequal clinical experiences, and broad clinical evaluation tools; the nursing faculty struggle to objectively discern satisfactory student performance in the clinical setting (Isaacson & Stacy, 2008; Seldomridge & Walsh, 2006). Clinical performance may also include subjective assessments by the faculty. Students may demonstrate a friendly personality which may prompt the faculty to characterize the student as a team player (Walsh, 2006). A student may be sufficient in their clinical work, but not demonstrate the eagerness deemed necessary by the faculty, these perceptions lead to decisions in the grading of the student. Each clinical situation varies; hence, it is difficult to measure each student in the same situation. Additionally, in response to this bias,

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nurse educators have attempted to develop consistent standards for judging students in the clinical setting, yet the implementation of assessments continues to be inconsistent.

Making judgment on the quality of experience by students can be problematic as performances of these learners are influenced by a number of variables such as preceptors' or clinical instructors understanding the learning outcomes. Understanding these variables would help improve clinical assessment. Thus, Nurses and Midwifery Council-UK (NMC) (2008) advocates for clinical assessment to be taken seriously by preceptors and others involved in students' teaching and learning. This is because it's one of the few ways of ensuring that students on registration are competent and fit for practice and the purpose they are trained for. Some academic institutions, like South Bank University and Kings College, advocate for linking the role of a preceptor with that of an assessor (Price, 2007).

Therefore, as stipulated by some academic institutions, assessment and the provision of feedback on clinical competency should be carried out by the preceptor or clinical instructor who works closely with students (Higgins & McCarthy, 2005).

Challenges Experienced in Evaluating Clinical Performance

According to Vollman (1990) a clinical instructor/preceptor carries out several major functions, starting from the beginning of the learning process in the clinical field, through to the orientation and preparation of the nursing unit/ward to the admission of students. They are also expected to prepare the students for

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their clinical experiences and the instructional activities that students will undertake on the ward (Kevin, 2006).

A qualitative exploratory study done in Shiraz Nursing and Midwifery school in Iran, explored the views of nursing trainers and students' on clinical evaluation problems and drawbacks. The researcher used semi-structured deep interview and four open ended questions to stimulate discussions. One of the themes that emerged from the study was the concern from the problems relating to the clinical instructor. Clinical instructors stated that their work load is high and they do not have sufficient opportunity and time for students during the semester. (Shokati, Hassani, Manoochehri, Esmaili, & Vardanjani, 2012). Due to the fact that they perform clinical evaluation without having any objective evidence, the students may have objections about their scores, so they try to give higher score to the students. Clinical instructors did not have enough time to write the anecdotal note. They are unable to meet clinical objectives in a short period of time. As a result of this, the instructor doesn't have enough opportunity to understand the students. On the part of the preceptor, some of the barriers that prevent preceptor from effectively supporting pre-registration nursing students during clinical placement may include lack of support, lack of time, and stress and challenges encountered whilst performing their role.

Building relationships with student nurses has been identified to be barrier during the evaluation process. A study conducted by Msiska, Pam and Tiwonge (2015) revealed a good nurse-student relationship appeared to guarantee the student a good clinical grade. Consequently, nursing students get preoccupied

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with building good relationships, regardless of issues of performance, with clinical nurses, knowing the impact this has on the clinical grade. The study also revealed that besides befriending nurse (preceptor), the students develop some appeasement strategies. For example students are forced to say hello handle ward duty alone even, when they are not suppose to but because of the appeasement policy which they know can let them get better grades.

Measuring Clinical Competence

The assessment of clinical competence has become central to nurse education. Alongside theoretical assessment, assessment of practice (clinical competence assessment) forms 50 percent of the overall volume of assessment of individual students. Both theoretical and practice assessments need to be passed in order to register as a nurse (Nursing and Midwifery Council (NMC)-Ghana, 2015)

The concept of competence has attracted extensive discussion in the nursing literature in recent years, but there remains a lack of agreement on definition of competence (McMullan, Endacott, Gray, 2003; Cowan et al 2005). Regardless of the lack of conformity, three judgmental concepts underpin the definition of competence: the performance or behaviour approach, the generic approach and holistic approach (O' Connor, Fealy, Kelly, McGuinness & Timmins, 2009). From the behavioural perspective, competence incorporates both a psychological competent and an ability to perform physical tasks and involves the integration of cognitive, affective and psychomotor tasks (Girot, 1993). The generic model defines competence as a set of transferable general attributes essential for effective performance, such as knowledge, problem solving and

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critical thinking capacity (McMullan, et al, 2003). Competence as a holistic integrated approach is favoured by Gonczi (1994), who argues that competence is context-bound and draws on knowledge skills, attitudes, values and professional judgments to perform in a specific situation.

The development of skilled clinical practice is a core aspect of nurse education (Gleeson, 2008), but there is no single uniform method of measuring clinical competence (Calman, Watson, Norman, Redfern & Murrels, 2002). Furthermore, the measurement methods used are problematic (Redfern, Norman, Calman, Watson & Murrells, 2001). Nursing practice requires the integration of cognitive and psychomotor sills (Mackenzie, 2009) It is important to incorporate the skills component within competence assessment while avoiding a checklist approach. Watkins (2000) and Dolan (2003) analyzed the content of the competence documentation to evaluate the effectiveness of a revised approach to competence assessment in eight focus groups of tutors, preceptors and students. Some difficulties were identified: for example, students were so focused on achieving their competencies that they did not value other learning experiences.

An Bord Altrancis (ABA) (2000) expanded on the domains of competence, using performance criteria, and recommended that these be further developed locally in the form of critical element. A critical element is defined by An Bord Altrancis (ABA) (2005) as a set of single discrete observable behaviours that are mandatory for the designated skill at the target level of practice. Students are expected to demonstrate competence in each clinical element before the preceptor or clinical instructor will deem them to have passed the competency.

Therefore, competence in the assessment of competence therefore involves not only observable behaviours but also unobservable attributes. Such attributes include values and judgments, ability that reflects an individual's capability. According to Berner (1984) competence is apparent when a nurse develops the ability to cope and manage the many eventualities in the real world of nursing.

Methods and Evaluation Tools Used

Many methods or strategies are used to assess student's nurses in clinical practice. For each method, many attempts have been made to enhance validity and reliability, but no one method completely satisfies all scholars (Davis & Kimble, 2011; Wood, 1986). The method or strategy of assessment used in clinical practice depends upon the objectives of the clinical practice experience. According to Hagar, Gonczi, & Athanason (1994), the objectives of clinical practice contain three domains of learning which are cognitive, psychomotor and affective. Hager et al (1994) claimed that the method of assessment for each domain of learning should be different. Again, Hager et al. (1994) did an extensive literature review on issues relating to the assessment of competence. The authors examined assessment method for company based professions, such as medicine and nursing. The authors concluded that the methods used to assess students' cognitive learning were usually oral and written tests also known as traditional assessment. To assess the performance of a student, an assessor is able to utilize questioning techniques, stimulation, skills tests, and direct observation. By using such a variety of methods, an assessor can get quite an accurate picture

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of a student's abilities (performance)Bloom's taxonomy often used in conjunction with nursing frameworks in evaluating nursing student performance represents three domains of learning: cognitive, affective, and psychomotor (Jeffries & Norton, 2005). Because the domains are not mutually exclusive, nursing students are continuously being evaluated in each domain. Use of this taxonomy provides a framework that helps ensure evaluation methods match the intended learning outcomes (Oermann & Gaberson, 2006). While tools measuring concepts within these domains have been developed and documented in the literature in the broader field of education, their effectiveness is desirable. Evaluation of student performance in clinical settings requires valid and reliable tools to measure the psychomotor, affective, and cognitive learning outcomes for nursing professionals (Kardong-Edgren et al., 2010).

Psychomotor domain: Historically, nursing education has focused on the psychomotor domain when evaluating students on task trainers in a clinical setting. For example, psychomotor skills checklists are common in early nursing education, as nursing students learn to perform basic nursing interventions such as medication administration and intravenous line insertion. A checklist includes steps to perform a certain procedure or skill (Nitko, 2004) Nursing education in Ghana use checklist tool this has a rating scale, the tool is likewise known as the component task for evaluating students' competency skills (NMC-Ghana, 2015) Using checklists provides faculty with a tool to evaluate skill competence (Oermann & Gaberson, 2006) Specific checklists are selected and adapted from textbooks or clinical handbooks and may be adapted based upon evidence or even

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institutional policies related to the skill in question. Often a clinical practice will involve an overall evaluation of performance but incorporate specific skills checklist to assess a student's individual ability in those skills. (Herm, Scott, & Copley, 2007)

Gore, Hunt and Raines (2008) noted that some psychomotor skills evaluation tools are faculty-devised adaptations merely check-list tools. These tools had not been evaluated for reliability or validity yet provide examples of how some students pass with a generically worded clinical tool but not with a practice evaluation tool (Herm, Scott, & Copley, 2007; Watson, Topping & Porock, 2002). Nevertheless, the authors of these studies demonstrated that transferring objectives from a clinical tool to a practice evaluation tool could be effective in capturing scores for practice events (Gore et al., 2008; Herm et al., 2007).

Cognitive domain: Learning is acquisition of information. The cognitive domain addresses development of intellectual abilities, mental capacities, understanding and thinking. Objectives can be divided into levels specifying cognitive processes and behavior they are knowledge, comprehension, application and analysis. Cognitive domain is necessary to achieve other learning domains.

Over the years, nursing faculty has found it challenging to adequately judge the clinical competence of nursing students in this domain (Kardong-Edgren et al., 2010). Clinical competence, which engages the cognitive domain, can be defined as the ability and capacity to integrate KSAs (knowledge, synthesis and analysis) into the context of patient care; in short, clinical

competence encompasses the general day-to-day care of patients (Meretoja & Koponen, 2012).

Affective domain: This aspect of learning is most difficult to evaluate. Affective learning domain involves internalizing feelings expressed as emotions, interests, beliefs, attitudes and values. They cannot be directly observed but inferred from words & actions of the performer (student). Competencies relate to development of value system (moral reasoning and ethical decision making). Attitudinal scales used includes likert scale; to express opinion of an issue, select degree to which agree/disagree and semantic differential measures attitude using bipolar adjectives (good-bad; positive-negative) (Reese, Jeffries & Engrem, 2010)

Primary methods and tools used clinical are observations, written test, oral communication, simulation and self-evaluation. Evaluation instruments must be consistent with learning objectives. It must also be effective and efficient for faculty to use. Observations are most frequently used; comparing student performance with clinical competency expectations. This allows for direct visualization of performance and behaviors and must be specific enough to be judged. Tools used are anecdotal notes, checklists and rating scales.

Check lists and rating scales tools are the most widely used. According to Hager et al (1994), many scholars use the scale or behavior checklist in order to increase the objectivity of the evaluation tool. This observation is also adapted by Mahara (1998) who states that by using ratings or checklists, subjectivity can be substantially reduced. Rating scale has also been widely used in the USA to evaluate competency (Bartlett, Simonite, Weatcott & Taylor, 2000). Checklists

are a more objective tool since each component has a clearly defined observable task (Newble & Cannon, 1989). The tool is useful in evaluating technical skills; however, there are limitations in the use for other evaluation purposes. One example of judgment–free measurement methods in clinical practice is objective structured clinical examination (OSCE). Wastson and colleagues (2002) asserted that OSCE has advantages because students' competence can be assessed in a variety of stimulated scenarios and objectivity of evaluation is heightened.

There are many studies that have been undertake to demonstrate that OSCE is one of the most appropriate objective assessment methods, not only in nursing but also in other disciplines such as medicine and dental health (Parish, Ramaswamy, Stein, Kachur & Arnsten, 2006). Major (2005) designed OSCE as a formative examination at the end of semester four at pre-registration Diploma in Nursing at University of Salford. He found out that staff nurses (preceptors) could organize and maximize the number of students who were to be evaluated in a day, so they were able to save time in the evaluation process. However, it was a demanding process.

Clinical Environment Characteristics

Student engagement in a clinical learning environment is a vital component in the curricula of pre-licensure nursing students, providing an opportunity to combine cognitive, psychomotor, and affective skills. The quality of nursing education depends largely on the quality of the clinical experience planned in the nursing curriculum. In the clinical learning environment, there are varieties of influences that can significantly promote and hinder the clinical

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learning among novice students at the entry level. It is therefore vital that valuable clinical time be utilized effectively and productively as planned by preceptors and CIs.

The entry to the new clinical environment has been described as a place where nursing students go through intense emotional experiences (reality shock). Students have described entering the clinical arena as though they were being "thrown in at the deep end" (McMullan, et al, 2003).

Boshuizen (2010) highlighted that the "shock of practice", a crisis experienced by many nursing students on first day entering the clinical workplace, is marked by a temporary decrease in their ability to properly incorporate basic biomedical science knowledge into their clinical reasoning (Tabari, Khomeiran & Deans, 2007). Inherently, clinical learning becomes a stressful event for students exposed to the new clinical environment.

Supportive Environment

A supportive clinical learning environment (CLE) is vital to the success of the teaching and learning process. The unique clinical learning atmosphere afforded to these students in the Adult health and critical care clinical courses was rich in cultural diversity (using communication, inter-personal skills and team based learning) (Roberts, 2008). Students' experiences in a clinical learning environment may have profound impact on their learning whether positively or negatively. These experiences may differ from one clinical learning environment to another as organization of clinical education differs from place to place or country to country (IP & Chan, 2004).

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Studies have revealed peer support and social support as vital elements in facilitating students learning (Kelly, 2007; Roberts, 2008). Students perform better both academically and clinically if they have social support from peers and significant others (IP & Chan, 2004; Elcigil & Sari, 2007). According to Chuan and Barnett (2005) the lack of peer support in the clinical environment was manifested by conflicts, tensions and competitions for opportunities for practice which is detrimental for learning. Students' relationships are important for learning. Students support each other, discuss about their practice, share knowledge, skills and experiences thus, being socialized in the profession (Bourgeous, Drayton, & Brown, 2011).

Relationship in Clinical Environment

Relationship is essential for maintaining student's interest to the profession (Pianta & Hamre, 2011) this relationship is also essential for professional promotion of nursing students (Carlson, Wann-Hamsson & Pilhammr, 2009). Clinical education is a face-to-face education in which the quality of relationship plays a key role in its promotion (Zieber & Hagan, 2009). Teaching and learning are mutual interactive processes between students and teachers. These processes will certainly be facilitated through supportive approaches (Lopez, 2003). In fact, the type of relationships can help make qualified clinical placement scenario (Andrews, Brodie, Andrews, Hillan Thomas & Wong, 2006). Students, who experience supportive relationships from their teachers, express high quality of education (Newberry, 2010). Building such relationships reduce anxiety, foster socialization, confidence and self-esteem.

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These are valuable in clinical nursing education and should be facilitated in various ways (Lopez, 2003).

The clinical teacher needs to know more about the influence of their interpersonal relationship skills and also the comprehensive impact of supportive relationship on the student in clinical setting. In order to become competent practitioner, student nurses need to be guided and supervised.

Supervision in Clinical Environment

Supervision of nursing students in clinical practice plays a significant role in nursing profession as it has an influence on the students learning of the knowledge and skills (Häggman-Laitila et al., 2007). The lack of supervision may lead nursing students to learn incorrect procedures as they lack guidance to be incompetent and lose interest in nursing profession as they feel frustrated in their work due to incompetence. Learning in clinical practice takes place if students know what they are doing is right or wrong. Furthermore, good interpersonal relationship, communication and support between staff and students create a conducive environment which is essential for a student learning in the clinical setting (Chuan & Barnett, 2012)

Webb and Shakespeare (2008) cited Bennett (2002) who found that students have potentially damaging experiences such as being ignored and unattended by clinical educators. The findings of Savage's and Favret study (2006) are indicative of students' experiences of their educators (preceptor/ clinical instructor), insulting them in front of others. Effective supervision by clinical teachers in clinical environment is vital for students learning (Papp 2003;

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Lambert & Glecken 2005). The clinical nurse educators' role is to enhance learning through providing opportunities for learning. Supporting, guiding and conducting timely and fair evaluations. (Henderson, Twentyman, Heel & Lloyd, 2006). However, in a study, students felt that this role is not fulfilled as clinical nurse educators take more role of evaluation than supervision which is mainly done by nursing staff who lack teaching experience and may not know the needs of the students (Sharif & Masoumi, 2005). In addition, heavy workload and attitudes of staff compromised supervision (Maben, 2006; Chuan & Barnett, 2012).

Literature has shown some variations on supervisory models from country to country for example a study conducted in European countries showed these variations (Warne, Johansson, Papastavrou, Tichelaar, Tomietto, Bossche, Moreno & Saarikoski, 2010) Students were satisfied with regular supervisory discussions and mentorship which provided individualized supervision (Papastavrou, Lambrinou, Tsangari, Saarikoski, & Leino-Kilpi, 2010; Warn et al. 2010). Individualized supervision facilitates learning on the premise that one to one relationship with the mentor or preceptor allows students to express their learning experiences and feelings in the practice thus leading to self-confidence, promote role socialization, professional development and independence. Students' also attain clinical competency through individualized supervision (Sharif & Masoumi 2005; Warne et al. 2005; Papastavrou et al. 2007; Saarikoski, 2007). Again, students prefer group supervision and cluster facilitation as it promotes their personal and professional growth (Croxon & Maginnis, 2009; Holmlundm,

Lindgreen & Athlin, 2010; Walker et al. 2012). These suggest that students have different preferences in clinical learning.

Giving Feedback

Feedback is a prerequisite for effective learning. Clynes and Raftery (2008) defines feedback as a collaborative process of providing insight to learners about their performance. Students expressed concern that feedback was always negative with poor communication or no feedback lead them feel demotivated (Elcigil & Sari, 2008). Negative feedback with poor communication and lack of it may have negative impact on learning. It is believed that when students know their progress and deficiencies, they improve on their weaknesses, get motivated and become confident hence optimizing learning, leading to growth (Clynes & Raftery, 2008; Komaratat & Oumtanne, 2009). Feedback will also assist students to reflect on their practice thereby learning from experience. Giving specific feedback on students' performance regularly and timely reinforces good performance and encourages students' efforts (Komaratat & Oumtanne, 2009).

Educational Preparation

According to the AACN (2008), faculty must be prepared at the masters' level in order to teach in an undergraduate baccalaureate or diploma program. Some universities see the preceptors as a part of their faculty and their responsibility (Morin & Ashton, 2004) Faculty requires preceptors and clinical instructors to complete required classes in teaching and learning strategies as well as curriculum development. Evaluation methods and strategies are part of these

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classes. Universities may offer a formal orientation or mentorship program to support new faculty into the role as preceptor or clinical instructor. These programs may include a review of the institution's evaluation practices and familiarizing faculty with current evaluation tools and rubrics (Morin & Ashton, 2004).

Nursing Education in Ghana

Nursing education in Ghana has undergone a lot of metamorphosis since colonial era. The development of nursing as a profession in Ghana is poorly documented but published manuscripts, personal interviews, and letters helped in understanding the processes that characterized the growth of the profession in Ghana. At the time of independence, a lot of nursing education centers had been opened in Kumasi, Accra, Cape Coast, and other places which offered training for state registered nurses (SRNs) and qualified registered nurses (QRNs), among others (Opare & Mill, 2000).

The School of Nursing (Legon) was first established as a post basic Nursing institution in 1963 as a World Health Organization (WHO) project at the request of the Ministry of Health (University of Ghana, 2016). During the latter part of the 1990's, nursing education had moved from the hospital-based training to institutional education. More Nursing Training Colleges have been established by the Government to increase the number of nurses in the country. Despite the increase in the intake at all training institutions in Ghana during the past few years, one problem continually surfaces: there are not enough faculty members to accommodate the rise in students (Akoto, 2011).

Training of Nurses has therefore been a major challenge. To overcome the problem of lack of nursing expertise, in 1999, the Ghanaian Ministry of Health initiated higher education for nurses by founding a nursing institution to conduct courses at diploma level. The development of nursing education in Ghana has been influenced by several developed countries. In addition, nursing education in Ghana has continued to expand and now includes several postgraduate nursing courses such as the Master of Nursing (MPhil), Master of Science in Nursing and specialist programs such as midwifery, emergency, pediatric, psychiatric, neurosurgeon and medical surgical nursing. Various universities offering nursing programs are in the process of developing Doctor of Nursing program.

Framework of Licensing Examination in Ghana

Nursing is essentially a practice-based activity whose body knowledge is rounded in the biological, physical and social sciences and therefore requires continuous learning and research to support theory and practice. The Nursing and Midwifery Council of Ghana has a primary responsibility for establishing, maintaining and supervising the standard of professional Nursing and Midwifery practices in Ghana.

The Council supervises the training of Nurses and Midwives in the various nursing and Midwifery training institutions. It is therefore the mandate of the council to organize the licensure examination for nurses who have just graduated from the various nursing training colleges and universities. The mandate of the council is to conduct examinations is derived from the Health Professions

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Regulatory Bodies Act [Act 857] (Health Professions Regulatory Bodies Act, 2013).

The Nursing and Midwifery Council of Ghana Licensure Examination (NMC-LE) is of critical importance for nursing graduates and the training institutions. The main purpose of the examination is to determine minimum competence and preparedness to provide safe and effective nursing care (Akoto, 2011). The Nursing and Midwifery Council (NMC) Ghana play emphasis on student gaining clinical competence. Students ought to be evaluated both formative and summative to help student meet their learning outcomes (NMC Ghana, 2015) Evaluation of students includes continuous assessment of theory and practice throughput the training period. To achieve this, clinical practice should be student-centered in order to allow for close correlation between theory and practice. NMC Ghana, (2015) requires that students get supervision in the clinical area, to ensure safe practice; it is a joint responsibility of the nurse educators' clinicians/preceptors.

NMC-Ghana recently revised the nursing curriculum an introduction of in-house practical evaluation/assessment. It involves assessing students practically at their clinical sites, demonstration rooms or skills laboratories thus enhancing student's practical skills acquisition. Students are supposed to complete their compulsory vacation practicum with an evaluation tool which is assessed by their respective preceptors. For example, third year practicum and clinical affiliation hours is five hundred and seventy –six (576 hours) (NMC Ghana, 2015).

The council believes the synthesis of knowledge (social, spiritual, psychological and physiological), constant supervision and guidance with regular evaluation through research into approaches to nursing care are fundamental requirements of a professional nurse (NMC Ghana, 2015).

Conceptual Framework

Research has shown that clinical experiences expose students to the realities of nursing which can be both disillusioning (Clare, Edwards, Brown & White 2002; Lockwood- Rayermann, 2003) Interactions with preceptors or clinical instructors were seen to 'make or break' the practical experience. Therefore, the relationship that is forged between preceptor or clinical instructor and student is vital in shaping the student's experience.

The synergy model which considers patient care, leadership and nursing preceptorship as interrelated elements that contributes to the learner's clinical experience is also crucial. Leadership could be provided by a preceptor or clinical instructor but this model used the preceptor (Zilembo & Monterosso, 2008). The synergy model was initially proposed as a patient care model by Curley (1998) who defined synergy as 'an evolving phenomenon that occurs when individuals work together in mutually enhancing way towards a common goal' that focuses upon the interactions that take place within and around the multi faceted student/preceptor relationship.

The synergy model determines the positive outcomes the preceptee (student nurse), preceptor and the organization or the system benefit when used. The model aims to link the concepts of leadership, preceptorship, learning and the

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learning environment and show that leadership is a unique phenomenon defined exclusively by the context in which it exists (see Figure 1.1) The central concept of this model assumes nursing students (preceptees) will experience positive clinical practice when the nurse preceptor demonstrates a desirable characteristics of a nurse preceptor which include leadership. Other underlying principles of the model also highlight that individual personalities and circumstances vary which in turn vary the approach the nurse preceptor needs to adopt in order to actualize a positive learning environment through the embodiment of clinical leadership skills. The model postulates that nurse preceptors who display leadership characteristics that students find desirable, in terms of enhancing their clinical experience, contribute to positive personal and professional outcomes for the student and preceptor. This in turn leads to positive outcomes for patients, nursing education and the organization (healthcare providers). In a previous study, nursing students (preceptees) have rated competence highly as a desired leadership quality (Stanley, 2005). When a preceptee is matched with a nurse preceptor that demonstrates leadership behaviours defined by students as desirable, the student directly benefits from his/her exposure to learning opportunities, socialization and orientation to the culture of nursing and guidance.

Learning from an experienced and competent nurse exposes the student to effective clinical practices which directly enhance the student's own developing confidence and competence (Spouse, 2001; Zilembo, 2007). Nurse preceptors benefit from participating in the preceptorship experience in terms of intrinsic rewards such as teaching opportunities and enhancing one's knowledge base.

Research suggests that nurse preceptors who enjoy and are supported in their role report higher levels of job satisfaction (Nash, 2001). Healthcare providers also benefit from the synergistic interactions between nurse preceptors and nursing students that is there is greater workforce retention of employees.

Ultimately, the conceptual model proposes that positive leadership qualities displayed by nurse preceptors produce positive outcomes for the preceptors themselves, for students (preceptees), patients, healthcare agencies and providers of nursing education (systems). Eventually these outcomes lead to increased workforce retention and decreased attrition from pre-registration education programmes. The modified synergy model of Preceptorship for Learning and Care is presented in Figure 1.
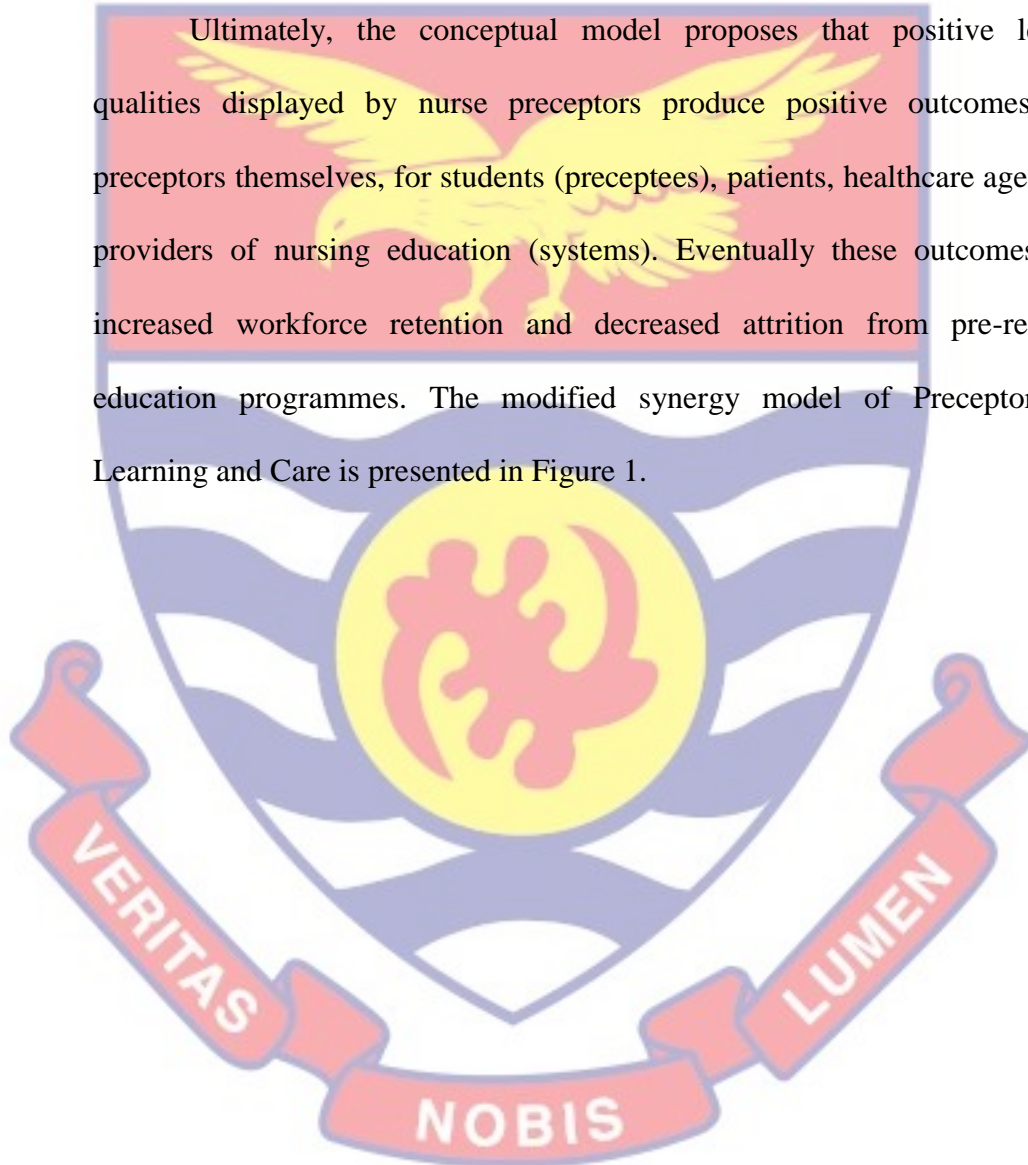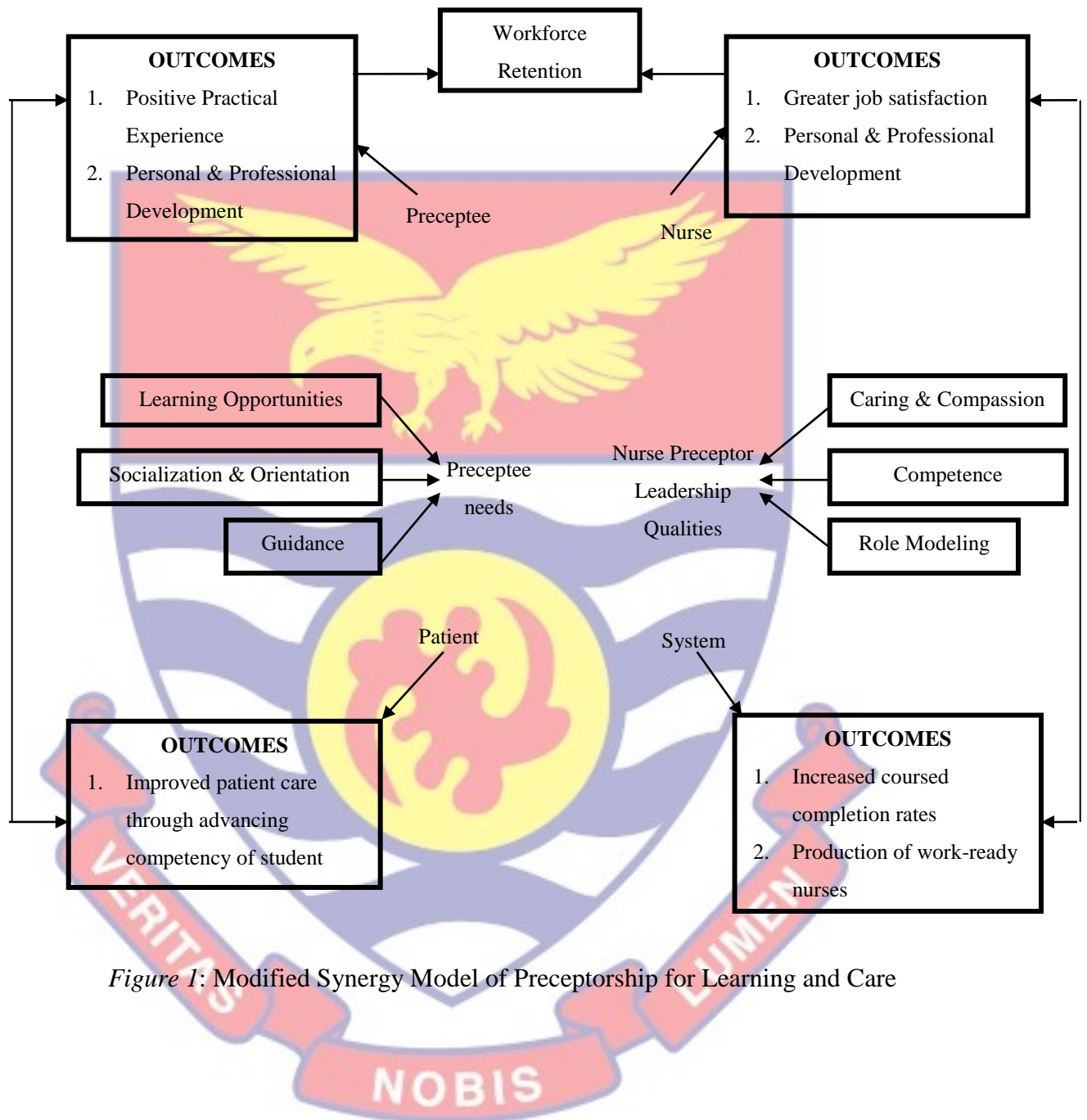
Figure 1: Modified Synergy Model of Preceptorship for Learning and Care

Chapter Summary

The review of the literature demonstrates the lack of research and knowledge on how students' clinical training is evaluated in a clinical practice. While attempts have been made to objectify the evaluation process in clinical practice, little work has been done to understand the nature of the faculty's (preceptor and clinical instructor) role in the decision-making process. Checklists and other tools have been created, used, and tested to some degree; yet they have been difficult to implement equitably and fairly.

The model aims to link the concepts of leadership, preceptorship, learning and the learning environment. Leadership identified in this model is a unique phenomenon. The synergy model which considers patient care, leadership and nursing preceptorship as interrelated elements that contributes to the learner's clinical experience and also focuses on the interactions that take place within and around the multi faceted student-preceptor relationship.
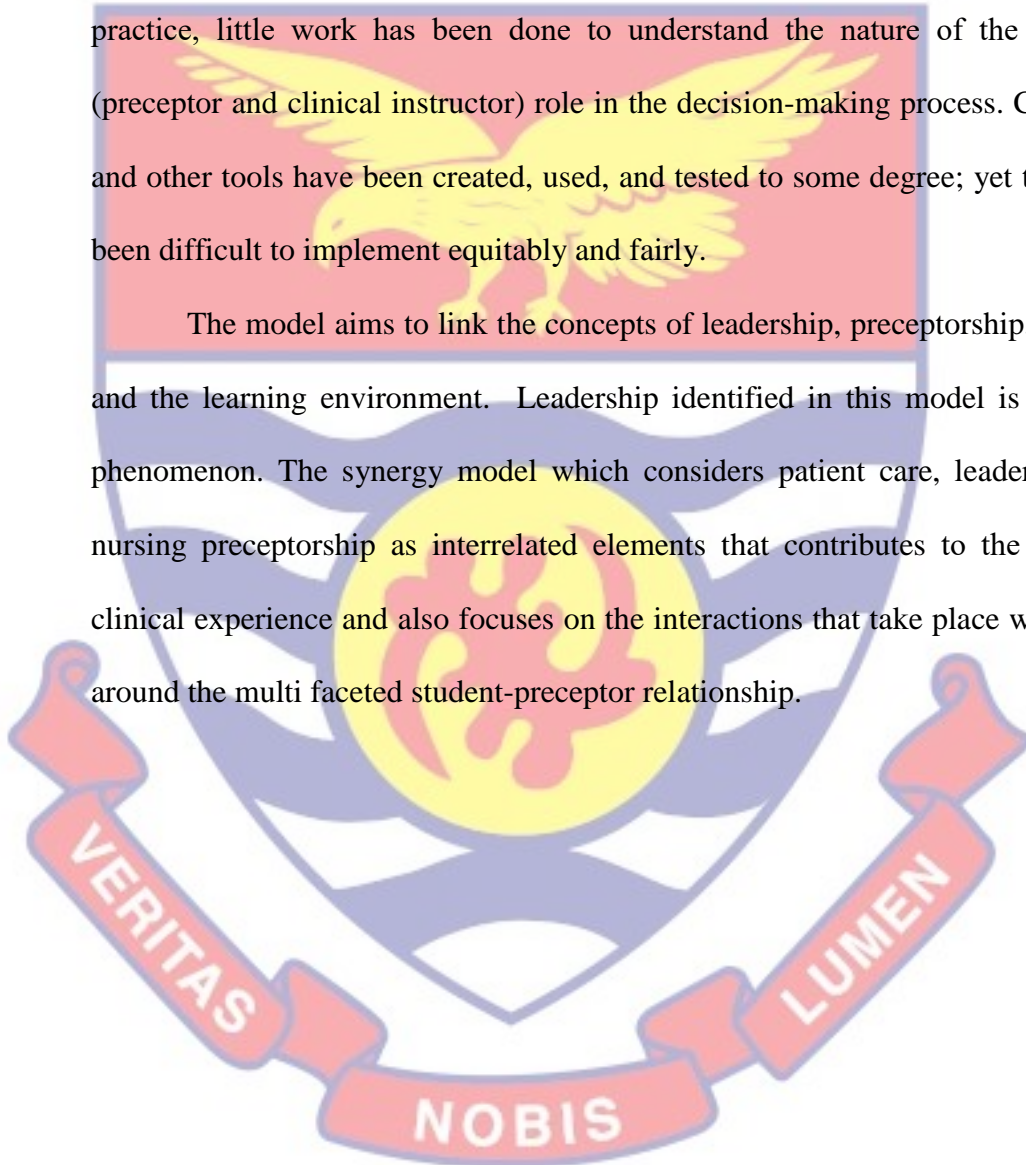
CHAPTER THREE

METHODOLOGY

Research Design

The study employed a qualitative research approach because it investigates the social world from the perspective of the people being studied (Bryman, 2004). The social world is the world interpreted and experienced by its members from the "inside". Qualitative researches are grouped into five namely: ethnography, narrative, phenomenological, grounded theory and case study (Creswell, 2007).

Bromley (1991) defined case study as a systematic inquiry into an event or a set of related events which aims to describe and explain the phenomenon of interest. The unit of analysis can vary from an individual to a corporation or an institution. Data comes largely from documentation, archival records, interviews, direct observations, participant observation and physical artifacts (Yin, 1994; Polit & Beck, 2010). Case studies of individuals in health care research (to take one example) often involve in-depth interviews with participants and key informants, review of medical records, observation, and excerpts from patients' personal writings and diaries. Case studies in nursing, for example, have a practical function in that; they can be immediately applicable to the participant's diagnosis or treatment.

Yin (1984) notes three categories, namely exploratory, descriptive and explanatory case studies. Descriptive case studies set to describe the natural phenomena which occur within the data in question. Descriptive case studies

provide information about the naturally occurring health status, behavior, attitudes or other characteristics of a particular group. The goal set by the researcher is to describe the data as they occur. Yin (1994) suggests that descriptive case studies may be in a narrative form.

In summary, a descriptive case study design was used to gain an in-depth understanding of the experiences of clinical preceptors and clinical instructors regarding evaluation of clinical training of student nurses at Cape Coast Teaching Hospital.

Research Setting

The Central Regional Hospital is now a teaching hospital and has been known as the Cape Coast Teaching Hospital since June, 2013. The hospital was established on 12th August, 1998. The hospital is the biggest hospital in the Central Region, receiving many referral cases from Cape Coast sub-metro and beyond. It serves as a facility for medical students from the University of Cape Coast. It is also a center of learning for several nurses training colleges from Ankaful, Cape Coast and Twifo Praso. The institution also serves as a facility for training postgraduate students from the University of Cape Coast.

The preceptorship model was introduced into the basic Diploma and Bachelor of nursing education in 1990s. Cape Coast Teaching Hospital, then Central Regional Hospital, adopted this model in year 2002. The institution has preceptors who provide guidance to students coming for clinical training.

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University of Cape Coast offers tertiary education in Ghana. The School of Nursing and Midwifery was established in 2005. It offers undergraduate and postgraduate programs. The School is a center for developing nurses in Ghana. The School has developed several undergraduate and postgraduate nursing programs such as Community Psychiatry, Midwifery and Master of Nursing. The school has clinical instructors who have completed their postgraduate nursing course in Ghana.

These strategies and models were to provide effective clinical teaching, learning and evaluation of student nurses' clinical performance.

Study Population

In this study the population is preceptors at the Cape Coast Teaching Hospital and clinical instructors at the University of Cape Coast School of Nursing and Midwifery.

Sample and Sampling Method

According to Lobiondo-Wood and Haber, (2010) sampling is a process of selecting a portion of the population to represent the entire population. Purposive sampling is, synonymous with qualitative research (Palys, 2008). Purposive sampling technique was used to select preceptors and clinical instructors who met the inclusion criteria for participation and eligible to be interviewed.

The inclusion criteria of the study were preceptors and clinical instructors who are registered general nurses with two or more years of experience in evaluating students. The exclusion criteria of the study were preceptors and

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clinical instructors who are not registered general nurses with no or less than two years of experience in evaluating students.

A letter was sent to all preceptors and clinical instructors inviting them to a meeting to discuss issues in this research. Discussions during this meeting focused on the aim of the study, its significance and eligibility criteria. The sampling technique used was purposive and fifteen (15) participants were indentified, comprising ten (10) preceptors and five clinical instructors who met the inclusion criteria for participation, and were eligible to be interviewed. A follow-up letter was then sent to each of the fifteen (15) participants and the date, time and venue for the interviews were scheduled and confirmed.

Data Collection Instruments

An interview guide was used and administered through face-to-face interview which was audio-taped and transcribed by the researcher. Notes were also taken by the researcher during the audio taping. Prior to the interview, the objective of the study was verbally clarified for each participant. Firstly, a structured format (Section A) was used primarily to gather socio-demographic information of the participants. The interviewer established rapport with the participants and therefore gained their co-operation. The interviews were more open-ended and less structured. Five open – ended questions (Section B) relating to clinical evaluation were developed and used to stimulate discussions in the interview sessions. Prompts and probes were used for elaboration and clarification of purposes.

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Interviews of preceptors were held in a designated room at the hospital whilst clinical instructors were held at the School of Nursing, UCC, also in designated room. Data collection involved face-to-face interviews with the participants to obtain a narrative of their clinical practice evaluation experience. The interview was conversational in nature and was conducted in such a way as to initiate dialogue and not question and answer response. The interview lasted between 15-20 minutes on the average. Data collection and analysis proceeded concurrently; once a theme was identified and data saturation achieved, the interviews were discontinued.

Data management plan is an integral part of the research plan. Data management is to ensure that a good scientific practice is followed in the research. Data are kept safe and secure at all stages of the research and how data will be made accessible to others after research has been completed. Data was saved on the computer and was password protected. Only the researcher had knowledge of the password. The researcher created a file naming system which was an essential part of good data management; a unique name identifier that communicates to the researcher crucial information about each file was employed. Abbreviations or symbols (codes) were used to label or mark emerged themes. Themes were organized or combine related themes into major categories. These categories were labeled and a file created for them. Field notes were arranged chronologically and labeled with codes which are known only to the researcher alone. After the study is completed, all the data and field notes gathered will be destroyed by shedding them into pieces after five (5) years.

Data Analysis

All interviews were transcribed verbatim and transcripts were analyzed manually. The thematic-content analysis was employed in order to analyze the transcribed data. Initial analysis focused on understanding the information, and developing codes and categories through identification of persistent words, phrases, themes, or concepts within the data (Morse & Field, 2002). Using this type of coding involved reading and examining each interview text to identify expressions which reflect the fundamental meaning of the text as a whole (Strenbert & Carpenter, 2011). The thematic process was utilized to gain familiarity with the data during the transcription and translation. At the first level of coding, distinct concepts and categories in the data were looked for and this formed the basic units of the analysis. In other words, the data was broken down into first level concepts, or master headings, and second-level categories, or subheadings. The researcher often used highlights to distinguish concepts and categories. For example, if interviewees consistently talk about teaching methods, each time an interviewee mentions teaching methods, or something related to a teaching method, it is highlighted using the same colour. The researcher used different coloured highlights to distinguish each broad concept and category. At the end of the transcripts, three (3) to five (5) different colors in lots of highlighted text are used. These highlighted texts are transferred into a brief outline, with concepts being main headings and categories being sub-headings. See an example in Appendix I. An analysis was carried out by the researcher in

parallel to the interviews, and was conducted iteratively throughout the interview period until category or theme saturation was achieved.

Table 1-*Example of three (3) levels of coding*

Level 1 codes (meaning unit)	Level 2 codes (categories)	Level 3 codes (theme)
Lack of evaluation for students' progress	inappropriate methods and tools used	problems with evaluation process
Evaluation through observation	subjective clinical evaluation	
Inappropriate clinical evaluation tools/methods		

Ethical Consideration

Ethical approval for the study was obtained from the Institutional Review Board of the University of Cape Coast. Prior to this, an introductory letter from the School of Nursing and Midwifery, UCC was sent to the Cape Coast Teaching Hospital for permission to undertake the study in the hospital. Formal written permission was then obtained from the Cape Coast Teaching Hospital. Participants received an information letter about the study and the risks/benefits of the study were explained to them. Participation in the study was voluntary and participants were allowed to withdraw from the study at any time, without any sanctions or penalty. Willingness to participate was taken as informed consent.

Assuring confidentiality is essential in order to secure the trust of the participants. Gaining the participants' trust ensures more open, honest disclosure for the study. According to APA's (2002) ethical standards, it is imperative that all participants have the right to confidentiality and anonymity, justice and benefits of the study. Each participant in this study received a recruitment letter, a verbal explanation of the study process, and details of the purpose of the study. Confidentiality was maintained during the study and in any report of the study. The participants were informed that confidentiality of study results was assured.

The anonymity of research participants was maintained by assigning all participants code names with the data collected. Individual participants were not identified in any reports of the study but they were reported as aggregated data. Data was also saved on the computer and a password was used to protect the data and only the researcher had knowledge of the password.

During the interview, the subjects (participants) may have a feel of guilt or embarrassment. This may arise simply from talking about their own behavior or attitudes (on the topic) when evaluating clinical performance of student nurses. Stress may also be induced when the researcher manipulates the subjects' environment-as when the subject is taken to a quiet place. Prior to the interview, the objectives of the study were verbally clarified for each participant. This was to minimize any feeling of discomforts.

The subjects, who participated in the research may gain knowledge on preceptorship and clinical instructorship, learn some strategies for basic teaching during clinical training, meet students' clinical learning outcome and improve

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their knowledge about a complete and comprehensive clinical evaluation to help

them function as excellent preceptors and clinical instructors.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter describes the key findings of the study as well as the analysis and discussion of the results. This study sought to explore the views and experiences of preceptors and clinical instructors on evaluation of student nurses' clinical training at the Cape Coast Teaching Hospital. Ten preceptors and five clinical instructors were interviewed.

Four main themes, based on the study's objectives, emerged from the analysis: role of CIs and preceptors, evaluation of clinical training, challenges/barriers to effective evaluation and tools and methods used in evaluation. Each of these themes has subthemes, and they are illustrated by excerpts from participants' narratives, to enhance understanding of discussions presented. The initials, "CI" and "CP", which stand for clinical instructor and clinical preceptor respectively, are used at the end of each excerpt to identify the participants.

The socio-demographic characteristics of participants and major findings are described as follows.

Socio-demographic Data of Clinical Preceptors and Clinical Instructors

Clinical Preceptors

Table 2-*Ages of Clinical Preceptor*

Age Range	Frequency	Percentage %
25- 29	-	-
30- 34	4	40
35- 39	3	30
40- 44	1	10
45- 49	1	10
50- 54	1	10
Total	10	100

Religion

Religion	Frequency	Percentage %
Christian	10	100
Islam	-	
Traditional	-	
Other	-	
Total		100

Educational Background

Level of education	Frequency	Percentage %
Nursing college	-	
Bachelors in Nursing	7	70
Master of nursing	2	20
Other	1	10
Total	10	100

Working Experience

Working experience	Frequency	Percentage %
3- 5 years	1	10
6-8 years	3	30
9- 11 years	2	20
Above 12 years	4	40
Total	10	100

Socio-Demographic of Clinical instructor

Table 3-*Ages of Clinical Instructors*

Age Range	Frequency	Percentage %
25- 29	3	60
30- 34	-	
35- 39	2	40
40- 44	-	
45- 49	-	-
50- 54	-	-
Total	5	100

Religion

Religion	Frequency	Percentage %
Christian	5	100
Islam	-	-
Traditional	-	-
Other	-	-
Total	5	100

Educational Background

Level of education	Frequency	Percentage %
Nursing college	-	-
Bachelors in Nursing	-	-
Master of nursing	5	100
Other	-	-
Total	5	100

Working Experience

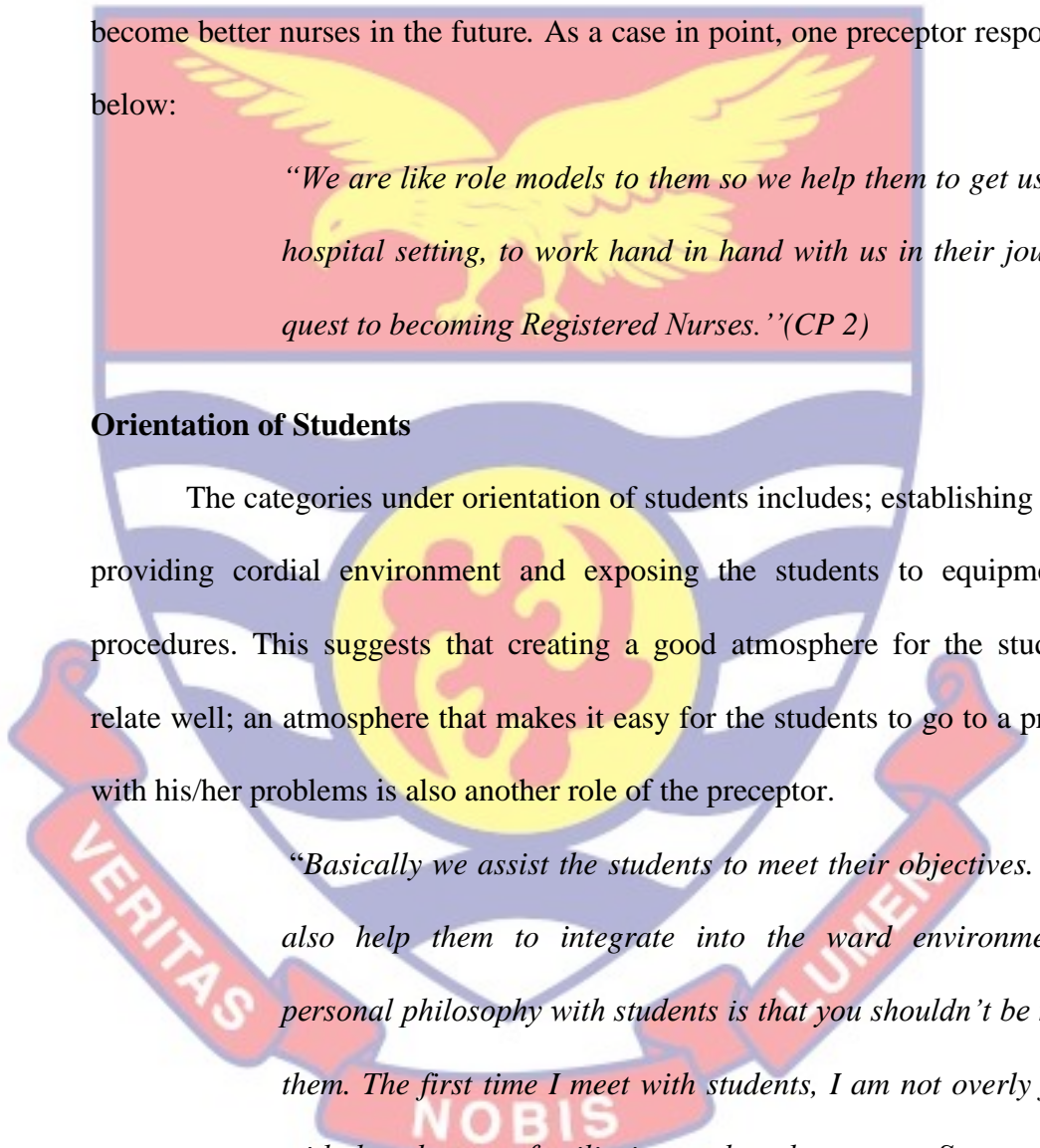| Working experience	Frequency	Percentage %
3- 5 years	3	60
6-8 years	-	-
9- 11 years	2	40
Above 12 years	-	-
Total	5	100

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Role of Preceptors and Clinical Instructors during Clinical Training

The first theme based on objective set explored preceptors` and clinical instructors' roles during clinical training of student nurses at the Cape Coast Teaching Hospital (CCTH). Pertinent issues of concern included: the job description of a preceptor and orientation of the student nurses to their new environment. Detailed activities of the preceptors and CIs during contact hours with the students were also explored in this study. Four subthemes emerged from the data gathered from the interview: 'preceptors/clinical instructors see themselves as clinical teachers or as role models to the trainee nurses' (coaching students, providing guidance for students on the ward); the orientation of students (establishing rapport, providing good reception), supervision and evaluation (organizational structure of evaluation process, assigning students to tasks, formative and summative assessment)

Preceptors/Clinical Instructors as Role Models

Coaching and providing guidance for students on the ward was one sub-theme that emerged. With respect to who a preceptor or clinical instructor is, the study found that a preceptor/clinical instructor describes someone with an appreciable professional experience or skills and chosen by a school to provide professional direction or training to students who come to the ward. He/she is also a teacher who does several things to facilitate the students' understanding of appropriate nursing/clinical concepts. This, however does not imply, a master-servant kind of relationship since preceptors see these student nurses as colleagues in the profession. This suggests that preceptors open up for student

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nurses to approach them with their problems. According to the participants, building such rapport makes the work of preceptors easier while they (participants) teach student nurses because the parties see one another as colleagues. Students acknowledge preceptors as role models; they undertake to become better nurses in the future. As a case in point, one preceptor responded as below:

> *"We are like role models to them so we help them to get use to the hospital setting, to work hand in hand with us in their journey or quest to becoming Registered Nurses.''(CP 2)*

Orientation of Students

The categories under orientation of students includes; establishing rapport, providing cordial environment and exposing the students to equipment and procedures. This suggests that creating a good atmosphere for the students to relate well; an atmosphere that makes it easy for the students to go to a preceptor with his/her problems is also another role of the preceptor.

> *"Basically we assist the students to meet their objectives. And we also help them to integrate into the ward environment. My personal philosophy with students is that you shouldn't be mean to them. The first time I meet with students, I am not overly friendly with them because familiarity can breed contempt. So usually it's a balance between being nice to them, helping them."(CP 4)*

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Clinical Teaching of Students

Participants were of the view that the clinical teacher play varied roles. They perform a lot of tasks or activities ensuring that students on clinical achieve their learning objectives. One of their major roles is teaching students. According to the participants, students regard them as their teachers on the ward. "It becomes our responsibility to train and teach students. As clinical preceptors/CI it is our duty to guide students through practice on the ward and help them improve their skills". This suggests that there are instances where training is conducted for the students (teaching those skills that they are supposed to learn regarding patient care). For instance, when performing a wound dressing procedure, students are taken through prescribed ways to set a sterile trolley and to carry out the procedure in relation to what they have learnt in the classroom, thereby bridging the theory-practice gap disparity described between what has been learnt in the classroom setting and what is practiced in the clinical environment.

Considering this, one of the preceptors said that:

> *"As part of student training, we teach them. Some of the things they've learnt in school when they come to the ward, it's our duty to guide them and help them practice on the ward. We help student to acquire the requisite knowledge and skills. You know nursing is practical!'' (CP 3)*

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One of the CIs also said that:

"When students go on clinical practice, we go with them and help them practicalize what they have learnt from the skills laboratory or the classroom. Although it is difficult, we are trying to bridge the theory-practice gap" (CI 2)

Supervision and Evaluation Roles

Supervision and Evaluation was identified as a key role of preceptors and CIs. Clinical supervision is an important element in facilitating learning in the clinical setting. The clinical educator supports guides and conducts timely and fair evaluations. The clinical nurse educators' role is to enhance learning through provision of opportunities for learning. Supervision includes ward teaching, demonstration and performing a task, and also, making sure student nurses do the right thing in applying their professional ethics. This means that preceptors and CIs have the responsibility of ensuring that students acquire the needed skills in performing certain clinical tasks and to ensure that students work at their various units within the stipulated working time. Additionally, preceptors and CIs evaluate the students' clinical performance at midpoint and at the end of the ward session. Participants agreed that the structure for evaluation (when to perform formative/ summative assessment) must be clearly stated. They also highlighted that planning and preparing for assessment, including the methods to be used would help improve consistency in judging students` progress. Participants also agreed unanimously that evaluation is important however, the current tools used were for observation and no two observations were equal.

"It's also your job to evaluate students after their clinical period with whatever evaluation tool that the school has provided. No proper structure is provided. You carry out evaluation for students and you do not know if it's a formative or summative assessment."(CP10)

"I assess students at the end of the teaching and this help me to know, if am meeting my target as a teacher because there can't be any effective teaching without evaluation."(CI 5)

Additionally, one of the preceptors said thus:

"We supervise students to perform tasks on the ward, things they can do by themselves and those they will need assistance with. You supervise them to ensure they acquire the needed skills in performing these tasks. Assign them to tasks and supervise them."(CP 3)

Evaluation of Student Nurses` Clinical Training

The second theme based on the second objective describes how student nurses' clinical performances were evaluated. The participants expressed their own experiences about the clinical evaluation process. Two subthemes emerged through analyzing the data. The emerged sub themes included, "giving feedback (responds from training institution and supervising preceptors)" and "grading of students (using formative /summative assessment)

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Giving Feedback

Feedback is believed to be constructive rather than destructive. Feedback may be the effort to discover deficiencies and urge students to correct their deficiencies. Therefore, students are supposed to get feedback from their preceptors or clinical instructors about their performance. Unanimously, all the participants (preceptors and CIs) said that there was no feedback as to whether the evaluation performed was appropriate or not. Grades given to students were not communicated to them. When poor performing students are identified, much is not done to help the student since the feedback system was poor. However, participants' (preceptor) concerns about feedback were captured in words as follows:

"*We don't get any feedback from the school; we don't even know whether the student sends the evaluation form. Ideally, delivery should be done by the preceptors, either by post or personally to the school. On this note, I don't think the students see the relevance of the evaluation form.*"(CP7)

Another clinical preceptor stated thus:

"*In the absence of any feedback, clinical educators should be checking on the students most of the time, and then liaise with the preceptors to know the progress of the students as they come to the ward.*"(CI 2)

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Grading of Students

Each clinical placement concludes with evaluation of students' clinical performance. This is carried out by clinical preceptor alone or in collaboration with the clinical instructor. During assessment, preceptors don't have the opportunity to grade students. Participants pointed out that some of the forms are designed in such a way that they are not able to give the correct performance of a particular student. The primary goal of evaluation might not be achieved with such evaluation practices. It seems sometimes, students are given grades which they do not merit and this is a source of demotivation. Moreover, student nurses do not value achieving competencies.

The participants described the evaluation form as a general one; a general form that does not give exact items to measure about the student but represents a general impression about the student's performance. Usually, the evaluation tool is based on the objectives that the student will present, however, when one compares the objectives to what is on the evaluation form, they represent two different things all together. This makes it difficult for grading the clinical competence of students. Some of the participants mentioned that although the grading system is not properly designed and may encourage poor performing students to slip through the net of education programmes and subsequently enter professional practice, they had developed a plan of helping weak students acquire the chance to re-demonstrate or repeat their clinical rotation again.

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"I think that most of the students who have passed through my hands are able to achieve their objectives and when being tasked to perform certain activities on the ward, they normally perform very well. Those who don't perform well are made to redo it and when they are back for the next semester, you realize that they have improved upon their skills" (CP7).

"I pick weak students and have one-on-one teaching with them. I note the weaknesses of the student during evaluation process after help the student in those areas" (CI5)

Students usually consider grading of clinical training a mere formality. Participants unanimously agreed that students don't take the clinical sessions serious. Students feel the grades they get during the evaluation process are mere formality since they do not fail. Also, students felt that building good relationships with their preceptors or clinical instructors may influence their grades.

"Some students don't want to put importance on the clinical practice because they feel they keep doing the same routine practice when they go to the institution, therefore, find excuses not going for clinical practice. Some students spend their time on the ward trying to appease or build relationship with their preceptors to earn good grades. This is a reflection of laziness that doesn't permit them to actually go through the clinical practice."(CI1)

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The evaluation of students in the clinical area is a critical role of the nurse preceptor or clinical instructor. The evaluation process includes data collection, interpretation, formation of judgments and conclusions about student's clinical performance. Evaluation could be done formative or summative. Preceptors had diverse experiences regarding formative and summative evaluation. From the CIs' perspective, the study found that formative and summative evaluation is normally done after the students have spent some number of weeks in the clinical placement (hospital): the last weeks before vacation, they organize practical exams for the students in the institution, including drawing of a care plan on the patient and nurse patient according to the problems identified in the care plan. One of the responses obtained reads:

> "*Throughout the year, we have practical examination once or twice. Those done in the skills laboratory are also evaluated but where the evaluation involves actual patient in the skills laboratory, C1s bring up a scenario in which the students deduce a problem from it like a case study and draw their nursing care plans.*"(CI 2)

Challenges/Barriers to Effective Evaluation of Students' Clinical Performance

The third theme based on the third objective of the study was to ascertain and describe the challenges/barriers to effective evaluation of students' clinical training. Four sub-themes emerged from the analyses of the data: increasing

number of students (inadequate logistics and shortage of preceptors), workload of preceptors and CIs, training needs (professional development as preceptor/clinical instructor, upgrading, attending ward conferences, workshops, seminars) and collaboration between clinical placement and training institutions (providing ongoing communication).

Increasing Number of Students

The increasing number of students makes it difficult for preceptor or CI to effectively evaluate their clinical performance and take the students through what they are supposed to learn. Sometimes, students out-number the patients on the ward and so taking students through procedures become difficult. Usually, wards that have busy schedules are unable to carry out the evaluation process. According to the preceptors, the number of students assigned to each preceptor is a challenge. For example: A six (6) -bed ICU with an average occupancy of two (2) to three (3) have five (5) students or more depending on the institutions they are coming from. This makes it difficult to assign one student to a patient. Supervising and evaluating clinical training of the student as far as caring for the patient is concerned becomes difficult. Therefore, with the teeming number of students, when it comes to demonstration, only few students get the opportunity and this is based on willingness to demonstrate and availability of logistics in the ward.

> "Sometimes, the numbers of students are overwhelming. You could
>
> have 10 to 20 students on a shift controlling such a number is very
>
> difficult so you have a lot of them "smarting" (not participating)

themselves. The material resources are not readily available on the ward; this makes demonstration without using patients difficult."(CP10)

"We have shortage of nursing staffs on the ward, precepting students and meeting your responsibility on the ward is difficult."(CP8)

The challenge with numbers obviously has implications for adequate staff. Inadequate staff on the ward is also a challenge or barrier that prevents preceptors from evaluating students' clinical performance since inadequate staff limits the time to attend to the students, go through their objectives, teach and help them meet their learning objectives. Preceptors have to do other ward activities and wouldn't have the chance or time to effectively supervise students on what they do even if he/she assigns students some tasks. This challenge of large students from the perspective of the preceptors is not different from that of the CIs.

"C1 ratio to student is quite huge and sometimes as a C1, I don't get ample time to really go through the criteria to evaluate the students. For example, if you have 15 students to evaluate in a day and student are suppose to perform two tasks but because of the number you have to see in a day and the time constraints you end up just assessing the student in one task. As C1 we are also burdened with faculty issues marking scripts, advising students attending to faculty meetings."(CI4)

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Training Needs

The second sub-theme focused on the training needs; professional development as preceptor/clinical instructor, upgrading, attending conferences, workshop and seminars. With regard to whether or not preceptors and CIs have received any formal training from the training institutions, it was noted that preceptors and CIs had not received formal training from relevant institutions such as the Cape Coast Nursing and Midwifery Training College (NMTC) or the University of Cape Coast. This experience from preceptors did not differ from that experienced by the CIs. This is because the roles of preceptors have not been officially designated by an authoritative instrument. Thus, preceptors are mainly selected when the need arises. The selection criteria are also based on the skills, knowledge and experiences acquired by prospective preceptors over the years on their respective jobs and, professional workshops. This means that to some extent, preceptors become a sort of conduit for the students being able to carry out the practical aspects of their training. One of the preceptors expressed her feelings as:

> "*Unfortunately no! I haven't had any training from any of the schools, neither NTC nor UCC. They bring their students here and usually expect that you would help them achieve their objectives. They just bring us a letter informing us the students are coming for clinical and the objectives they are supposed to achieve at the end of their practicum period.*"(CP 1)

Similar concerns were repeatedly expressed by CIs when I interviewed them.

"No formal training done but internal arrangements. When you come you are mentored and understudy people who have gone ahead of you and because you are already a nurse, you're able to follow suit and learn from your senior colleagues."(CI 5)

Collaboration between Clinical Placement and Training Institutions

Collaboration between the clinical educators and preceptors is of critical importance. When trainers exhibit this collaboration at the workplace, it also helps students to appreciate the need for multidisciplinary collaborations in any professional setting. The Educational Institution is responsible for seeking appropriate clinical placement that meets the clinical learning outcomes of their students. To ensure good collaboration, ongoing communication is very important. CIs agreed that the collaboration between the hospital and the University was good. They said:

"There are collaboration between CIs and preceptors. From time to time, we invite preceptors on the ward over to the school (Nursing). We have conferences and meetings, sometimes workshops are also organized. So that the school will know some of the challenges they are going through with the students in the hospital. I will say we have a good collaboration with the institutions our students go for their clinical practice."(CI 2)

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Preceptors were of different views and experiences, one of them said:

> *"No collaboration between us the clinical trainers and the training schools. A student just goes through like that because it's like we are not following it to the letter. So I think both of us need to come together and help the student acquire the needed skills to become competent nurses someday."(CP 8)*

Workload of Preceptors and Clinical instructors

Participants stressed that workload was one of the factors that can generate pressure and anxiety. Preceptors and clinical instructors accepted that they did not perform the clinical evaluation of the students in a timely manner due to workload. They stated that their workload is high and they do not have sufficient opportunity and time to identify the students during a semester. Due to the lack of time, students do not spend much time with the clinical educators in the clinical field. As a result, the clinical educators do not have enough opportunity to understand the students.

One of the clinical instructors said thus:

> *"As CIs, we are also burdened with faculty issues such as marking scripts, advising and helping students, attending to faculty meetings. We should have more CIs or faculty should create six (6) weeks of clinical when student vacates, so students practice continuously to sharpen their skills."(CI 3)*

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The preceptors shared similar views:

>*"As a preceptor you are expected to carry out your ward duty per shift in addition to supervising and evaluating students' clinical performance. The workload is too much for a preceptor per ward."(CP 4)*

Clinical Tools and Methods Used In the Evaluation of Clinical Training

The fourth theme based on objective four of this study sought to describe the clinical tools used in the evaluation of student nurses' clinical performance. An attempt was made to examine the content, quality of the clinical tools used in the evaluation of student nurses' clinical training and effectiveness of the evaluation methods or tools. Two sub-themes emerged from the analyses of data "problems with evaluation process" (inappropriate methods and tools used, subjective clinical evaluation) and standardization of evaluation tools (lack critical thinking)

Problems with Evaluation Process

Clinical evaluation is limited to the use of clinical evaluation forms and the preceptors and clinical instructors complete these forms at the end of the course. On the other hand, they do not have other clinical evaluation instruments to do formative evaluation and hence, the student's achievement and clinical learning process cannot be assessed appropriately.

Other tools have outlined guidelines to be followed, which include the students' communication skills, dress code and a column for remarks - that is the

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experience students had on the ward and their behavior. Most of the evaluation tools are in the form of checklists with few coming with the rating scale or likert style. Thus, when students arrive, the evaluation forms are collected and the objectives noted. As the findings indicated, since the learning objectives of the clinical evaluation forms are difficult to understand and not practical, the instructors and preceptors tend to perform a subjective evaluation and rely on their own intuition in order to evaluate the students.

As students work, they are observed and the weak ones are assisted in carrying out procedures. Therefore, going by what is observed of the students, evaluation forms (tools) are filled based on perceptions. This suggests that there are some questions on the tools used to evaluate the students' clinical performance. However, some of the participants were of the opinion that the evaluation of student nurses' clinical performances was highly subjective.

A preceptor specifically stated that:

> "The evaluation is not good, but I won't also say it is bad because I'm sure some people thought through it and put together this tool. But I think we can improve upon it. We should improve upon it because it doesn't give us an objective assessment of students' performance, we can do better. I think going forward, if we consider putting together another evaluation tool, we should seek input from the people who are supposed to use the tool."(CP 1)

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Another CI stated thus:

> "I have issues with the evaluation tool especially the component task (checklist and rating scale). The way its spelt out it's too subjective because when we are rating students, what I will feel is good and I will rate the student 4 but my working partner will have a different opinion and rate 1, therefore, at the end of the day it's about your personal feelings."(CI 5)

However, some of the participants pointed out that the evaluation tool is supposed to be confidential but they are brought and sent back to the school by students. Confidentiality is missing because students can probably make photocopies and change ratings or grades on the evaluation form if they cannot trust the preceptor.

Preceptor stated that:

> "You cannot trust these students. They can make changes on the evaluation forms when they are not happy with their ratings."(CP9)

No Standardization of Evaluation Tool

The study found that there are varied numbers of evaluation tools available. There is standardized evaluation tool except for the tool used by Nursing and Midwifery Council - Ghana. Clinical performances are evaluated based on predetermined simplified assessment forms from the training institutions (a kind of tool for assessing the students). Measuring clinical competencies,

particularly clinical procedure skills and clinical decision-making skills, using the nursing process are difficult. In clinical evaluation, it must be ensured that the students in clinical settings have an appropriate professional behavior, establish an appropriate interaction with the patients, prioritize the problems, have the basic knowledge about clinical methods, perform the care procedures correctly, and apply critical thinking. To achieve this, other tools are required. Most evaluation tools comprise five key issues: appearance, punctuality, students' interpersonal relationship, how they are able to carry out procedures and whether they are able to carry them out scientifically. With respect to the contents of the tool, responses from the participants suggest that there are certain components (Example: Did the student use care plan –Yes or No) on the form that should be redesigned. The responses point to the fact that those components are really difficult to assess. Furthermore, the form has a column which asks: "Has the student achieved this objective at the end of the clinical period? Response: Yes or No". In this case, rating yes or no goes against the student, where the student didn't get the chance to perform those particular objectives. On the other hand, if the student learnt other nursing procedures and not what was outlined in the objectives, then the evaluation become unfair representation of the student competence. Additionally, there are parts like appearance, for example, which can be assessed but the critical parts having to do with the student performing the nursing task is missing on the form.

Clinical evaluation relies upon the observation of the performance of one individual by another, which in itself is inevitably subjective. This suggests that

the issue of subjectivity might be addressed only if some other methods of clinical evaluation were to be devised. Consequently, it has been suggested that the format of the tool should be changed. One suggestion is that the tool should be structured in a way where students can apply their critical thinking skills.

CIs were of the opinion that:

> *"The evaluation tools used averagely are good, just that, more form of assessment ought to be added since the rating scales are more on the psychomotor skills than the cognitive and affective. As a CI, during evaluation your feelings tend to interfere with the evaluation process. It is too subjective and not objective that is what I personally feel when using the rating scale."(CI 5)*
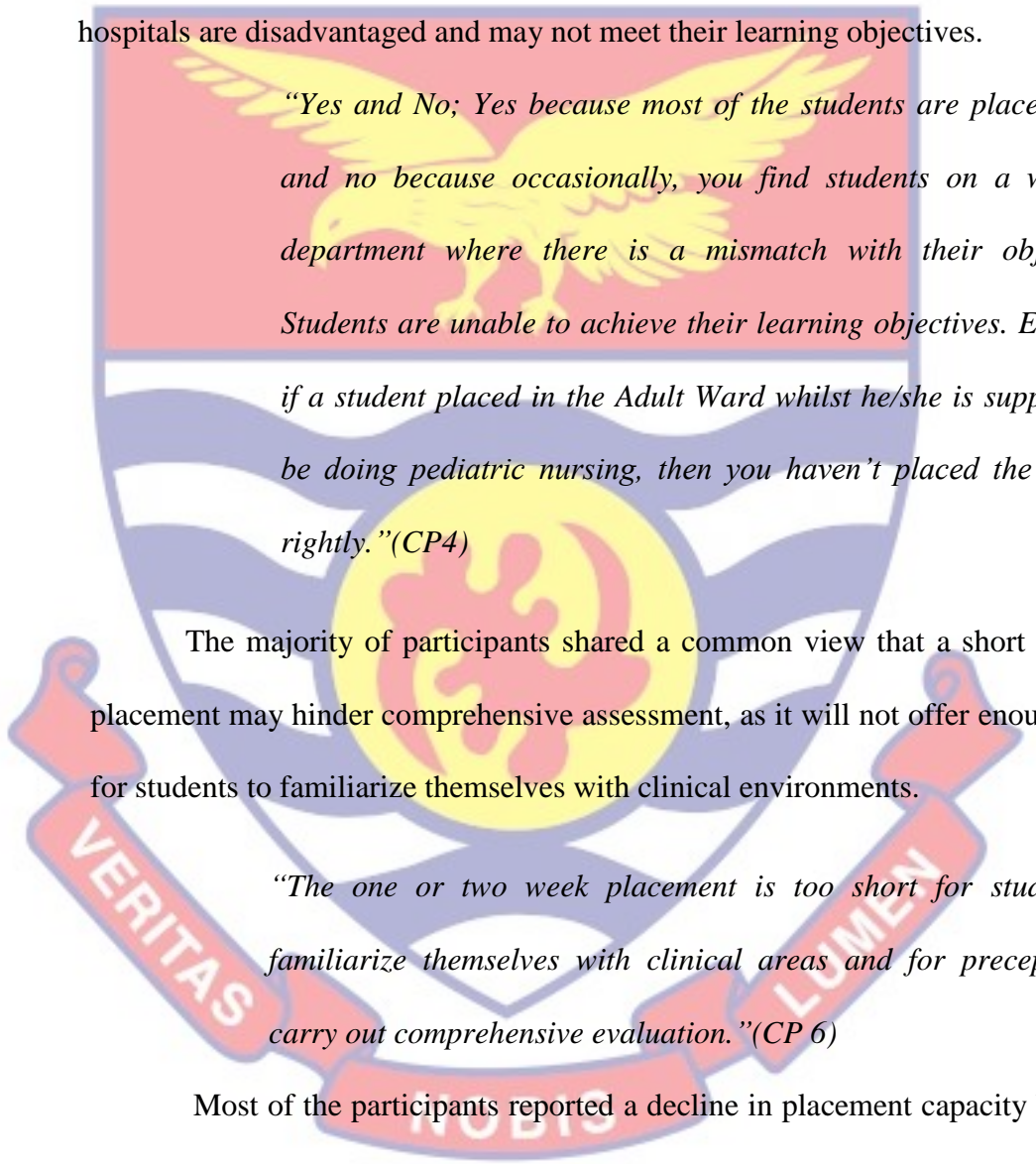
Challenges with Clinical Placement

Challenges with Clinical Placement emerged as the fifth theme from the study. This theme sought to describe the clinical placement of student nurses' and how it affects the evaluation of their clinical competence. Two subthemes emerged from the data analyses. These are inappropriate clinical placement (unmet learning outcomes, misplaced students) and conducive clinical learning environment (willingness of the nursing staffs and availability of both human and material resources).

Inappropriate clinical placement

Participants felt that clinical placement is not appropriate to meet the learning outcomes of students. The huge number of students per preceptor

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represents a higher ratio than recommended and the schools are forced to place them amidst limited facilities. This does not help students achieve their learning objectives. Some students have their clinical in the sub-districts, district, metro and the teaching hospital. However, students who go to the sub-district and district hospitals are disadvantaged and may not meet their learning objectives.

"Yes and No; Yes because most of the students are placed right, and no because occasionally, you find students on a ward or department where there is a mismatch with their objectives. Students are unable to achieve their learning objectives. Example, if a student placed in the Adult Ward whilst he/she is supposed to be doing pediatric nursing, then you haven't placed the student rightly."(CP4)

The majority of participants shared a common view that a short practice placement may hinder comprehensive assessment, as it will not offer enough time for students to familiarize themselves with clinical environments.

"The one or two week placement is too short for students to familiarize themselves with clinical areas and for preceptors to carry out comprehensive evaluation."(CP 6)

Most of the participants reported a decline in placement capacity because of the increasing number of students, which in their opinion often results in students not meeting their learning objectives.

"Students most of the time are not able to meet their learning outcomes because some of the facilities there are no interesting

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cases. For example, tracheostomy care, no specialist will perform tracheostomy at the metro hospital for the student to see, even, at our own UCC Hospital but at the teaching hospital you can be seeing some. Seriously some of the clinical facilities don't provide anything to help the student to learn but because of their numbers and the teaching hospital is also choked we have to use other facilities."(CI 3)

Conducive Clinical Learning Environment

Other participants suggested that staff on the ward were ever willing to teach the students. The clinical learning environment was supportive which is vital to the success of the teaching and learning process. The unique clinical learning atmosphere afforded the students the opportunity to learn.

A concern by CI stated that:

"Everybody, through all ranks, is willing to teach students not only the preceptors. The reception is good and a majority of the students are willing to learn. They do much of the activities assigned to them and you see the eagerness from students to learn. Staffs on the wards are accommodative enough for the students to approach them."(CI 4)

However, although the environment was supportive, some preceptors and CIs agreed unanimously that the number of preceptors and CIs were in adequate.

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"It is not advisable to have just one preceptor on the ward, because that preceptor would not always be available, hence, there should be assistant preceptors to work in the absence of the preceptor so that learning always goes on."(CP 4 & CI 6)

Discussion

According to this current study, preceptors and CIs play varied roles ensuring students acquire the requisite knowledge and skills. Among these are supervision, orientation of students, clinical teaching/training and good collaboration with the various training institutions.

Clinical learning plays an important role in improving the practice of healthcare professionals and student nurses. Quality of nurse education depends largely on the quality of the clinical experience that student nurses receive in the clinical environment (Heller et al., 2006). It is for this reason that Cassidy (2009) describes clinical learning as the heart of professional practice. Results from this current study revealed that the role of preceptors and CIs contributes an important aspect of the student`s learning. The importance of preceptorship in ensuring positive clinical experiences for nursing students has been widely acknowledged in literature (Charleston & Happell, 2005). The theory-practice gap has been described as the disparity between what has been learnt in the classroom setting and what is practiced in the clinical environment. Evidence from literature suggests that there is a gap in integrating theory to practice which has been a source of concern for a long time in nursing education (Elcigil & Sari, 2007)

According to Safadi et al. (2012) in Jordan, students reported disparities between what was learnt in class and simulation laboratory and the actual practice in clinical practice. Several studies have illustrated measures to try and close the theory-practice gap (Sharif & Masoumi, 2005; Elcigil & Sari, 2007; Safadi et al., 2012). The preceptorship model is one of the measures to bridge the gap between

classroom and clinical area (Fynn & Stack, 2006). Learning takes place when students apply what they have learned in classroom situations and practiced in a simulation laboratory into the reality of nursing.

CIs and preceptors need to be officially trained to perform their roles effectively. Professional Development of Nursing and Midwifery (2004) and ABA (2003) recommend that all clinical preceptors and CIs must be trained and be prepared for their role. MaCarthy and Higgins (2003) described that precepting nursing students are demanding and complex. Sloane et al. (1998) also described their role as labour intensive and stressful, but admit that it also brings challenges, enthusiasm and enrichment to the clinical area. According to the participants they haven't received any formal training to perform their roles/duty but use their skills; knowledge and experience acquired over the years on the job to teach and evaluate students' clinical performance. Again, some preceptors of this study had not attended update workshops, seminars and conferences. It is therefore important for preceptors and clinical instructors to receive continual educational support to develop their teaching skills. Training institutions should sponsor inter-professional teaching, seminars or workshops for preceptors and Cls. These can be excellent opportunities, offering not only quality guidance on improving teaching skills but also have supportive colleagues in multiple disciplines (Bellack, 2003). Annual conferences for clinical preceptors and clinical instructors are critical for them to update their knowledge and skills as supported by AACN (2008).

On the other hand, the collaboration and supervision by the preceptors and Cls were poorly done as indicated in the findings of the study. Collaboration is very important in nursing education. It ensures and maintains standards of clinical education. The Singapore Nursing Board (SNB) (2015) recommends that standards and criteria must be followed to ensure good collaboration between the clinical placement providers (hospitals) and education institutions. The Education institution has a formal and written agreement with the clinical placement providers. The education institution appoints one teaching staff as a clinical programme coordinator. The coordinator plans, develops and organizes clinical education activities to achieve learning outcomes. Likewise the clinical placement provider shall also appoint a named registered nurse to serve as a clinical placement coordinator to liaise with the education institution to facilitate clinical education for nursing students. The SNB (2015) further recommend that various coordinators must provide ongoing communication for example changes in nursing curriculum assessment methodology or clinical grading criteria. Also the Korean Accreditation Board of Nursing (2010) also agrees that good collaboration between preceptor and CI promote effective evaluation of learning outcomes.

The evidence from literature has shown that supervising students is one of the key roles of preceptors or clinical instructors. However, in this study, participants felt that this role was not fulfilled but poorly done. This was blamed on time constraints, other nursing responsibilities in the ward, attending faculty meetings and marking of student's scripts. Lack of supervision may lead nursing students to learn incorrect procedures as they lack guidance (Chuan & Barnett,

2012). From literature, some students prefer individualized supervision because it facilitates learning on the premise that one to one relationship with preceptors allows students to express their learning experiences and feelings in the practice thus leadings to self-confidence, promote role socialization professional development and independence (Sharif & Masoumi, 2005; Warne et al., 2005, Papastarrou et al., 2007; Saarikoski, 2007). Other students prefer group or cluster supervision because it promotes personal and professional growth (Croxon & Maginnis, 2009, Walker et al, 2012; Holmlundum et al., 2010). Nevertheless, irrespective of the method used, supervision of students' clinical activities is very critical and must never be compromised despite workload or time constraints. Therefore, effective supervision by clinical teachers in the clinical environment is vital for students learning (Papp, 2003; Lambert & Glecken, 2005).

Again, participants were concerned about the ineffective feedback system available. They expressed concern that feedback was always negative with poor communication or no feedback at all that led them to feel demotivated. Participants were of the view that, feedback from the various training institutions was poorly done. Providing and receiving feedback are among various factors which affects clinical evaluation. Feedback is seen as a collaborative process of providing insight about learners' performance (Clynes & Raftery, 2008). It is believed that, preceptors get motivated when they know their progress and deficiencies. Likewise when students know their level of progression and deficiencies, they improve on their weaknesses. Helps one to become confident then optimizes learning which translates into growth (Hanleya & Hinggins, 2005;

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Clynes & Raftery, 2008; Komarat & Oumtanee, 2009). Giving specific feedback on students` performance regularly and timely reinforces good performance (by preceptor) and encourages students' efforts.

In summation, the role of the preceptors and clinical instructors is invaluable within nurse education. They must recognize all elements and characteristics of the clinical instructor and preceptorship and their roles as well as resources that are required in order to create an effective clinical environment that supports learning from both a nursing staff and student perspective. Good preceptors feel genuine concerns for students and embrace their roles willingly (Gray & Smith, 2000).

Despite research on clinical education, evaluating clinical competence is still problematic. The results of the study revealed that the most important clinical evaluation problem was lack of comprehensive evaluation tool for assessing the students and the increasing number of students makes the evaluation process difficult to implement. The current evaluation forms do not objectively measure the students' clinical competencies and learning process. Preceptors or CIs have problems differentiating between competent and moderately competent students and this leads to bias on the part as an evaluator.

Findings in this regard are in agreement with other confirmed reports. Clinical evaluation traditionally relies upon observation of the performance of one individual by another, which runs the risk of observation bias. It is therefore not surprising to note that some of the preceptors lack understanding of students` learning outcomes and therefore evaluate students' clinical performance based on

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their mentality. If preceptors are encountering such difficulties then one needs to question the validity and reliability or trustworthiness of their assessments. For evaluation to be fair and credible, learning outcomes should be understood by preceptors. The way forward is indicated in a study by Morin & Ashton (2004) where faculty requires preceptors and clinical instructors to complete required classes in teaching and learning strategies. The program includes a review of the institutions evaluation practices and familiarizing faculty with current evaluation tools and rubrics. Some training institutions see the clinical preceptor as part of faculty and their responsibility (Morin & Ashton, 2004).

Preceptors and CIs have a duty or responsibility to help students meet their learning outcomes and also gain clinical competence to become competent nurses (NMC-Ghana, 2015). Conducting timely and fair evaluations is also very important. Evaluation of student performance in clinical settings requires valid and reliable tools to measure the psychomotor, affective and cognitive learning outcomes (Major, 2005; Kardong-Edgren et al., 2010). It is therefore important to have diverse tools or other forms of assessment to measure clinical competence. Although the literature (Ruthkowski, 2007; Davis & Kimble, 2011) reveals many methods or strategies that have been used to assess student nurses' clinical practice and for each method, attempts have been made to enhance validity and reliability. Hagar et al. (1994) added that, the use of questioning techniques, stimulation skills, tests, and direct observation, an assessor can get quite an accurate picture of students' performance therefore reducing subjectivity.

Grading of students requires enormous courage and energy. The findings of this study show that preceptors were concerned about the grading of students. They mentioned one challenge that students see the evaluation of the clinical competence as a mere formality. Students didn't value achieving competencies and other learning experiences (Diekelman & Schulte, 1992) whilst most students describe grades as the "currency of the campus", a reward available for academic work as revealed in a study by Becker, Geer and Hughes (2005). Students placed more emphasis on passing their final exams and not on gaining clinical competence. Moreover, findings from the study showed that students spend much of their time during clinical, building relationships with their preceptors. They believe good relationships will earn good grades. A study conducted by Msiska, Pam and Tiwonge (2015) revealed that: a good nurse-student relationship appeared to guarantee the student good clinical grades. Despite evidence from literature, participants from this study tried to prevent this kind of relationship building since familiarizing oneself with students' breeds' contempt.

The numbers of students in the nursing colleges and universities have increased overtime. The increase of students' number may lead to students not being competent to some task hence unable to provide quality care to the patients (Heller et al, 2005). According to the participants, the student-preceptor ratio is a challenge due to the huge numbers available per participant. The literature (Streubert & Carpenter, 2011) reveals that preceptorship involves a one-to-one teaching and learning relationship, involving a registered nurse (RN) and nursing student whereby the RN acts as a role model to facilitate student learning and

provide evaluation of learning objectives. The ideal ratio of clinical instructor or preceptor to students as shown by Ousey (2009) is at least five (5) students are to one CI and one preceptor to ten (10) students. It is apparent from the outcomes of this study that the ratio of clinical instructor to student is 1:15 and that of the preceptor is one to twenty (20) students which is overwhelming and makes the work of the CIs and preceptors very difficult especially during evaluation of their clinical competence. This affirms that poor performing students may slip through the net of education programmes and subsequently enter professional practice. Patients encountering this category of nurses may be at risk of receiving inadequate care (Roberts, 2011). Duffty (2014) also revealed instances where students, irrespective of their poor performance passed assessment because clinical nurse educators were not committed and lacked appropriate skills. A similar finding was noted in this study. This is worrying, as patients could be exposed to unsafe practices (Flannagan et al., 2002; Fitzegrald et al., 2010).

The structure and component of the clinical environment can influence clinical learning, a central feature for professional development (NMC-UK, 2006). It is therefore important for the environment to be continuously prepared to facilitate learning. In accordance with the study by Kelly (2007), Roberts (2008) reported that supportive environment facilitates students` learning. According to Chuan and Barnett (2005) the lack of support in the clinical environment manifests conflicts, tensions and competition, which are detrimental for learning. The study also noted that staff members were willing to teach students. Students received good reception from staff and this made students willing to learn. This

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finding agrees with other studies which suggest positive environment influences learning. Involving happy staff nurses who are friendly with good morale and attitude, cooperative and willing to teach and guide students. This also leads to quality patient care (Papp et al., 2003; Edwards et al., 2004; Lewin, 2006; Tanner, 2006; Papastvrou et al., 2010; Chuan & Barnett, 2012) recognizing these students feel confident and motivated to learn in an environment where they are respected.

In addition to these, findings of the studies have indicated that inappropriate clinical placement have a negative impact on the students learning and performance. The current study confirms some variations in clinical placements of students. It is argued that most clinical settings in the Cape Coast Metropolis are capable of providing good learning experiences but there is major lack of material resources which render these settings less conducive for student learning. The study reveals that students are exposed to different conditions during clinical placements but during evaluations, the same standards are applied to assess them, without considering the circumstances that characterize their experience. This is not consistent with literature (Isaacson & Stacy, 2009) which suggests that student evaluation does not consider variation in students' experiences and there are no compensations on student performance whether they had a good learning environment or not.

These issues should be considered by nursing educators. Nursing students should only be allocated to clinical settings where they are likely to get much needed experience and support from both preceptors and Cls.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The findings of this study indicate that evaluation of students' clinical performance is a significant responsibility that can be both challenging and time consuming. It is complex, demanding and labour intensive. Evidence from the study showed that preceptors and clinical instructors do not acquire adequate training to perform their role. They should therefore be adequately prepared in order to be fit for their purpose.

The study indicates that assessment of performance could be difficult because of the infinite number of factors that could influence the process. These factors include the number of students, time constraints, busy schedules of preceptors and CIs, inadequate preparation and lack of technical know-how in evaluating students. The study also indicates that there are no proper guidelines to assist clinical nurse educators on how to effectively teach and supervise student nurses. Again, there are no structural guidelines on when to perform a formative and summative clinical evaluation of nursing students. As a result, they face challenges and may not adequately teach, guide, supervise and evaluate student nurses during clinical placements, thus potentially reducing their effectiveness as educators. The study also indicates that the traditional method of evaluation was mainly a direct observation of performance using the checklist and the rating scale. This method was agreed to be more subjective and therefore more varied evaluation methods and tools should be used to reduce subjectivity.

Clinical learning environments are unique, which can influence learning of students. The characteristics of unique environments comprise good reception from staff, those who are happy, friendly with good morale and attitude, cooperative and willing to teach and guide students to provide quality patient care. These enhance students' confidence and motivate them to learn in an environment where they are respected.

Conclusions

The clinical instructorship and preceptorship model needs to be explored on its effectiveness on the preceptor or clinical instructor. The role of the preceptor or clinical instructor is fundamental to the success of the student's learning experience and enabling them develop the competencies required for registration. These roles include use of teaching strategies, role modeling, evaluation of clinical activities and the provision of continuous feedback. A supportive and safe clinical environment needs to be provided by the preceptor or clinical instructor, which are also essential for student learning.

The need for training of preceptors and clinical instructors was repeatedly mentioned by participants. Such training would enhance their skills and confidence. Apart from focusing on upgrading the current clinical evaluation forms, preceptors and clinical instructors should improve their knowledge about a complete and comprehensive clinical evaluation. They should also apply other appropriate and objective clinical evaluation methods and tools, and perform a formative and summative clinical evaluation. Also, the workload adjustment of the preceptors and clinical instructors needs revision. Therefore, despite using

traditional and sometimes limited evaluation methods for assessing nursing students, a comprehensive and appropriate evaluation of nursing students' clinical competencies should be drawn and implemented.

Recommendations

The findings of the study portray some serious problems in the way preceptors and clinical instructors are prepared for their role. One of the roles is evaluating clinical performance of student nurses. It has become necessary to adopt evaluation practices that would positively influence student learning. Improving the evaluation process requires strategies which will mitigate the identified problems. The following recommendations are therefore proposed:

- Further studies are recommended to describe the views of nursing students' on factors influencing their clinical assessment. The studies could include a quantitative approach, and hence a mixed method approach, with larger sample sizes to increase generalizability of findings and also help enhance knowledge and understanding of factors influencing assessment of student nurses in clinical practice.

- Clinical teaching and evaluation are shared responsibility for both preceptors and clinical instructors. Further studies that focus on, on-going communication and building of strong collaborative relationships between preceptors and clinical instructors becomes critical.

- Additionally, preceptors and clinical instructors must be officially trained for their role which is complex and demanding. Preceptors and clinical instructors must attend regular update workshops, seminars and

conferences to enhance their skills and confidence in performing evaluation for student nurses.

- A further recommendation involves the formulation of a policy regarding standardized evaluation processes to be employed by nursing education institutions in evaluating student nurses.

- Professionally, it is recommended that nurse educators and preceptors work together to establish a policy in order to achieve higher standards in nursing education and function as quality controllers of nursing education.

- Changes in the curriculum are recommended to include the use of competency-based evaluation for student nurses.
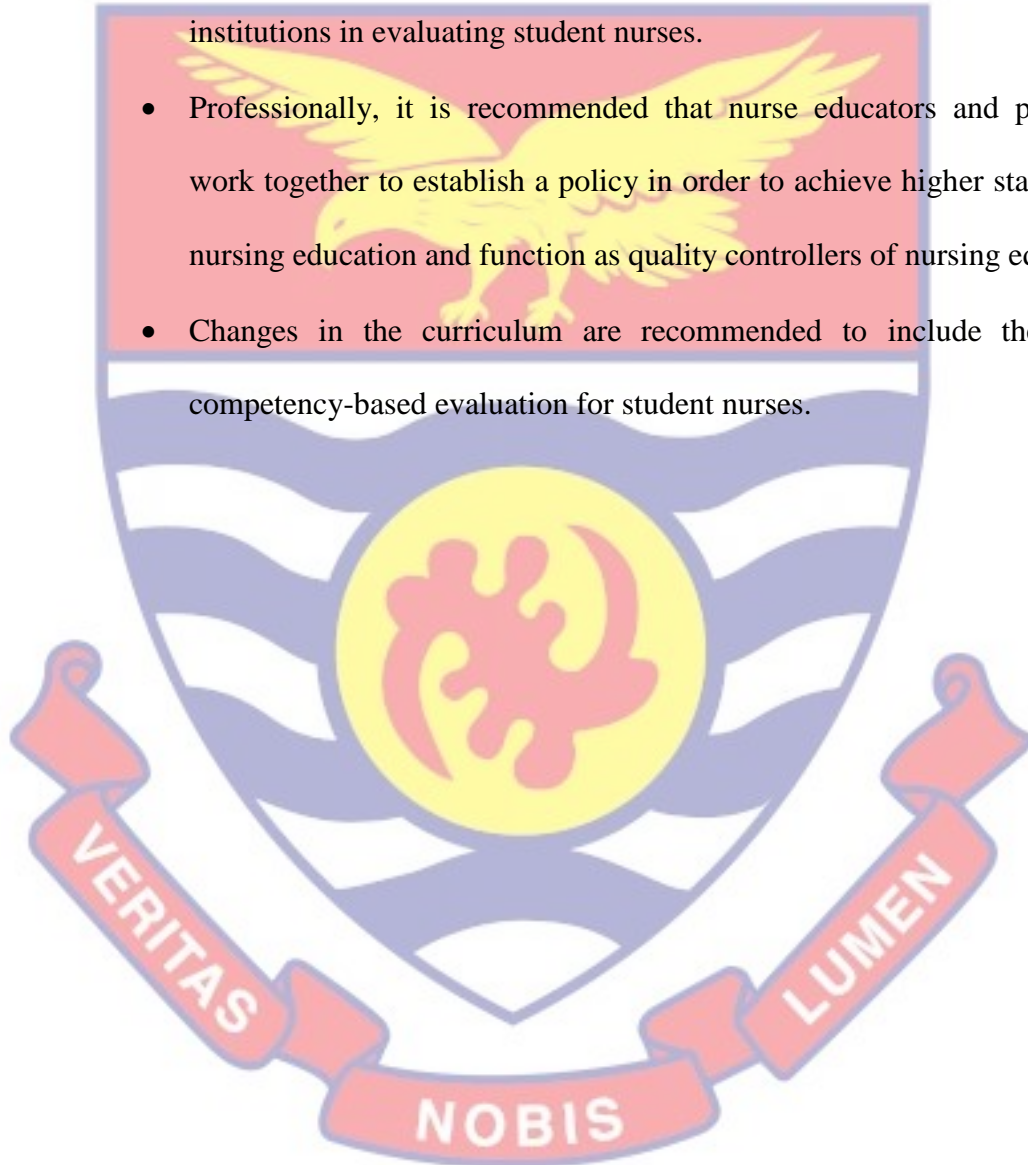
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APPENDIX A

UNIVERSITY OF CAPE COAST

COLLEGE OF HEALTH AND ALLIED SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

INTERVIEW GUIDE FOR PARTICIPANTS ON THE EVALUATION OF CLINICAL PERFORMANCE OF STUDENT NURSES AT CAPE COAST TEACHING HOSPITAL.

This is an interview guide to solicit information on the evaluation of clinical performance of student nurses at Cape Coast Teaching Hospital. You have been identified to participate by responding to these questions. Kindly answer the questions as frankly as possible.

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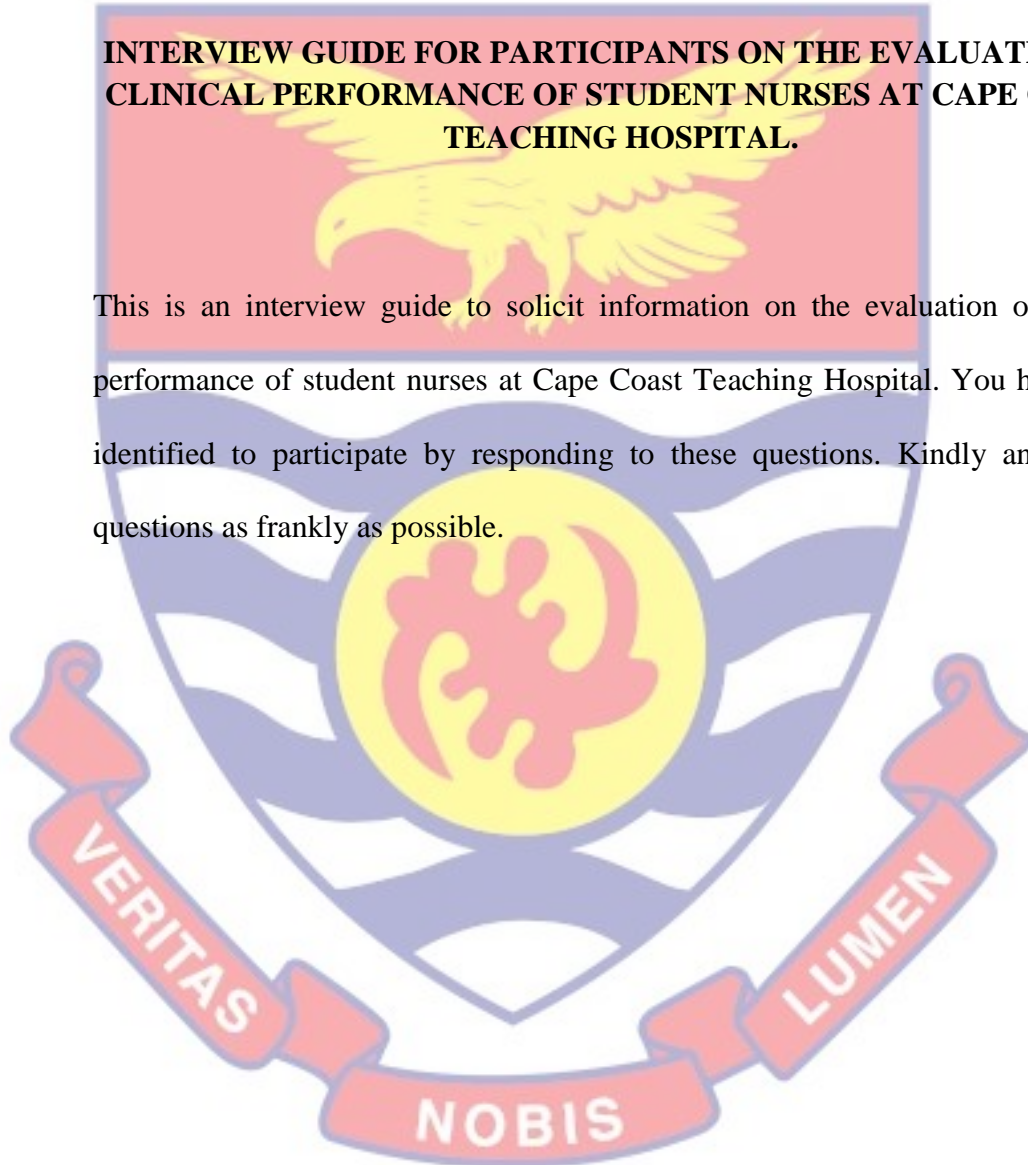
INTERVIEW GUIDE

TOPIC: EVALUATION OF CLINICAL PERFORMANCE OF STUDENTS

NURSES AT CAPE COAST TEACHING HOSPITAL

SECTION A

Background of respondents

1. Age:

    20 – 24   [   ]

    25 – 29   [   ]

    30 – 39   [   ]

    40 – 44   [   ]

    45 – 49   [   ]

    50 – 55   [   ]

2. Religion

    A. Christian   [   ]

    B. Islam   [   ]

    C. Traditional   [   ]

    D. Other (specify):………………………………………………………………

3. Level of education

    A. Nursing college   [   ]
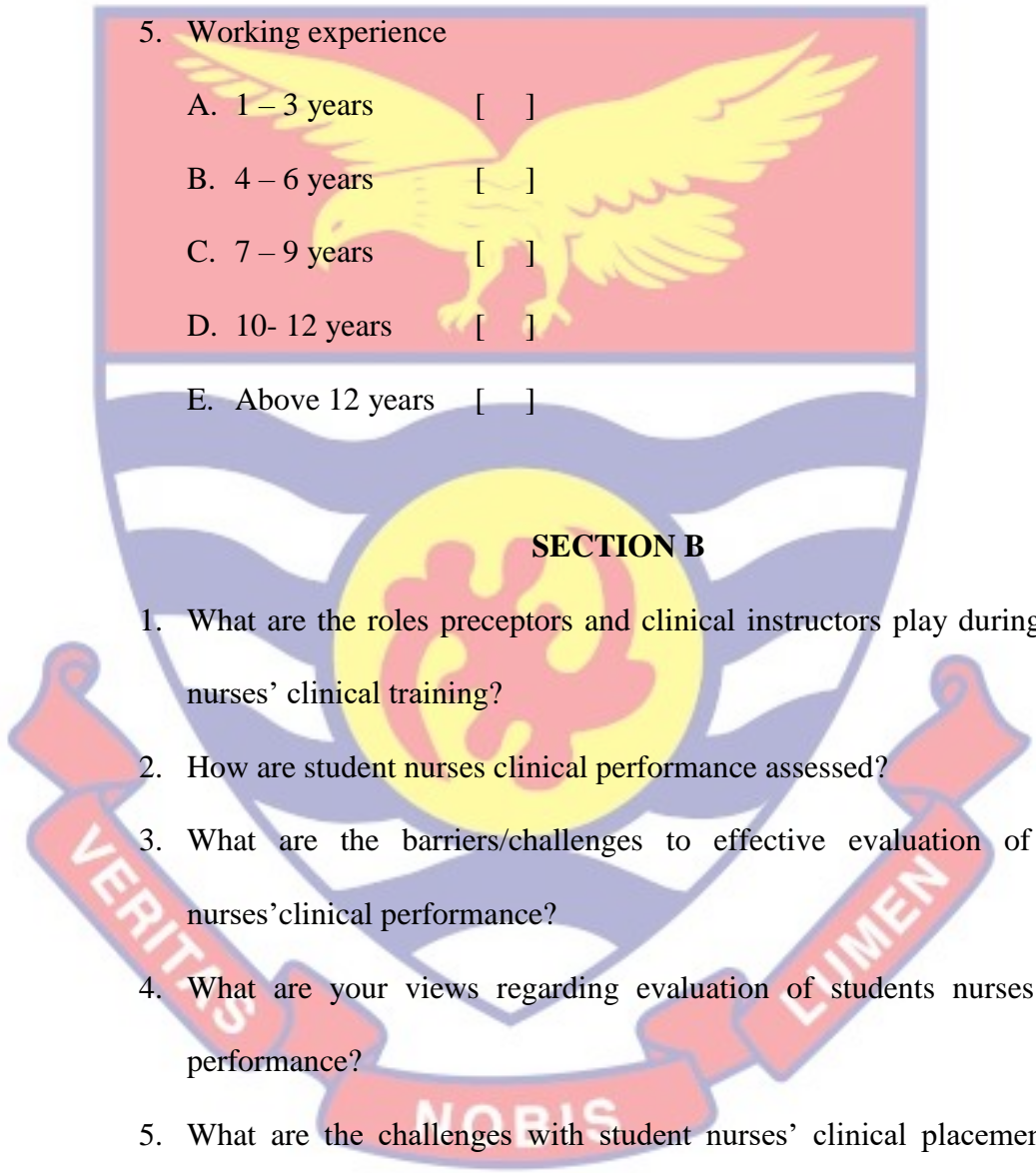
    B. Bachleors in Nursing (BSN)   [   ]

    C. Master of Nursing   [   ]

    D. Others (Specify):…………………………………………………………

4. Marital Status

   A. Single   [ ]

   B. Married   [ ]

   C. Divorced   [ ]

5. Working experience

   A. 1 – 3 years   [ ]

   B. 4 – 6 years   [ ]

   C. 7 – 9 years   [ ]

   D. 10- 12 years   [ ]

   E. Above 12 years [ ]

SECTION B

1. What are the roles preceptors and clinical instructors play during student nurses' clinical training?

2. How are student nurses clinical performance assessed?

3. What are the barriers/challenges to effective evaluation of student nurses'clinical performance?

4. What are your views regarding evaluation of students nurses clinical performance?

5. What are the challenges with student nurses' clinical placement which affect evaluation of students?

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APPENDIX B

VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title *(Knowledge.*

practices, and barriers towards cervical cancer screening in Elmina, Southern Ghana) has been

read and explained to me. I have been given an opportunity to have any questions about the research

answered to my satisfaction. I agree to participate as a volunteer.

_____   _____

Date   Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were

answered and the volunteer has agreed to take part in the research.

_____   _____

Date   Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with

participating in this research have been explained to the above individual.

_____   _____

Date   Name Signature of Person Who

Obtained Consent

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APPENDIX C

IRB-UCC ETHICAL CLEARANCE

IRB-UCC ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 03321-33172/3 / 0207355653/ 0244207814   C/O Directorate of Research, Innovation and Consultancy

E-MAIL: irb@ucc.edu.gh

OUR REF: UCC/IRB/A/13

YOUR REF: 9TH JUNE, 2016

Ms. Evelyn Baawa Eyeson

School of Nursing and Midwifery

University of Cape Coast

Dear Ms. Eyeson,

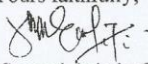**ETHICAL CLEARANCE –ID NO: (UCCIRB/CHAS/2016/04)**

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for implementation of your research protocol titled: **": Evaluation of clinical performance of student nurses' at the Cape Coast Teaching Hospital."**

This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

(Samuel Asiedu Owusu)

ADMINISTRATOR

cc: The Chairman, UCCIRB

ADMINISTRATOR

INSTITUTIONAL REVIEW BOARD

UNIVERSITY OF CAPE COAST

Date:..............

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APPENDIX D

LETTER OF INTRODUCTION

LETTER OF INTRODUCTION

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEAN'S OFFICE

Telephone: 233-3321-33342/33372
Telegrams & Cables: University, Cape Coast
Email: nursing@ucc.edu.gh

SNM/R /2/Vol. 2/

Our Ref:

Your Ref:

UNIVERSITY POST OFFICE
CAPE COAST, GHANA.

22nd June, 2016

....
....
....
....

Dear Sir/Madam,

LETTER OF INTRODUCTION: MISS EVELYN BAAWA EYESON

The above named person is a level **850** student of the School of Nursing and Midwifery, University of Cape Coast with ID number **BS/MNS/14/0001.**

Miss Eyeson is in her final year, pursuing a Master of Nursing programme. She is conducting a research on the topic: **"Evaluation of student" clinical performance at Cape Coast Teaching Hospital."**

We would be very grateful if you could offer her the necessary assistance and support.

Thank you.

Yours faithfully,

Dr. Samuel Victor Nuvor
VICE-DEAN

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APPENDIX E

ETHICAL CLEARANCE CAPE COAST TEACHING HOSPITAL

ETHICAL CLEARANCE CAPE COAST TEACHING HOSPITAL

In case of reply the reference number
and the date of this
Letter should be quoted

Our Ref.: CCTH/RGY/
Your Ref.:

P. O. Box CT.1363
Cape Coast
Tel: 03321-34010-14
Fax: 03321-34016
Website: www.ccthghana.com
www.ccthghana.com
email: info@ccthghana.com

10TH JULY, 2016

MS. EVELYN BAAWA EYESON
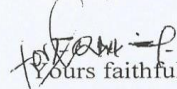**SENIOR NURSING OFFICER**
CAPE COAST TEACHING HOSPITAL

Dear Madam,

RE: APPLICATION FOR ETHICAL CLEARANCE

With reference to your letter dated 22nd June, 2016 on the above subject, I write to inform you that the Cape Coast Teaching Hospital (CCTH) has granted approval to conduct research for partial fulfilment of the condition for the award of Master of Nursing programme.

The hospital would also appreciate a copy of any relevant findings.

Thank you.

Yours faithfully,

DR. DANIEL ASARE
(CHIEF EXECUTIVE OFFICER)