Clinical Simulation in Nursing (2017) 13, 616-623

Clinical Simulation in Nursing

www.elsevier.com/locate/ecsn

Featured Article

Faculty Evaluation of Undergraduate Nursing Simulation: A Grounded Theory Model

Penni I. Watts, PhD, RN, CHSE-A[a,*], Nataliya Ivankova, PhD, MPH[b], Jacqueline A. Moss, PhD, RN, FAAN[c]

[a]*Assistant Professor, University of Alabama at Birmingham School of Nursing, Birmingham, AL 35294, USA*
[b]*Professor, University of Alabama at Birmingham School of Nursing/School of Health Professions, Birmingham, AL 35294, USA*
[c]*Professor, University of Alabama at Birmingham School of Nursing, Birmingham, AL 35294, USA*

KEYWORDS
simulation;
evaluation;
nursing;
grounded theory;
faculty;
undergraduate

Abstract

Background: Understanding how faculty judge and appraise students' performance during simulation and what factors influence the process may lead to more consistent and effective evaluation outcomes. The purpose of this grounded theory study was to explore the process by which nursing faculty evaluate a student performance in simulation.

Method: This qualitative study utilized semi-structured interviews and video elicitation according to the guidelines of grounded theory methodology.

Results: A conceptual model was developed with four main concepts: perceived expectations, influences, simulation event, outcomes, and evaluation approach with perceived expectations as the core phenomenon.

Conclusion: Although study results clearly identify the importance of a systematic approach to evaluation, the literature yields little information regarding a step-by-step process for faculty evaluation.

Cite this article:
Watts, P. I., Ivankova, N., & Moss, J. A. (2017, December). Faculty evaluation of undergraduate nursing simulation: A grounded theory model. *Clinical Simulation in Nursing, 13*(12), 616-623. http://dx.doi.org/10.1016/j.ecns.2017.08.005.

In the clinical simulation community, there has been a push to develop and use standardized measurement tools that have been tested for validity and reliability (Kardong-Edgren, Adamson, & Fitzgerald, 2010). A number of psychometrically validated simulation performance evaluation tools have been developed that measure concepts including; satisfaction, anxiety, and efficacy (Adamson, Kardong-Edgren, & Willhaus, 2013). However, clinical performance is not a concept that has been clearly explicated (Mikasa, Cicero, & Adamson, 2013; Wolf et al., 2011) and therefore difficult to psychometrically validate in tool development. Although frequently associated with teamwork, assessment, communication, safety, and skills acquisition, there is no accepted set of attributes that define clinical performance. Nursing faculty have been judging clinical performance in nursing students for many years; however, the evaluation frameworks, criteria, and processes nursing faculty use to evaluate clinical performance are not clear.

* Corresponding author: piwatts@uab.edu (P. I. Watts).

1876-1399/$ - see front matter
http://dx.doi.org/10.1016/j.ecns.2017.08.005

Clinical simulation is increasingly being used to evaluate student clinical performance (Adamson et al., 2013; Ashcraft et al., 2013; Ulrich & Mancini, 2014), and multiple frameworks have been employed to develop evaluation tools to guide this appraisal. Frameworks used in nursing simulation evaluation include, for example, the nursing process (Benner, 1984), Benner's Novice to Expert (Benner, 1984), and quality and safety education for nurses competencies (Brady, 2011). Most faculty members believe they have been graduating safe practitioners; yet, it remains unclear how they actually judge readiness for clinical practice (DeYoung, 2009; Weidman, 2013). In fact, research shows that students are often evaluated inconsistently, leading to difficulties in a fair and equitable assessment of their skills (Ard & Valiga, 2009; Cockerham, 2015; DeYoung, 2009).

Key Points

- Nursing faculty base their evaluation of student performance in clinical simulation on an individual framework developed from personal values, past experiences, standards of practice, and programmatic value/norms.
- Nursing faculty perceived expectations of students performance in simulation differ from other faculty's perceptions.
- Perceived expectations of student performance drive the evaluation process in clinical simulation.

With only recent exploration of clinical simulation performance evaluation in the nursing literature, it is difficult for faculty to have confidence in existing evaluation tools or to feel empowered to design new and improved tools that align with the goals of clinical simulation (Davis & Kimble, 2011). Individual variations in faculty evaluation of student performance may in part be due to previous clinical and educational experiences influencing the formation of a model or framework of their own concept of safe care delivery (Isaacson & Stacey, 2008). Understanding how faculty judge and appraise students' performance during simulation and what factors influence the process may lead to more consistent and effective evaluation outcomes. Therefore, the purpose of this qualitative grounded theory study was to explicate the process by which faculty evaluate student performance during an adult health clinical simulation.

Methods

Design

A qualitative grounded theory approach was used to fully understand the process that nursing faculty utilize when evaluating student performance during a clinical simulation. The intention of the grounded theory is to move beyond description and generate a theory grounded in the data from the field, specifically the actions, interactions, and processes through interrelating categories of information (Denzin & Lincoln, 1994). Thus, the grounded theory approach was suitable for this study because we wanted to develop a conceptual model that would delineate the process of faculty evaluating student performance in simulation and explain this process within specific contexts (Charmaz, 2006; Strauss & Corbin, 1998). Strauss and Corbin's (1998) systematic approach to grounded theory was followed. It delineates distinct steps in data collection and analysis leading from the open coding (developing initial categories and dimensions) and axial coding (relating codes and forming a coding diagram). The core or central phenomenon is identified and reiteratively compared and referenced against data. Next is selective coding (relating codes to the central phenomenon) and the development of a substantive theory (formulating a set of well-developed, interrelated concepts used to predict a phenomenon). The substantive theory would explain the process that guides faculty as they evaluate student performance in simulation.

Ethical Considerations

This study was initiated following full approval from the institutional review board of a large university in the southeastern United States. Data were kept confidential and password protected. No identifying information of the participants was collected.

Sample

Faculty from nine schools of nursing in the southeastern United States who were currently utilizing simulation for teaching undergraduate adult health nursing students were recruited. The participants were purposefully recruited via e-mail and through word of mouth to nursing schools across the southeastern United States. These pre-licensure nursing programs used clinical simulation in a summative or formative manner and varied in their evaluation processes. There were 20 female and 1 male participant. Five of the participants were doctorally prepared and 15 were masters prepared. Each of the participants had been a nursing instructor and conducted simulation experiences for at least one year prior to the interview. All the participants described much of their simulation training as ''on the job'' and in-house training. Eight of the 20 participants had received training through either an academic course or a formal simulation training course. Saturation was reached at a sample of 20 participants and when no new or different themes emerged from the data.