Iranian Nursing Students' Experiences and Viewpoints of Clinical Evaluation: a qualitative study

Mehrnoosh Pazargadi[1], Tahereh Ashktorab[2], Sharareh Khosravi[3], Safar Ali Esmaili Vardanjani[4]

1- Associate Professor, PhD of Educational Management School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2- Associate Professor, PhD of Nursing , School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
3- PhD Student of Nursing, School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
4- Ms in nursing education, Shahrekord university of Medical Science, Shahrekord, Iran
shararehkh2011@yahoo.com

Abstract: Nursing students` clinical evaluation is an important subject in nursing clinical education. Some studies mentioned issues in nursing students` clinical evaluation that manifest in students` complaints and frequent meetings between students and instructors to discuss some problems in this area. Despite some efforts, this subject is still a major challenge for all people involved. So we need to know much more about it, especially from the view of nursing students because they are the one who are evaluated and are at the center of the experience. The aim of this study is determining nursing students` experiences and perspective about their clinical evaluation. This is a descriptive qualitative study. Participants were selected in nursing and midwifery schools of 3 medical Universities, involving baccalaureate nursing students in 3rd and 4th year of nursing education. Sampling method was purposive and was continued to the point of data saturation. Totally 40 students participated in 6 focus groups. Content analysis was applied to analyze the data. During analysis 4 themes and 10 subthemes were emerged including evaluators` issues (professional characteristics of educator, self-evaluation, clinical nurses), evaluation necessities (tool proficiency, practical evaluation), evaluation process (goal-oriented evaluation, evaluation time and type) and emotional environment of evaluation (relationship, confidence). Results showed many challenges nursing students confronted in clinical evaluation. They said they have issues with people participated in evaluation and their way of participation, strategies and methods used in evaluation, clinical evaluation planning and emotional environment in evaluation; which influence their clinical evaluation. It seems; considering the mentioned issues, clinical evaluation process needs an overall revise in order to correctly assess students` progress toward clinical learning objectives so facilitate the development of students into safe, ethical and accountable practitioners.

1. Introduction

Nursing education contains two processes; theoretical and practical. Clinical education is the most significant and an undividable part of nursing education, which can be considered as the heart of professional education. In clinical education the knowledge will come into practice, skills are taught and existing realities can be understood. Nursing education programmers consider clinical education as the most important part of nursing education. They believe, in clinical education, nursing students can improve their theoretical knowledge by working in real clinical conditions and facing various circumstances and difficulties (McCarthy & Murphy, 2008; Elcigil & Sari, 2007).

Evaluation is a basic part of clinical education (Gaberson & Oermann, 2007; Shokati et al., 2012). Assessing clinical performance prepares the data for a better judgment in nursing students`

access to the clinical learning outcomes and their skills related to patient care standards. The final outcome in clinical evaluation is assurance of high quality and safe care of patients (Billings & Halstead, 2009). Some important subjects should be considered in clinical evaluations; students should apply critical thinking in clinical conditions, they should behave and cooperate properly and prioritize the problems, they should have required knowledge of clinical methods and must perform patient care properly (Duers & Brown, 2009). Another important point is that nursing students deserve applying a valid and reliable evaluation in order to observe the presence of needed abilities of a novice nurse (Billings & Halstead, 2009).

There are many issues in assessing clinical nursing skills that refer to the existence of various difficulties in this field (Coates & Chambers, 1992). Inconsistency of applied tools, disagreements in

evaluation process by clinical educators and lack of a proper framework for showing the students' progress are some instances of discussed problems. Most nursing students believe that clinical evaluation cannot distinguish the level of their theoretical and practical knowledge. Some of them think that evaluation tools ignore the students' skills. On the other hand, some studies represented the educator's evaluation as one of the most important experienced problems in clinical educators. Current problems in clinical evaluation lead to some complaints by nursing students, reported arguments in clinical evaluation and numerous meetings among the students and nursing educators in order to talk about such problems (Elcigil & Sari, 2007; Gaberson & Oermann, 2007; Bourbonnais et al, 2008; Wood, 1986; Sheikholeslami et al., 2012).

The researchers have seen the students' dissatisfactions due to their clinical evaluations as well. After announcing the results of clinical evaluation, many students complain about the evaluations scores. Regardless of all attempts, the clinical evaluation challenges still continue. As a whole, some issues like students' repetitive objections, existing problems in current methods, and inconsistency of clinical evaluations are the main requirements of doing new researches in this field in order to achieve more recent information. Since nursing students are under evaluation and are at the center of the experience, it is required to pay more attention to their experiences and viewpoints.

The qualitative method was applied in this research, because the researchers wanted to know about students' experiences and viewpoints of clinical evaluation in their own words. The qualitative research is a valuable conceptual approach to describe the life experiences. It is said that the data obtained in a qualitative study are conceptual and are formed according to the participants' concepts and views (Streubert Speziale & Carpenter Rinaldi, 2007).

In this research, nursing students' clinical evaluation is determined on the basis of their own experiences and viewpoints.

2. Material and Methods

This research is a qualitative descriptive study. Some qualitative studies claim no particular disciplinary or methodological roots. Such studies prepare a short comprehensive description of an incident or event. It is suggested that the qualitative descriptive method is a preferable method whenever a direct description of an incident is required (Polit & Tatano Beck, 2010).

Nursing students of nursing and midwifery schools of 3 medical sciences Universities formed the study population. Sampling was purposive and continued to the point of data saturation (Streubert Speziale & Carpenter Rinaldi, 2007). The chosen students were in the 3rd and 4th year of nursing education in order to be experienced enough in being evaluated.

Data was gathered through semi structured focus group interviews using interview guide, sound recording and taking field notes. Focus groups were held, while one of the researchers worked as a guide and another one as an observer and note taker. This method was chosen because of obtaining proper data by the cooperation of participants. While being in the group, the students talk more comfortable and easier about the subject. On the other hand, the accuracy and precision of gathered data was emphasized by completing each others' statements. It is said that the group dynamic can persuade people to participate more effectively in the interview (Halcomb et al, 2007; Wong, 2008).

The students' experience was the center of the questions of interview guide. Firstly, a general question was asked; "What are your experiences of being evaluated", then some detailed questions were asked in order to clear all vague part of students` statements, including "What is your experience of a good evaluation?", "Have you experienced an evaluation by someone except for the educator?" and "How do you judge the applied evaluation methods during the clinical education?".

To hold the focus group meetings, participants were selected among volunteer students. The students' spare time was chosen to do the interviews. Interviews were held in a class at school. Totally 6 focus groups were performed and the interviews lasted 60 to 75 minutes on average. After each focus group, as soon as possible, the recorded data was listened over and over, and then the interviews were transcribed verbatim and compared to the main records again. It was done for increasing the accuracy and precision of the data.

Latent content analysis was applied to analyze the data. In this method, the researcher plays the role of an interpreter, who reviewed the data for finding its meaningful parts, then codifies, classifies and organizes them. This process continues in order to connect the meaningful patterns and structures. At this point, the meaningful units were distinguished first. Then the relevant codes were extracted and put into subgroups according to their similarities. The subgroups turned into the groups and finally, the themes were determined (Polit & Tatano Beck, 2010; Graneheim & Lundman, 2004).

Trustworthiness of findings was examined via the credibility, dependability, conformability and transferability. Constant involvement with research

subject was considered. Interviews scripts, extracted codes and some subgroups were discussed with participants and qualitative research experts, and their opinions were considered. A combination of data collecting methods was used (group interviews and field notes). Also various participants were selected among students of the 3rd and 4th years from different schools. All accomplished activities, were recorded precisely. On the other hand, all obtained data were approved by 4 other students out of the study, having approximately the same condition as the participants (Streubert Speziale & Carpenter Rinaldi, 2007; Halcomb et al, 2007; Boswell & Cannon, 2007).

Considering the ethical issues, the study was approved by ethical committee of medical sciences Universities. After offering the required information about the research goal and methods to the selected students, a written consent form was filled by all participants. They were assured that their information will be kept as a secret. Also they were told that they can leave the study whenever they want. All actions, i.e. recording the voice, were take place by the participants' permission. All needed steps, including proper archiving of written or recorded documents, were considered to keep the data as a secret.

3. Results

The participants expressed their own experiences about the challenges in clinical evaluation. 4 themes and 10 subthemes were emerged through analyzing the data. The emerged themes and subthemes included the evaluators` issues (professional characteristics of educator, self-evaluation, clinical nurses), evaluation necessities (tool proficiency, practical evaluation), evaluation process (goal-oriented evaluation, evaluation time and type) and emotional environment of evaluation (relationship, confidence).

Theme 1. Evaluators` issues

- Professional characteristics of educator

According to students, the educator's role is the most important one in clinical evaluation. They claimed that the educator should possess all required skills and information related to clinical education and the ward, in order to be a proper role model for the students who want to learn the clinical skills and must be evaluated by the educator. One of the students mentioned:

"First the teacher should teach us the correct form of the work, and then asks for a proper performance."

The students also believed that the experience and expertise of the educator should conform to the clinical education and ward. According to their idea, lack of such a concordance has been the origin of many difficulties. On the other hand, constant presence and participation of the educator in the ward and proper acquaintance of students were other emphatic factors in their opinions. One of them mentioned the importance of educator's presence as follow:

"Sometimes we did our best during the teacher's absence, but our grades have been in a way as we haven't done anything at all."

Another student explained his satisfactory experience as follow:

"One of the teachers knew all students well, worked with them and guided them. After the evaluation, our grades were less than what we expected but it didn't bother us."

The students believed that the concordance in educators' work is one of the necessities in clinical education and evaluation. Dissatisfaction of a student is obvious in her statement:

"A teacher focuses on theoretical aspects, while the other one on simple practical works … their performance is not compatible."

Another student referred to the level of strictness among different educators:

"We are classified during the clinical education. An educator is easygoing, while another is not … I mean different grades for the same performance, due to different observers only."

Honest grading and evaluation by the educators was pointed out by the students repeatedly. They complained about dishonest scoring. One of the students analyzed it interestingly:

"One of the aims of evaluation is to persuade the unskillful and encourage the clever student. But getting the same grades would discourage all students. 16.5 or 17 don't differ."

- Self-Evaluation

In this aspect, the students claimed that they filled their evaluation forms, but they doubted its effect on their scores. One of the students said.

"Some teachers ask us to grade ourselves, however they pay no attention to the scoring."

- Clinical nurses

The students claim that if the clinical nurses want to take apart in education and evaluation, they should possess the needed skills and be aware of the students' clinical objectives in order to harmonize their expectations.

About the necessity of nurses' awareness, one of the students said:

"I think if anyone else except for the educators wants to take part in the process, he/she should know that what`s the reason of students' presence in the ward … then ask for their help."

Another student referred to necessity of nurses' abilities:

"The clinical nurse should have enough information and know how to work with the students as well … in

this case it's fair to want their opinion about the evaluation".

Theme 2. Evaluation Necessities
- Tools proficiency

Some students claimed that they have seen their evaluation forms at the beginning of their clinical course, but these forms played no role in their scores:
"Evaluation forms are not considered important enough, finally most students get almost the same grades."

There were some other problems which were referred to by the students including incomplete forms, focusing on unimportant issues, having non-specific items, existence of unpractical items and not performing all mentioned items in evaluation form.
- Practical evaluation

The importance of practicality in evaluation was emphasized by the students, but they claimed that it had been ignored. According to the students, written homework was focused a lot, although it played no role in their clinical learning. Inefficiency of ward conferences was mentioned as well. The students believed that only the theoretical contents of the classes were repeated in such conferences. In order to solve this problem, some solutions were offered:
"Practical aspects should be covered during ward conferences because in the future we are going to work there in the future, and I think practical activities are more useful than theoretical ones."

They agreed with offering case presentations in clinical courses and emphasized the necessity of patient education and nursing rounds during the clinical education. They also complained that their final examinations were based on written exams, and mostly their practical performance was ignored:
"Unfortunately, the final written exam is the most important part of our evaluation at the end of the course."

Theme 3. Evaluation Process
- Goal-oriented evaluation

The students claimed that they received the objectives, lesson plans and evaluation forms at the first day of clinical course, but they doubted about achieving the mentioned goals at the end of the course. One of the students mentioned.
"At first we receive a paper containing the goals, but during the clinical course there are not considerable changes in us and we usually don't follow those goals."

Another participant said:
"… They must consider our changes based on the goals in order to honest scoring, but a few teachers pay enough attention to these goals".
- Clarity of evaluation method

Considering the method and its clarity has been another important discussion among the students:

"… for example, I'm sure that I've done my best to do whatever the teacher asked, but my evaluation scores disagree this fact."

The students' confusion is obvious in this field:
"Eventually, we didn't get what the evaluation criteria are, and where our scores come from!!!"
- Time and type of evaluation

Some students emphasized on the necessity of ongoing evaluation during clinical education and final evaluation immediately at the end of the internship.

One of them complained about consequences of having no proper ongoing (formative) evaluation: "… but we were evaluated at the end of clinical course, either good or bad, there is no chance to change the problematic issues."

Another student who was satisfied with an educator's evaluation method stated: "… although this educator evaluated us at the end of our clinical course, she mentioned our strengths or weaknesses at the end of each week".

Regarding problems in summative evaluation one of the students claimed:
"A problem of final evaluation is that some educators tend to grade the students even one to two months after the clinical course. The educator should have done it at the last day of the course. Otherwise he/she may forget some important points of students` performances."

Theme 4. Emotional environment
- Relationships

Relationships and behaviors of people toward the student in the ward and its effects on the evaluation were emphasized by the students over and over.

One of them described the crucial role of the educator as follow:
"Other peoples' behaviors toward the students depend on the student- educator relationship. How the educator introduces us is very important".

The clinical nurses' behavior was also mentioned by the students. According to them, proper behavior of clinical nurses leads to a better atmosphere to promote the learning and better evaluation. Most students complained about the lack of such an atmosphere though.
- Confidence

Necessity of considering the students' emotional condition and confidence was another discussed issue. Students believed that the educator's support is an important factor in this field.

The lack of such an atmosphere was explained as follow by a student:
"Nobody thanks us, not even once. All teachers are looking for a shortcoming in our performance. This stressful condition bothers us so much."

On the other hand, educator's confidence, responsibility and enthusiasm were focused as well. One of the students mentioned:

"I think teachers play the main role. If the teacher has no motive or incentive, the students will be the same."

Another student, who had worked with an enthusiastic educator, said:

"… Believe it or not, the educator did all nursing works so enthusiastically that it persuaded us to do the same."

4. Discussions

Four themes including the evaluators' issues, evaluation necessities, evaluation process and emotional environment, were the obtained results of this study. These findings contain important points, which refer to students' attention to the clinical evaluation process.

According to the students, an educator should possess the knowledge, skill, recognition, constant presence, participation and consistency in working with students and being honest in scoring. However most of them complained about the lack of such circumstances. Some authors emphasized on the role of an educator as an evaluator in clinical courses and mentioned it as a difficult and challenging responsibility (Dolan, 2003). In a study performed by Viverais-Dresler and Kutschke (2001), studentss focused on the educators' efficiency and knowledge in clinical education and they wanted to work with skillful and experienced educators. In another study, the students emphasized on the availability of the educator as the most important factor in their clinical education/evaluation (Elcigil & Sari 2007). Meskell et al. (2009) have focused on the educators' participation in clinical circumstances in order to keep their own skills, and also on the importance of practical part of an educator`s role. Another important subject mentioned by students in a study was that different educators had different expectations and criteria which adversely affected their learning (Elcigil & Sari 2007). Although conformity, stability and honesty should be considered in evaluations, the challenge of objective evaluation in which educators` personal viewpoint effects students` evaluation, is still a major problem (McCutchan, 2010; While, 1991).

Students, as those who are evaluated, should play an active role in their own evaluation. If it happens properly, they will know what they are expected to do, so they can recognize their strengths and weaknesses. In the present study, students claimed that their role has been ignored. However in a study it was cleared that there was no significant difference between the self- evaluation and the educators' evaluation scores (Wiledman, 1989) which shows the students` ability in doing an honest self- evaluation. Also Belar et al. (2001) believe that self- evaluation is a proper method to determine students` clinical knowledge and skills, and the learner is a good source of information for his/her evaluation.

To play their role properly, clinical nurses must have necessary competencies in nursing students` education/evaluation and must be familiar with the clinical course objectives and students` responsibilities in the ward. Some authors recommend that clinical nurses must have enough and proper resources to perform their educational role (Lillibridge, 2007). On the other hand, students` supervision by clinical nurses is difficult due to the time limitation, nurses` responsibilities in the ward and also their low educational skills (Drennan, 2002), but at the same time educators said that clinical associates provide the opportunity for observing more students at the same time (Shofer et al, 1996).

Various methods should be applied in clinical evaluation. Studies emphasized on considering proper assessment tools along with other activities performed by the students (While 1991). Using assessment tools, written assignments, case presentations, ward conferences and ward exams were discussed by participants in the present study. It seems that students were aware of shortcomings of the tools. Paying little attention to assessment tools, using incomplete tools and existence of impractical items in the tools were considered by the students. There are studies regarding assessment tools. Walsh et al. (2010) said that in students` clinical evaluation, using an efficient tool is necessary, a vivid and clear tool to evaluate students` performances properly. However some authors believed that assessment tools generally have not the necessary consistency (Bourbonnais et al, 2008; Calman et al, 2002). McCutchan (2010) has mentioned the ambiguity of evaluation tools as well, and emphasized on the need for more researches in this area.

Participants also were concerned of the theoretical trend in clinical evaluation. Inefficiency of assignments and taking theoretical exams in the clinical course were mentioned challenges in this area. Practical assignments, applying theoretical knowledge in practice, case presentations, nursing rounds and taking practical and applicable exams were desired requests of the students in the present study, while believed that evaluating the behavioral skills via written examinations and oral interviews is a poor method (McCutchan, 2010).

Clinical objectives, education/evaluation methods and providing feedbacks are among various factors affecting clinical evaluation. Participants

believed that there was not enough attention to clinical objectives and also to the methods of achieving them. Lack of clarity in evaluation methods was another issue discussed by the students. They also emphasized on the necessity of proper ongoing evaluation (formative evaluation) through the clinical course and on time and correct final evaluation (summative evaluation). The importance of assessing the students` achievements based on clinical course objectives during clinical evaluation is emphasized by some authors (While, 1991). In a research, students complained that they are not sufficiently guided by their educators during their clinical work (Elcigil & Sari, 2007). The necessity of formative and summative evaluation is emphasized. It is said that the goal of a formative evaluation is clarifying the problems during the learning process, but the main elements of the students' performance will be considered for final scoring (summative evaluation) (McCutchan, 2010).

Others relationship and behavior specially the educators and clinical nurses, the necessity of considering the students' confidence, supporting and encouraging them and its impact on students' learning and evaluation were some of the repeated points mentioned by the students, it was obvious that they were dissatisfied regarding this important subject. Lee et al. (2002) said that a good relationship with the student is the most significant characteristics of a clinical educator. Elsigill and Sarry (2007) believed that existence of a good relationship between the educator and students is effective in the success of students' clinical performance. Also it is said that relationship problems, including tensions and educator's ignorance, decrease the students' interest. This condition may be continued to the point in which the student feels insecure and threatened (McCutchan, 2010). Students generally believed that positive feedbacks increase their confidence (Lo`fmark & Wikblad, 2001) and a supportive relationship is an important aspect of nursing education (McCutchan 2010). Assessing nursing students' proficiency and motivating them to learn better in a positive environment have been considered by many researchers (McCutchan 2010).

Conclusion

The results of this study clarify various challenges of clinical evaluation in the view of nursing students. Results showed different factors affecting clinical evaluation. The students focused on the role of the people in clinical evaluation, different methods in clinical evaluation, the evaluation process, emotional environment and relationships in evaluation.

It seems; considering the mentioned issues, clinical evaluation process needs to be revised in order to correctly assess students` progress toward clinical learning objectives so facilitate the development of students into safe, ethical and accountable practitioners.

Corresponding Author:
Dr. Sharareh Khosravi
PhD Student of Nursing, School of Nursing & Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
E-mail: shararehkh2011@yahoo.com

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