

STUDENT AND FACULTY PERCEPTIONS OF CLINICAL TEACHING
EFFECTIVENESS OF FULL-TIME AND PART-TIME
BACCALAUREATE DEGREE CLINICAL
NURSING FACULTY

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VITA

Susan Holmes, daughter of James and Florence Posey, was born March 12, 1955, in Birmingham, Alabama. She graduated from Huffman High School in 1973. She attended Auburn University in Auburn, Alabama and graduated with a Baccalaureate in Nursing Science in 1981. After working as a nurse for several years, she returned to school and received a Master's of Science in Nursing from the University of Alabama at Birmingham, with a clinical focus in Trauma, in 1991. She obtained a second Master's of Science in Nursing from the University of Alabama at Birmingham, with a clinical focus of Family Nurse Practitioner, in 1996. She began teaching in the School of Nursing at Auburn University in 1995, and continues in that role presently. She entered graduate school at Auburn University in January of 2002. She is married to John A. Holmes and has a son, Joseph James Jilek IV, and a stepdaughter, Haley M. Holmes.

DISSERTATION ABSTRACT
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Nursing schools in the U.S. are experiencing faculty shortages that result in qualified students being turned away, a trend which has escalated since a 1992 study published by the American Association of Colleges of Nursing. In response to the increasing shortage of nursing faculty, schools of nursing have developed creative methods to fill faculty positions: one method is to supplement full-time clinical faculty with sessional or part-time clinical faculty. These part-time faculty may have little teaching experience or knowledge of higher education, but have a great deal of clinical experience (De Young & Bliss, 1995). This lack of teaching experience has caused

concern for nursing educators about the quality of education provided by part-time clinical faculty (Myrick, 1991). One way to assess quality of education is to assess teacher effectiveness.

The instrument used for this study was the Nursing Clinical Teacher Effectiveness Inventory (NCTEI) (Knox & Mogan, 1985). It consisted of 48 items grouped into five subsets: teaching ability, nursing competence, interpersonal relationships, personality of the teacher, and evaluation of students. Faculty and student respondents from two schools of nursing in the southeastern United States were surveyed to evaluate full-time and part-time clinical faculty. Results of the study showed that students did not perceive any statistically significant differences in the effectiveness of instruction provided by part-time and full-time clinical nursing faculty. Both students and faculty identified characteristics representative of the most effective clinical teachers, with the resulting single highest-rated survey item being “demonstrated strong clinical skills and judgement” by all respondent groups. The greatest number of items representative of effective clinical teachers were clustered in the behavior category of Nursing Competence, and no items considered to represent the most effective clinical teachers were from the behavior category of Ability to Evaluate Students.

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CHAPTER I

INTRODUCTION

Baccalaureate education in nursing is at a critical point in its evolution. There is a current and growing shortage of nurses in the United States that is not limited to nurses in the practice areas, but extends to faculty in schools of nursing as well (Krichbaum, 1994). Faculty shortages limit nursing program enrollment, which in turn reduces the overall number of new nurses graduating each year. Nationwide in 1992, there was a faculty vacancy rate of 4.1 per cent across all types of programs preparing registered nurses (Rosenfeld, 1993), but this figure refers only to full-time faculty. A survey in 1992 of 82 per cent of the baccalaureate nursing programs in the United States, published by the American Association of Colleges of Nursing (AACN), revealed that 36 per cent of these schools were experiencing faculty shortages that resulted in the turning away of qualified student applicants. This trend continues today. In one baccalaureate nursing program in the Southeast, there were 231 qualified applicants for 100 openings for the fall semester of 2004, thus 131 qualified applicants were turned away, primarily due to the lack of adequate numbers of faculty to teach didactic and clinical content in the curriculum (B.S. Witt, personal communication, August 23, 2004).

The most intensive need for faculty in the baccalaureate nursing program is in the clinical component. Karuhije (1986) recognized that clinical instruction is a major responsibility of many nursing faculty, representing nearly 50 per cent of all instructional

activities. In the clinical area, the teacher of nursing is in a different position than teachers in other disciplines (Brown, 1981). The clinical teacher stands as the focal point in the student-teacher-patient relationship and must be able to instruct the student, while maintaining a safe environment for the patient, and facilitating the relationship and interactions between the student, patient, and staff (Kegel-Flom, 1983). Clinical instruction environments require the application of classroom theory to concrete clinical situations which represents real risks for students, the patients they care for and the instructors who work with them. The clinical learning process is greatly enhanced by competent clinical instructors who can assist students to integrate theory with practice and improve clinical decision-making skills (Emerson & Groth, 1996; Mogan & Warbinek, 1994; Perciful & Nester, 1996).

In order to respond to the increasing shortage of nursing faculty, schools of nursing have had to develop creative methods to fill open faculty positions: one method in extensive use is supplementing regular full-time clinical faculty with sessional or part-time clinical faculty. Between 1976 and 1994, the use of part-time faculty increased across the nation's campuses by 91 per cent (Clery, 1998). Banachowski (1996) reported that the use of part-time faculty increases institutional flexibility in matching the demands of varying enrollments and that part-time faculty bring vocational experience to the academic environment.

The problem with this approach is that although these supplemental faculty may bring a great deal of clinical experience to the program, they may have little teaching experience or knowledge of higher education (De Young & Bliss, 1995) and may simply teach as they were taught. Nurses who step into the clinical instructor role and who are

skillful practitioners are not necessarily competent teachers. Effective clinical faculty represent expertise in the arts of teaching as well as nursing skills and knowledge.

Banachowski (1996) reported that part-time faculty roles are often unclear and that adjunct faculty experience considerable role ambiguity. Wong and Wong (1987) reported that clinical faculty frequently face crises alone, without the benefit of colleagues who might be able to provide advice and assistance. This isolation may cause the part-time clinical instructor to feel vulnerable and experience the desire to withdraw from the stressful situation of clinical instruction. Many difficulties experienced in clinical teaching can be intensified with part-time clinical teachers, as these individuals are often not as versed in the curriculum, program goals and objectives as those who hold full-time clinical faculty appointments (Wong & Wong, 1987). Part-time clinical instructors usually have limited contact with their peers, program coordinators, and directors. Karuhije (1986) emphasized that clinical instruction was too important to be delegated to the least experienced and least prepared faculty, and this is happening at an alarming rate.

The increased utilization of part-time or sessional clinical faculty has caused deans and program directors in nursing education to question the quality of education provided by these individuals (Myrick, 1991). One way to assess quality of education is to assess teacher effectiveness. Karuhije (1997) asserted that quality of teaching is the single most important influence on the quality of the nursing education program: better educated nurse teachers are the key to better educated student/graduate nurses who are capable of providing high quality nursing care.

Statement of the Problem

Teaching in the clinical setting requires the nursing faculty member to transform theory into reality and assist students in developing clinical decision-making skills, and is an important aspect of baccalaureate nursing education. Effective learning in a clinical setting is greatly influenced by clinical faculty (Steubbe, 1980; Wong & Wong, 1987). Increased use of part-time clinical faculty who may not have previous teaching experience or knowledge may create a gap in the clinical education process and may decrease the overall quality of education a student expects to receive from a program of nursing. One way to determine the quality of education a student gains from the clinical setting is to assess the teaching effectiveness of clinical faculty.

Purpose of the Study

The purpose of this study was to examine the clinical teaching effectiveness of part-time clinical nursing faculty as compared and contrasted to full-time clinical nursing faculty, using the perceptions of students and self-perceptions of part-time and full-time clinical nursing faculty. Also, the characteristics identified by students, part-time nursing clinical faculty, and full-time nursing clinical faculty as being representative and desirable of effective clinical teachers were examined.

Research Questions

1. Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students to be different from part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

2. Are there differences in the self-perceptions of clinical teaching effectiveness between full-time and part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?
3. Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students and faculty to be different from part-time nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?
4. Are there particular characteristics that are perceived by both students and faculty as representative of the most effective clinical faculty, in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

Significance of the Study

Clinical education is an essential and critical component of baccalaureate nursing education. The learning that occurs through clinical experiences provides the student nurse with opportunities to apply classroom theory to practice. The student's ability to integrate the principles of nursing care of patients into all clinical settings will help determine the overall professional and clinical competence of the student. The quality of clinical learning is strongly dependent upon the effectiveness of the clinical teacher (Kanitsaki & Sellick, 1989). The most effective clinical teachers must be placed in the clinical learning environment to facilitate the development of baccalaureate nursing students to the highest level possible (Fong & McCauley, 1993). The characteristics and qualities that are perceived to identify the most effective clinical teachers can be

communicated to new instructors and part-time instructors in order to assist those individuals to develop skills that will lead to more effective clinical teaching behaviors.

Limitations of the Study

Several limitations apply to this study. They include:

1. The first limitation concerns the use of student perceptions as a tool to study the characteristics of effective teaching. Students may have a variety of views of the nursing clinical faculty role and teaching experiences. Personal bias and individual preference may influence how students rate the clinical faculty.

Students may not be aware of the different roles and responsibilities that clinical faculty hold, which may influence the results.

2. The second limitation is related to the sample size. The sample is small for the number of students but particularly small for the number of nursing clinical faculty involved. This may affect the results of the study.

3. The sample is one of convenience and not a true random sample, which may influence the results.

4. Only nursing clinical faculty and students in baccalaureate nursing programs were surveyed, and the results of the study may have been influenced by the lack of diversity of programs involved.

5. The use of a survey instrument to rate clinical teaching effectiveness may also be considered a limitation. It can be argued that there are more items or factors related to clinical teaching effectiveness than are identified on the instrument, and if the instrument did not contain all factors, the results may be influenced.

6. Data dependency is a limitation due to the inability to determine which students evaluated both full-time and part-time clinical faculty they may have had.

Assumptions

1. Characteristics of effective nursing clinical instruction can be identified and learned.

2. Nursing clinical faculty members play important roles in the socialization and education of baccalaureate nursing students for their practice roles.

3. Student perceptions of effective and ineffective nursing clinical instruction are valuable in the organization of faculty development efforts and in the measurement of overall quality of instruction in the clinical environment.

4. Clinical faculty are genuinely interested in improving the quality of their instruction.

5. Students participating in this study are expressing their personal opinions and are not being overly influenced by peer opinions of the nursing clinical faculty they are evaluating.

6. Clinical instruction can be effective and that effectiveness can be defined.

7. Clinical instruction differs from classroom teaching in certain characteristics, and nursing clinical faculty need to demonstrate specific teaching characteristics that are different from those of other teachers in higher education.

8. There is a positive relationship between the quality of nursing clinical instruction and the attainment of desired program outcomes by students enrolled in a baccalaureate nursing program of study.

9. Clinical instruction and experiences are similar among baccalaureate nursing programs in the United States because of the prescriptive nature of the accrediting bodies for nursing programs and the consistent policies with regard to clinical opportunities provided for students as well as established program outcome measures.

Definitions of Terms

Ability to evaluate is the type and amount of feedback the student receives from the teacher regarding clinical performance and written clinical assignments (Mogan & Knox, 1983).

Baccalaureate nursing student is a student enrolled in a baccalaureate program in nursing (Knox & Mogan, 1985).

Clinical experience is supervised clinical activities in which the student uses the knowledge he or she has acquired in the clinical and academic areas of the nursing program (Brown, 2003)

Clinical faculty member is a registered nurse, employed by the university, who has completed at least a baccalaureate degree in nursing and teaches baccalaureate nursing students in the clinical setting (Knox & Mogan, 1985).

Clinical setting is the clinical practice environment that allows the student to work toward attainment of nursing care principles and practice through care of one or more assigned patients.

Effective clinical teaching is defined as the actions, activities and verbalizations of the clinical faculty that facilitate student learning in the clinical setting (Knox & Mogan, 1985).

Evaluation is defined as student assessments that help identify problems and areas that require improvement, as well as measure progress and achievement of objectives.

Full-time nursing clinical faculty member is an individual who participates in at least one clinical experience day per week for at least two semesters of the academic year, and who works at an 80 per cent or greater academic appointment.

Interpersonal relationship is a state of reciprocal interest or communication between two or more people excluding specific therapeutic communications between nurse and patient (Mogan & Knox, 1983).

Nursing competence is defined as theoretical and clinical nursing knowledge and attitude toward the nursing profession (Mogan & Knox, 1983).

Outcomes: relates to the evidence that demonstrates the degree to which a program's purposes and objectives have been achieved, including the attainment of knowledge, skills, and competencies by students (Brown, 2003).

Part-time nursing clinical faculty member is an individual who participates in at least one clinical experience day per week for at least one semester of the academic year and who holds no permanent academic appointment.

Personality is defined as the totality of the individual's attitudes, emotional tendencies, and character traits which are not specifically related to teaching, nursing, or interpersonal relationships but may affect all three (Mogan & Knox, 1983).

Teaching ability refers to the process of transmission of knowledge, skills and attitudes, and the creation of an atmosphere in which this is done (Mogan & Knox, 1983).

Organization of the Study

Chapter I introduces the study, and presents the problem, purpose, limitations, and definition of terms used in the study. Chapter II includes a review of related literature concerning clinical teaching effectiveness, the nursing student and faculty shortage, adult education principles, and use of part-time and full-time clinical faculty in baccalaureate nursing programs in the United States. Chapter III reports the procedures used in this study, including the population and sample; instrumentation; data collection; and data analysis. The findings of the study are presented in Chapter IV. Chapter V includes a summary of the study, conclusions, implications, and recommendations for further practice and research.

CHAPTER II

REVIEW OF RELATED LITERATURE

Theoretical Framework

Clinical teaching effectiveness in nursing is demonstrated by faculty members who are considered good teachers, and becoming a good teacher is a primary goal for most clinical teachers. Anderson (1996) indicated that higher education needs good teachers, but what is also needed are good learners. Good teachers expect students to take an active role in the teaching-learning process. Anderson (1996) stipulated that nursing students are adult learners who take responsibility for their own learning, and of utmost importance is the task of producing a nursing graduate who has learned how to learn.

Frequent changes that occur in healthcare require professional nurses to continue the learning process after graduation; they cannot hope to learn all they will need to know in their educational program nor should they expect to learn everything they will need to know during their years in an education program. Graduate nurses must seek activities to develop themselves and broaden their knowledge base after graduation. Faculty who are most effective are those who see their role as one of facilitation, creating a learning environment that encourages students to ask questions and be respected as individuals (Anderson, 1996). These faculty share knowledge, assist students through the learning process, and encourage active participation by students.

There has been a long-standing effort to identify what is unique about adult learning as compared to child learning. Malcolm Knowles (1970) popularized the term andragogy, which he called the art and science of helping adults learn. The concept of pedagogy was the art and science of teaching children. Knowles brought out the critical difference between the two ideas as teaching versus helping learn. Knowles presented the idea that the point at which a person becomes an adult psychologically, is when the individual perceives himself or herself to be wholly self-directing, and because of this, adults have the need to be treated with respect, to make their own decisions, and to be seen as unique human beings. The assumptions that Knowles proposed about andragogy were that as the individual matures and becomes an adult, that 1) the self-concept of the individual moves toward being self-directed and away from dependency, 2) experience gives the individual a learning resource and a knowledge base, 3) the individual becomes goal-oriented and needs to know how an activity will help attain certain goals, and 4) the individual is practical, and focuses on what will be most useful in work from a learning situation and that the gaining of knowledge for its own sake may not be the primary interest. These concepts, as well as statements Knowles (1970) offered about the conditions of learning, make up the principles of adult learning that provide the theoretical framework for this study.

In order to further a discussion of learning principles, it is necessary to have a working definition of what constitutes learning. Tough (1971) defined learning broadly as a sustained, highly deliberate effort to learn knowledge or a skill. Knowles (1973) gave the definition that learning is a process by which behavior is changed, shaped or controlled. Smith (1982) stated that learning is an activity of one who learns: it may be

intentional or random and may involve gaining information, skills, attitudes or values, and is often both a process and an outcome.

Certain conditions of learning, according to Knowles (1970), encourage growth and development of an individual to a greater degree than others. Knowles wrote that “These superior conditions seem to be produced by practices in the learning-teaching transaction that adhere to certain superior principles of teaching...” (1970, p. 52). These conditions of learning are: the learner feels a need to learn; the learning environment is characterized by being physically comfortable, there is mutual trust and respect in that environment, and learners feel accepted; learners perceive the goals of a learning experience to be their own goals; learners accept a share of the responsibility for planning and operating a learning experience, and because of that, they feel a commitment toward it; learners participate actively in the learning process; the learning process is related to and makes use of the experience of the learners; and learners have a sense of progress toward their own goals (Knowles, 1970).

Therefore, clinical nursing teachers who subscribe to these ideas and principles should exhibit behaviors and characteristics in their interactions with students that have an impact on the overall learning experience for the clinical nursing student, with particular emphasis on the perception of teaching effectiveness of the clinical instructor. Windsor (1987) indicated that the quality of an individual nurse’s clinical practice depends upon the quality of the clinical teaching he or she experienced, and that clinical teaching was tightly woven with the personal as well as professional characteristics of the clinical teacher. It is critical that students receive quality clinical practice to enhance their learning and retention in nursing (Li, 1997).

Lieb (1991) described learning tips for effective instructors by prefacing remarks with the reminder that educators should remember that individuals learn at different speeds and for different motivations. Instructors should also remember four critical elements of learning that will ensure that individuals learn: motivation, reinforcement, retention, and transference. Motivation includes the learner's recognized need for information and the acts of the teacher to enhance the learning experience. This requires the teacher to set the tone for the learning experience, to set an appropriate level of concern on the part of both the student and the teacher, and to set an appropriate level of difficulty. Nursing students are aware of the need for information and are reminded of the critical nature of many patient care-related behaviors during clinical rotations (Dunn & Burnett, 1995; Hohler, 2003).

The second element, reinforcement, can be either positive or negative: positive reinforcement is most useful to reinforce positive behavior and is a tool used by instructors in teaching new skills; negative reinforcement is used by instructors in trying to change a behavior, or cause the extinction of a behavior (Lieb, 1991). Both positive and negative reinforcement strategies are used by clinical nursing instructors in teaching skills used during patient care procedures early and often in the learning process, and should be used later to maintain consistent and positive performance by students.

Retention of learning comes when the learner sees the meaning and purpose of the information, and it is directly affected by the amount of practice performed during the initial learning experience (Lieb, 1991). Clinical skills performed by students most often follow prescribed protocols and the correct performance of the skill each and every time it is done is imperative. Effective clinical instructors emphasize the importance of

consistent, correct performance of patient care skills, and encourage the understanding, interpretation, and application of these skills.

Lieb (1991) indicated that transfer of learning is the ability to use originally taught information in a new setting, and is the result of training. Transference is both positive and negative: positive transference occurs when a learner correctly uses behaviors or skills as taught, and negative transference occurs when the learner does not do what he or she is told not to do—which results in a positive or desired outcome. Lieb goes on to assert that transference most likely occurs with association (associate new information with something already known), similarity (information revisits a known framework or pattern), when the degree of original learning was high, and when the information learned is critical or beneficial in a work setting (Lieb, 1991).

Motivation is recognized as a vital part of the learning experience. Knowles (1970) emphasized this quality when outlining both the principles and conditions for learning. Imel (1998) makes the case that readiness to learn, which is in reality the motivation to learn, frequently results from life tasks and problems that must be solved. Motivation and need, then, might even be considered one and the same for a learner (Kennedy, 2003).

A key point in considering motivation is also considering the perceived needs of the individual who comes to the learning experience (Best, 2001). The more concretely an individual can identify personal goals and aspirations, and assess his or her own competencies in relation to these, the more clearly he or she can define individual educational needs (Knowles, 1970). An educational need is the discrepancy between what an individual wants to be and what he or she is, and it is also the distance between

an aspiration and a reality (Knowles, 1970). The most intensely motivated individuals are those who can clearly define their educational needs.

The idea that motivation is fundamental to most learning, particularly in adult learning situations, is also supported by Spear and Mocker (1989). These authors put forward the idea that teachers who work with adult learners must foster thinking as a major component of education, not just the transfer of information from teacher to student. Individuals must be prepared to think critically; that is, to take into account information of importance and discard the unimportant, in order to function most effectively. Spear and Mocker (1989) made the statement, “Teach (learners) how to think and they will teach themselves the facts” (p. 648) as the basic assumption in the goal of developing critical thought.

From motivation and need for learning, the conditions for optimal learning, and adult learning principles in general, one can move into the consideration of the environment for the learning experience. Knowles (1970) referred to an educative environment for adults, and described four essential characteristics of that environment: 1) respect for personality, 2) participation in decision making, 3) freedom of expression and availability of information, and 4) mutuality of responsibility in defining goals, planning and conducting activities, and evaluating. According to Knowles (1970) these characteristics are examples of democratic values and philosophy, which gives most significance to the growth of people over the accomplishment of things.

Much of the nursing education literature supports Knowles’ ideas of adult learning principles and of the impact of the educative environment on the clinical teacher/nursing student relationship (Appleton, 1990; Beck, 1991; Best, 2001; Gillespie,

2002; Griffith & Bakanauskas, 1983; Halldorsdottir, 1990; Hanson & Smith, 1996; Knowles, 1970; Miller, Haber & Byrne, 1990). Gillespie (2002) summarized much of the discussion in the literature about the impact that clinical teachers have on nursing students as being a positive student-teacher connection that optimally fosters the growth of the student. The qualities of this connected relationship are caring, knowing, trusting, respecting and mutuality. In addition, the connected nursing clinical teacher's way of being and teaching result in an environment where students feel affirmed and supported to grow toward their potential as individuals, learners, and nurses. The student-teacher connection influences the focus and scope of a nursing student's learning, and ultimately the development of a professional nursing identity (Gillespie, 2002). In studying the qualities of the connected clinical teacher/nursing student relationship, it is clearly seen that the principles of adult learning, from Knowles' (1970) position, are emphasized strongly. The connected clinical teacher has developed an educative environment for nursing students that gives greatest emphasis to the growth of each student rather than completion of tasks or skills.

Nursing educators continue to elaborate on the general adult learning principles that Knowles outlined when they approach clinical teaching or when they are developing their individual clinical teaching styles. Melrose (2004) presented a list of practical and effective strategies that clinical teachers for undergraduate nursing students might use with success, as seen through student eyes: 1) identify barriers that students face by looking at the clinical environment through their eyes and questioning who the students are and what challenges and anxieties they face, 2) consider student learning styles and provide opportunities for students to identify personal preferences in learning, 3) plan

activities collaboratively with students, and provide choices for students that allow clinical goals to be met in a variety of ways, 4) create a learning community by encouraging a sense of belonging for students between themselves, the clinical teacher, and the clinical staff nurses, 4) research the characteristics that have been identified in the literature as exemplifying the most effective clinical teacher and model these characteristics in the student-teacher relationship, 5) provide evaluation activities that are individualized toward students, and that help sustain motivation and recognition of strengths as well as areas in which to grow. Exploring what the most effective clinical teaching approaches look like from the perspectives of both students and teachers, and seeking to understand the points of view of the student and the clinical nursing teacher is vital (Melrose, 2004).

Self-perceptions of the quality and effectiveness of clinical nurse teachers are varied. Forrest, Brown and Pollock (1996) reported that nurse teachers were generally unclear about the nature of the role they should fulfill in the clinical area, but most felt that the role should be diverse and flexible. From a comprehensive literature review of the different roles of the clinical teacher in nursing undertaken by Lee (1996), the role of the nurse teacher appeared to be implicit and hidden, with a wide interpretation of the extent, purpose and nature of the role. Elaborating on the roles for the clinical nursing teacher, Ferguson (1996) affirmed that clinical educators in nursing talk most about the challenges of preparing students for future roles, encouraging them to become lifelong learners and fostering a desire for clinical excellence, and these are challenges that Knowles (1980) discussed in the context of working with the adult learner. The value of clinical teaching was highlighted by Kost, Chalko and Vinten (2004) when they

emphasized that the changing healthcare environment is increasingly complex and requires a different nurse today than at any time previous, and because of these changes, finding comfort in the role of clinical faculty is a long process.

The thread that runs most consistently throughout past and present opinions about the most effective clinical teachers in nursing is that they treat students as adult learners, and emphasis is consistently on the principles of teaching adult learners. Self-directedness is the quality that adult learners most exhibit, and it is the focal point for constructing adult learning experiences that have the greatest meaning and value for nursing students, since nursing students are adult learners. Knowles' principles of adult learning and ideas of andragogy are apropos to the purpose of this study.

Authors of studies not specific to nursing have discussed outcomes of student evaluation of teacher effectiveness and data have shown that these outcomes are influenced by both the age and experience of the student-evaluator (Koon & Murray, 1995; Smith & Cranton, 1992). Older students or those who have more life experiences have been found to be less critical of the teacher's ability to evaluate, while being more concerned with the clinical teacher's ability to relate to them as individuals and make more practical application of theoretical concepts, which fits the concept of the typical adult learner Knowles outlined in 1970. Rice (1992) emphasized that nursing students today are very different from previous decades, with the typical baccalaureate nursing student twenty-five years ago being a recent high school graduate, single, female, and a resident of a nurses' dormitory. Today, in addition to traditional college students, there are large numbers of mature students who already have a diploma or associate degree in

nursing, and much life and work experience—again fitting the picture presented by Knowles (1970) of the adult learner.

The purpose of this study was to examine the clinical teaching effectiveness of part-time clinical nursing faculty as compared and contrasted to full-time clinical nursing faculty, using the perceptions of students and self-perceptions of part-time and full-time clinical nursing faculty. In addition, the characteristics identified by students, part-time clinical nursing faculty and full-time clinical nursing faculty as being representative and desirable of effective clinical teachers were examined. The following review of literature will explore concepts related to clinical teaching effectiveness, previously identified categories of effective clinical teaching behaviors, and will describe tools that have been used to measure nursing clinical teacher effectiveness.

Effective Teaching

An ability to teach effectively is the most important quality that an educator may possess. Effective teachers use a variety of approaches and techniques when working with students, and specific skills that demonstrate effective teaching may be difficult to identify (de Tornyay, 1984; Morton, 1987). Meleca, Schimpfhauser, Witteman, and Sachs (1981) asserted that, in the delivery of clinical instruction, the most common theme that appears is “diversity”. Each teacher uses a variety of methods and strategies to help students put classroom theory into practice, based on what has been that teacher’s background and experience.

Barham (1965) was one of the first researchers in nursing to initiate an interest in effective teaching. Barham’s general objective was to identify behavior which differentiated between effective and ineffective nursing instructors in the junior

community colleges of California. In addition, the behaviors were given a frequency tally to determine how many times the teaching behaviors were reported and to determine the variability among the resource groups. The critical incident technique was used for this study, a procedure which involved asking respondents to describe a behavioral situation or incident that illustrated effective or ineffective teaching behavior. Data reported by Barham in 1965 were collected from thirteen associate degree nursing programs in the state of California, with the 178 respondents including program directors, faculty members, and students. A total of 362 critical incidents, consisting of effective and ineffective teaching behaviors, were identified. Teaching behavior was described in the classroom as well as clinical areas, with almost two-thirds of the behaviors occurring in the clinical area. Barham concluded that effective teaching was demonstrated by a teacher who did not let anxiety influence a situation, who recognized his or her own personal limitations, demonstrated understanding of students by being available to them in all situations, who provided understandable explanations and who had the ability to stimulate the desire to learn in nursing students.

In a further use of the critical incident technique, Jacobson (1966) identified categories of behaviors from 85.57 per cent (961 individuals) of the undergraduate nursing student responses in five southern university schools that were most indicative of effective teachers in nursing. From the data, six categories were derived: availability to students, apparent general knowledge and professional competence, interpersonal relations with students and others, teaching practices in classroom and clinical areas, personal characteristics, and evaluation practices (Jacobson, 1966). This was one of the

earliest documented uses of specific categories of behaviors exemplifying the effective nursing teacher.

Kiker (1973) identified similar categories to those cited by Jacobson (1966), with the addition of a discussion of the importance of being an effective role model. Kiker's exploratory study of the characteristics most essential to effective teachers in general indicated that students needed to have a teacher who could function as a role model and who could demonstrate the skills, attitudes, and values that students hoped to develop. Respondents included 30 undergraduate education students, 37 undergraduate nursing students, and 36 graduate nursing students. Personal attributes of the teacher were felt to be the least essential quality for the good teacher by all groups of students in this study (Kiker, 1973).

Effective clinical teachers demonstrate specific teaching behaviors, including the ability to diagnose student learning needs, plan instruction based on student learning needs, and effectively supervise students to maximize the clinical learning experience (Gignac-Caille & Oermann, 2001). In a study reported by Gignac-Caille and Oerman (2001), 292 student respondents at various levels in five associate nursing degree programs in the state of Michigan, and 59 faculty respondents from the same programs were asked to identify the most important characteristics of an effective clinical teacher. There was agreement between both the nursing students and faculty on six of the top ten characteristics ranked as most important. Students felt that demonstrating competent clinical skills and judgment was most important, while faculty felt that explaining clearly was the single most important characteristic of an effective clinical teacher. Both groups

agreed that the least important characteristic of the effective clinical nursing instructor was directing students to useful literature in nursing (Gignac-Caille & Oermann, 2001).

Zimmerman and Waltman (1986) found through a review of literature, that the characteristics of effective teaching could not be explained by only one or two teaching behaviors, and that many characteristics—both specific and categorical—promoted effective teaching. Through various studies, the many characteristics have essentially been grouped and have most often included the categories of: Teaching Ability, Professional Competence, Evaluation of Students, Interpersonal Relationships, and Personal Traits/Personality (Jacobson, 1966, Knox & Mogan, 1985, Mogan & Knox, 1983, 1987). A discussion of each of these categories will follow.

Teaching Ability

An effective teacher must have developed expertise in the ability to teach (Darling-Hammond, Wise, & Pease, 1983). Ahern (1999) further asserted that an effective clinical nursing teacher should be diverse and flexible in the ability and approach to teaching. The ability to teach includes the skills utilized in transmitting knowledge and skills as well as attitudes from the teacher to the student (Darling-Hammond, Wise, & Pease, 1983; Mogan & Knox, 1983). The ability to develop a student-focused, encouraging environment that fosters student learning is also a quality of teaching ability (Massarweh, 1999; Rideout, 1994).

The theories of andragogy and experiential learning underpin the role of teacher and teaching ability (Owen, 1993). Teachers must possess a solid foundation of knowledge from which to practice, and serve as a facilitator to help develop self-directed, independent learning in others. Genuineness and empathetic understanding are essential

qualities for a clinical nursing teacher, and should be evident in relationships that are developed with clinical staff (Owen, 1993). The teacher of clinical nursing is a resource who provides practical help and support for students and peers, and who acknowledges the importance of role modeling for both groups.

Smith and Cranton (1992) surveyed a sample of 42,407 non-nursing students for ratings of teacher behaviors. From a set of 20 teaching skills, four factors were identified: Interest and Atmosphere, Organization and Clarity, Evaluation, and Discussion. The first two of these factors related directly to teaching ability, including items that described teacher-inspired interest in course materials and creating an atmosphere that was conducive to learning. These first two factors made up 72 per cent of the variance in teaching effectiveness.

Techniques used to teach effectively and the decisions of how and when to use various techniques make up the broad category of teaching ability. There are recognized overlaps of Teaching Ability and Professional Competence, as well as Teaching Ability and Personal Traits or Personality (Bergman & Gaitskill, 1990; Brown, 1981). Brown (1981) recruited 82 senior nursing students and 42 faculty from one baccalaureate nursing program in North Carolina to provide their perceptions of the characteristics exhibited by effective clinical nursing teachers. Nursing students indicated that they felt the clinical instructor's relationship with them was more important than professional competence, while nursing faculty felt that relating underlying theory to nursing practice was most important for a clinical nursing teacher. For students, this is the overlap of Teaching Ability and Personal Traits. The overlap of Teaching Ability and Professional

Competence was seen in the responses of faculty, who felt that professional competence was of greatest importance in a clinical teacher (Brown, 1981).

Bergman and Gaitskill (1990) surveyed 11 sophomore, 77 junior and 46 senior nursing students, as well as 23 faculty members in a baccalaureate nursing program in Ohio. Their results revealed that both students and faculty agreed that instructor-student relationships held the greatest value in being an effective clinical nursing teacher, so the category of Interpersonal Relationships was rated higher with this study (Bergman & Gaitskill, 1990).

Social work student evaluations of what characteristics exemplified the most effective teachers were collected for a 1998 study, the results of which were reported by Jirovec, Ramanathan and Alvarez. Student evaluations from 275 courses were analyzed using eight scales which assessed dimensions of faculty teaching ability. These scales included items about faculty rapport with students, faculty organization of lectures and materials, and faculty evaluation and grading of students. Course variables included class size, whether the course was required or an elective, whether the course was for undergraduate or graduate students, and the type of curricular area covered by the course. Students recorded responses on a 7-point scale ranging from “excellent” to “poor”. Results revealed that teaching effectiveness was closely related to concrete, identifiable teaching skills (Jirovec, Ramanathan & Alvarez, 1998). The instructor’s organization, grading and rapport skills were positively correlated with overall teaching scores, with organizational skill being the key predictor of how effective the teacher was felt to be. These researchers found that almost 78 per cent of the variance in teacher evaluation was explained by organization skills (Jirovec, Ramanathan & Alvarez, 1998).

Armington, Reinikka, and Creighton (1972) prepared a questionnaire designed to evaluate the effectiveness of the nursing instructor from a student perspective. Twenty randomly selected Bachelor of Science in Nursing (BSN) programs throughout the United States were included in the study. A total of 1,953 junior and senior nursing students in these BSN programs gave highest ratings on items that addressed organizational skills, demonstrating excitement and enthusiasm for his or her work, encouragement of student thinking, and imaginative approach to teaching. Students also cited the teacher's availability and time spent with them as individuals as important (Armington, Reinikka, & Creighton, 1972).

Three undergraduate nursing programs in Melbourne, Australia were surveyed by Kanitsake and Sellick (1989) in order to identify the behaviors that student nurses saw as most important to the role of the clinical teacher. Student perceptions of the clinical teacher were collected from 402 undergraduate nursing students, and were measured using twenty clinical teacher behaviors reported in an earlier study which were considered by student nurses to be helpful to their learning. The underlying assumption of the study was that student expectations of the clinical teacher would be a major determinant of the quality of clinical learning experiences. However, students were found to consider all behaviors important. The behaviors included: the role of the clinical teacher, demonstrating nursing, applying theory to practice, preparing students to function in the clinical setting and evaluating student performance. Students as a whole regarded the teaching role as more important than guidance, being a role model, applying theory to practice or evaluation of student performance (Kanitsake & Sellick, 1989).

Scanlan (2001) explored the perceptions of novice and expert clinical nursing teachers through narrative descriptions of the clinical teacher role. Scanlan's study was exploratory and descriptive, but used only five expert and five novice clinical teachers in nursing. Findings from this study revealed that the novice and expert groups of clinical teachers had different conceptualizations of effective clinical teaching that was largely based on experience as teachers (Scanlan, 2001). The novice group, in working with students caring for patients, tended to focus on the patient since their base of reference was limited to their own nursing experiences. This group also used trial and error as a primary teaching strategy since they were unsure of what was best practice in developing nursing students. Expert clinical teachers had a broader focus that allowed consideration of both the patient and the student. Experts used strategies in teaching that demonstrated less ambiguity and a deeper understanding of what they did as teachers and why. Scanlan (2001) asserted that the results should be used to assist novice clinical teachers to develop strategies that facilitated growth and confidence in their individual teaching abilities.

Effective teaching and teaching ability for the clinical nursing teacher are important characteristics in determining who the most effective clinical teachers are, but the issue of clinical credibility or professional competence weighs heavily in the evaluation equation (Kirschling, et al., 1995). For a clinical teacher of nursing, clinical expertise cannot be over-emphasized, and will be discussed in detail.

Professional Competence

Jarvis (1992) asserted that practitioners have to have professional expertise which combines three elements: knowledge appropriate to the role, knowledge of how to

perform the role, and the skills to act appropriately in the professional context. The author implied that professional competence, then, is about acting in a professional capacity with knowledge, expertise, and appropriate attitudes and values.

Professional credibility may also be termed professional competence (Turgeon, 1987). Fawcett and McQueen (1994) expressed the idea that a nurse teacher, by maintaining and constantly improving clinical skills, keeping up to date with technological advances, and participating in the on-going developments in the field of nursing can feel affirmation of individual professional credibility. These researchers also recognized that teaching in a classroom and teaching in a clinical area were mutually beneficial: work in each area informed facets of the other and were symbiotic in nature (Fawcett & McQueen, 1994).

Professional competence has been defined by several authors to be the teacher's knowledge base in the subject matter being taught (Brown, 1981; Collinson, 1999; Parker & Magnensen, 1986). In academic fields that require a clinical component, professional competence also includes the ability to perform the skills and demonstrate behaviors appropriate for the practitioner of that discipline (Bergman & Gaitskill, 1990; Brown, 1981; Mogan & Knox, 1983). Both teachers and students have been found to agree that professional competence is essential to be considered an effective teacher (Collinson, 1999; Parker & Magnensen, 1986).

Clinical credibility, a term used interchangeably with professional competence, has been argued to be as important as educational credibility in teachers of nursing (Dale, 1994; Lee, 1996). Lee (1996) undertook a comprehensive review of literature to examine the role of the clinical nurse teacher and how the teacher impacts student learning, and

found that there is a wide range of interpretation of the extent, purpose, and nature of the clinical teaching role. If nursing teachers do not participate in the practice they teach and do not have a well-developed ability to utilize theory within the practice environment, these teachers will not be able to facilitate the development and growth of nursing students (Davis, 1989; Jinks, 1991; Seigel, 1984). Nursing, as a practice-based discipline, requires that clinical teachers be able to make this link for students. Staff members on patient care units should also be able to recognize the clinical expertise of the nurse teacher and should feel supported by the clinical nursing teacher in helping create a positive learning environment for students.

Owen (1993) proposed a model of multi-dimensional roles that described the critical characteristics of a professional clinical teacher and provided direction for nurse teachers in the clinical area. Three roles were explored: the teacher role that assumes a sound knowledge base from which to practice and has the teacher as a resource to provide practical help and role modeling; the change catalyst role, which enables the teacher to manage both change and resistance to change effectively; and the researcher role, which should cause the teacher to reflect upon and evaluate his or her own teaching and practice (Owen, 1993). The ability to conduct research and utilize research findings in practice were seen as essential to the clinical teacher.

The opinion provided by students in a study reported by Forrest, Brown and Pollock (1996) was that the most effective teachers of clinical nursing had the greatest amount of clinical experience, which gives emphasis to the characteristic of clinical credibility. Besides the 30 student nurses who participated, 12 nurse-teachers and 12 charge nurses were interviewed to determine what they perceived as the real and ideal

role of the clinical nurse teacher. From the student respondents, it was determined that nurse teachers were valued when acting as a source of personal support for students, and the clinical teacher significantly helped students reflect on their own practice by being a mentor. However, the interesting result that emerged from the data was that nurse teachers were the most confused about their clinical role; they seemed to define their clinical role in terms of whether they defined themselves as either primarily nurses or as teachers, with a focus on theoretical concepts or skill development (Forrest, Brown & Pollock, 1996).

Studies have supported the belief that professional competence is an important element of effective teaching (Bergman & Gaitskill, 1990; Brown, 1981; Mogan & Knox, 1983). However, different groups rank professional competence differently in respect to importance. These groups included senior level baccalaureate nursing students, faculty, and students who were already registered nurses returning to school.

Brown (1981) developed a twenty-item questionnaire to identify characteristics that exemplified effective teaching, called the Clinical Teacher Characteristics Instrument (CTCI). Eighty-two senior level BSN students and 42 faculty from a university in North Carolina were study participants. Three categories were used to group the characteristics: professional competence, relationships with students, and personal attributes. The category of professional competence included such characteristics as showing genuine interest in patients and their care, being well informed and being able to communicate knowledge to students (Brown, 1981). Faculty found items in the category of professional competence to be the most important, while students identified the faculty member's relationship with students to be most important, and

professional competence as second in importance. Both groups ranked personal attributes as least important.

Somewhat different results were found by Bergman and Gaitskill (1990) when they replicated Brown's (1981) study, targeting faculty and students from a BSN program located at another university. Twenty-three faculty and 11 sophomore, 77 junior and 46 senior student respondents rated the faculty member's relationship with students first, professional competence second, and personal attributes third.

Mogan and Knox (1983) used an evaluation form that asked students to rate the overall performance of teachers. First through fourth year students at a Canadian university were included in the study, with responses collected from 335 students evenly distributed across the four years of the nursing program. All student responses could be grouped into five categories, one of which was nursing competence. This quality was defined as theoretical and clinical nursing knowledge and attitude toward the nursing profession. From student comments, it appeared that students valued instructors who were expert clinicians and good role models. However, the most frequent student comments referred to the instructor's ability to teach, and nursing competence was found to rank second to teaching ability (Mogan & Knox, 1983). From the analysis of characteristics found through this study, Knox and Mogan (1985) developed the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), which will be described later.

Evaluation of Students

Another component of teaching effectiveness has been identified as the evaluation of students (Mogan & Knox, 1983; O'Shea & Parsons, 1979; Sieh & Bell, 1994). Evaluation of students includes the amount of feedback students receive, whether

feedback is verbal or written, and the faculty member's ability or skill in grading the student (Mogan & Knox, 1983). The most effective teachers are able to correct students by using honest, constructive and positive feedback (Bergman & Gaitskill, 1990; O'Shea & Parsons, 1979). Evaluation practices found to be ineffective include providing insufficient feedback, providing only negative feedback, returning student papers late, and setting expectations poorly (O'Shea & Parsons, 1979).

Sieh and Bell (1994) found evaluation skill to be the most important characteristic of the effective teacher. The researchers surveyed Associate Degree Nursing (ADN) students and faculty in two programs in the southwest United States in a study designed to examine perceptions of effective clinical teachers. Responses from 22 faculty and 199 students rated evaluation as the most important subset of five categories of behaviors: teaching ability, professional competence, evaluation of students, interpersonal relationships, and personal traits. Students ranked the other characteristics in order of importance to be: interpersonal relationships, teaching ability, nursing competence, and personality traits, but faculty ranked the remaining characteristics in order of importance as interpersonal relationships, nursing competence, and ranked personality traits and teaching ability equally (Sieh & Bell, 1994).

In contrast, studies completed by Smith and Cranton (1992) and Jirovec, Ramanathan and Alvarez (1998) found that the ability to evaluate students was a dimension of teaching effectiveness, but a much smaller percent of the variance in teaching effectiveness was accounted for by evaluation: Smith and Cranton (1992) reported 17 percent and Jirovec et al. (1998) reported only four percent. It may be significant to note that neither of these studies were undertaken with nursing students.

Interpersonal Relationships

Teaching requires a relationship between faculty and students. Walsh and Maffei (1994) indicated that there was a profound social dimension to teaching, and that the quality of the relationship built between faculty member and student may determine to a great degree what the final outcome of the teaching effort will be. A positive relationship between faculty and student may cause both parties to achieve a more enjoyable educational experience, it may improve the faculty evaluation done by students, and such a relationship may enhance student learning (Walsh & Maffei, 1994).

Walsh and Maffei (1994) developed a survey composed of 46 closed-ended items designed to assess the extent to which students and faculty viewed faculty behaviors as contributing to or detracting from the student-faculty relationship. A convenience sample of 295 students and 116 faculty responded to the survey, and ranked the items on a Likert-type scale. Students identified behaviors that greatly enhanced the student-faculty relationship as: treating students equally without regard to race or sex, learning individual student names quickly, being patient in explaining things, treating students as equals, and displaying a friendly demeanor. Students also identified behaviors that greatly detracted from the student-faculty relationship: failing to keep posted office hours, and offering little explanation for grading procedures. Faculty responses attributed slightly greater importance to evaluation activities as an influence on the student-faculty relationship, but most of the behaviors identified by students as especially important were also found among the faculty members' top choices (Walsh & Maffei, 1994).

Brown (1981), in a study previously cited, using both nursing faculty and students, found that baccalaureate nursing students regarded the instructor's relationship with students as more important than professional competence. The student group also rated several items as more important than did faculty: supervises without taking over, is self-controlled, is patient, and permits freedom of discussion and venting of feelings. (Brown, 1981). An instructor could significantly inhibit the student's willingness and ability to learn by producing fear and anxiety in the student. By developing a relationship with the student, demonstrating greater interest in the student's needs and problems and a willingness to enhance the communication process, the faculty member will increase his or her individual clinical teaching effectiveness.

Mogan and Knox (1983) reported that students saw effective nursing faculty as being supportive, helpful, approachable and non-threatening . First through fourth year baccalaureate students criticized intimidating and nonsupportive behavior most often. First year students stated that they would like a more supportive teacher, and fourth year students identified respect from a teacher as more important (Mogan & Knox, 1983).

Increased hours of contact with a nursing teacher in the clinical setting resulted in a more positive perception of that teacher, both in the clinical setting and the classroom setting (Dawson, 1986). In a study reported by Dawson, students used an evaluation tool that consisted of six items that measured nursing clinical teaching effectiveness as well as classroom teaching effectiveness, and rated the items on a five-point Likert-type scale. The six items focused on the interpersonal relationships that faculty developed with students, such as: encouraging independent thinking and learning, and makes students

feel free to ask questions or ask for help. Three hundred forty-one students in a particular course rated four nursing faculty, one of whom was their clinical instructor, using the six-item survey. Clinical instructors spent a minimum of 45 hours during an individual clinical day with their assigned groups during community and home visit rotations. Results showed that the impressions or feelings that students developed about the clinical instructor appeared to carry over into the classroom. The ratings a clinical instructor received from the clinical group were a good predictor of the ratings received as a classroom teacher. Getting to know and like a teacher may color a student's perception of that individual's teaching effectiveness. Thus, the quality of interpersonal relationships does have an impact on student ratings of teacher effectiveness (Dawson, 1986).

The effect of student-teacher relationships on nursing student clinical outcomes was analyzed by Dunn, Stockhausen, Thornton, and Barnard (1995). They reported results of a qualitative study in Australia that was originated to determine curricular changes needed for clinical rotations in one baccalaureate nursing program. Interpersonal relationships were a dependent variable measured by a tool used for their study, and interpersonal relationships emerged as a primary theme of the data as well. Student interactions with clinical instructors, staff nurses and patients were evaluated from the responses of 64 second and third year BSN students, based on varied amounts of time spent on a hospital unit and with specific instructors and staff. Clinical rotations for two groups were consistent and predictable, with clinical experiences occurring on a weekly basis, while two other groups only had clinical rotations every two weeks, broken up by holidays and school breaks. Students gave higher evaluations to the

experiences that were more consistent and allowed development of interpersonal relationships on a unit and with individuals (Dunn, et al., 1995). Students gave comments that supported the idea that consistency and continuity allowed them to build rapport and trust with staff and instructors, and allowed them to develop confidence in themselves, which returns to the ideas of adult learning espoused by Malcolm Knowles (1970). Building a supportive relationship that encourages self-direction and thus self-confidence, is a foundational concept in working with the adult learner.

Personal Traits or Personality

The last category of teaching effectiveness is personal traits or personality. The traits that have been included are: attitudes, emotional tendencies, and individual character traits that make up the personality of the teacher (Mogan & Knox, 1983). A difficulty in conducting research that relates teaching effectiveness to personality is how to measure personality traits. Some researchers have used the approach of having faculty describe their own individual personality traits, asking faculty to describe personality traits of peers, and asking students to describe or identify personality traits of faculty (Feldman, 1986; Hopkins, 1999; Varassi, 1989; Wilson, 1994). This leads to the consideration that identifying personal traits or personality is extremely subjective, and characteristics are based upon personal interpretation (O'Shea & Parsons, 1979). Personality or personal traits are not strongly related to overall ratings of teaching effectiveness (O'Shea & Parsons, 1979; Feldman, 1986; Frontczak, 1999; Sieh & Bell, 1994; White, 1997) but are still important factors to consider.

Kegel-Flom (1983) reported findings from a study of non-nursing full and part time faculty in a school of optometry, correlating personal traits and teaching

effectiveness ratings. Instructors were asked to describe and rate themselves as teachers, to describe and rate one or two colleagues with whom they had been associated in a clinical setting, and to complete a personality inventory. Students were also asked to rate these instructors using the same form faculty used for self-evaluation, without the personality inventory component. Results from the 51 faculty respondents and 48 undergraduate students indicated that highly rated clinical instructors shared certain measurable personality traits. Students, colleagues, and teachers themselves were asked to identify the personal qualities they associated with good teaching. Two groups of teachers were evaluated: one group of 23 teachers who had taught less than four years, and one group of 28 teachers who had taught from 4 to 32 years, with a mean of 11.4 years. Differences were noted between the two groups: the highest-rated characteristics for the novice teachers were dependability, self-confidence, and being sociable, helpful, diligent, and responsible, while veteran teachers had ratings that valued conventionality, sincerity, being conscientious and cautious. Top teachers across both groups were distinguished by greater initiative, self-confidence, independence of spirit and drive to achieve (Kegel-Flom, 1983).

O'Shea and Parsons (1979) reported results where study participants most often identified the personal characteristics of being supportive, concerned, understanding, friendly, and enthusiastic as facilitating clinical learning. Responses were gathered from 205 students and 24 faculty in a baccalaureate nursing program in the southeastern United States. Students were asked to identify three to five behaviors that facilitated their learning in the clinical setting, and an equal number that hindered learning in the clinical area. Faculty were also asked to list behaviors they believed facilitated or interfered with

student learning in the clinical setting. Findings supported the idea that it was easier to list facilitative than interference behaviors for the majority of students and faculty. Three broad categories of teacher behaviors were identified: evaluative behaviors, instructive/assistive behaviors, and personal characteristics (O'Shea & Parsons, 1979). The personal characteristics identified as being most interfering to the clinical learning process were: being authoritarian, intimidating, condescending, formal and criticizing in the presence of others.

Personal traits seem to be more significant to students who were already registered nurses (RNs) returning for a baccalaureate degree, as reported in a study by Rice (1992) than has been reported in other nursing students. Rice used personal experience and observations from eight years of teaching to identify strategies and personal characteristics that enhance learning for RN students, and all incorporate the principles of adult learning as outlined by Knowles (1970). Strategies and personal characteristics included the instructor's personal knowledge of students and their coping methods in stressful situations, flexibility and compromise, construction of participative learning experiences, developing problem-solving abilities in students, creating a mutually respectful and non-threatening environment for learning, and to genuinely appreciate contribution of knowledge and skills of other nurses to the learning situation (Rice, 1992).

In an interesting reversal, Jacono and Jacono (1995) identified negative teacher characteristics that have an impact on teaching through review of literature and personal observations and experiences. These negative characteristics included vanity, defined as excessive pride in one's accomplishments, ability or appearance; perfectionism, which

referred to the tendency to set extremely high standards; interference, or the act of impeding or being an obstacle; and insensitivity, or a difficulty with awareness. The authors concluded that teachers of nursing should self-analyze personal traits, and be aware of negative behaviors and traits that might negatively impact the teaching-learning environment.

A sense of humor was found by Kiker (1973) as essential to an instructor of nursing, but this characteristic was ranked slightly higher by junior nursing students than by senior nursing students. Two Texas universities were the sites for data collection from a total of 30 undergraduate education students, 37 undergraduate nursing students, and 36 graduate nursing students. The researcher put forth the idea that a sense of humor may be viewed as more important by students in a clinical setting to allay anxieties. Personal attributes was one of three categories evaluated by students, with the other two categories being professional competence and relationships with students. Personal attributes were ranked as least essential for the good teacher by all students (Kiker, 1973).

Student Evaluation of Faculty

Measurement of effective teaching has been examined using both faculty and student evaluations (Brown, 1981; Collinson, 1999; Smith & Cranton, 1992; Walsh & Maffei, 1994), but student evaluation continues to be the most utilized. de Tornyay (1984) asserted that faculty consider the evaluation of teaching a more personal measure than any other aspect of a faculty role. Some researchers (Angelo & Cross, 1993; Fong & McCauley, 1993) considered that students are usually in the best position to judge effectiveness of clinical instructors, and that even though there is disagreement

concerning the quality of evaluation instruments (Morton, 1987), there is significant agreement among nursing instructors, students and administrators that students should evaluate their instructors.

Gien (1991) indicated that student ratings of faculty teaching effectiveness were reliable and valid when collected in a standardized and objective manner. Stith, Butterfield, Strube, Deusinger, and Gillespie (1998) supported the idea of student evaluations of clinical experiences, and emphasized that student satisfaction with clinical education is particularly important to the healthcare profession since clinical education impacts greatly on choice of practice area and the selection of a work setting later.

Student perceptions of which instructional behaviors are helpful allow instructors to create a learning environment that facilitates student learning (Pugh, 1988). Students judge which behaviors they choose to practice and are important (Wiseman, 1994) and these judgments contribute greatly to the perception of a faculty member's competence among colleagues and administrators (Jirovec, Ramanathan & Alvarez, 1998).

Lingering questions remain about using student evaluations of teaching effectiveness, even though this is the most common method recognized to measure the concept. Students may not have sufficient knowledge to evaluate teaching effectiveness, or they may not understand fully the purposes of the evaluation process (Morton, 1987). In a class with small numbers of students, evaluations by only a few students can affect the measurement of a teacher's effectiveness (Wood & Matthewman, 1988). In contrast, Koon and Murray (1995) noted that few of the objections raised for questioning validity of student evaluations of teaching performance present important challenges to the validity of student ratings.

Student evaluations usually have two purposes: to determine the student's opinion of the quality of instruction, and to determine what the student has learned (Abrami, d'Apollonia, & Cohen, 1990). The purpose of an evaluation should clearly indicate the tool to be used. It is also important to use an evaluation tool that is most closely matched with the situation to be studied. Evaluation tools that are used for classroom or general education courses should not be used in a clinical setting, since the skills and activities in a clinical environment differ greatly from those in a classroom (Knox & Mogan, 1985).

Student evaluations are still used as valuable input by clinical nursing instructors, and changes in the ways clinical nursing teachers approach student learning situations reflect the incorporation of student comments. There are several tools used to evaluate clinical nursing teacher and teaching effectiveness, and the most often recognized and utilized tools will be discussed here.

Evaluation Tools

Several evaluation instruments have been developed to rate clinical nursing teaching effectiveness, using characteristics identified as being representative of effective teaching (Barham, 1965; Brown, 1981; Fong & McCauley, 1993; Jacobson, 1966; Knox & Mogan, 1985; Mogan & Knox, 1987; O'Shea & Parsons, 1979; Zimmerman & Westfall, 1988). Several instruments have been reported in the literature as valuable: the Clinical Teacher Characteristic Instrument (CTCI) developed by Brown and reported in 1981, the Effective Teaching Clinical Behaviors (ETCB) developed by Zimmerman and Westfall (1988), the Clinical Teaching Evaluation (CTE) (Fong & McCauley, 1993) and the Nursing Clinical Teacher Effectiveness Inventory (NCTEI) (Knox & Mogan, 1985).

Through the use of these instruments, characteristics of effective clinical nursing faculty have been identified and measured.

Clinical Teacher Characteristics Instrument

In 1981, Brown reported the development of the Clinical Teaching Characteristics Instrument. The tool was developed to compare perceptions of clinical faculty and students, using 20 characteristics of teachers identified through a review of the nursing literature. The first section of the tool used a Likert-type scale in the questionnaire to rate 20 characteristics, with the scale ranging from “of most importance” to “of no importance”. The second section instructed respondents to choose the five most important characteristics of a clinical instructor, and rank them in order of importance. Brown administered the tool to 82 senior nursing students and 42 faculty members at a North Carolina school of nursing. Through data analysis, Brown determined that the nursing faculty and students were congruent in their description of the effective clinical teacher.

Responses were classified by Brown (1981) into three categories: professional competence, relationship with students, and personal attributes. The category of professional competence included nine items that rate the ability of the instructor to facilitate an awareness of professional responsibility among students and to show a sincere interest in patient care. Six items fell under the category of the instructor’s relationship with students, which related to the instructor’s ability to show confidence in and respect for students. The third category of personal attributes included five items that assessed the instructor’s sense of humor, enthusiasm, and flexibility.

Results of Brown's study (1981) indicated that students surveyed ranked relationships with students as first, professional competence second, and personal attributes third. Faculty ranked professional competence as first, relationships with students as second, and personal attributes third. The difference in these group results were not considered statistically significant (Brown, 1981).

The CTCI was used by Bergman and Gaitskill in 1990 to determine whether the previous findings remained valid, and to investigate whether the perception of effective teaching behavior changed as a student progressed toward graduation from the junior to senior level. These authors administered the CTCI to baccalaureate nursing students in a college of nursing in southwestern Ohio, with 134 students and 23 faculty members as respondents. In comparing results to Brown's work, Bergman and Gaitskill (1990) found that there was a high level of congruity between student and teacher perceptions of effective teacher characteristics; however, the findings were the inverse of Brown's: students identified instructor-student relationships as most important, as did faculty respondents. Both groups valued the student-faculty relationship over professional competence or personal attributes of the instructor. There was no change in the views of students as they matured (Bergman & Gaitskill, 1990).

Effective Clinical Teaching Behaviors

Zimmerman and Westfall (1988) described the development and validation of an instrument that was designed to measure effective clinical teaching behaviors of nursing faculty, which the authors called the Effective Clinical Teaching Behaviors (ECTB) scale. The authors determined that, although numerous authors had identified major categories of behaviors and specific behaviors that were reflective of effective clinical

instruction, no attempt had been made to “reveal the dimensions of clinical teaching through factor analysis of student evaluations” (Zimmerman & Westfall, 1988, p. 274). The authors determined that since students are the direct recipients of instruction, it was important that students have a valid and reliable tool available to evaluate that instruction.

The 43 items on the ECTB were ranked by respondents on a 3-point Likert-type scale, from “not important” to “very important”, and the behaviors were then rated for frequency of observation on a scale of 1 (never) to 5 (always). The ECTB originally consisted of 53 items. After a pilot study using ten senior nursing faculty members, ten items were deleted based on less than half of the faculty rating it as important for inclusion in the student’s tool. The resulting 43-item ECTB was then administered to 281 nursing students from two baccalaureate programs and one diploma program, who evaluated 29 clinical faculty who were teaching at the three different programs in a midwestern state. Findings from the study (Zimmerman & Westfall, 1988) revealed the ECTB scales to be both valid and reliable. Factor analysis suggested that the tool measured one major factor: effective clinical teaching behaviors.

While most of the instruments described here have been used in nursing research, the ECTB survey instrument was used by Dunlevy and Wolf in 1992 with 102 senior students enrolled in four-year programs of physical therapy, respiratory therapy, coordinated dietetics, and medical technology, as well as 125 of these students’ preceptors in undergraduate institutions in Ohio. The purpose of the Dunlevy and Wolf (1992) study was to identify whether or not discrepancies existed between the importance of clinical teaching behaviors, and the frequency with which those behaviors were used

in the clinical practice environment. After asking the respondents to rate the clinical teaching behaviors, they were then asked to rate the frequency with which the behaviors occurred. Students and preceptors agreed that honesty, patience, strong knowledge base, and dedication to patient care were important; however, there was disagreement on the perceptions of how frequently the behaviors were demonstrated in the clinical area. Preceptors reported actually practicing the noted behaviors more often than students reported observing the behaviors.

The third evaluation tool included in this section is the Clinical Teaching Evaluation (CTE), developed by Fong and McCauley (1993). Many of the behaviors and characteristics previously identified continue to be recognized as significant through the use of the CTE.

Clinical Teaching Evaluation

The purpose of a study undertaken by Fong and McCauley (1993) was to develop and validate a clinical teaching evaluation instrument that addressed the nursing expertise, teaching ability, and interpersonal relationship skills of clinical instructors. The authors identified a gap in the evaluation of clinical teaching effectiveness through a review of the nursing literature, which was the evaluation of a clinical instructor's ability to relate theoretical concepts to clinical practice. The tool was developed to evaluate nursing competence, which included the use of theory in clinical decision-making, as well as the teaching and interpersonal skills of the clinical instructor. Thirty items were originally included in the instrument, and were measured on a five-point Likert-type scale ranging from "excellent - one of the most effective teachers I know" to "poor - one of the least effective teachers I know". Items were developed based on a review of the

literature of effective clinical teaching behaviors, a review of previously published teacher evaluation instruments, and consultation with a panel of fourteen expert nursing faculty members (Fong & McCauley, 1993).

The study respondents consisted of 384 undergraduate nursing students who evaluated 27 part-time and full-time clinical instructors at a private university in a western metropolitan area of the United States (Fong & McCauley, 1993). Three factors were evaluated: the first factor was Nursing Competence, which is one's interest in patients, one's technical nursing skills, and the awareness of one's professional responsibilities and consisted of nine items; the second factor was Consideration for Students, which included nine items assessing teacher recognition of the student as an individual deserving confidentiality, respect and confidence; and the third factor was Teaching Competence, made up of seven items concerned with the process of transmitting nursing knowledge, skills, and attitudes.

Analysis of the data collected through use of the CTE instrument indicated that the instrument scores were both reliable and valid (Fong & McCauley, 1993). Content and construct validity were documented. Factor analysis demonstrated that the instrument indeed measured the three major factors identified, which were Nursing Competence, Consideration for Students, and Teaching Competence. The expert panel pared the original survey of 30 items to 25 items, based on strength of response, and the resulting survey was administered to 106 nursing students the semester following the original survey administration. Test-retest reliability of the 25-item survey was strong, with a Pearson correlation coefficient of .85, with significance at the $p < .001$ level (Fong & McCauley, 1993).

The fourth and final tool included for discussion is the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), which is the tool selected for use in this study. The NCTEI has been used to evaluate clinical teaching effectiveness in nursing more often than any other single tool in the twenty years since its' development.

Nursing Clinical Teacher Effectiveness Inventory

The instrument developed by Mogan and Knox (1983), called the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), was intended to measure the characteristics demonstrated by effective clinical nursing faculty. At the time of development, the authors had determined that there were few clinical evaluation tools available for use, and none that had demonstrated validity and reliability. In an initial qualitative study prior to development of the NCTEI, the authors used an evaluation summary form administered to students after each clinical rotation in a baccalaureate nursing program in Canada that asked three questions: how did the student rate the effectiveness of a particular clinical instructor, what were the most effective aspects of the instructor, and how could the instructor improve individual effectiveness.

Student responses at all levels of the four-year BSN program were used from pre-collected data in one academic year, with the consent of a majority of the faculty. From the summary sheets, the authors identified five broad categories of effective and ineffective clinical teaching behaviors through content analysis: teaching ability, which was defined as the process of transmission of knowledge, skills and attitudes, and the creation of an atmosphere in which this process takes place; nursing competence, which is termed the theoretical and nursing knowledge and attitude toward the nursing profession; ability to evaluate, defined as the type and amount of feedback the student

received from the teacher on clinical performance and written clinical assignments; interpersonal relationship, termed the state of reciprocal interest or communication between two or more individuals that excluded specific communication between nurse and patient; and personality, which was defined as the totality of the individual's attitudes, emotional tendencies, and character traits that were not specifically related to teaching, nursing, or interpersonal relationships. Results of this study were used to develop the NCTEI (Knox & Mogan, 1985).

Knox and Mogan (1985) reported the results of an exploratory study using a 47-item survey instrument they developed that described clinical teacher characteristics in each item, which they called the Nursing Clinical Teacher Effectiveness Inventory (NCTEI). Respondents included 393 students at all levels of a baccalaureate nursing program in Canada, 49 faculty members, and 45 practicing BSN graduates from the same university. Respondents were asked to rate clinical faculty behaviors on a 7-point Likert-type scale that ranged from least effective to most effective. Evaluation was the highest rated category by all groups of respondents except first year nursing students, who had not had summative clinical evaluation at the time the survey was administered. Personality was rated as least important by all groups (Knox & Mogan, 1985).

The authors further extended their use of the NCTEI in 1987, when they added an additional item to the previous 47, resulting in a 48-item survey. The purpose of this exploratory study was to determine whether there were characteristics that differentiate "best" from "worst" clinical teachers, what those characteristics were, and whether nursing students and faculty had similar or dissimilar perceptions about the characteristics. Mogan and Knox (1987) reported study results identifying the

characteristics of the best and worst clinical teachers. Respondent groups included 28 clinical teachers and their 173 undergraduate students (52 fourth year students, 62 third year students, and 59 second year students) in seven university schools of nursing located in the western part of the United States and Canada. In this study, the researchers asked student respondents to think of their best clinical teacher and rate him or her using the NCTEI. Students were then asked to think of their worst clinical teacher and to rate him or her on a second NCTEI. Faculty respondents were asked to self-evaluate using the same 48-item instrument. Students in the first year of the academic programs were excluded, and only students in the second through fourth years of the programs were included and were required to have been taught by at least three clinical teachers prior to participating. Results of the study showed similar ratings in the characteristics of best clinical teachers between the faculty group and the students (Mogan & Knox, 1987).

Both groups identified the best clinical teachers as good role models who enjoyed nursing and teaching. These individuals were well-prepared to teach, and were seen as self-confident, skilled clinical nurses who took responsibility for their own actions. They were approachable and fostered mutual respect. Faculty perceived the best clinical teachers to also demonstrate breadth of nursing knowledge and clear explanation of concepts, and stimulation of student interest. Students perceived the best clinical teachers as demonstrating enthusiasm, promoting student independence, and correcting students without embarrassment (Mogan & Knox, 1987).

Less agreement was found between the groups when considering the characteristics of the worst clinical teacher. Faculty felt that the worst teacher did not enjoy nursing, had a lack of communication skills, and was unable to objectively identify

student strengths and weaknesses. Students felt that the worst clinical teachers were unapproachable and lacked empathy, did not communicate expectations clearly, and embarrassed students when they made mistakes. Both students and faculty agreed that the worst clinical teachers were poor role models, and were closed-minded and judgmental. The worst clinical teachers were felt by both groups to fail to create an atmosphere of mutual respect, and not to provide support and encouragement to students.

Summary

In the twenty years since it's development in 1985, the NCTEI has been used in a number of studies (Allison-Jones, 2002; Allison-Jones & Hirt, 2004; Benor & Leviyof, 1997; Gignac-Caille & Oermann, 2001; Kotzabassaki, Panou, Dimou, Karabagli, Koutsopoulou, & Ikonou, 1997; Lee, Cholowski, & Williams, 2002; Li, 1997; Mogan & Warbinek, 1994; Nahas, Nour, & Al-Nobani, 1999; Nehring, 1990; Sieh & Bell, 1994; White, 1997). The wide use of the NCTEI makes this instrument particularly valuable when comparing the results of studies of nursing clinical faculty teaching effectiveness (Scanlan, 2001). The instrument has been used at all levels of nursing education: baccalaureate, associate degree and licensed practical nursing students, with graduates of these various nursing programs, and with nursing faculty. The NCTEI scores have proven to be reliable and valid in relation to measuring effective behaviors of clinical nursing faculty, and has demonstrated consistent results with continued use (Allison-Jones, 2002, Allison-Jones & Hirt, 2004). Further information on validity and reliability is presented in the chapters on Methods and Results.

CHAPTER III

METHODS

Introduction

The purpose of this study was to examine the clinical teaching effectiveness of part-time clinical nursing faculty as compared to full-time clinical nursing faculty using the perceptions of students and self-perceptions of part-time and full-time clinical nursing faculty. The study also examined the characteristics identified by students, part-time clinical nursing faculty and full-time clinical nursing faculty as being representative and desirable of effective clinical teachers.

The increased use of part-time clinical nursing faculty has caused administrators in nursing education to question the quality of education provided by these individuals (Myrick, 1991). One way to assess quality of education is to assess teacher effectiveness. Effective learning in a clinical setting is influenced greatly by clinical faculty, and the gap created in the clinical education process by inadequately prepared clinical faculty may decrease the overall quality of education a student expects to receive from a program of nursing (Wong & Wong, 1987).

The information gathered from research studies concerning how to evaluate teaching effectiveness will contribute to the development of more effective clinical teachers. Insight into the clinical teaching behaviors that are viewed as most effective as well as those that are viewed as least effective by both students and faculty will assist

new clinical instructors in setting personal goals for their own teaching. This chapter will discuss the methods used to address the following research questions:

Research Questions:

1. Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students to be different from part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

2. Are there differences in the self-perceptions of clinical teaching effectiveness between full-time and part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

3. Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students and faculty to be different from part-time nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

4. Are there particular characteristics that are perceived by both students and faculty as representative of the most effective clinical faculty, in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality?

Variables

The independent variable was ‘evaluator status’, and was designated at three levels: part-time clinical instructor, full-time clinical instructor, and student evaluator. The dependent variable was “clinical teaching effectiveness” of part-time and full-time nursing clinical faculty. In addition, demographic information was obtained for all

groups. Student respondents were asked to provide age, race or ethnicity, school affiliation, and whether the respondent had earned any previous degrees. For faculty respondents, information was requested on age, race or ethnicity, school affiliation, major focus for clinical teaching, highest degree obtained, whether the respondent was full or part-time, nursing credentials held by the respondent, and how long the respondent had been a clinical teacher.

Design of the Study

This study used a nonexperimental descriptive comparative survey design to examine the perceptions of clinical teaching effectiveness of part-time and full-time clinical nurse teachers by students as well the self-perceptions of the faculty themselves. The data were collected using a cross-sectional approach.

Population and Sample

The convenience sample included senior-level baccalaureate nursing students from two schools of nursing offering baccalaureate degrees in central Alabama, as well as part-time and full-time clinical nursing faculty from the same schools of nursing during the academic years of 2002-2003, 2003-2004, and 2004-2005. Junior-level students were not included because they had less experience in clinical rotations at the time of survey administration. Convenience sampling is economical, less time-intensive, and is often chosen based on the accessibility of the sample population (Burns & Grove, 2001; Yoon & Horne, 2004), but the participants may not be typical or representative of the overall population in their responses to the variables being measured (Polit & Hungler, 1995). Convenience sampling is the most commonly used method in nursing research studies (Nieswiadomy, 1998).

Sample size for this study was relatively small, with only two schools of nursing comprising the sample for study. Smaller samples tend to produce less accurate estimates than larger samples, but large samples do not assure accuracy (Polit & Hungler, 1995). A small sample may be adequate for research purposes if the population is relatively homogeneous with respect to the variables of interest in the study (Polit & Hungler, 1995). Polit and Hungler (1995) asserted that one way to increase the generalizability of a study is to select participants from two or more sites, and to ensure that constancy of conditions is maintained across sites as much as is possible.

Study Procedures

This study received approval with expedited status by the Auburn University Institutional Review Board for Research Involving Human Subjects (see Appendix A). Approval by the Auburn University at Montgomery Institutional Review Board for Research Involving Human Subjects was also sought and obtained, and was granted based on the initial approval provided by Auburn University (see Appendix B).

Student participants at each school of nursing site received an explanatory information letter in their student mailboxes two weeks prior to the actual survey administration on campus, which was undertaken during the spring semester of one academic year. The explanatory information letter described the voluntary and anonymous nature of the study. A copy of the information letter may be found in Appendix C. Two class days prior to administration of a survey on campus, a faculty member from each school of nursing provided in class a verbal reminder of when and where the surveys would be administered. Two forms of the Nursing Clinical Teacher Effectiveness Instrument (NCTEI) were provided to students who participated in the

study: form A-1 for evaluation of part-time clinical nursing faculty, and form A-2 for evaluation of full-time clinical nursing faculty (See Appendices D and E). The surveys were administered on two separate days for students on each school campus: one day was dedicated toward completion of surveys to evaluate part-time clinical instructors, and one day for completion of surveys evaluating full-time clinical instructors. Completion of the surveys and providing accompanying demographic information by each student implied informed consent to participate in the study. Those students who did not wish to participate simply did not attend the session intended for survey administration, or did not complete the survey. No record was kept of any students who did not wish to participate. Two opportunities were provided at each institution for students to complete the survey for each status of the faculty groups.

Faculty participants for the study were identified from a list of names provided by each School of Nursing of individuals who had taught on a part-time or full-time basis during the academic years of 2002-2003, 2003-2004, or 2004-2005. Part-time clinical nursing faculty were defined as those individuals who participated in at least one clinical experience day per week for at least one semester of the academic years noted and who held no permanent academic appointment. Full-time clinical nursing faculty were defined as those individuals who participated in at least one clinical experience day per week for at least two semesters of the academic years noted, and who held an academic appointment of 80 per cent or greater. Faculty received an explanatory letter, a survey (see Appendix F), and a stamped, self-addressed envelope for return of the completed survey by first class mail. Confidentiality of faculty responses was assured, by instructing faculty not to place their names anywhere on the survey instrument, and by maintaining a

master copy of faculty names with corresponding numbers for each survey instrument in a locked cabinet in the investigator's office that was accessible only by the investigator. Three weeks following the first mailing, a hand-written reminder postcard was sent out to those who had not returned a survey, and three weeks following the mailing of the reminder postcard, a second mailing of the information letter, survey, and return envelope was sent to those who still had not returned a survey. No further contact attempts were made.

Instrument

The instrument used to measure clinical teaching effectiveness for this study was the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), developed by Knox and Mogan (1985) from their original work reported in 1983 at the University of British Columbia, Vancouver, Canada. The first published work using the Nursing Clinical Teacher Effectiveness Inventory (NCTEI) was in 1985 by these researchers, and since that time, the NCTEI has been used in a variety of settings with many different groups of respondents, including licensed practical nursing students (LPN), associate degree nursing students (ADN), baccalaureate of science nursing students (BSN), nurse graduates, and faculty from these same programs (Allison-Jones, 2002; Knox & Mogan, 1985; Mogan & Knox, 1987; Nehring, 1990; Sieh & Bell, 1994; White, 1997). The series of studies that have been conducted using the NCTEI provides examples in which one tool has been used consistently over time, and with such a variety of groups (Allison-Jones, 2002).

In 1983, Mogan and Knox published results of a study that focused on identifying effective and ineffective aspects of clinical teaching as perceived by students. They used

summary evaluation sheets for the academic year 1980-1981 for 58 consenting faculty members, which provided two open-ended questions on the evaluation sheets. The two questions were: 1) What are the most effective aspects of this individual's instruction, and 2) How can this instructor's effectiveness be improved (Mogan & Knox, 1983). From a content analysis of the summary sheets, five broad categories of effective teaching behaviors were identified: teaching ability, nursing competence, ability to evaluate, interpersonal relationship, and personality. The data suggested that an open-ended evaluation form did not provide the student with enough direction for evaluation of clinical teaching, since the students were left to develop their own criteria for what constituted effective teacher behaviors, and a more structured form was suggested for use (Mogan & Knox, 1983).

In 1985, Knox and Mogan published the results of an exploratory study that resulted in the development of the NCTEI. The original survey instrument contained 47 items, with each item describing a clinical teacher characteristic that had been identified through content analysis in 1983. Student descriptions of effective clinical teacher behaviors were compared with those identified in previous literature (Brown, 1981; Jacobsen, 1966; O'Shea & Parsons, 1979). The tool was distributed to faculty and students to test for content validity and refined based on results. The authors reported that content analysis had resulted in five categories of clinical teacher behaviors, and stated that "Reliability estimates were established for each of the five categories...and for each of the 47 items with reliability coefficients ranging from $a = 0.79$ to $a = 0.89$. Test-retest reliability was substantial" (Knox & Mogan, 1985, p. 27). There was no report of

reliability coefficients by specific category, and no further elaboration of the test-retest reliability values was provided by the authors.

Mogan & Knox (1987) again used the NCTEI in a study to identify and compare characteristics of “best” and “worst” clinical teachers as perceived by university nursing faculty and students. One further item was added to the survey instrument, for a final total of 48 items. Respondents judged items in each of the five subscales of clinical teaching behaviors on a seven-point Likert-type scale, and category scores were obtained by summing scores of all items within a category. Summing all five category scores provided a total score for a teacher. Higher scores implied more positive teacher characteristics. Mogan and Knox again reported that “The instrument was found to be internally consistent ($\alpha = 0.79 - 0.92$), was stable over time (test-retest scores at 4 week intervals ranged from $r = 0.76 - 0.93$), and the instrument was considered to have content and face validity” (1987, p. 333). Reliability scores were again not reported by individual category of teaching behavior.

The version of the NCTEI used for this study consisted of five sections, with a total of 48 items. Each section of the survey was designed to focus on a discrete component of effective clinical teaching. The first section of the NCTEI, items 1-16, contained items related to Teaching Ability. Each item addressed characteristics that contributed to teaching ability. In the next section, items 17-26 related to characteristics of Nursing Competence. The third section, items 27-35, described characteristics related to the Evaluation of Students. The fourth section contained six items which considered the relationship the faculty member had with students, or Interpersonal Relationships.

The fifth and final section of the NCTEI contained seven items that measured the Personality of the Teacher (Knox & Mogan, 1985; Mogan & Knox, 1987).

For this study, permission to use the survey instrument, the NCTEI, was obtained (see Appendix G). Three forms of the survey instrument were prepared. The first form, designated A-1, was provided to senior level students on a designated day to evaluate part-time clinical faculty. Form A-2 was provided to senior level students on a second designated day to evaluate full-time clinical faculty. Form B was provided to both part-time and full-time clinical faculty for self-evaluation. Respondents were asked to mark their response to each item on a seven-point Likert-type scale where 1 equaled NEVER, and 7 equaled ALWAYS. The use of this type scale provided interval data and allowed calculation of mean scores. Items from each section were reversed to avoid a “yeasayer/naysayer” effect, which is a type of response bias. Participants in studies have been found to agree with statements regardless of the content of a question or statement, or “yeasayers”. A less common problem is the opposite tendency, which is to disagree with statements independently of the content of the question or statement, and these individuals are called “naysayers”. For some people, these tendencies may be characteristic of their personalities, and may be avoided or minimized by the strategy of counterbalancing positively and negatively worded statements (Polit & Hungler, 1995).

Forms A-1 and A-2 also included questions about the respondent’s demographic characteristics such as age, gender, race or ethnicity, and student respondents were asked to provide information on the name of the school, the clinical setting used for evaluation of faculty (for example, pediatrics, obstetrics, medical-surgical), semester and year of the rotation for which the respondent was evaluating the clinical faculty, and whether the

respondent had earned any previous degrees. A positive response for this question then prompted the individual to list the degrees earned. Depending upon the designated day, student respondents were given either a form A-1 or form A-2 to evaluate part-time or full-time clinical faculty they had had experience with while in the nursing program.

Form B, used by faculty, included information on demographic characteristics such as age, gender, race or ethnicity, and faculty respondents were asked to provide information on the name of the school, the major focus of the respondent for clinical teaching, whether the respondent was part-time or full-time, how many years the respondent had in experience as a clinical instructor, nursing credentials held, and the highest degree earned by the respondent. Respondents were told that each survey instrument would take approximately 20 minutes to complete. Complete copies of each form of the instrument may be found in Appendices D, E, and F.

Data Analysis Procedures

All survey instruments were compiled and sorted by respondent status. Student responses were sorted by part-time or full-time clinical faculty evaluation categories, depending upon the evaluation session attended by the students. Faculty responses were also further sorted into groups for part-time or full-time status. All responses were then coded for statistical analysis, entered, and analyzed using the Statistical Package for the Social Sciences (SPSS) version 12.0 for Windows. Level of significance was set at 0.05, or 5 chances in 100 that the results considered significant could occur by chance alone. Frequency distributions and descriptive statistics were computed for demographic information from the survey instrument to facilitate description of the sample.

Mean scores for each of the five subscales of the NCTEI were calculated for each of the groups of student respondents. The mean overall scores were also calculated. Reliability coefficients were calculated for each of the five subscales of the instrument. Differences in the ways full-time and part-time clinical faculty perceived their own teaching effectiveness were examined using these same steps. Descriptive statistics were used to identify the particular characteristics perceived by both students and faculty as representative of the most effective clinical faculty in the five domains of interest.

To test the differences between part-time faculty or full-time faculty evaluations by students and self evaluations of faculty, the independent samples *t* test was used. This test is particularly useful when only small samples are available for analysis (Burns & Grove, 2001). The three assumptions underlying the *t* test are: 1) The independent variable is categorical and contains two levels, or two mutually exclusive groups of subjects, 2) The distribution of the dependent variable is normal, and 3) The variances of the dependent variable for the two groups are similar, or there is homogeneity of variance (Munro, 2001). To answer research questions one and two, independent sample *t* tests were done to compare the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty and part-time nursing clinical faculty by students in each of the domains of interest, and to compare the self-perceptions of full-time baccalaureate nursing clinical faculty and part-time nursing clinical faculty.

In order to compare the data from all groups and answer research question three, a one-way Analysis of Variance (ANOVA) was performed to test the significance of the differences between means. ANOVA is a statistical test that is based on the assumption that data are interval or ratio level and that the data have been selected from

populations that are normally distributed and have equal variances on the variable that is being measured, termed homogeneity of variance (Nieswiadomy, 1998). Other assumptions made with ANOVA were that the groups were independent of each other, and the dependent variable was continuous. ANOVA has been shown to be fairly robust, which means that even if the researcher does not rigidly adhere to the assumptions, the results may still be close to the truth (Munro, 2001).

If more than two groups are studied, it is not possible to determine from the ANOVA precisely where the significant differences lie. Therefore, post hoc analyses are conducted to determine the location of the differences among groups, and these tests were developed to reduce the incidence of a Type I error, or making a decision that a relationship exists between variables when it does not (Nieswiadomy, 1998). The post hoc analysis to be used for this study was the Scheffe test, which is reported frequently. The Scheffe test is the most conservative of the post hoc tests (Burns & Grove, 2001) but is stringent and can be used with groups of equal and unequal size (Munro, 2001). A post hoc Scheffe was to be calculated to determine if there were significant differences in mean scores between student assessments of part-time faculty and part-time faculty self assessments. Another post hoc Scheffe was to be conducted to compare mean scores of student assessments of full-time faculty and full-time faculty self-assessments. Descriptive statistics were utilized to identify the characteristics rated by both students and faculty as representative of the most effective clinical faculty, which is the focus of research question four.

Summary

Chapter III described the design of the study and the procedures used to address the purpose of the study. The convenience sample consisted of senior level baccalaureate nursing students from two schools of nursing in central Alabama surveyed during the academic year of 2004-2005, and the part-time and full-time clinical nursing faculty who were at each school during the academic years 2002-2003, 2003-2004, and 2004-2005. A description of the sample is contained in Chapter III. The instrument used to collect the data was the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), with accompanying demographic information on each survey instrument. Three forms of the same instrument were distributed to study participants, based on the status of the participant, and the part-time or full-time status of the person being evaluated. The reliability and validity of the NCTEI was discussed, as well as collection and data analysis procedures. Chapter IV will discuss the analysis of the data and the results of the study.

CHAPTER IV

FINDINGS

Introduction

The purpose of this study was to examine the clinical teaching effectiveness of part-time clinical nursing faculty as compared to full-time clinical nursing faculty using the perceptions of students and self-perceptions of part-time and full-time clinical nursing faculty. The study also examined the characteristics identified by students, part-time clinical nursing faculty and full-time clinical nursing faculty as being representative and desirable of effective clinical teachers.

This chapter presents the demographic statistics of the sample and the results of the statistical analyses used, as well as any ancillary findings. All participants completed a form of the Nursing Clinical Teacher Effectiveness Instrument (NCTEI). If the participant was a student, he or she was asked to complete one of two survey instruments: one for evaluation of part-time clinical nursing faculty or one for evaluation of full-time clinical nursing faculty that the student had experience with during the nursing program. Faculty were asked to complete a form of the NCTEI based on their status as either a part-time or full-time clinical nursing instructor. Data were analyzed using the Statistical Package for the Social Sciences 12.0 (SPSS 12.0).

Participants

The convenience sample consisted of 152 senior-level nursing students enrolled in two baccalaureate programs in the southeast who were surveyed during the spring and summer semesters of 2005, 24 full-time clinical nursing faculty, and 55 part-time clinical nursing faculty. Of the 152 senior-level students from the two schools, 132 students chose to participate in this study by completing the NCTEI, for a response rate of 86.84 per cent. Surveys were provided to students on two separate days: one day designated for evaluation of part-time clinical nursing instructors and a second day designated for evaluation of full-time clinical nursing instructors. All student respondents had not had the opportunity to work with both full-time and part-time clinical nursing faculty. Students who had both full-time and part-time clinical nursing faculty were not able to be identified due to the anonymity of their responses, which presents a limitation of the study in dependency of the data, since those who evaluated both full-time and part-time clinical faculty could not be identified. Of the 132 student participants, 124 students (94%) had worked with part time clinical nursing faculty and 99 (75%) had worked with full-time clinical nursing faculty, based on data received from survey responses. All 24 full-time clinical nursing faculty completed the survey instrument, as well as 44 of the 55 part-time clinical nursing faculty, for a part-time faculty response rate of 80 per cent.

Age distribution of student respondents is found in Table 1. Of the 223 total student responses of both full- and part-time clinical nursing faculty, 89.23 per cent came from students aged under age 30 and, 49.3 per cent of responses came from students aged 20-22. The mean age of student respondents was 24.77 years (*SD* of 5.96 years).

Table 1

Distribution of Student Respondents by Age

Age	Frequency	Age	Frequency
20	5	33	2
21	37	34	4
22	68	35	2
23	27	36	2
24	18	37	1
25	23	38	1
26	6	39	2
27	5	41	2
28	2	42	2
29	6	50	2
30	2	58	2
31	2		

n=223

Data are presented in Table 2 that provide a profile of faculty by age. The mean age of part-time faculty respondents was 41.9 years (*SD* of 11.272 years) and the mean age of full-time faculty respondents was 46.13 years (*SD* of 9.479 years), ages which correspond to the current average age of 45 years of both practicing registered nurses and nursing faculty.

Table 2

Distribution of Faculty Respondents by Age

Age	Frequency	Age	Frequency
23	2	42	1
24	1	43	2
25	1	44	3
27	2	46	1
28	2	47	2
29	1	48	2
30	1	49	2
31	1	50	5
33	3	51	4
34	1	52	3
35	4	54	4
36	3	57	4
37	2	58	3
38	1	60	2
39	4	65	1

n=68

Data concerning gender are presented in Table 3. It is again important to note that student responses overlapped between evaluation of full and part-time clinical nursing

faculty and respondents may have been counted twice. Table 4 contains data that separates respondents by race or ethnicity.

Table 3

Distribution of Study Participants by Gender

Gender	Student - Full time	Student - Part time	Faculty Full time	Faculty Part time	Per cent
Female	85	112	23	38	88%
Male	14	12	1	6	11.6%

N=291

Table 4

Distribution of Study Participants by Race/Ethnicity

Race	Student - Full time	Student - Part time	Faculty Full time	Faculty Part time	Per cent
Caucasian	94	115	21	2	93.45%
Black	4	8	2	2	5.5 %
Asian	0	0	1	0	0.34%
Hispanic	1	1	0	0	0.69%

N=291

Data collected concerning gender and race or ethnicity are representative of the current nursing population at large, with the preponderance of nurses being both female and Caucasian.

Student respondents were asked to provide the clinical setting for the evaluation of their experience with either the part-time or full-time clinical nursing faculty, and faculty were asked to provide their focus for clinical teaching. Data collected regarding the clinical setting are found in Table 5. The clinical area of medical-surgical nursing practice represents the greatest volume of responses from both students and faculty, as well as the greatest number of clinical hours in both school curricula.

Table 5

Focus for Clinical Experiences

Clinical Setting	Student Full time	Student Part time	Faculty Full time	Faculty Part time
Pediatrics	6	14	3	6
Obstetrics	39	6	2	5
Medical-Surgical	29	89	10	21
Psychiatric	9	7	1	4
Critical Care	16	8	5	8
Community Health	0	0	3	0

N=291

Data were collected from all faculty respondents concerning the highest degree they had obtained and the average number of years faculty had had experience in clinical teaching. Tables 6 and 7 contain this information, separated by part-time or full-time clinical teaching status. None of the faculty respondents, whether full-time or part-time,

were asked to identify if they were currently enrolled in a degree-seeking program. The single full-time faculty member prepared at the baccalaureate level made an anecdotal comment that she was currently enrolled in a program of study through distance-learning, leading to a doctorate in nursing but did not provide any further specific information.

Table 6

Highest Degree Achieved by Clinical Faculty

Degree Obtained	Faculty Full-time	Per cent	Faculty Part-time	Per cent
Bachelor of Science in Nursing (BSN)	1	4 %	22	50 %
Master of Science in Nursing (MSN)	12	50 %	22	50 %
Doctorate in Nursing	6	25 %	0	0 %
Other Doctorate	5	21 %	0	0 %

n=68

Table 7

Years of Experience as Clinical Instructor

Faculty Status	Mean (yrs)	SD
Full-time clinical instructor	11.542	7.5295
Part-time clinical instructor	5.091	5.2775

n=68

All faculty respondents were asked to provide information on nursing credentials they might hold, apart from the academic degrees obtained. These credentials included the designation of Nurse Practitioner (NP), critical care certification (CCRN), basic cardiac life support instructor (BCLS), advanced cardiac life support provider (ACLS), pediatric advanced life support provider (PALS), neonatal resuscitation provider (NRP), trauma nurse course certification (TNCC), certified emergency nurse (CEN), and American Nurses Credentialing Center certification-any field (ANCC). Credentials were held by 58.33 % of full-time and 61.36% of part-time clinical faculty, as seen in Table 8.

Table 8

Nursing Credentials

Credential	Faculty full-time	Per cent	Faculty part-time	Per cent
NP	8	33.33%	5	11.36%
CCRN	1	4.16%	1	2.27%
BCLS Instructor	2	8.33%	0	0%
ACLS	1	4.16	4	9.09%
PALS	1	4.16	5	11.36%
NRP	0	0%	4	9.09%
TNCC	1	4.16%	0	0%
CEN	0	0%	2	5.45%
ANCC	0	0%	3	6.82%
Other	0	0%	3	6.82%
None	10	41.67 %	17	38.64%

n=68

Analysis of Data

The Nursing Clinical Teacher Effectiveness Inventory (NCTEI), developed by Knox and Mogan (1985), was used to collect data for this research study. Two forms of the NCTEI were given to students: form A-1 was used for evaluation of part-time clinical nursing faculty, and form A-2 was used for evaluation of full-time clinical nursing faculty. Form B was given to both part-time and full-time clinical nursing faculty for self-evaluation. The 48-item survey was identical in all forms, but the information collected at the beginning of the survey form was different for student and faculty respondents.

Five broad categories of effective teaching behaviors were assessed through use of the NCTEI: Teaching Ability, Nursing Competence, Ability to Evaluate Students, Interpersonal Relationships or Qualities, and Personality of the Teacher. Items 1-16 related to Teaching Ability, items 17-26 to Nursing Competence, 27-35 to Ability to Evaluate, items 36-41 related to Interpersonal Relationships, and items 42-48 related to the Personality of the Teacher. Mean scores for each of the five subscales of the NCTEI were calculated, and mean overall scores were calculated as well, with the highest possible score being a seven. Higher scores, in each of the five subscales as well as overall, implied more positive or effective teacher characteristics. The range of overall summed scores spanned low scores of 143 to the highest possible scores of 336.

The first two research questions were addressed using independent samples *t* tests. The third research question was addressed by using the Analysis of Variance (ANOVA). The fourth research question was addressed using descriptive statistics.

As seen from the data in Table 9, students ranked full-time clinical faculty consistently higher in all domains than part-time clinical faculty. However, the results were not statistically significant and readers are cautioned that dependency of data exists.. The overall summed scores were similar to the subscale scores, with an overall mean for student evaluations of full-time clinical nursing faculty of 293.18 (*SD* 34.99), and 285.32 (*SD* 43.71) for part-time clinical nursing faculty.

Table 9

Differences in Student Perceptions of Full-time and Part-time Teacher Effectiveness

Categories of behavior	Student of Full-time (Mean/ <i>SD</i>)	Student of Part-time (Mean/ <i>SD</i>)	<i>t</i> value	df	<i>p</i> value	Effect Size (Cohen's <i>d</i>)
Teaching Ability	97.94(12.23)	96.32(13.96)	.907	221	.365	0.1234
Nursing Competence	59.51(6.83)	57.50(9.18)	1.809	221	.072	0.2484
Evaluation of Students	55.31(7.96)	53.50(8.95)	1.577	221	.116	0.2137
Interpersonal Relationships	37.38(5.77)	36.12(6.87)	1.462	221	.145	0.1986
Personality of the Teacher	43.04(5.60)	41.88(7.68)	1.260	221	.209	0.1725

n=223

Faculty self-perception of clinical teaching effectiveness is addressed by the second research question, and data are presented in Table 10 on corresponding faculty responses.

Table 10

Differences in Faculty Self-Perceptions of Clinical Teaching Effectiveness

Categories of Behavior	Faculty Full-time (Mean/ <i>SD</i>)	Faculty Part-time (Mean/ <i>SD</i>)	<i>t</i> value	df	<i>p</i> value	Effect Size (Cohen's <i>d</i>)
Teaching Ability	97.58(6.13)	95.50(6.86)	1.240	66	.219	0.3194
Nursing Competence	61.12(3.55)	58.91(4.55)	2.063	66	.043	0.5415
Evaluation of Students	54.29(4.8)	55.29(4.37)	-.871	66	.387	- 0.2166
Interpersonal Relationships	38.042(2.7)	38.23(3.06)	-.248	66	.805	- 0.0657
Personality of the Teacher	42.42(3.21)	42.5 (3.46)	-.097	66	.923	- 0.0239

n=68

Full-time and part-time clinical faculty self-rate similarly, with the only statistically significant difference in scores demonstrated in the category of Nursing Competence. The overall mean of the summed scores for full-time faculty self-evaluations was 293.46 (*SD* 15.17), and was 290.43 (*SD* 19.29) for part-time faculty self-evaluations.

In order to compare the data from all four groups of respondents and answer research question three, a one-way Analysis of Variance (ANOVA) was performed to test the statistical significance of the differences between means. No statistically significant difference was found between groups. These data should be interpreted

carefully, since the assumption of homogeneity of variance was violated for this question (see Table 11). Violating this assumption leads to a greater chance of a Type I error, or rejecting the null hypothesis when it is true (Munro, 2001). Levene's test demonstrated that the population variances from which the groups were sampled were not equal. Data are provided in Tables 11 and 12 that detail the information gained from all four groups of respondents.

Table 11

Clinical Teaching Effectiveness of Full-time and Part-time Faculty

Categories of Behaviors	Evaluator Status	N	Mean	SD	SE
Teaching Ability	Student of Full-time	99	97.9394	12.232229	1.22939
	Student of Part-time	124	96.3226	13.96019	1.25366
	Faculty Full-time	24	97.5833	6.13555	1.25241
	Faculty Part-time	44	96.8522	12.00182	.70356
Nursing Competence	Student of Full-time	99	59.5051	6.83385	.68683
	Student of Part-time	124	57.5000	9.18332	.82469
	Faculty Full-time	24	61.1250	3.55470	.72560
	Faculty Part-time	44	58.9091	4.55365	.68649

Table 11, continued

Categories of Behavior	Evaluator Status	N	Mean	SD	SE
Evaluation of Students	Student of Full-time	99	55.3131	7.96888	.80090
	Student of Part-time	124	53.5000	8.95199	.80391
	Faculty Full-time	24	54.2917	4.84973	.98995
	Faculty Part-time	44	55.2955	4.36998	.65880
Interpersonal Relationships	Student of Full-time	99	37.3838	5.77416	.58033
	Student of Part-time	124	36.1210	6.87471	.61737
	Faculty Full-time	24	38.0417	2.71035	.46194
	Faculty Part-time	44	38.2273	3.06415	.46194
Personality of the Teacher	Student of Full-time	99	43.0404	5.60051	.56287
	Student of Part-time	124	41.8790	7.68442	.69008
	Faculty Full-time	24	42.4167	3.21568	.65640
	Faculty Part-time	44	42.5000	3.46074	.52173

N=291

Table 12

Test of Homogeneity of Variances

Categories	Levene Statistic	df1	df2	Significance
Teaching Ability	7.993	3	287	.000
Nursing Competence	8.405	3	287	.000
Evaluation of Students	6.012	3	287	.001
Interpersonal Relationships	6.943	3	287	.000
Personality of the Teacher	8.253	3	287	.000

 N=291

Post hoc Scheffe analyses were to be performed, but no statistically significant difference was found among groups; therefore, no post hoc analyses were used. Due to lack of homogeneity of variance found when the ANOVA was performed, the Kruskal-Wallis Test was performed. The Kruskal-Wallis test is the most powerful non-parametric test for examining three or more independent groups. It has 95 per cent of the power of the F statistic to detect existing differences between groups. The main assumption with this technique is an underlying continuous distribution (Burns & Grove, 2001), and it does not include the assumption of homogeneity of variance. Variables and groups for the Kruskal-Wallis test were set up as they were for the ANOVA. There were no statistically significant differences found between the groups on perception of teaching effectiveness with the Kruskal-Wallis Test.

The fourth and final research question investigated whether there were particular characteristics or behaviors that were perceived by both students and faculty as representative of the most effective clinical faculty in each of the behavior subscales. The most highly-rated items from both faculty and student respondents, regardless of part-time or full-time status of the clinical teacher, came from the behavior category of Nursing Competence. There were highly-rated items from all other categories with the exception of Ability to Evaluate Students. None of the top ten items came from the behaviors that constituted the category of Ability to Evaluate Students. The first item from Evaluation does not appear in the rankings until item 31 was noted at the ranking of 15th most important characteristic, which investigated how the clinical teacher communicated expectations of students.

Items concerning Teaching Ability make up 33.33 per cent of the NCTEI, and they constituted 30 per cent of the top ten ranked items by respondents. Items concerning Nursing Competence are 20.8 per cent of the NCTEI, but constitute the top 40 per cent of the top ten ranked items by respondents. The category of items grouped under Personality of the Teacher are 14.58 per cent of the NCTEI, and constitute 20 per cent of the top ten ranked items by respondents. Interpersonal Relationships completed the top ten ranked items by respondents, but only contributed 10 per cent to that total. There were no items from the category of Ability to Evaluate Students included in the top 10 items ranked by all respondents.

Data are presented in Table 13 that identify the top ten behaviors that effective clinical teachers demonstrated for both students and faculty in this study. Table 14

contains the top five characteristics of an effective clinical instructor from the student perspective, and Table 15 contains the same information from the faculty perspective. The description of each survey item may be found in Appendices D, E, and F. Items 4, 8, 16, 17, 19, 31, 32, 37, and 48 were originally written as negative questions to avoid the “yeasayer/naysayer” effect (Polit & Hungler, 1995), and were recoded for analysis, with the scale of ranking reversed.

Table 13

*Overall Perceptions of the Top 10 Characteristics of Effective Clinical Teachers
(in order of importance)*

Item Number and Description	Category	Rating
17. Demonstrated strong clinical skills and judgement ~	Nursing Competence	6.54
26. Enjoyed Nursing	Nursing Competence	6.42
37. Was approachable ~	Interpersonal Relationships	6.41
8. Was well prepared for teaching~	Teaching Ability	6.37
9. Enjoyed Teaching	Teaching Ability	6.34
24. Took responsibility for own actions	Nursing Competence	6.32
44. Was self-confident	Personality of the Teacher	6.31
25. Was a good role model	Nursing Competence	6.28

Table 13, continued

Item Number and Description	Category	Rating
42. Demonstrated enthusiasm	Personality of the Teacher	6.26
6. Helped students identify and make use of practice opportunities	Teaching Ability	6.23

Note. ~ Items recoded for analysis; rephrased for intent

Table 14

Student Perceptions of the Top 5 Characteristics of an Effective Clinical Teacher (in order of importance)

Item Number and Description	Category	Rating
17. Demonstrated strong clinical skills and judgement ~	Nursing Competence	6.56
8. Was well-prepared for teaching ~	Teaching Ability	6.46
26. Enjoyed nursing	Nursing Competence	6.43
44. Was self-confident	Personality of the Teacher	6.40
22. Demonstrated a breadth of knowledge in nursing	Teaching Ability	6.32

Note. ~Items recoded for analysis; rephrased for intent

Table 15

*Faculty Perceptions of the Top 5 Characteristics of an Effective Clinical Teacher
(in order of importance)*

Item Number and Description	Category	Rating
24. Took responsibility for own actions	Nursing Competence	6.71
37. Was approachable~	Interpersonal Relationships	6.63
36. Provided support and encouragement to students	Interpersonal Relationships	6.49
9. Enjoyed teaching	Teaching Ability	6.49
17. Demonstrated strong clinical skills and judgement~	Nursing Competence	6.47

Note. ~Items recoded for analysis; rephrased for intent

Reliability

All five subscales of the NCTEI were tested for reliability, as was the overall instrument. Computation of Cronbach's alpha coefficient provides a measure of internal consistency reliability, which assesses the extent to which items in a subscale or instrument go together (Munro, 2001). A Cronbach's alpha coefficient of 1.00 indicates perfect reliability, and a reliability coefficient of .80 is considered the lowest acceptable value for a well-developed psychosocial measurement instrument (Burns & Grove, 2001). The values found for each subscale of this instrument were high, which indicate to the researcher that the NCTEI demonstrates consistent and accurate measurement of

information on each of the characteristics of the effective teacher over time. Reliability statistics for this study are presented in Table 16.

Table 16

Reliability Scores of Subscales and Overall NCTEI

Category	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	# of items
Teaching Ability	.941	.941	16
Nursing Competence	.819	.858	10
Evaluation of Students	.888	.895	9
Interpersonal Relationships	.939	.940	6
Personality of the Teacher	.888	.894	7
NCTEI	.970	.973	48

Summary

Descriptive statistics, independent samples *t* tests, and a one-way ANOVA were computed on the data to answer the four research questions examined in this study:

Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students to be different from part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality? Results of the study showed that students did not perceive any statistically significant differences in the effectiveness of instruction provided by part-time and full-time clinical nursing faculty.

Are there differences in the self-perceptions of clinical teaching effectiveness between full-time and part-time baccalaureate nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality? Again, results of the study supported that the self-perceptions of full-time and part-time clinical nursing faculty did not differ significantly.

Is the clinical teaching effectiveness of full-time baccalaureate nursing clinical faculty perceived by students and faculty to be different from part-time nursing clinical faculty in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality? There were no statistically significant differences found by both students and faculty of the clinical teaching effectiveness between full-time and part-time nursing faculty.

Are there particular characteristics that are perceived by both students and faculty as representative of the most effective clinical faculty, in the domains of teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personality? The single highest rated survey item was that the most effective clinical teacher demonstrated strong clinical skills and judgement by all four groups of respondents. Of the top ten highest-rated characteristics from all respondent groups, the greatest number of items came from the behavior category of Nursing Competence and none came from the behavior category of Ability to Evaluate Students.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Introduction

The increased use of part-time clinical nursing faculty has caused administrators in nursing education to question the quality of education provided by these individuals (Myrick, 1991). One way to assess quality of education is to assess teacher effectiveness. Effective learning in a clinical setting is influenced greatly by clinical faculty, and the gap created in the clinical education process by inadequately prepared clinical faculty may decrease the overall quality of education a student expects to receive from a program of nursing (Wong & Wong, 1987). The purpose of this study was to examine the clinical teaching effectiveness of part-time clinical nursing faculty as compared to full-time clinical nursing faculty using the perceptions of students and self-perceptions of part-time and full-time clinical nursing faculty. The study also examined the characteristics identified by students, part-time clinical nursing faculty and full-time clinical nursing faculty as being representative and desirable of effective clinical teachers. This chapter includes a summary of the findings of the study, relationship of the findings to prior research, conclusions, implications, and recommendations for further research and practice.

Summary of the Findings

Senior-level baccalaureate nursing students at two public universities in the southeast United States and part-time and full-time clinical faculty from both schools were surveyed using the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), developed by Knox and Mogan (1985). Students were asked to provide their perceptions of the characteristics exhibited by effective clinical teachers of nursing, and faculty were asked to evaluate themselves on the characteristics they might exhibit as clinical teachers of nursing. The majority of responses came from students and faculty who evaluated the clinical experiences in the general medical-surgical area. The NCTEI contains five broad categories or domains of effective teaching behaviors: Teaching Ability, Nursing Competence, Ability to Evaluate Students, Interpersonal Relationships or Qualities, and Personality of the Teacher. Mean scores for each category were calculated, as were mean overall scores. Higher scores implied more positive or effective teacher characteristics.

Students ranked full-time clinical nursing faculty consistently higher in all domains of behavior than part-time clinical nursing faculty, but the results were not statistically significant. However, all students were not exposed to experiences with full-time clinical nursing faculty: 75 per cent of the students had some clinical experiences with full-time clinical nursing faculty, while 94 per cent had worked with part-time clinical nursing faculty. Full-time and part-time clinical nursing faculty self-rate similarly; however, the only domain that demonstrated statistical significance was the category of Nursing Competence. When comparing all four groups of respondents through ANOVA, no difference was found between groups. However, dependency of data exists in that those students who had evaluated both full-time and part-time clinical

faculty could not be identified due to the anonymous nature of their responses. It could not be determined whether these students evaluated both full-time clinical faculty and part-time clinical faculty in the same positive manner, or if they evaluated the faculty very differently.

The highest-rated items from both faculty and student respondents came from the domain of Nursing Competence. Four of the top ten characteristics of an effective clinical teacher overall came from Nursing Competence. Characteristics of Teaching Ability were next highest-rated, followed by Personality of the Teacher. Characteristics included in the domain of Ability to Evaluate were not rated in the top ten overall, nor in the top five characteristics of either students or faculty. The highest-rated individual characteristic perceived by students to be exhibited by an effective clinical teacher was “demonstrated strong clinical skills and judgement”. The highest-rated individual characteristic perceived by faculty to be exhibited by an effective clinical teacher was “took responsibility for own actions”. The only item rated by both students and faculty in the top five highest characteristics was “demonstrated strong clinical skills and judgement”. Faculty rated this characteristic as fifth in importance, while students rated it as first in importance; otherwise, there was no overlap within the five highest-rated characteristics between students and faculty.

Conclusions

Students identified the ability to demonstrate strong clinical skills and judgement as the most important characteristic overall of an effective clinical teacher, which supported previous research findings of the importance of clinical competence (Benor & Levyof, 1997; Bergman & Gaitskill, 1990; Knox & Mogan, 1985; Mogan & Knox,

1987; Nehring, 1990). The behavior domain of Nursing Competence was identified as most important for both students and faculty, while the behavior domain of Evaluation of Students was rated lowest. Kanitsaki and Sellick (1989) found the domain of Evaluation to be rated the least important, while studies undertaken by other authors (Gignac-Caille & Oermann, 2001; Li, 1997; O'Shea & Parsons, 1979; Sieh & Bell, 1994) have shown the domain of Evaluation to be considered most important by various study participants.

All respondent groups felt that an effective clinical teacher should demonstrate strong clinical skills and judgement, be well-prepared for teaching, enjoy teaching as well as nursing, be approachable and self-confident, and enthusiastic. All items were highly rated, leading one to assume that all respondents felt all characteristics were important, though specific characteristics were more desirable than others. The characteristics viewed as least desirable in an effective clinical teacher were “directed students to useful literature in nursing”, and “revealed readings in his or her area of interest“, both of which are found within the domain of Nursing Competence. This represents a wide disparity of opinion since both the highest and lowest rated characteristics are found in this category of behavior.

No statistically significant differences were found between the self-evaluations of part-time clinical faculty and full-time clinical faculty. These results might lead one to conclude that the part-time clinical faculty over-rated themselves, or that full-time clinical faculty under-rated themselves in regard to teaching effectiveness. Full-time clinical nursing faculty who have a higher level of education and who have more experience teaching and evaluating students may have a greater tendency to self-rate

lower and be more critical of their own abilities than part-time clinical faculty with less experience in the role.

Part-time clinical faculty had, on average, less than half the years of experience as a clinical teacher of nursing than did full-time faculty. However, a greater percentage of the part-time clinical faculty held certifications or “credentials” in various areas of nursing care specialties than did full-time clinical faculty. Neither faculty group were asked how many years of overall nursing experience they had, rather than teaching experience. This might provide some insight as to the lack of statistically significant difference in the self-evaluations of the groups, as well as those of the students. A greater number of years of nursing experience might allow the part-time clinical nursing faculty member to be recognized as an expert teacher, simply through demonstration of skills and knowledge by that part-time clinical faculty for student evaluators. By comparing themselves to full-time clinical faculty observed in the clinical environment, part-time faculty may also feel that more years of experience “in the trenches” gives them a greater knowledge and skill base than those observed full-time clinical faculty.

Another factor may influence both the student evaluations as well as the self-evaluations of faculty, particularly of the part-time clinical faculty. One of the two schools surveyed has a full-time faculty member designated as clinical liaison for the school. This individual assists new and returning part-time clinical faculty in a variety of clinical activities, including the evaluation of student work, assistance in student counseling if needed, and in providing high-quality samples of student work that these part-time clinical faculty might use to assist in determining quality of student work, through comparison to an expected standard. The clinical liaison also makes weekly site

visits with part-time clinical instructors and serves as a facilitator for communication between these instructors and the school. Part-time clinical faculty may feel less isolated and more a part of the established and recognized cadre of faculty through the activities and interactions provided by the clinical liaison faculty member. Previous authors have argued that part-time instructors often feel isolated from full-time faculty and that they experience role ambiguity because of lack of clarification from the academic institution which hires them. This in turn leads to job dissatisfaction and sub-standard job performance (Banachowski, 1996; DeYoung & Bliss, 1995; Karuhije, 1986; Myrick, 1988).

Implications for Students

Through clinical teaching, students learn how to apply theoretical and abstract concepts from classroom lecture to specific and concrete situations, and they acquire the characteristics of professional roles and values (Wong & Wong, 1987). Students who are assured of the interest of the clinical instructor, and who believe they will receive a fair and impartial evaluation from that instructor may feel a greater motivation to learn (Kiker, 1973). Students who are satisfied with clinical experiences most often rate the clinical instructor at a high level. The degree of satisfaction students exhibit in a clinical area and with a specific clinical instructor may also impact individual student choices of area of practice and selection of a work setting (Stith, Butterfield, Strube, Deusinger, & Gillespie, 1998).

Across disciplines of nursing and allied health professions, students identify similar characteristics of effective teachers: demonstrating respect for students, demonstrating patience with students, correcting student mistakes in private rather than

in the presence of others, modeling professionalism, providing clear expectations to students as well as fair and objective evaluations, and fostering the student's ability to think critically and make independent decisions (Daniels & DeVos, 1996). In analyzing all these traits, the conclusion may be reached that these students desire to be treated as adult learners. Students cannot be frightened into doing a better job; rather, they thrive in an environment of honest and open interaction without fear of hidden agendas (Massarweh, 1999). Focus on the teacher-student relationship should move into the forefront for nursing education. The student nurse has a central position in the learning process as an adult learner; and for students to determine whether clinical interactions are beneficial, and that the clinical teacher of nursing is therefore a positive role model, then those interactions must be perceived by the students to meet their individual learning needs.

Implications for Clinical Nurse Teachers

The clinical teacher of nursing should recognize the importance of characteristics that are viewed both by students and their peers as effective and necessary from the results of this study. Teaching strategies and attitudes of clinical teachers may be reinforced, changed or further developed so that students see the clinical learning environment as an enjoyable and interesting experience rather than one to dread. Ultimately, clinical teachers in nursing hold the integrity, prestige, and professional credibility of future nursing practice in their hands. Karuhije (1986) stated, "If professional practice is to be guided by nursing theory; if knowledgeable use of a variety of teaching strategies is an imperative for stimulating and creative clinical instruction; if competence in planning clinical experiences and evaluating student performance is an

essential instructional skill; if it is understood that theory taught in isolation from practice is virtually useless, then the goals of clinical instruction can only be achieved by the best prepared individual...” (p. 143).

Clinical faculty, as teachers of adults, must become self-aware of behaviors displayed in the clinical setting and to consciously note whether these behaviors facilitate student movement toward self-directed learning and independence in their practice of nursing (Galbraith, 1998). It is often difficult for teachers to let go of their power and authority and allow students to assume a leadership position in the learning process. Freire (1970) described the banking concept of education, where knowledge is deposited by the all-knowing teacher into students who are the passive receptacles. Freire poses that teachers and students must change places, and each should become jointly responsible for the learning process where each individual is seen to grow, if education is to be at all meaningful.

There may be no right or wrong way to teach, but by maintaining and constantly seeking to improve clinical skills, participating in research of new technology and teaching methods, pursuing personal and professional developments in the field of nursing practice, and by recognizing their own abilities and inclinations, clinical teachers of nursing will ensure the best possible learning outcomes for students. By providing students an environment to experience all facets of nursing roles, the clinical teacher of nursing allows students to gain self-confidence, be self-directed, and develop professional and clinical skills necessary to carry students into their future practice areas.

Recommendations

The examination of clinical teaching effectiveness should be an ongoing and constantly evolving process. As the human resources in nursing education continue to diminish, alternatives should be sought to provide the highest quality of clinical education possible. Those individuals who become clinical teachers in nursing must analyze their own abilities to teach, and to help student make the necessary bridges from conceptual and theoretical information to practice, and to enhance the quality of the clinical teaching/learning process.

Several recommendations for future research and practice have evolved from this study:

1. Replicate the study with a larger sample size and more diverse settings within the southeastern region of the United States to compare findings.
2. Use a longitudinal approach for data collection rather than a single point of data collection. This would allow the researcher to compare perceptions of students over time of the clinical nursing faculty they work with, and to determine whether perceptions change as students mature in the nursing program.
3. Collect data through direct observation or through interviews of clinical teachers of nursing, in order to achieve insight into the role of the most effective clinical teacher in nursing, and to observe role modeling techniques or other characteristics of teachers recognized as being most effective.
4. Include information in the demographic portion of the survey instrument that addresses the number of years of experience held by the respondent in nursing

practice in general, rather than only in teaching to determine whether this factor might influence student perception of teaching effectiveness.

5. Future studies should address possible differences in groups so that data dependency does not exist. This might be done through structuring all responses as confidential rather than anonymous to allow comparison of responses.

6. Schools of nursing should provide a structured orientation for all clinical faculty to enhance both the instructional skills of these faculty and the feeling of belongingness they feel with the school. This orientation should include formal classes on organization, teaching strategies, evaluation strategies, and an overview of the specific program curriculum. Part-time faculty should be assigned a full-time faculty mentor who can provide support and encouragement as well as individual instruction to assist in the development of part-time faculty. If at all possible, a clinical liaison individual should be appointed to provide further support, encouragement, instruction, and assistance to part-time faculty. This is especially critical if the part-time faculty has little or no clinical teaching experience.

Summary

Nursing is a practice-based discipline that combines an art and science to produce caring, practicing professionals. These individuals must have effective role models in both the classroom and the clinical area so that student behaviors are shaped appropriately. Clinical experiences are a vital part of student education in nursing, and such experiences must be guided by clinical faculty who are perceived by students to be effective teachers. This study has delineated some characteristics of effective clinical

instructors that could be incorporated into the orientation clinical instructors, and emphasized by schools of nursing through curricular teaching philosophies to enhance and optimize the clinical experience for both the student and the clinical teacher.

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APPENDICES

APPENDIX A
INSTITUTIONAL REVIEW BOARD (IRB)

Auburn University

Auburn University, Alabama 36849



Office of Human Subjects Research
307 Sanford Hall

Telephone: 334-844-5966
Fax: 334-844-4391
hsubjec@auburn.edu

October 6, 2004

MEMORANDUM TO: Susan P. Holmes
Nursing/ADED

PROTOCOL TITLE: "Student and Faculty Perception of Clinical Teaching Effectiveness of Full-Time and Part-Time Baccalaureate Degree Clinical Nursing Faculty"

IRB FILE: # 04-145 EP 0410

APPROVAL DATE: October 29, 2004
EXPIRATION DATE: October 28, 2005

The above reference protocol was approved by IRB Expedited procedure under Category #7 on October 29, 2004. You should report to the IRB any proposed changes in the protocol or procedures and any unanticipated problems involving risk to subjects or others. Please reference the above authorization number in any future correspondence regarding this project.

If you will be unable to file a Final Report on your project before October 28, 2005, you must submit a request for an extension of approval to the IRB no later than October 13, 2005. If your IRB authorization expires and/or you have not received written notice that a request for an extension has been approved prior to October 28, 2005, you must suspend the project immediately and contact the Office of Human Subjects Research for assistance.

A Final Report will be required to close your IRB project file. You are reminded that consent forms must be retained at least three years after completion of your study.

If you have any questions concerning this Board action, please contact the Office of Human Subjects Research at 844-5966.

Sincerely,

Peter W. Granjean, Chair
Institutional Review Board for the Use of Human
Subjects in Research

cc: Dr. William Spencer
Dr. James Witte

APPENDIX B
AUBURN UNIVERSITY AT MONTGOMERY
IRB LETTER



AUBURN UNIVERSITY MONTGOMERY
Institutional Review Board

MEMORANDUM

TO: Mr. E. N. Burson, Executive Director, Auburn University OHSR

FROM: Dr. Lola L. McCord, Chair, AUM IRB 

DATE: September 14, 2004

RE: Ms. Susan Holmes' proposal for research, "Student and Faculty Perception of Clinical Teaching Effectiveness of Full-Time and Part-Time Baccalaureate Degree Clinical Nursing Faculty," *AUM IRB file #2004-21*

By now, your office has no doubt received word from the aforementioned AU doctoral student (and clinical nursing instructor) that she intends to collect data at AUM as part of her dissertation research. By phone, I informed Ms. Holmes that AUM would accept the AU IRB's review and recommendation in lieu of additional review at this campus.

Ms. Holmes forwarded to us a complete copy of the research proposal she submitted to the AU IRB. We have screened Ms. Holmes' protocols and have no objections at this time. Given the nature of her protocols and the fact that they are currently under consideration at AU, we feel a subsequent review by our board would be redundant. However, should your IRB request further review from our board, please let us know. Please inform us as soon as possible if your board decides against approval or if any changes in her review status occur.

Should you need to contact me regarding this proposal, please reference the file number above and call me at 334-244-3359 or e-mail me at lmccord@mail.aum.edu.

Attachment

Cc: Ms. Susan Holmes, AU School of Nursing

P.O. Box 244023 Montgomery, Alabama 36124-4023
Located at I-85 and Taylor Road
(334) 244-3548 ATTN: 240-3548 fax (334) 244-3472

APPENDIX C
INFORMATION LETTER

Auburn University

Auburn University, Alabama 36849-5505

School of Nursing
Miller Hall

Telephone: (334) 844-5665
FAX: (334) 844-5654

INFORMATION ON A STUDY OF STUDENT AND FACULTY PERCEPTIONS OF CLINICAL TEACHING EFFECTIVENESS OF FULL-TIME AND PART-TIME BACCALAUREATE DEGREE CLINICAL NURSING FACULTY

You are invited to participate in a study that will provide information on the clinical teaching effectiveness of both full-time and part-time baccalaureate degree clinical nursing faculty. The study is to be conducted by Susan Holmes, RN, MSN, CRNP for dissertation research. It is hoped that we will gain information on the perceptions of students as well as the self-perceptions of full-time and part-time clinical nursing faculty concerning clinical teaching effectiveness. You were selected as a possible participant because you are a senior-level baccalaureate nursing student at Auburn University, or you are a clinical nursing faculty member. You must be age 19 or older to participate in this study.

Your participation would involve the completion of a survey: the Nursing Clinical Teaching Effectiveness Inventory. Students are asked to complete two surveys: one on full-time clinical nursing faculty and one on part-time clinical nursing faculty. Clinical nursing faculty are asked to complete one survey as a self-assessment. Each survey takes approximately 20 minutes to complete. The survey has 48 items, and each item is rated on a Likert-type scale from "never important" to "always important". Characteristics that have been identified to be representative of the clinical nursing teacher, and which are included in this survey are: teaching ability, nursing competence, ability to evaluate, interpersonal qualities, and personal style or personality. The surveys will be given to you during the fall semester of 2004. Completing and returning the questionnaires will imply your consent to participate in this study.

The risks for participation in this study are minimal. Breaches of confidentiality are unlikely, as there are no names requested on any of the survey instruments. The surveys will be kept securely by Susan Holmes, and will be destroyed after data collection is complete.

Findings from the study will be provided to you upon request at the end of the project. Faculty and other nursing students may benefit from the information you provide on clinical teaching effectiveness. The overall quality of nursing education is strongly linked to the clinical component of nursing education, and clinical teaching effectiveness of faculty members. Information from this study may contribute to orientation programs for new clinical faculty members by focusing on the characteristics of the most effective clinical teachers, in order to improve those clinical faculty members' performance. We cannot promise that you will receive any definite individual benefit, however.

HUMAN SUBJECTS
OFFICE OF RESEARCH
PROJECT # 04-145 EP 0410
APPROVED 10-29-04 TO 10-28-05

A LAND-GRANT UNIVERSITY

Information collected through your participation will be used for dissertation research, and may also be used for presentations and publications, but will not contain personally identifiable information. Under no circumstances will any of the survey information affect your progression in the program if you are a student, nor will it affect any teaching evaluations if you are a faculty member. Your decision of whether or not to participate will not jeopardize your future relations with Auburn University or the School of Nursing. If you have any questions concerning this study, you may contact Susan Holmes at 844-6762 (office) or by email at holmesu@auburn.edu. The committee chair is Dr. James Witte, Adult Education, EFLT, who can be reached at (334)844-3054 or at witteje@auburn.edu.

For more information regarding your rights as a research participant, you may contact the Office of Human Subjects Research by phone or email, and speak with the Executive Director "Chip" Burson at 844-5966 (bursoen@auburn.edu) or IRB Chair Dr. Peter Grandjean at 844-1462 (grandpw@auburn.edu).

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Investigator's Signature

Date

HUMAN SUBJECTS
OFFICE OF RESEARCH
PROJECT #04-145 EP 0410
APPROVED 10-29-04 TO 10-28-05

APPENDIX D
SURVEY FORM A-1 FOR STUDENT EVALUATION
OF PART-TIME FACULTY

**NURSING CLINICAL TEACHER EFFECTIVENESS INVENTORY
FORM A-1
STUDENT EVALUATION OF PART-TIME FACULTY**

School: _____
 Clinical Setting for this evaluation: (pediatrics, obstetrics, med-surg, psychiatric, critical care): _____
 Your age: _____ Gender: FEMALE MALE (please circle one)
 Semester and year of rotation for which you are evaluating this clinical instructor: _____

Your Race and/or Ethnicity: _____
 Have you earned any previous degrees? (Please circle one) YES NO
 If yes, please list the degree/s? _____

Please grade the performance of a part-time clinical instructor you have had during the professional program of the nursing curriculum, using the scale provided. Regard the scale as a continuum, where 1 equals NEVER, and 7 equals ALWAYS. You may mark your score anywhere on the scale.

1. Explained clearly
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

2. Emphasized what is important
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

3. Stimulated student's interest in the subject
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

4. Was not accessible to students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

5. Demonstrated clinical procedures and techniques
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

6. Helped students identify and make use of practice opportunities
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
7. Offered special help when difficulties arose
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
8. Was poorly prepared for teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
9. Enjoyed teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
10. Encouraged active participation in discussion
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
11. Geared instruction to students' level of readiness
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
12. Understood what students were asking or telling
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
13. Answered carefully and precisely questions raised by students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

14. Questioned students to elicit underlying reasoning
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
15. Helped students organize their thoughts about patient problems
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
16. Promoted student dependence
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
17. Demonstrated poor clinical skills and judgement
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
18. Demonstrated communication skills
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
19. Revealed little readings in his/her area of interest
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
20. Discussed current developments in his/her field
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
21. Directed students to useful literature in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

22. Demonstrated a breadth of knowledge in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
23. Recognized own limitations
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
24. Took responsibility for own actions
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
25. Was a good role model
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
26. Enjoyed nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
27. Made specific suggestions for improvement
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
28. Provided constructive feedback on students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
29. Identified students' strengths and limitations objectively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

30. Observed students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
31. Communicated expectations of students poorly
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
32. Had unrealistic expectations of students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
33. Gave students positive reinforcement for good contributions, observations, and performance
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
34. Corrected students mistakes without belittling them
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
35. Did not criticize students in front of others
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
36. Provided support and encouragement to students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
37. Was unapproachable
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

38. Encouraged a climate of mutual respect
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
39. Listened attentively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
40. Showed a personal interest in students
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
41. Demonstrated empathy
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
42. Demonstrated enthusiasm
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
43. Was a dynamic, energetic person
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
44. Was self-confident
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
45. Used criticism of teaching performance constructively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

46. Was open-minded and non-judgmental

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

47. Had a good sense of humor

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

48. Was disorganized

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

APPENDIX E
SURVEY FORM A-2 FOR STUDENT EVALUATION OF
FULL-TIME FACULTY

**NURSING CLINICAL TEACHER EFFECTIVENESS INVENTORY
FORM A-2
STUDENT EVALUATION OF FULL-TIME FACULTY**

School: _____
 Clinical Setting for this evaluation: (pediatrics, obstetrics, med-surg, psychiatric, critical care): _____

Your age: _____ Gender: FEMALE MALE (please circle one)
 Semester and year of rotation for which you are evaluating this clinical instructor: _____

Your Race and/or Ethnicity: _____
 Have you earned any previous degrees? (Please circle one) YES NO
 If yes, please list the degree/s? _____

Please grade the performance of a full-time clinical instructor (faculty member) you have had during the professional program of the nursing curriculum, using the scale provided. Regard the scale as a continuum, where 1 equals NEVER, and 7 equals ALWAYS. You may mark your score anywhere on the scale.

1. Explained clearly
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

2. Emphasized what is important
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

3. Stimulated student's interest in the subject
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

4. Was not accessible to students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

5. Demonstrated clinical procedures and techniques
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

6. Helped students identify and make use of practice opportunities
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
7. Offered special help when difficulties arose
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
8. Was poorly prepared for teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
9. Enjoyed teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
10. Encouraged active participation in discussion
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
11. Geared instruction to students' level of readiness
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
12. Understood what students were asking or telling
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
13. Answered carefully and precisely questions raised by students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
14. Questioned students to elicit underlying reasoning
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

15. Helped students organize their thoughts about patient problems
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
16. Promoted student dependence
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
17. Demonstrated poor clinical skills and judgement
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
18. Demonstrated communication skills
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
19. Revealed little readings in his/her area of interest
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
20. Discussed current developments in his/her field
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
21. Directed students to useful literature in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
22. Demonstrated a breadth of knowledge in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
23. Recognized own limitations
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

24. Took responsibility for own actions
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
25. Was a good role model
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
26. Enjoyed nursing
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
27. Made specific suggestions for improvement
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
28. Provided constructive feedback on students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
29. Identified students' strengths and limitations objectively
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
30. Observed students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
31. Communicated expectations of students poorly
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
32. Had unrealistic expectations of students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

33. Gave students positive reinforcement for good contributions, observations, and performance

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

34. Corrected students mistakes without belittling them

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

35. Did not criticize students in front of others

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

36. Provided support and encouragement to students

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

37. Was unapproachable

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

38. Encouraged a climate of mutual respect

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

39. Listened attentively

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

40. Showed a personal interest in students

^-----^-----^-----^-----^-----^-----^
Never Always
1 2 3 4 5 6 7

41. Demonstrated empathy
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
42. Demonstrated enthusiasm
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
43. Was a dynamic, energetic person
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
44. Was self-confident
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
45. Used criticism of teaching performance constructively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
46. Was open-minded and non-judgmental
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
47. Had a good sense of humor
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
48. Was disorganized
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

APPENDIX F
SURVEY FORM B FOR FACULTY
SELF-EVALUATION

**NURSING CLINICAL TEACHER EFFECTIVENESS INVENTORY
FORM B
FACULTY SELF-EVALUATION**

School: _____

Your major focus for clinical teaching: _____

Are you full-time or part-time? _____

Your age: _____ Gender: FEMALE MALE (please circle one)

Your Race and/or Ethnicity: _____

How many years have you been a clinical instructor: _____

What nursing credentials or certifications do you hold? _____

What is the highest degree you have obtained? _____

Please grade your performance as a clinical instructor, using the scale provided. Regard the scale as a continuum, where 1 equals NEVER, and 7 equals ALWAYS. You may mark your score anywhere on the scale.

1. Explained clearly

^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

2. Emphasized what is important

^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

3. Stimulated student's interest in the subject

^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

4. Was not accessible to students

^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

5. Demonstrated clinical procedures and techniques

^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

6. Helped students identify and make use of practice opportunities
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
7. Offered special help when difficulties arose
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
8. Was poorly prepared for teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
9. Enjoyed teaching
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
10. Encouraged active participation in discussion
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
11. Geared instruction to students' level of readiness
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
12. Understood what students were asking or telling
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7
13. Answered carefully and precisely questions raised by students
 ^-----^-----^-----^-----^-----^-----^
 Never Always
 1 2 3 4 5 6 7

14. Questioned students to elicit underlying reasoning
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
15. Helped students organize their thoughts about patient problems
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
16. Promoted student dependence
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
17. Demonstrated poor clinical skills and judgement
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
18. Demonstrated communication skills
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
19. Revealed little readings in his/her area of interest
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
20. Discussed current developments in his/her field
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
21. Directed students to useful literature in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

22. Demonstrated a breadth of knowledge in nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
23. Recognized own limitations
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
24. Took responsibility for own actions
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
25. Was a good role model
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
26. Enjoyed nursing
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
27. Made specific suggestions for improvement
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
28. Provided constructive feedback on students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
29. Identified students' strengths and limitations objectively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

30. Observed students' performance
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
31. Communicated expectations of students poorly
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
32. Had unrealistic expectations of students
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
33. Gave students positive reinforcement for good contributions, observations, and performance
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
34. Corrected students mistakes without belittling them
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
35. Did not criticize students in front of others
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
36. Provided support and encouragement to students
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
37. Was unapproachable
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

38. Encouraged a climate of mutual respect
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
39. Listened attentively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
40. Showed a personal interest in students
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
41. Demonstrated empathy
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
42. Demonstrated enthusiasm
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
43. Was a dynamic, energetic person
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
44. Was self-confident
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always
45. Used criticism of teaching performance constructively
 ^-----^-----^-----^-----^-----^-----^
 Never 1 2 3 4 5 6 7 Always

46. Was open-minded and non-judgmental

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

47. Had a good sense of humor

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

48. Was disorganized

^-----^-----^-----^-----^-----^-----^
Never 1 2 3 4 5 6 7 Always

APPENDIX G

LETTER OF PERMISSION FOR SURVEY USE FROM AUTHOR



THE UNIVERSITY OF BRITISH COLUMBIA
T.F. 206-2211 WESBROOK MALL
VANCOUVER, B.C., CANADA
V6T 2B5

THE SCHOOL OF NURSING

Susan B. Holmes
School of Nursing
Miller Hall
Auburn University.
Alabama 3689-5505

Vancouver, July 15th /04

Dear Susan Holmes,

You have my permission to use either version. My co-investigator agreed that I might allow the use of the tool for anyone I feel is using it in an ethical fashion. Since you are conducting the research within a University setting and already have your Committee, I assume that you have ethical approval from the Universities ethics committee.

Yours sincerely

Judith Mogan, RN. MA (Ad Ed)
Assistant Professor Emerita