Clinical Nurse Educators Performance Appraisal in Clinical Setting

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Abstract

Objectives of the study: To determine the performance of the clinical nurse educators in clinical setting. **Material and method:** descriptive design was used to achieve the objective of the study was carried out on 44 CNEs in clinical teaching setting. Clinical Nurse Educators' Performance Evaluation Tool was used to collect the data. It measures four main Domains named duty to scholar learning, professional knowledge, showing practice, authority and clinical surroundings. Each domain is composed of specific skills that indicate the CNEs competencies. The total score more than 90% indicate that Performance exceeds the expectations for the set of competencies, from less than 90% to 75% indicate that performance meets the expectations for the set of competencies, from less than 75% to 50% indicate that performance does not always meet all the expectations for the set of competencies, performance should be improved and less than 50% indicate that performance does not meet expectations for the set of competencies and performance must be improved. **Results:** CNEs had acceptable level of the four performance domains (commitment to students, professional knowledge, teaching practice in the clinical areas and leadership and community) in clinical setting. **Recommendations**: CNEs ought to go to preparing programs, workshops, and conferences regarding propelled ideas over clinical educating will improve their showing aptitudes "around constantly on clinical attendant teachers Also preceptors On faculties about nursing. .

Introduction

Nursing training as An rehearsed order and took in calling takes An exceptional concentrate a direct result having the ability to perform the exercises of the calling for live circumstances Likewise contradicted on basically having the ability should express a understanding from claiming standards will be a essential competency for graduation.

[1-3]. Nursing education can provide nurse learners with a variety of nursing experience [4]. Nursing education has a responsibility to prepare nursing students to acquire personal talents, intellectual competencies,

practical skills and cognitive strengths through clinical teaching [5].

Clinical educating help to nursing need been characterized Similarly as the mode that gives learners with the chance to interpret hypothetical learning under those Taking in of a mixture of abilities required will provide for patient-centered mind (6). Whereas, those clinical region is An rich Taking in environment, it is also An multifaceted put imbedded with An horde for variables, a number of which are past the control of clinical attendant instructors (CNEs) (5, 7).

Execution may be concentrated conduct technique alternately purposeful worth of effort. That is, employments exist will attain particular and characterized comes about What's more kin need aid utilized so that associations might accomplish the individuals comes about. This will be performed Eventually Tom's perusing accomplishing errands (8). Gilbert (1998) expressed that execution need two viewpoints conduct constantly those methods What's more its outcome being those end. Dealing with execution need the double design of, orchestrating circumstances (environment) thereabouts that representatives could do their best Furthermore developing the representatives Eventually Tom's perusing educating, enlightening, Furthermore acknowledging them. Its reason is to accomplish particular Furthermore characterized outcomes from teacher with the goal that those association might attain its objectives Also targets. (9)

Educators who hold an Interim Professional Certificate must possess not only unique skills to the organizations with which they work; they also bring a synthesis of skills that is not possible for many other purely academic or business consultants. They bring in-depth knowledge of their specialties combined with the best practices of their fields. They apply them appropriately toward learner learning. During their first two years of teaching, educators should use the interim knowledge, skills, and

attitudes (KSAs) to guide their teaching, reflect on their practice, and direct their professional development in collaboration with their supervisors and evaluators [10].

In nursing, those fill in relies with respect to secondary execution which furnished by different methodologies Previously, clinical educating support. Execution is centered conduct technique or purposeful fill in. That is, employments exist to accomplish particular Also characterized comes about (outputs) Also instructors are utilized so that instructive associations could attain the individuals effects. The hardest part of execution is mentality. In spite of there may be an assortment of definitions for attitude, mossycup oak appear on focus around the idea that it includes measuring people, issues Also Questions along An size extending from certain to negative. This estimation need two components: cognitive What's more full of feeling (values & beliefs) (11).

Objectives

Determine the performance of the clinical nurse educators in clinical setting.

Methodology

Descriptive research design was followed to carry out the work. The study was conducted in Faculty of Nursing . On 44 clinical nurse educators who willing to participate in the study and enrolled in the clinical training settings. Clinical Nurse Educators' Performance Evaluation Tool was used to collect the data Throughout the period stretched out starting with the Desemper2017 dependent upon the end a pril 2018. This tool was developed by the Council of Directors of Education (CODE), Price water house Coopers and Ministry of

Education staff, Ontario governorate, Canada, (2002) and modified in (2010) [12] to ensure effective and consistent educators evaluation and promote educators professional growth. It was modified (language modification) by the researcher to adapt it to the current study in order to measure CNEs' performance level in relation to clinical teaching settings. This rubric measures four main domains named commitment to student learning, professional knowledge, teaching practice, leadership and clinical environment. Each domain is composed of specific skills that indicate the CNEs competencies. The Rubric depicts confirmation from claiming educating support execution toward every of the four levels about execution for every competency. Same time there need aid a significant number variables that prompt varying execution levels, those portrayals in the rubric serve to define those educator's execution toward each level

. Each of these competencies is rated from exemplary (4) to unsatisfactory (1); they are rated according to specific criteria according to Teacher Performance Appraisal Technical Requirement Manual, the Ontario Governorate(look for items) that determine the clinical nurse educators' performance level, where more than 90% indicate that Execution surpasses the desires for the situated of competencies,. from less than 90% to 75% indicate that performance Meets the desires for those situated for competencies,. from less than 75% to 50% indicate that Execution doesn't dependably meet every last one of desires for those situated for competencies, execution ought a chance to be progressed Furthermore short of what. 50% indicate that performance does not meet expectations for the set of competencies and performance must be improved.

Result:

Table (1) shows the distribution of clinical nurse educators' commitment to students. Concerning the CNEs commitment to students, it was noted that 56.8% of CNEs demonstrate commitment to the well-being and development of all students in an exemplary level, followed by less than of the studied CNEs (43.2%) who were dedicated in their efforts to support students learning and achievement.

Table (1): Distribution of Clinical Nurse Educators Commitment to students in Clinical teaching settings

Domain		Count	N %
Demonstrate Promise of the well-continuously What's more advancement of constantly on scholars. .	**Unsatisfactory**	0	.0%
	Satisfactory	1	2.3%
	Good	18	40.9%
	Exemplary	25	56.8%
Are dedicated in their efforts to support students learning and achievement.	**Unsatisfactory**	0	.0%
	Satisfactory	3	6.8%
	Good	22	50.0%
	Exemplary	19	43.2%
treat all students equitably and with respect	**Unsatisfactory**	0	.0%
	Satisfactory	6	13.6%
	Good	21	47.7%
	Exemplary	17	38.6%
There is A nature's domain to Taking in that Urges CNEs to make problem-solvers, decision-makers, life-long learners.	**Unsatisfactory**	0	.0%
	Satisfactory	4	9.1%
	Good	25	56.8%
	Exemplary	15	34.1%

Table (2) shows the distribution of clinical nurse educators' professional knowledge. In relation to the CNEs professional knowledge, it was noted that 43.2% of CNEs know a variety of effective clinical area management strategies in an exemplary level. Those who had exemplary professional development in the area of clinical teaching constituted 36.4%.

Table (2): Distribution of Clinical Nurse Educators Professional knowledge in Clinical teaching settings

		Count	N %
Knowledgeable about their subject matter, the	**Unsatisfactory**	0	.0%

clinical area curriculum and its related policies and regulation.	**Satisfactory**	7	15.9%
	Good	23	52.3%
	Exemplary	14	31.8%
have sufficient professional development in the area of clinical teaching	**Unsatisfactory**	0	.0%
	Satisfactory	2	4.5%
	Good	26	59.1%
	Exemplary	16	36.4%
know a variety of effective clinical area management strategies	**Unsatisfactory**	0	.0%
	Satisfactory	5	11.4%
	Good	20	45.5%
	Exemplary	19	43.2%
know how students learn and factors that influence students learning and achievement in clinical area	**Unsatisfactory**	0	.0%
	Satisfactory	3	6.8%
	Good	26	59.1%
	Exemplary	15	34.1%

Table (3) shows the distribution of clinical nurse educators' teaching practice during the different study phases. In relation to the CNEs teaching practice, it was noted that 50.0% of CNEs Conduct ongoing assessment of their students' progress, evaluate their achievement and report results to students regularly in an excellent level.

Table (3): Distribution of Clinical Nurse Educators Teaching practice in in Clinical teaching settings

		Count	N %
Use their professional knowledge and understanding of students, curriculum, policies and regulation, and clinical area management strategies.	**Unsatisfactory**	1	2.3%
	Satisfactory	2	4.5%
	Good	24	54.5%
	Exemplary	17	38.6%
Communicate effectively with students, and with each other	**Unsatisfactory**	0	.0%
	Satisfactory	1	2.3%
	Good	26	59.1%
	Exemplary	17	38.6%
Conduct ongoing assessment of their students' progress, evaluate their achievement and report results to students regularly	**Unsatisfactory**	0	.0%
	Satisfactory	2	4.5%
	Good	20	45.5%
	Exemplary	22	50.0%
Adapt and refine their teaching practices through continuous	**Unsatisfactory**	0	.0%
	Satisfactory	4	9.1%
	Good	29	65.9%

learning and reflection, using a variety of sources and resources	**Exemplary**	11	25.0%
Consistently use appropriate technology in their clinical teaching practices and related professional responsibilities	**Unsatisfactory**	1	2.3%
	Satisfactory	4	9.1%
	Good	20	45.5%
	Exemplary	19	43.2%

Table (4) shows the distribution of clinical nurse educators' Leadership and community during the different study phases. Regarding the CNEs Leadership and community, it was observed that 36.4% of CNEs engaged in continuing education and applies it to improve their clinical teaching practices in an excellent level.

Table (4): Distribution of Clinical Nurse Educators Leadership and community in Clinical teaching settings

Domain		Count	N %
Work together for one another / different educators Also staff partners on make Also manage Taking in groups On their classrooms, clinical regions Also clinched alongside their class.	**Unsatisfactory**	1	2.3%
	Satisfactory	3	6.8%
	Good	26	59.1%
	Exemplary	14	31.8%
Worth of effort with different professionals, and parts of the Group will upgrade understudies learning, accomplishment Furthermore staff projects.	**Unsatisfactory**	0	.0%
	Satisfactory	2	4.5%
	Good	33	75.0%
	Exemplary	9	20.5%
Take part to proceeding training Also apply it should enhance their clinical educating support hones.	**Unsatisfactory**	1	2.3%
	Satisfactory	7	15.9%
	Good	20	45.5%
	Exemplary	16	36.4%

Discussion

Clinical showing will be a critical part from clinical instruction. In nursing, clinical educating help may be guaranteed by clinical medical attendant teachers (CNEs). Clinical encounter may be the the vast majority imperative part from nursing training (13,14). As and only those clinical Taking in environment, those clinical educating support practices about nursing staff need huge possibility with impact students" Taking in. Medical attendant instructors bring An obligation on gatherings give nursing understudies with clinical direction book that is A large portion

powerful toward encouraging Taking in however, there is An lack from claiming research with respect to which with base act (15).

Regarding the **CNEs' performance level**, the results showed the CNEs' performance related to commitment to students' progress, professional knowledge, teaching skills in the clinical area, and leadership and community during the clinical training experience. Previously, connection to those promise on scholars it could a chance to be watched that CNEs show An sure relationship with people should encourage those connection Around them through pushing aware students' interactional What's more guided students' conduct technique in An sure way.

Also, educators employing effective assessment strategies either formative or summative, as direct observation, questions that encourage higher level thinking skills, final rotation exam and obtain students' feedback to diagnose students' learning difficulties. Depending on this assessment educators modify instructions to help students who learn in a variety of ways. In addition, educators modify the learning environment to maximize students' learning and interaction, utilized advanced technology as low, moderate, and high fidelity simulation to suit the individual needs of students.

This finding was supported by Battershell (2011) who found that his studied four clinical groups perceived using a facilitative and active approach of teaching to foster students' engagement in the learning process [16]. Also Vogler and Long (2003), stated that clinical teaching provided the opportunity to improve students' learning by encouraging them to be problem solvers, decision- makers, and life- long learners [17].

Regarding **CNEs' application of professional knowledge** in the present study the CNEs showed moderate level of using professional knowledge as they have knowledge about their subject matter and the clinical area curriculum and its related policies and regulations. They also had sufficient professional development in the area of clinical teaching, and knew factors that influence students' learning.

This may be due to the variety of teaching experience years of the CNEs. In addition, having different educational backgrounds in some clinical areas allowed educators to learn from each other by bringing in their training and prior teaching experience. These remarks were mentioned in students' feedback discussions at the end of each clinical rotation the students had.

For example, it was observed at the end of the clinical rotation that students reported in their feedback that CNEs have professional knowledge about clinical related subjects. Also, it was observed that CNEs used constructive criticism as part of evaluation of each other and used appropriate strategies to manage discipline to develop their professional knowledge.

Jahan (2008), Talukder (2013), and Al-Mously (2016) reported that subject expertise and organization as important attributes. Therefore, they suggest that proficient improvement be re-conceptualized with reflect An change for instructors thus instructors experience a chance for Growth All around the year, not recently when they go to a gathering. Data starting with an master or presenter at An meeting. or workshop might not transfer the needed knowledge required for development and growth to the educators in the audience. Rather, educators should learn

through experience with fellow educators in the same context, which is exactly what clinical teaching offers [18-20].

Moreover, the CNEs' performance related to the **teaching practice in the clinical area** which affects the students' training level and outcomes is an important aspect in clinical teaching, these teaching practices include: using knowledge about curriculum, policies, and clinical area management in teaching, communicating with one another and with students effectively, using formative evaluation and providing feedback to students, using technology in teaching practice and refining it.

For example, CNEs made links between daily clinical work and previous students' experience especially when the majority of those students' had private jobs. Also, they demonstrate flexibility in using teaching strategies according to students' needs and modeling effective communication skills with one another in front of students. This can be explained by the CNEs who received training implemented by the faculty enhance and improve CNEs communication skills; they also experience a sense of self-esteem and professional efficacy. In addition to, CNEs perception about the difficulty of communication for students especially for recent enrolled students resulted from bilingual environment in which their mother tongue language of the students is Arabic and the teaching language is English.

This finding was supported by Al-Mohaimeed (2018) as he stated that the mastery of good communication is an obligation of an effective educator, not just an option. Communication is further complicated in his specific study because there is a bilingual environment in which the first language of the students is Arabic and the teaching medium is English. Also he stated that more barriers to communication and understanding are

present in this bilingual environment than in a monolingual teaching environment [21].

Regarding the **leadership and community** which is one of the items of evaluation of educators, the results of this study revealed a CNEs' had leadership skills and community responsibilities which affected educators' professional development. The educators collaborate with other colleagues and other professionals to improve the learning environment, students' outcomes and engage in continuous education programs to improve their teaching performance level.

This improvement occurs due to CNEs' participation as effective clinical teaching members and shared expertise with other colleagues in the clinical settings. Also, they act as a resource person to colleagues in the use of technology, strategies needed for delivering scientific content and the clinical area management. In addition, CNEs initiate and maintain contact with other professionals to assist in the students' improvement.

In this respect George and Davis-Wiley (2000), and Moffat (2010), stated that continuous professional development should stress the continuous profession oriented learning that turns to clinical work and collaboration with educators which is situated in everyday situations and contexts. This method of continuous professional development means that educators grow and improve by working together in the long term in an active, social, and practical environment [21,22].

Moreover Moffat (2010) stated that clinical teaching can be a source of continuous professional development that allows for a holistic view of learning in educator's own sociocultural community [22]. Also, these results were explained by a natural developing model by Battershell (2011), who reported that since educators tend to share, talk, reflect, and collaborate it often gave the opportunity for educators' development.

Direct and indirect learning occurs during clinical teaching, which leads to a wealth of knowledge and experience for educators [16].

In addition, according to the Center for Strengthening the Teaching Profession (CSTP) (2009) educator leadership skills framework needs the educator To a chance to be successful clinched alongside an assortment about parts which might make broken under fundamental classifications as: communication, coordinated effort Also learning about substance Furthermore instructional method which upheld those comes about of the investigation (23).

Conclusion

CNEs had moderate level in the four performance domains (commitment to students, professional knowledge, teaching practice in the clinical areas and leadership and community) in clinical teaching settings.

Recommendation:

- CNEs ought to go to preparing programs, workshops, and conferences over propelled ideas Previously, clinical educating support with upgrade their showing abilities Around the sum clinical attendant instructors Furthermore preceptors to faculties about nursing.
- Training faculty members of different levels from all departments on clinical teaching skills and allows them to work to increase their interest and competency in clinical teaching strategies.

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