Designing and Validating Tool for Assessing Clinical Instructors' performance at Technical Institutes of Nursing

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ABSTRACT

background: The clinical instructors are an essential link between the academic program and clinical practice. By promoting critical thinking, assisting in the development of problem-solving skills, fostering independence, enhancing competency and confidence, and helping students to improve their clinical skills, and performance.***This study aims to***: design and validate tool to assess clinical instructors' performance at technical institutes of nursing.***Design:*** Methodological design was utilized. ***Settings:***This study was conducted at faculties of nursing at: port said university, Alexandra university, Ain shams university, Cairo university. ***Subject***:Experts group from nursing faculty members. ***Tools:***The data was collected using: an experts' opinion sheet.***Results:*** Findings of this study revealed that from 65 items and 21 sub-items: 47 items and 13 sub-items had high values of content validity ratio; those items are valid and remained in the tool. Also, Those items had excellent reliability coefficient (r = 0.968), and Cronbach's alpha for this tool indicated excellent internal consistency***.*** ***Conclusion:*** This article concluded that the proposed assessment tool had an appropriate level of validity and reliability.***Recommendations:*** Based on the findings of this study, recommended that: Managers of the Technical Institutes of Nursing should use the proposed assessment tool to evaluate clinical instructors' performance to incorporate unused behaviors into their practice.

Key words: Clinical education, clinical instructors, content validity ratio

INTRODUCTION

Clinical learning experiences are a crucial aspect of the nursing education curriculum. These experiences are significant in student progression, attrition and future employment decisions (Ironside, McNelis, Enright, 2014 &Young et al., 2016). Commission of Collegiate Nursing Education, (2013)definedclinical learning experiences as a planned learning activities in nursing practice that allow students to understand, Clinical practice experiences may be known as clinical learning opportunities, clinical practice,clinical strategies, clinical activities, experiential learning strategies, or practice.

The clinical learning experience provides students with an opportunity to consolidate knowledge and apply this knowledge to actual patient care situations, ithelpsstudents to acquire professional and personal skills, enhance students' problem solving, and communication skills (Jeppesen, Christiansen, Frederiksen, 2017; Megel, Nelson, Black, Vogel,Uphoff, 2013).Clinical instructors are a dynamic to the success of clinical education program, have direct effect on the quality of nursing care, to ensure that students achieve positive outcomes in the clinical settings as well as in futurepractice. Therefore, the clinical instructors as a cornerstone of nursing education plays an essential role in preparing nursing graduates for their role as competent, capable, and caring nurses (Kelly,2007; Rowbotham& Owen, 2015)*.*

The clinical instructor defined as a registered nurse employed by the institution who is responsible for helping nursing students achieve their learning outcomes. The clinical instructor is responsible for planning and conducting instruction, as well as evaluating student performance(Kube, 2010). Clinical instructors are an essential link between the academic program and clinical practice. By enhancing critical thinking, assisting in the development of clinical and problem-solving skills, fostering independence, and promoting competency and confidence, help students develop clinical skills. Clinical instructors enhance critical thinking when they bring respect, flexibility, openness, trust, safety, and the willingness.Also, engage students in questioning, and promote clinical instructor-student relationship (Valiee, Moridi, Khaledi&Garibi, 2016& Myrick, and Yonge, 2004).

SIGNIFICANT OF THE STUDY:

Assessment tool designed in this study for assessing clinical instructors' performance,provide an evaluation tool for self-reflectionto identify areas for strength/weakness in instructors' performance, as well as to ensure that optimal clinical education is taking place, enhance the clinical teaching, achieve proficiency and program outcomes, prepare students with the professional knowledge and skills they are needed to practice in the clinical settings, and to achieve personal and academic success. Moreover, there had been no evidence of conducting previous studies ondesigning tool for assessing performance of clinical instructors at Technical Institutes ofNursing at Port Said City.

AIM OF STUDY:

This study aims to design and validate assessment tool for the clinical instructors' performance at the Technical Institutes of Nursing.To fulfill this aim the following research objectives were formulated to:

1. Design tool for assessing performance of clinical instructors at the Technical Institutes of Nursing.

2. Validate the designed tool for assessing performance of clinical instructors at Technical Institutes of Nursing.

3. Assess reliability of the designed tool for assessing performance of clinical instructors at Technical Institutes of   Nursing.

SUBJECTS AND METHOD:

Research Design:

Methodological design conducted to examine the face and content validity of the designed tool for assessing clinical instructors' performance at technical institutes of nursing.Methodological design is a process used to develop a validity and reliability of instrument to measure constructs used as variables in the research.

Settings:

1. Faculties of nursing at:

- Port Said University
- Alexandria University
- Cairo University

- Ain Shams University

Subjects:

1. Jury group of 11 experts from nursing faculty members.

Tools of Data collection tools:

Tool I: Experts' Opinion Sheet:

The first experts' opinion sheet: It was developed to assess the face validity and content validity of the proposed assessment tool, that used to assess clinical instructors' performance, from experts' viewpoints (n=11). It involved three parts:

Part 1: Consisted of personal and job characteristics of jury members included: name, age, years of experience, job title, specialty in nursing science, and work place

Part 2: Indicated agreement of the jury members on the general form of theproposed assessment tool, (face validity).It consisted of 10 items.The criteria of face validity assessment for this study are based on Oluwatayo, (2012) namely: Appropriateness of grammar, the clarity of items, the correct spelling of words, the correct structuring the sentences, appropriateness of font size, and the structure of the instrument in terms of construction and well- thought out format.

Scale for face validity, the dichotomous scale was used with the categorical options of "Yes" and "No" which indicate favorable and unfavorable items respectively. Where favorable item means that the item was objectively structured and could be positively classified under the thematic category (Wynd, & Schaefer, 2002).

Part 3: Indicated agreement of jury members on the validity of each item included in the proposed assessment tool(content validity) were recorded in two points scale namely valid or not valid, with space for any comments. Scoring system for this tool: The criteria "valid" and "not valid" were scored "1" and "0", respectively. This part consisted of 65 items and 21 sub-items under six main dimensions as follows:

1. Creating an educational plan (8 items, 10 sub-items).
2. Effective instructional / supervisory skills (17 items).
3. Effective communication skills (9 items, 3 sub-items).
4. Effective behavior, conduct and interpersonal relationships (10 items).
5. Clinical competence (10 items, and 3 sub-items).

6. Assessment / Evaluation skills (11 items, and 5 sub-items).

OPERATIONAL DESIGN:

Preparatory phase:

This phase was concerned with managerial arrangements to carry out the implementation phase, as well as the construction, designing, validation, and preparation of a different data collection tools, review the available literature related to the research, and gathering theoretical knowledge on various aspects of the study using textbooks, evidence-based articles, internet periodicals, and magazines. This period extended March 2016 to May 2016.

Designing phase:

Design the assessment tool: The researcher designed this tool to assess performance of clinical instructors at the Technical Institutes of Nursing. This was carried out from May 2016 to June 2016 based on literature review.

Judgmental phase:

Validity of the proposed assessment tool (jury judgments): Submit the proposed assessment toolto jury group, to test face and content validity. Validity is the degree to which it measures what it is supposed to measure. It was tested by a jury of 11 experts. The researcher interviewed with experts from teaching staff at faculties of nursing, in the field of nursing education, nursing administration, medical and surgical, and psychiatric nursing. Experts requested to express their opinions, comments on the tool, and provide any suggestions for any additional or omission of items. Content validity ratio test was used to ensure the content validity of items; the higher score of content validity ratio indicated agreement of jury members on the validity of items at an instrument.

The formula of content validity ratio is CVR= (Ne - N/2)/ (N/2), in which the Ne is the number of panelists indicating "valid" and N is the total number of panelists. Interpretation of content validity ratio is if the value of content validity ratio for items was bigger than 0.49 those items should remain at the instrument; if value content validity ratio for items was less than 0.49 those items should eliminated from the instrument (Lawshe, 1975).

The findings of this study revealed that from 65 items, and 21 sub-items: 47 items and 13 sub-items had high values of content validity ratio those items remained in the tool. While 18 items and 8 sub-items had low values of content validity ratio (less than 0.49) those items eliminated from the tool. This phase lasted 2 months from the beginning of June 2016 to the end of July 2016.

Reliability test of the proposed assessment tool:

The reliability of this tool was done using test-retest reliability to the consistency of a measure from one time to another by a single rater(Trochim, & Donnelly, 2006). In this study the researcher tested five of clinical instructors using the observation checklist, then used the same methods or instruments and the same testing conditionsto retest the same group of clinical instructors at some later time (after 21 days from the first test).

The correlation between scores on the first test and the scores on the retest is used to estimate the reliability of the test using Pearson correlation coefficient.Interpretation of reliability coefficient is: if the coefficients = 0.98 it could be suggested that the instrument is relatively free of measurement errors, if the coefficients above 0.7 it considered acceptable and if coefficients above 0.8 it considered very good reliability coefficient (Madan&Kensinger, 2017). Also, Cronbach's alpha used in this study to measure internal consistency, precision, repeatability, and trustworthiness of research. Results of the present study revealed that all items had excellent reliability coefficient (r = 0.968), and Cronbach's alpha for this tool indicated excellent internal consistency. This phase lasted one month, August 2016.

<u>**Administrative Design**</u>

An official permission to conduct the study was addressed by dean of the faculty of nursing, and obtained experts' permissions for conducting this study and collecting data will need, after explaining and clarifying the nature and purpose of the study. Also, additional oral consent was taken from the clinical instructors, who participated in the study after explaining the nature, aims, and expected outcomes of the study. Written consent was taken from jury members, who participated in the study, after explaining the nature, aims, and expected outcomes of the study.

Ethical Considerations:

Informed consent was gained from the study participants by eliciting the study purposebefore asking them to participate in the study. They also assured about the anonymity and confidentiality of the information collected, and that it would be used only for scientific research. The investigator emphasizes that their participation will voluntary and each participant had the right to refuse to participate and to withdraw from the study at any time without giving any justification.

IV. Statistical Analysis:

The collected data were scored, tabulated and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Descriptive as well as parametric inferential statistics were utilized to analyze data pertinent to the study. Qualitative data were described using the number and percent. Tests used to analyze data were Chi-square test,and Paired t-test,Cronbach's Alpha.

RESULT:

Figure (1): Displayed that the highest percentage (63.6%) of experts' ages were between 46≤ 50 years. Consequently, regarding years of experience the highest percentage of expertise (45.4%) had experience from 31 ≤ 35 years; while the lowest percentage of them (9.1%) have experience from 26≤ 30 years. With regard to job title more than half of experts (54.5%) were professor nursing science; while the lowest percentage of them (18.2%) were consultant in nursing education.

Figure(2): Concerning job filed more than a third of experts (36.5%) specialized in science of nursing administration.

Figure (3): Regarding work place the highest percentage of the experts (64%) working at the faculty of nursing at Port Said University**.** While the lowest percentage of them (9.1%) working at faculties of Nursing at Alexandria University, Cairo University, Ain Shams University, and Edinburgh University.

Table (1): Displayed that jury members agreed upon that all items are valid, and values of content validity ratio for those items ranging between 0.636: 1.000. Except one item (Write clear and measurable objectives), and two sub-items (Sequence the contents of clinical learning experiences within a reasonable time frame; develop a

plan for students' distribution at the clinical training units / semester), CVR of those items was less than 0.49 and those items not valid and eliminated from an instrument.

Table (2): Displayed that jury members agreed upon that all items are valid, and values of CVR forthose items ranging from 0.636 to 1.000, those items remained in the instrument. Except four items (clinical instructors collaborate with students to discuss the clinical learning experiences plan; clinical instructors convey opinions regarding student's specific clinical training strength and weakness; support the student's growth in the use of evidence-based practice; clinical instructor and students review and analyze feedback regularly, and adjust the learning experiences accordingly), CVR for those items are less than 0.49, and those items are not valid, and eliminated from an instrument.

Table (3): Displayed that jury members agreed upon that all items are valid, and values of content validity ratio for those items ranging from 0.636 to 1.000, those items remained in the instrument. Except two items (Responsible for facilitating communication; Encourage feedback from student concerning the supervisory process), those two items had low value of CVR,are not valid, and eliminated from an instrument.

Table (4): Displayed that, all items arevalid, and values of content validity ratio for those items ranging from 0.818 to 1.000, those items remained in the instrument. Except four items (clinical instructors form professional relationship with members of health care provider, demonstrates confidence in and respect for the student, demonstrate respect for health care provider and patient rights, Interact with patients/ health care provider to achieve identified goals), and CVR for those items are less than 0.49, and those items not valid, and eliminated from an instrument.

Table (5): Displayed that, all items are valid, and values of content validity ratio for those items ranging from 0.636 to 1.000, those items remained in the instrument. Except four items (demonstrate willingness to work with students by follow learning experiences to improve student's knowledge and skills in clinical teaching, demonstrate role modeling behavior, permit to a student to coordinate care of multiple clients during clinical rotations, ask from students to evaluate the effectiveness of intervention and discuss possible modifications), and CVR for those items are less than 0.49, those items not valid, and eliminated from an instrument.

Table (6): Displayed that content validity ratio (CVR) of most items related to effective assessment and evaluation skillsare ranging between 0.82 to 1.000, those items are valid. Except four items and four sub-items, had CVR less than 0.49, those items not valid, and eliminated from an instrument.

Table(7): Overall, the test-retest reliability results showed an excellent reliability coefficient *(r = 0.968).* And there were statistically significant relations at (<0.001).
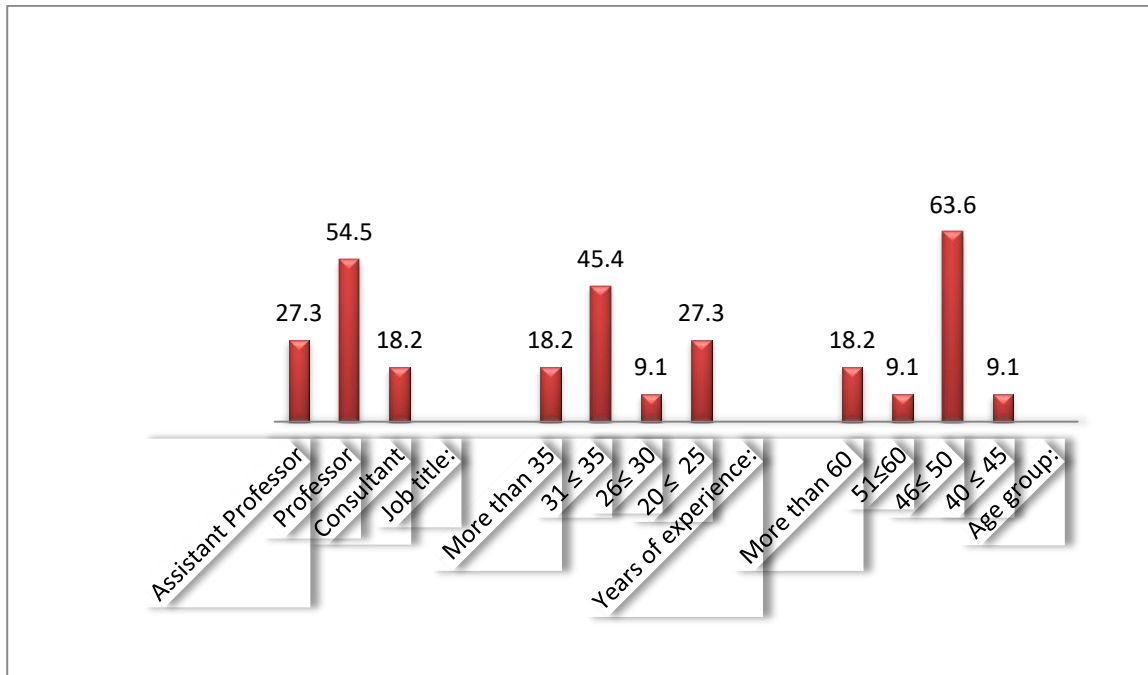

Figure　　　　1.　　　Personal　　　and　　　job characteristic of experts related to their ages, years of experience, and job title**.**
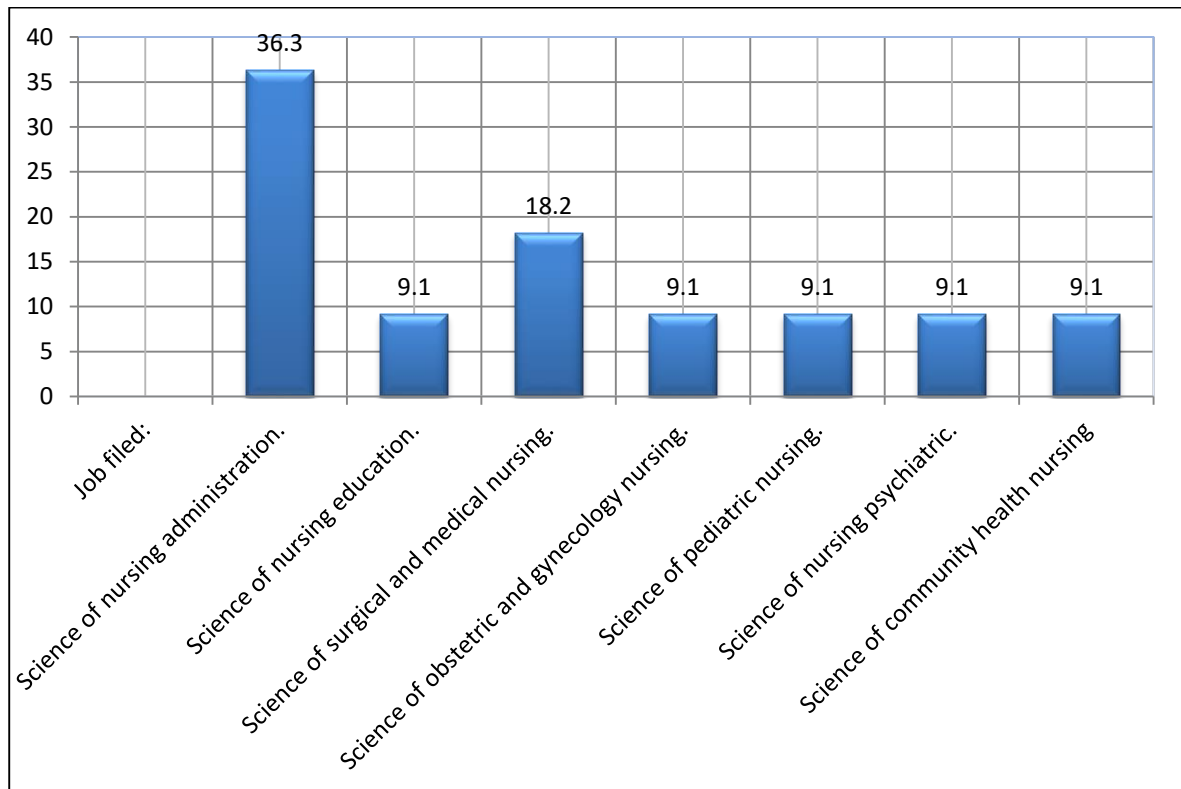
Figure 2. Personal and job characteristic of experts group related to theirjob filed
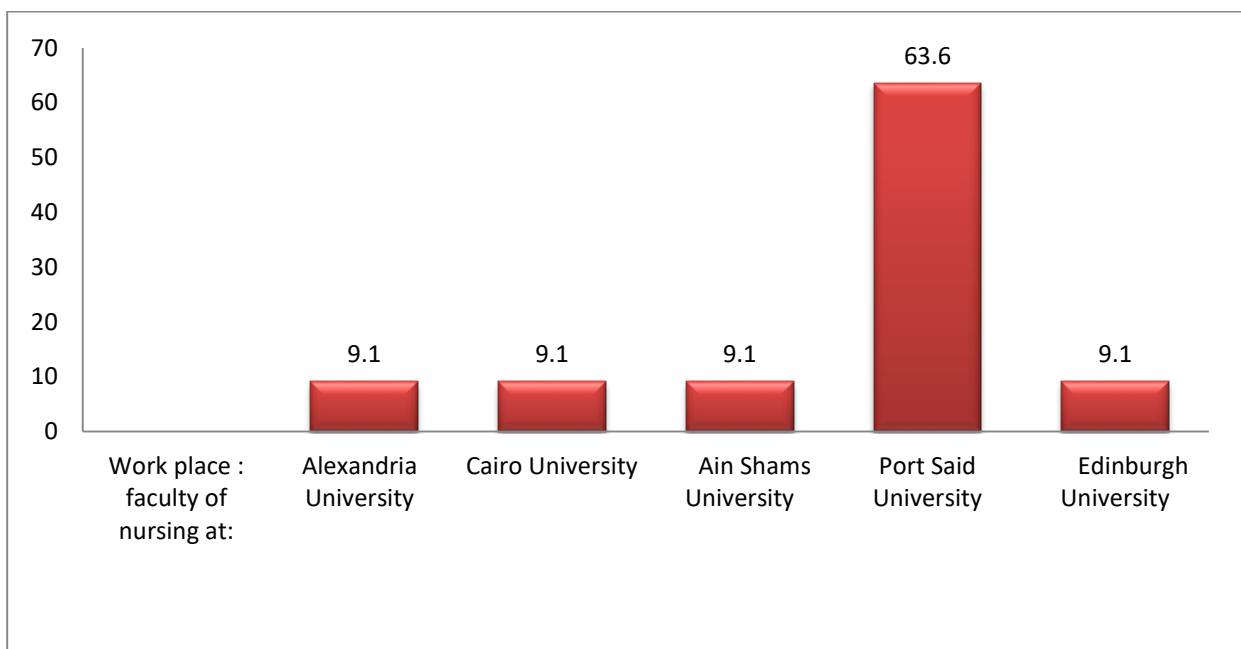

Figure 3. Personal and job characteristic of experts group related to workplace.

Table(1): Content validityitems for the first category "Creating educational plan" from experts view points   (n=11).

1.0	Creating an educational plan	* Ne	** CVR	Interpretation
1.1 1.1.1	The clinical instructors: Assess the student's clinical learning experiences needs: Identify the targeted learners	10	0.818	Remained
1.1.2	Assess the current level of students' knowledge and performance	10	0.818	Remained
1.1.3	Use a valid tool to identify students' needs.	11	1.000	Remained
1.2	Develop clinical learning plan (clinical course plan):	11	1.000	Remained
1.2.1	Determine the aim and goals of the clinical learning experiences.	9	0.636	Remained
1.2.2	Write clear and measurable objectives.	7	0.273	Eliminated
1.2.3	Determine intended learning outcomes.	11	1.000	Remained
1.2.4	Organize the contents of the clinical learning experiences according priority.	11	1.000	Remained
1.2.5	Sequence the contents of clinical learning experiences within a reasonable time frame.	7	0.273	Eliminated
1.2.6	Determine teaching / learning activities which are in line with the learning outcomes and contents.	11	1.000	Remained
1.2.7	Select a variety of evaluation methods which will provide evidence of achievement of the learning outcomes knowledge, skills, and attitude.	10	0.818	Remained
1.3	Design assessments/evaluations schedule which determines the dates, and weights of assessments during the semester	10	0.818	Remained
1.4	Collaborate with students to plan the clinical learning experiences plan.	10	0.818	Remained
1.5	Design plan remedial activities for students to address specific deficiency	11	1.000	Remained
1.6	Develop schedule day including, pre, and post conference, and break time.	10	0.818	Remained
1.7	Develop a plan for students' distribution at the clinical training units / semester.	7	0.273	Eliminated
1.8	Plan the orientation program to the facility	10	0.818	Remained

NOTE: * Ne: Number of experts, who agree that the item is relevant, ****CVR** : Content Validity Ratio.

Table (2): Content validityitems for second category "effectiveinstructional/supervisory" from experts view points   (n=11)

2.0	Effective instructional / supervisory skills	Ne*	CVR**	Interpretation
2.1	Clinical instructors: Collaborate with students to discuss the clinical learning experiences plan.	7	0.273	Eliminated
2.2	Present clear clinical learning experiences objectives and activities of the students prior to the clinical experience to students.	9	0.636	Remained
2.3	Orient students to clinical setting.	11	1.000	Remained
2.4	Implement clinical learning experience plan with students with suitable resources.	9	0.636	Remained
2.5	Modify clinical learning plan in a timely manner based on current student's performance.	10	0.818	Remained
2.6	Be available for the students at all times in the clinical settings.	10	0.818	Remained
2.7	Teach professional ethics and values – not just content.	10	0.818	Remained
2.8	Assign students to clinical units according to pervious plan.	10	0.818	Remained
2.9	Guide students during performing nursing care for patients.	11	1.000	Remained
2.10	Utilize a variety of teaching strategies to assist students to meet clinical performance expectations.	11	1.000	Remained
2.11	Observe students in the performance of simple and complex procedures.	11	1.000	Remained
2.12	Convey opinions regarding student's specific clinical training strength and weakness.	7	0.273	Eliminated
2.13	Strengthen the students' weakness area using the remedial plan based on students needs.	10	0.818	Remained
2.14	Provide frequent, constructive, timely feedback to students.	11	1.000	Remained
2.15	Support the student's growth in the use of evidence-based practice	7	0.273	Eliminated
2.16	Clinical instructor and students review and analyze feedback regularly, and adjust the learning experiences accordingly	7	0.273	Eliminated
2.17	Record positive and negative student's behaviors to support him during student evaluation	11	1.000	Remained

NOTE: * Ne: Number of experts, who agree that the item is relevant, ****CVR** : Content Validity Ratio.

Table (3): Content validity items for the third category "Effective communication skills" from experts view points   (n=11)

3.0	Effective communication skills	Ne*	CVR**	Interpretation
3.1	Clinical instructors: Use verbal, non-verbal, and written communication skills.	11	1.000	Remained
3.2	Provide clear and concise communication.	11	1.000	Remained
3.3	Listen attentively to students.	11	1.000	Remained
3.4	Responsible for facilitating communication:	7	0.273	Eliminated
3.4.1	Encourage dialogue with students to communicate and feedback their information exchanged	10	0.818	Remained
3.4.2	Determine times and a place for ongoing professional conference with students.	9	0.636	Remained
3.4.3	Initiate communication that may be difficult or confrontational.	11	1.000	Remained
3.5	Encourage feedback from student concerning the supervisory process.	7	0.273	Eliminated
3.6	Use open-ended questions and directed problem solving.	10	0.818	Remained
3.7	Attentive to the student's non verbal communication, indicators, and expression	9	0.636	Remained
3.8	Demonstrate the ability to maintain appropriate control of the communication exchange with students and groups.	11	1.000	Remained
3.9	Communicate with director / clinical education coordinator regarding training student progress towards clinical education goal.	10	0.818	Remained

NOTE: * Ne: Number of experts, who agree that the item is valid **CVR** : Content Validity .

Table (4): Content validityfor the fourth category"Effective behavior, conduct and interpersonal relationships"Effective behavior, conduct and interpersonal relationships", from experts view points   (n=11).

4	Effective behavior, conduct and interpersonal relationships	Ne*	CVR**	Interpretation
4.1	<u>Clinical instructors</u> Form appropriate, professional relationship with students.	10	0.818	Remained
4.2	Form professional relationship with members of health care provider.	7	0.273	Eliminated
4.3	Demonstrates confidence in and respect for the student	7	0.273	Eliminated
4.4	Demonstrate respect for health care provider and patient rights.	7	0.273	Eliminated
4.5	Demonstrate respect for gender, religious and individual differences when interacting with people.	11	1.000	Remained
4.6	Interact with patients/ health care provider to achieve identified goals.	7	0.273	Eliminated
4.7	Demonstrate negotiation/conflict management skills.	11	1.000	Remained
4.8	Integrate the student into the teamwork.	11	1.000	Remained
4.9	Provide positive support and encouragement for the students.	11	1.000	Remained
4.10	Encourage collaboration between students (small group tasks, and **encourage them to learn from each other)**.	11	1.000	Remained

NOTE: * Ne: Number of experts, who agree that the item is relevant, ****CVR** : Content Validity Ratio.

Table (5): Content validityitems for the fifth category" clinical competence" from experts view points (n=11).

5.0	Clinical Competence	Ne*	CVR**	Interpretation
5.1	<u>The clinical instructors</u> Demonstrate willingness to work with students by follow learning experiences to improve student's knowledge and skills in clinical teaching.	7	0.273	Eliminated
5.2	Demonstrate role modeling behavior	7	0.273	Eliminated
5.3	Have sufficient knowledge, and clinical experience in the area of specialty	11	1.000	Remained
5.4	Demonstrate sound of clinical decision- making and problem solving	11	1.000	Remained
5.5	Encourage students to become increasingly more independent and autonomous professionals:	11	1.000	Remained
5.5.1	Provide students with opportunities to peer and self-assessment	9	0.636	Remained
5.5.2	Permit for students to practice differentiated nursing care for patient.	11	1.000	Remained
5.5.3	Encourage students to set their own learning goals.	11	1.000	Remained
5.6	Permit to a student to coordinate care of multiple clients during clinical rotations.	7	0.273	Eliminated
5.7	Encourage students to develop interventions for clients with anticipated and unexpected outcomes.	11	1.000	Remained
5.8	Discuss the scientific rationale for each of the chosen interventions with their students.	11	1.000	Remained
5.9	Ask from students to evaluate the effectiveness of intervention and discuss possible modifications.	7	0.273	Eliminated
5.10	Help students to initiate correct behavior that does not meet standards	11	1.000	Remained

NOTE: * Ne: Number of experts, who agree that the item is relevant, ****CVR** : Content Validity Ratio.

Table (6): Content validityitems for"assessment/ evaluation skills", from experts view points   (n=11).

6.0	Assessment / Evaluation skills	Ne*	CVR**	Interpretation
6.1 6.1.1	The clinical instructors Evaluate students' performance using different methods as : Direct observation	11	1.000	Remained
6.1.2	Discussion with students,	7	0.273	Eliminated
6.1.3	Review of the students' patient/client documentation	7	0.273	Eliminated
6.1.4	Observations made by others (peers),	7	0.273	Eliminated
6.1.5	Patient/client feedback,	7	0.273	Eliminated
6.2	Use evaluation tool that based on the intended learning outcome taught for the students.	11	1.000	Remained
6.3	Document negative and positive anecdotes to support him during student evaluation and keep it.	11	1.000	Remained
6.4	Provide protected time for the evaluation of students' performance.	7	0.273	Eliminated
6.5	Inform students of the standards by which their performance will be judged	11	1.000	Remained
6.6	Inform students by their evaluation results.	11	1.000	Remained
6.7	Determine the remedy actions that based on student's evaluation results.	11	1.000	Remained
6.8	Use the students' evaluation results to improve intended learning outcomes and the teaching / learning processes.	10	0.818	Remained
6.9	Evaluate students' performance fairly.	7	0.273	Eliminated
6.10	Perform formative evaluation during a semester.	7	0.273	Eliminated
6.11	Perform summative evaluation at the completion of the clinical learning experiences.	7	0.273	Eliminated

NOTE: * Ne: Number of experts, who agree that the item is relevant, ****CVR** : Content Validity Ratio.

Table (7): Overall test -retest reliability of clinical instructors' assessment tool.

N0.	Clinical Instructors' Performance	r	p	Interpretation
1.	Creating an educational plan	0.935*	<0.001*	Excellent reliability
2.	Effective instructional / Supervisory skills	0.965*	<0.001*	Excellent reliability
3.	Effective communication skills	0.948*	<0.001*	Excellent reliability
4.	Effective behavior, conduct and interpersonal relationships	0.954*	<0.001*	Excellent reliability
5.	Clinical competence	0.791*	0.006*	Very good reliability
6.	Assessment / Evaluation skills	0.831*	0.003*	Very good reliability
Overall		0.968*	<0.001*	Excellent reliability

*r: Pearson coefficient   *p: Statistically significant at p ≤ 0.05.

DISCUSSION:

Concerning the validation of the first category in the proposed assessment tool "Create an educational plan".The present study findings showed that all jury members agreed up on that the clinical instructors should assess the student's clinical learning experiences needs using a valid tool to identify students' needs, develop clinical learning plan, organize the contents of the clinical learning experiences according priority determine intended learning outcomes, determine teaching / learning activities which are in line with the learning outcomes and contents, and design plan remedial activities for students to address specific deficiency.

These findings agreed with Thomas, Kern, Hughes, and Chen, (2016) study which indicated six steps approach to develop an educational plan as follows: problem identification and general needs assessment; targeted needs assessment, and reported

that educational program across the continuum should develop and use reliable valid tool for assessing the cognitive, skill, and behavior competencies of trainees; determine goals, objectives, and set achievable learning outcomes; determine teaching strategies and content; select educational methods that will most likely achieve the educational objectives; implementation phase; and evaluation and feedback.

Also, in the study by Wormley, Romney, & Greer, (2017) to develop a valid measure for assessing clinical teaching effectiveness within the field of physical therapy. It was revealed that clinical instructors should implement a remediation plan to identify weak areas in students' performance. Hauer et al., (2009) conducted a study about remediation of the weakness area in performance of physicians across the continuum from medical school to practice. It reported that remediation plan very important to measure and improves learner's performance, and defined remediation as having three components: First, identify weakness area in the student's performance through an assessment process. Second, provide remedial education/intervention to the student. Third, re-assessed student's performance in the area of his or her deficient.

As regard the validation of the second category in the proposed assessment tool: "effective instructional/supervisory". The present study findings illustrated that all jury members agreed up on that the clinical instructors orient students to clinical setting; guide students during performing nursing care for patients; utilize a variety of teaching strategies to assist students to meet clinical performance expectations; observe students in the performance of simple and complex procedures; provide frequent, constructive, timely feedback to students; and clinical instructors record positive and negative student's behaviors to support him during student evaluation.These findings are in the same line with:

Medallon&Fernande, (2017) study to develop and validate the clinical instructors' performance evaluation tool at Cabrini College of Allied Medicine. It revealed the evaluation tool had appropriate level of validity and reliability that included clinical instructors should: observe and guide students in integrating knowledge into practice through direct participation in client care, identify the strengths and weaknesses of students during performance of clinical procedures, orient students to organizational/unit structure, physical set-up, ward personnel, policies and regulations; address the learning needs/concerns and problems of the students; and discuss clinical

focus, requirements, grading system and expectations of the clinical learning experience.

Ismail et al., (2016) conducted a study to assess the clinical instructor's behaviors and nursing students' perceptions toward effective clinical instructor's characteristics that facilitate the learning process. It revealed that instructors who observe, guide, directstudents, and helpful for student learning. In study by Thomas, et al., (2016) revealed that clinical instructors should provide students opportunities for discussing and providing feedback about strengths and weaknesses areas, and should be scheduled on an ongoing basis. Yosif, (2015) study conducted about students' perceptions of the quality of nursing courses at the Palestine College of Nursing at Gaza Strip. It revealed that students propose that supportive clinical settings have clinical instructors who provide constructive feedback.

Similarly, in a study by Rakap, Jones, & Emery, (2015) findings illustrated that effective clinical instructors should engage students in learning by utilizing a variety of teaching strategies, using resources, routines, procedures, explain ethics, standards to provide a respectful, positive regard, safe student-centered environment that is conducive to learning. In a study by Hall (2013), faculty identified a variety of uses for anecdotal notes, it used for providing accurate feedback to students for formative evaluation.

Regarding the validation of the third category in the proposed assessment tool:"Effective communication skills"". The present study findings showed that the jury panel members agreed upon that, the clinical instructors use verbal, nonverbal, and written communication skills, Provide clear and concise communication, Listen attentively to students, Initiate communication that may be difficult or confrontational, and demonstrate the ability to maintain appropriate control of the communication exchange with students and groups. These findings are in the same line with:

Yosif, (2015) study conducted about students' perceptions of the quality of nursing courses at the Palestine College of Nursing at Gaza Strip. It revealed that students propose that supportive clinical settings have clinical instructors who use good communication skills.Rakap et al., (2015) study findings revealed that the clinical

instructors should maintain a commitment to professional ethics, communicates effectively.

Besides, Wormley et al., (2017) study, which revealed that clinical instructors should facilitate communication with the student through active listening, communicate with the academic coordinators of clinical education/director of clinical education regarding student performance. Furthermore,Koharchik, Weidman, Walters, & Hardy (2015), reported in his study about strategies for successful clinical teaching that is important to be a role model in utilizing positive communication skills especially in negative interactions with students or patient.

Regarding validation of the fourth category in the proposed assessment tool:"Effective behavior, conduct and interpersonal relationships". The present study findings showed that all the jury group members agreed upon that, clinical instructors:demonstrate respect for gender, religious and individual differences when interacting with people, integrate the student into the teamwork, provide positive support and encouragement for the students, and encourage collaboration between students (small group tasks, and **encourage them to learn from each other)**. These findingssupported by the findings of many researchers:

The foregoing result is supported by Yousif (2015) study findings, which reported that clinical instructors should make sure that everyone is accepted and their differences are valued, and resolve group conflicts. Collaborative relationships between the students and clinical instructor provide students with a wide-ranging clinical skill set while enhancing their ability to prioritize and organize patient assignments. Students gain both confidence and competence through these relationships and can more readily actualize the role of the professional nurse when they enter the workforce.

Furthermore, Broom, (2011) & Gaither, (2007) added that, the responsibilities of clinical instructors should understand the team members as individual's (personality, skills, strengths, needs, aims and fears, assist and support students), give recognition and praise to students; acknowledge effort and good work; where appropriate; reward students with extra responsibility, identify, develop, and utilize each student's capabilities and strengths, training and developing individual team members and

individual freedom and authority, and encouraged independence in managing client care where appropriate.

Concerning the validation of the fifth category in the proposed assessment tool:"clinical competence". The present study findings showed that all the jury group members agreed upon that the clinical instructors: Have sufficient knowledge, and clinical experience in the area of specialty, demonstrate sound of clinical decision-making and problem solving, encourage students to become increasingly more independent and autonomous professionals, permit for students to practice differentiated nursing care for patient, **encourage students to set their own learning goals**, encourage students to develop interventions for clients with anticipated and unexpected outcomes, discuss the scientific rationale for each of the chosen interventions with their students, and help students to initiate correct behavior that does not meet standards.

In this respect, Fressola& Patterson, (2017); Oermann&Giberson, (2016) reported that clinical competence has been documented as an essential characteristic of the effective clinical teacher. Clinical competence includes theoretical knowledge, expert clinical skills, and judgment in the practice area in which teaching occurs, and demonstrates nursing care in the clinical setting.

Also, participants in study by Nazari&Mohammadi, (2015) believed that a qualified clinical instructor should possess clinical competence. In other words, besides the effective transfer of concepts and experiences to students, they should strive to train thoughtful nurses by creating learning opportunities and promoting problem-finding skills.

Singapore Nursing Board, (2017) study to establish standards for clinical nursing education, indicated that clinical instructors should give opportunities to students to set their learning objectives, reflect on their clinical performance, and evaluate whether their learning outcomes have been achieved. In this context Loyens et al., (2008) study concluded that clinical instructor should permit to students to set their own goals in learning, select learning strategies assess and evaluate learning progress, and then improve their learning processes.

Concerning the validation of the last category in the proposed assessment tool: "assessment/evaluation skills". The present study findings showed that all the jury group

members agreed that the clinical instructors: evaluate students' performance using different methods, use evaluation tool that based on the intended learning outcome taught for the students, document negative and positive anecdotes to support him during student evaluation and keep it, inform students of the standards by which their performance will be judged, inform students by their evaluation results, determine the remedy actions that based on student's evaluation results, these findings supported by:

The aforementioned findings supported by Oermann&Giberson, (2016) who reported that clinical instructors should keep records of evaluations of student's clinical performance. These records may include anecdotal notes, progress reports, and summative clinical evaluation. These records help document that students received feedback about their performance, areas of teacher concern, and information about student progress toward correcting deficiencies. In study by Elliott, & Higgins, (2005) reported that the clinical instructor should permit the student to review evaluation notes, and have the opportunity to comment on them and should inform standards by which their performance will be judged. Besides, to develop critical thinking, self-assessment skills are needed

CONCLUSION:

In the light of the study findings, it can be concluded that the proposed assessment tool had excellentlevel of validity and reliability.

RECOMMENDATIONS:

Based on the findings of the present study, the following recommendations are suggested:

1. Managers of the Technical Institutes of Nursing should use the developed assessment tool to evaluate clinical instructors' performance to incorporate unused behaviors into their practice.
2. Clinical instructors should use the developed performance checklist as a self-assessment and seek to incorporate behaviors not previously used, or used frequently, into their practice.
3. Replication of this study using a large probability sample with a broader demographic and geographic area is needed to confirm and generalized the findings.

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تصميم وإختبار مصداقية أداة لتقييم أداء القائمين بالتدريب العملى في المعاهد الفنية للتمريض

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ماجيستير في إدارة التمريض جامعة بورسعيد ـ أستاذ إدارة التمريض كلية التمريض جامعة عين شمس ـأستاذ إدارة التمريض كلية التمريض جامعة بورسعيد مدرس مساعد إدارة التمريض كلية التمريض جامعة بورسعيد

الخلاصة

تهدف هذه الدراسة إلي تصميم واختبار أداة لتقييم أداء القائمين بالتدريب العملى فى المعاهد الفنية للتمريض.أجريت هذة الد راسة المنهجيه في كلية التمريض جامعة بورسعيد، كلية التمريض جامعة الاسكندرية، كلية تمريض جامعة القاهرة، و كلية التمريض جامعة عين شمس.عينة البحث في هذه الدراسة اشتملت مجموعة الخبراء من أعضاء هيئة التدريس بكليات التمريض السابق ذكرها. وتم جمع البيانات باستخدام إستمارة إستبيان لأراء الخبراء في أداة التقييم المصممة بواسطة الباحث. وأظهرت نتائج هذه الدراسة أنهمن بين 65 عنصراو 21 عنصرا فرعيا حاز47 عنصرا و 13 عنصرا فرعيا علي قيم عالية في نسبة صلاحية المحتوى وعلي أن أداة التقييم المقترحة تستمتع بمستوي مناسب من مصداقية المحتوي. وتوصي هذه الدراسة مديريالمعاهد التقنية للتمريض باستخدام أداة التقييم المقترحة لتقييم أداء القائمين بالتدريب العملى .

الكلمات المرشدة: التعليم العملي،القائمين بالتدريب العملي، مصداقية المحتوي