

Evaluation comes in many forms and is a useful way to enhance education and improve practice. Different methods can be used together for greater reliability

Using evaluation to improve teaching

In this article...

- › Why evaluation is important
- › An outline of different evaluation methods
- › Other benefits of regular evaluation

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Nurses in both clinical and education settings are often required to deliver training and education to nursing colleagues, other professionals or students. It is likely that most registered nurses will be required to deliver some form of education or training during their careers, so whether they work full-time in education or deliver training within their clinical role, the chances are most will be a 'nurse educator' at some point. This means nurses in clinical and/or education roles will benefit from learning how to evaluate their teaching, and how to use this feedback to improve their practice and meet revalidation requirements.

This article outlines the role of evaluation in nurse education by introducing methods commonly used in clinical and education settings to evaluate teaching practice. It reviews the strengths and limitations of learner evaluations, self-evaluations and peer evaluations before considering the potential benefit of taking a multisource approach to teaching evaluation. It also discusses how nurse educators can use evaluation methods to improve their teaching practice and achieve revalidation with the Nursing and Midwifery Council (2015).

Evaluation of teaching

Evaluation in education involves collecting and using information to

determine whether the education and/or teaching provided is successful and achieves the desired learning outcomes (Bastable, 2014). Evaluation can take many forms and helps promote quality in education practice (Hughes and Quinn, 2013); it enables nurse educators to ascertain whether their teaching is having a positive impact on student learning and what (if anything) they need to do to improve their practice (Ramsden, 2003). Evaluation of teaching practice and reflection, therefore, go hand in hand to help nurse educators develop their practice and become better educators (O'Malley and Fleming, 2012). However, to get the most out of evaluation, nurse educators must be:

- › Familiar with the common approaches used in education practice;
- › Able to recognise the strengths and limitations associated with each approach.

Forms of evaluation

Learner evaluation

Hughes and Quinn (2013) suggest that learners are the main consumers of education and best placed to evaluate the quality of their education and teaching. It is important for any evaluation to include learners, although there are many different options available for collecting feedback data from them (Lewallen, 2015). Often, learner evaluations take place after education and learning activities and rely on a questionnaire style of data collection and feedback. This retrospective approach means only future students benefit from the feedback; education and learning does not necessarily improve for those students completing the questionnaire (Cathcart et al, 2014).

One alternative to this retrospective

5 key points

1 Many nurses deliver training or education at some point in their career

2 Education can be improved though evaluation

3 Evaluation can benefit all nurses and help them fulfil the Nursing and Midwifery Council's revalidation requirements

4 Evaluation can be undertaken by peers and students, as well as more senior colleagues

5 Using a variety of evaluation methods will improve the reliability of results

approach to evaluation is to use formative evaluation methods, such as Stop, Start, Continue (George and Cowan, 1999; Box 1).

However, there is widespread concern about the validity of student evaluations, and some question whether they should be used without any corroborating evaluation sources (Taheri et al, 2014). Specific concerns focus on research findings, which suggest individual educators' charisma and personal characteristics might heavily influence how students rate their effectiveness and the quality of their teaching (Shevlin et al, 2000). Moreover, Lindahl and Unger (2010) suggest that the detached nature of many student evaluations means that there is always a risk of students making unhelpful comments, which might not be constructive and could have a detrimental impact on the educator being evaluated.

Educator self-evaluation

An alternative to student evaluation is for nurse educators to engage in self-evaluation (Hughes and Quinn, 2013). Davies (2015) champions the use of self-evaluation, suggesting it can be both formal and informal and does not always need to involve completing templates or forms. For example, it might involve unstructured reflection about the success (or otherwise) of a particular education/learning activity (Davies, 2015). Lord (2009) also advocates for the widespread use of self-evaluation within nurse education, arguing that it gives educators greater ownership over their evaluations and relieves some of the pressure and burden associated with peer/student feedback.

Despite its advocates, self-evaluation can be controversial and causes much debate (Lord, 2009). A major concern is whether people are able to recognise their own areas of weakness. Self-appraisal bias is known to exist and research by Kruger and Dunning (1999) has found that less competent people often have great difficulty evaluating themselves accurately and sometimes overestimate their competence.

Kim et al (2015) investigated this further and discovered that people sometimes ignore their incompetence for a given task, especially if the task is important to them and/or if acknowledging their incompetence might have negative consequences. Clearly, these factors have serious implications for the use of self-evaluation, but self-evaluation does have its place within nurse education and is regularly used in higher education (DeStephano et al, 2014).

Peer evaluation

Peer evaluation can be formal or informal and involves a nurse educator being observed and evaluated by a colleague or peer (Hughes and Quinn, 2013). Many variations of peer evaluation are used in education, depending on the formality of the process and the relationship between the two parties. For example, it can involve being evaluated by a peer of equal status or a more senior colleague, such as head of department or team leader (DeStephano et al, 2014); findings from one such review process are outlined in Box 2.

Another factor to consider in peer evaluation is the relationship and/or status between observer and educator. Mager et al (2014) stated that peer evaluation would traditionally involve observation by a senior colleague and would typically be very stressful. It is also questionable whether an evaluation completed during a single pre-arranged visit can be representative of how a nurse educator usually practices (Mager et al, 2014).

Multisource evaluations

Given the strengths and limitations of the different evaluation methods, a more integrated approach to evaluation may be more effective. DeStephano et al (2014) investigated the acceptability of 360-degree multisource evaluation within nurse education. Their small-scale study integrated different evaluation methods, including self, peer, student, and module leader. Overall, the multisource approach appears acceptable to nurse educators and is a sensible option for those keen to develop their practice (DeStephano et al, 2014).

“It is important to evaluate nurses’s practice and assess the quality of their work as educators”

However, while there are advantages to using multiple evaluation methods it is important nurse educators do not over-evaluate their teaching practice. Hughes and Quinn (2013) suggested ‘evaluation fatigue’ can occur if too much and/or too frequent evaluation takes place. This means nurse educators need to use evaluation methods sparingly and strategically to avoid monotony and to ensure high-quality feedback is maintained (Stead, 2005).

Preparing for revalidation

Recent changes mean all nurses and midwives are now required to revalidate with the NMC every three years. This

BOX 1. STOP, START, CONTINUE

This evaluation method asks learners to consider:

- What the educator should stop doing
- What the educator should start doing
- What the educator should continue doing to improve their education and teaching practice

Stop, Start, Continue has been in regular use in higher education for many years and is very learner focused (Hoon et al, 2015).

Source: George and Cowan, 1999

involves meeting a range of responsibilities, including:

- » Undertaking sufficient practice hours;
- » Completing 35 hours’ continuous professional development activity;
- » Producing five written reflective accounts;
- » Obtaining five pieces of practice-related feedback;
- » Undertaking a reflective discussion with another registered nurse or midwife (NMC, 2015).

All nurse educators now need to consider how to meet their revalidation requirements if they wish to maintain their NMC registration.

The evaluation methods discussed here, with the emphasis placed on reflection and CPD, align well with the NMC’s revalidation requirements. Establishing regular multisource evaluations of teaching/education practice will make revalidation easier for educators and mean they have ready access to practice-related

feedback; peer and/or student evaluation and feedback is a rich source of evidence.

Conclusion

Nurses in education and clinical settings are often required to deliver education and training, so it is important to evaluate their practice and assess the quality of their work as educators. No evaluation method is perfect, and an integrated multisource approach is recommended. This will help overcome some of the reliability and validity issues associated with individual evaluation methods (Mager et al, 2014) and is likely to lead to improved practice.

Nurse educators are encouraged to consider using evaluation methods to help

Nursing Practice Review

BOX 2. THE PAIRED PEER REVIEW PROCESS

Bennett et al (2012) evaluated a paired peer review process using both paper and online feedback forms with 20 university nurse teachers in Australia.

The teachers were paired randomly and went through a reciprocal peer evaluation process. Results were promising, with many participants describing the experience as:

- Positive (75%)

- Collegial (78%)
- Supportive (61%)
- Non-threatening (71%)

Participants also thought the process would improve their delivery and planning of teaching (Bennett et al, 2012). It is unclear, however, whether participants amended their teaching practice as a consequence of the paired peer review process.

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review their practice, gain feedback on performance and improve the quality of education. In addition, using different evaluation methods in their education practice can provide evidence of practice-related feedback, and be used to generate written reflective accounts and in the reflective discussion required for revalidation. **NT**

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