STUDENTS PERCEPTION OF EVALUATION OF TEACHING SKILLS

by

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DECLARATION

I declare that STUDENTS PERCEPTION OF EVALUATION OF TEACHING SKILLS is my own work and that all the sources used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

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ABSTRACT

An exploratory, descriptive design in the phenomenological approach was used to describe and explore how student tutors' experienced the process of evaluation of their clinical teaching in a specific distance-learning programme.

The researcher conducted a tape-recorded focus group interview with seven participants who voluntarily agreed to participate. After transcription, the data was analysed using Tesch's (1992:92) method of analysis to code the data into themes in order to identify commonalities.

The findings of this study indicated that participants experienced the evaluation process positively and negatively. The negative experiences included difficulty in obtaining access to evaluators, practica facilities, and inconsistencies of evaluators. Recommendations were made for improving evaluation of teaching skills of student tutors in this distance programme.

Key terms

Clinical teaching; distance learning; evaluation; perception; post-basic nursing programme; student.

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CSs	Compact discs
OBE	Outcomes-based education
SAQA	South African Qualifications Association
SANC	South African Nursing Council

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CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

Traditionally, the main function of the nurse educator was to provide facts to students. This traditional method of nurse education focused on the cognitive domain and the acquisition of cognitive skills. Provision was only made for formal evaluation in a norm-directed manner.

Technological advances and the introduction of outcomes-based education (OBE) opened a new world of knowledge, which meant that the nurse educator no longer had all the information about a specific subject. This led to a change in the role of the nurse educator, from lecturer to learning facilitator. The function of the learning facilitator covers psychomotor, cognitive and affective domains. Accordingly, the evaluation of learners is now criterion-directed, and evaluates all three domains. The function of the nurse educator is to assist/guide the learner to achieve personal and professional development in all three domains (Klopper 2002:21).

Due to the changes and challenges in the education system in South Africa in 1995, the Department of Nursing, North-West University (Potchefstroom Campus), saw the need to expand their education into the open learning system.

Distance learning is the process of learning while students are actually separated from their tutors by distance. This type of learning occurs with the assistance of pre-packaged study material, and pre-recorded visual material including videotapes, audiocassettes, and compact discs (CDs) (Rowntree 2000:29). Distance learning allows students to develop personally and professionally, while still being economically productive. The emphasis is on accessibility, availability and affordability for students interested in further studies. After successfully running telematic learning through distance education for two years at centres, it was decided to increase the number of study centres in 1998.

Diplomas are offered in community nursing, nursing management, and health science education. A degree in nursing management and health science education is also offered. Health science education (included in both the diploma and the degree course) consists of a practical component that includes clinical teaching (Greeff 1997:43). Clinical teaching is an essential component in the student tutor's course. This enables students to meet the minimum requirements for registration in nursing education, in accordance with the South African Nursing Council (SANC) Regulation 118 of 1987, paragraph 6 (a) of 23 January 1987 (SANC 1987). Evaluation of teaching practica is conducted to assess students' proficiency in psychomotor, effective and cognitive teaching skills.

1.2 BACKGROUND TO THE PROBLEM

Evaluation of teaching practica is an integral component of students using distance education to obtain the degree/diploma in health science education. In the second year of study, students enrolled for either the baccalaureate or the diploma in health science education are required to complete teaching practica to meet the requirements of Regulation 118 of the SANC (SANC 1987). Until 2003, evaluation of teaching practica, was conducted according to a criterion-referenced scale of 0 to 5. A percentage was then calculated, giving the learner a mark out of 100. The scale markings were then changed to competent/not competent.

In the telematic learning system of the North-West University, teaching sessions are presented by student tutors and evaluated by nurse educators, who are registered with the SANC. Students arrange appointments with nurse educators in their own places of employment for evaluation of formal and clinical teaching sessions. Students submit simulation lessons with the relevant media to the facilitator appointed by the University for evaluation. The student completes nursing school administration at a SANC accredited college. The final evaluation of clinical teaching and verification of the student's workbook is then submitted to the course unit manager for moderation.

The researcher identified the area of research in her capacity as a health science education facilitator for the North-West University, Potchefstroom Campus (Telematic Learning Systems). In conducting clinical evaluation, it was found that "competent/not competent" ratings often caused student dissatisfaction, especially for students who wanted to excel (Wiles & Bishop 2001:37). If competency in a skill is not achieved with

confidence, the student will tend not to use that skill again (Clark, Owen & Tholcken 2004:548). Woolley (1977) (cited in Wishnia, Yancy, Silva & Kern-Manwaring 2002:495) emphasises that validity and reliability of evaluation in the clinical setting remains a challenge. The nurse educator plays a vital role in the preparation and assistance of learners, to enable them to apply theoretical knowledge to skills in the clinical teaching situation (Klopper 2004:90). The researcher found very little information available in the literature on how learners' perceive evaluation of clinical and theoretical teaching sessions.

1.3 STATEMENT OF THE PROBLEM

Student tutor learners enrolled in distance degree/diploma programmes in health science education at the North-West University cannot be evaluated on formal and clinical teaching sessions by tutors from the University due to geographical separation. Contracted nurse educators thus do evaluation of teaching practica at the learners' place of employment. A shortage of nurse educators and the inability to obtain appointments for clinical evaluation often present a stumbling block. This is exacerbated by workloads, staff shortages, and various other factors. These factors, in turn, affect learner morale and motivation by the time of completing the required teaching practica.

To ensure relative proficiency in theoretical and clinical teaching, a facilitator appointed by the University conducts the final evaluation of teaching practica. At the final evaluation students often verbalise difficulties and positive experiences they had while completing the required teaching practica. This, therefore, indicated a need to determine what positive and what negative experiences students had during evaluation of their theoretical and clinical teaching.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to highlight the strengths and weaknesses of evaluation of teaching practica in this distance post-basic nursing programme. This could indicate the experiences of students enrolled in the programme, which could lead to possible solutions/changes according to the needs identified. Accordingly, the study wished to provide insight into how students perceive the evaluation of clinical and theoretical teaching sessions, thereby indicating the strengths and weaknesses of this distance course of study for student tutors.

1.4.1 Research question

The study wished to answer the following research question:

How do student tutors perceive the evaluation of clinical teaching sessions?

In order to answer the research question, the researcher wished to

- determine how students perceive the process of evaluation of teaching practica
- determine what problems students experience during evaluation of clinical teaching sessions
- investigate what suggestions students have for positive change to enhance the evaluation process of teaching practica

1.4.2 Objectives

The study aimed to

- describe students' experiences during evaluation of clinical teaching sessions in this distance post-basic nursing programme
- determine strengths and weaknesses during evaluation of clinical sessions in this distance post-basic nursing programme

1.5 SIGNIFICANCE OF THE STUDY

The study would demonstrate the strengths and weaknesses of this distance course of study for student tutors. The findings would contribute to improving the programme, as the study focused on students' perceptions and experiences while being evaluated on clinical and theoretical teaching sessions. Therefore, the study would allow for weaknesses to be dealt with in order to minimise the difficulties experienced by student tutors enrolled in this distance-learning programme.

1.6 DEFINITIONS OF KEY CONCEPTS

For the purposes of this study, the following concepts are used as defined below.

- **Student**

A student is a registered nurse who meets all the admission requirements of Regulation 118 of the SANC to obtain the qualification of nursing education (SANC 1987). In this study, it refers to the student tutor who is enrolled in a distance programme to obtain the qualification of a health science educator.

- **Distance learning**

Klopper and Williams (2005:155) describe distance learning as when the student is separated from the lecturer or tutor by distance, geographically from the institution through which they are studying. Ready packaged study material, audio-visual resources, and assistance by facilitators according to subject matter aid learning. In this study, distance learning refers to students, who are studying through Telematic Learning Systems at the North-West University (Potchefstroom Campus).

- **Evaluation**

Evaluation is giving a score/competency rating to a student's ability to use a certain skill, or knowledge content about a certain aspect (Ehlers 2002:138). In this study, evaluation was done on clinical and theoretical teaching sessions, presented by students. Students were then rated according to a value of competent/not competent.

- **Clinical teaching**

Clinical teaching refers to the way in which the student learns to combine theory with practical skills. It is the interlinking of theoretical knowledge and practical skills (Mellish & Brink 1986:243).

- **Perception**

Perception is the meaning we attach to information that is received by our senses. The meaning we attach to our perceived stimuli is a combination of reality and the way in which we organise data (Hamachek 1995:199).

- **Post-basic nursing programme**

Regulation 7 of the SANC (SANC 1993) defines a post-basic nursing programme as any course, which in the specific course has a specific regulation that relates to it. These regulations relate to when additional qualifications are registered for once a basic nursing course has been completed. For example, in this study the participants followed the post-basic course in nursing education, in order to register the additional qualification of nursing education, as stipulated in Regulation 118 of the SANC (SANC 1987).

1.7 RESEARCH DESIGN AND METHODOLOGY

1.7.1 Research design

The researcher selected a qualitative design, using the phenomenological method. Qualitative studies seek to learn and describe human experience with regard to certain phenomena. This is done by discourse and interaction with subjects, who have experienced or are experiencing the phenomena in a certain field (LoBiondo-Wood & Haber 2002:144).

The phenomenological method enabled the researcher to describe and explore how student tutors experienced the process of evaluation of clinical and theoretical teaching, in this distance-learning programme offered at the North-West University, Potchefstroom Campus.

1.7.2 Population

The population consisted of students who had completed the module in health science education practica and had submitted their practica workbooks to the University for

moderation. The study was conducted at the campus of the North-West University in Cape Town.

The population were student tutors enrolled in a distance post-basic nursing course at the North-West University (Potchefstroom Campus) to qualify as nurse educators.

1.7.3 Sample

The researcher selected the sample by means of non-probability or purposive sampling. This method was selected as the target group was a specific population, namely students who had completed the health science education practica module (NSET 271), through distance education, at the North-West University (Potchefstroom Campus).

1.7.4 Data collection

Data was collected by means of focus group interviews with groups of six to seven participants. This method enabled the participants to describe their experiences freely (LoBiondo-Wood & Haber 2002:304). The interviews provided a more holistic picture of evaluation of teaching practica. During the interviews, the researcher asked open-ended questions based on the research question. The interviews were tape-recorded.

1.7.5 Data analysis

Computer software would be used, including the Tesch method of data analysis. The data analysis was done using Tesch's (1992) eight steps and SPSS, version 13.0, computer program. The researcher transcribed the taped interviews verbatim and then identified themes and categories, using Tesch's (1992) method. Themes and categories were clustered (grouped) together and coded, to enable easy retrieval later. This coding system enabled the researcher to identify similar concepts (Mizrach 2006:3). The researcher keyed all the data into the computer.

1.7.6 Trustworthiness of the study

The researcher ensured the trustworthiness of the study by returning to the students upon completion of the data analysis to verify that the information obtained was accurate and share the findings with them.

1.8 ETHICAL CONSIDERATIONS

The researcher observed the following ethical considerations throughout the study:

- **Permission to conduct the study**

The researcher obtained written consent to conduct the study at the institution from Professor D Koen, Head of Nursing Science (Telematic Learning Systems) (see Annexure B).

- **Scientific honesty**

To ensure scientific honesty, the researcher used bracketing and intuiting to avoid bias. Bracketing refers to identifying and putting aside any preconceived ideas about the phenomenon being studied. Intuiting involves excluding prior knowledge and beliefs, and focusing on the respondents' actual experiences in a specific situation (Brink 1996).

- **Informed consent**

The respondents' rights were protected and informed consent obtained. To obtain informed consent, the researcher explained the nature, purpose and potential benefits of the study, and how data would be collected (Burns & Grove 2001:206). Even though minimal risk was involved in this study, the respondents' written consent was obtained. The consent form stipulated that confidentiality and anonymity would be maintained, and that the interviews would be tape-recorded (see Annexure C).

- **Voluntary participation**

The researcher emphasised that participation was voluntary, no respondent would be coerced to participate, and the respondents could withdraw at any time should they so wish.

- **Confidentiality and anonymity**

The respondents were assured that all information would be treated as strictly confidential. Furthermore, the respondents' anonymity would be maintained because they would not be required to give their names. The researcher also offered to answer any questions about the study.

1.9 OUTLINE OF THE STUDY

Chapter 1 discusses the background to, purpose and significance of the study; briefly describes the research design and methodology, defines key concepts, and outlines the study.

Chapter 2 covers the literature review conducted for the study.

Chapter 3 describes the research design and methodology.

Chapter 4 discusses the data analysis and interpretation.

Chapter 5 presents the findings and conclusions, and makes recommendations for practice and further research.

1.10 CONCLUSION

This chapter discussed the purpose and significance of the study, research design and methodology, and ethical considerations, defined key concepts, and outlined the study.

Chapter 2 discusses the literature review undertaken for the study.

CHAPTER 2

Literature review

2.1 INTRODUCTION

This chapter describes the literature review conducted for the study. LoBiondo-Wood and Haber (2002:78) refer to a literature review as "a methodical process of reviewing important literature available on the specific topic of research". The purpose of a literature review is to formulate a foundation of knowledge, on which to base a research study (LoBiondo-Wood & Haber 2002:79).

For this study, the review covered key concepts and issues in clinical teaching and evaluation, including types of teaching, teaching skills, and evaluation of teaching as well as distance education and the differences between residential and distance education. The researcher conducted the literature review prior to the study in order to identify previous research on clinical evaluation and clinical teaching in distance post-basic nursing training programmes. The review also assisted the researcher to identify gaps in existing research on clinical teaching and evaluation and in this distance post-basic nursing programme.

The researcher based the literature review mainly on empirical data published in international and national journals and books, making use mainly of primary sources, although secondary sources were included. The available literature revealed that the majority of studies focused on the evaluation of student nurses in basic nursing programmes, or on the evaluation of actual post-basic nursing programmes. The researcher found no research on students' perceptions of evaluation/assessment of clinical teaching in post-basic courses and distance learning.

2.2 TEACHING

Ehlers (2002:4) defines teaching as "assisting a learner to learn" and emphasises that it is assistance, guidance and support by the teacher/facilitator to enable the learner to acquire skills, knowledge and attitudes. Mellish, Brink and Paton (2001:74-76) describe

teaching as “an integration of activities that includes guidance, assistance and empowerment. These activities create a milieu where learning can take place.”

Teaching can occur in various settings, namely classroom, clinical, at a distance, or through the use of multi-media such as on-line, telephonic, video conferencing. Formal teaching is also referred to as structured teaching, and is planned in advance, according to a specific framework. Examples of formal teaching methods are formal lectures, discussions, and demonstrations. These methods are usually used in the classroom or laboratory setting.

Informal teaching refers to unstructured and “on the spot” teaching (Pohl 1984:85-98). Informal teaching is also called opportunistic teaching, and often takes place as part of the daily practice of professional practitioners, students and clients. It is usually a spontaneous occurrence (Quinn 2001:198). Informal teaching includes interactive methods with talking and listening, such as discussions, role-play and simulations.

The type of teaching setting will affect the teaching strategy or method to be used. In classroom teaching, the lecture is the most commonly used method. In clinical teaching, the demonstration is the most commonly used method. Distance teaching may include teaching methods such as video conferencing, study guides, or telephone conferences (Billings & Halstead 2005:397-401).

Clinical teaching initially denoted guiding a student to learn at the client’s bedside. However, clinical teaching can take place in any health- or non-health-related context, with or without the presence of a client. Defining clinical teaching invariably includes the integration of theory into practice (Ewan & White 1996:2). Mellish et al (2001:207) refer to clinical teaching as the type of teaching that enables the student to put into practice the theory that was taught in the classroom, and to apply this theory by making sound judgments, and using social and interactive skills.

In order to enhance the integration of teaching and learning in both the classroom and clinical situation, the teaching process should be based on an educational taxonomy. Klopper (2001:118) points out that teaching is intended to foster and facilitate students’ psychomotor, cognitive and affective development. Bloom (1974:6-7) emphasises the

importance of an educational taxonomy that includes educational aspects that are logical with clarity of terms and based on sound psychological assumptions.

The main aim of constructing a taxonomy for use in education is to ensure objectivity, and allow for the incorporation of objectives from different educational fields. Bloom's taxonomy includes three domains: psychomotor, cognitive and affective. In order to meet the objectives of the educational taxonomy, adequate teaching strategies and methods must be used. The types of teaching strategies chosen should vary according to the situation where teaching will occur. The selected teaching strategies should also address the different domains of the educational taxonomy.

According to the US Center for Faculty Excellence (2006:4), teaching includes scholarly assistance, and cognitive motivation, as well as classroom, clinical and practical instruction. Ehlers (2002:5) stresses that the teacher can assist and guide the learner, but never do the actual learning for the student. The present study demonstrates the importance of assistance and guidance from the teacher, but students must also accept responsibility for their own learning.

2.2.1 Teaching skills

The teacher plays an important role in ensuring effective learning in both theory and clinical practice. Certain skills and competencies are important for teaching in nursing. Billings and Halstead (2005:13) describe these skills and competencies as follows:

- *Skills of curriculum development*, the teaching and learning thereof by using information systems and evaluating attainment of student outcomes. Here the teacher is expected to be knowledgeable about the content to be taught, setting of objectives, and outcomes. The teacher must be able to select the appropriate learning activities and strategies, which are based on the relevant theories. Appropriate evaluation and assessment is to be conducted, and adequate feedback given to students by using communication skills to promote critical thinking. These skills are to be used in both classroom and clinical teaching.
- *Professional practice skills*. The teacher should be knowledgeable and practically competent, and be able to use the relevant teaching strategies and

methods. The teacher should be able to foster good relationships with other staff in the clinical area, to enhance the learning experience for students.

- *Relationships with students and fellow teaching staff*. As teaching consists of interaction between the teacher and student, or students as a group, a foundation of mutual regard is important. The teacher should be able to create an environment conducive to learning and motivation. This can be done if the teacher builds a good rapport with students. These skills are also important to fellow colleagues, especially junior staff, where the teacher should act as a mentor or role model, with mutual respect being displayed at all times.
- *Scholarship*. Depending on the teachers' role in the academic organisation, they may be expected to conduct research on their area of expertise, and publish this research. Academic staff are often called on to act as consultants on teaching and learning aspects.

The success of teaching is greatly affected by the teacher's teaching skills, and will influence students' effective learning. The qualities and skills displayed by the nurse educator will create a positive climate for learning (Mellish et al 2001:71-74; Reilly & Oermann 1987:140-149).

According to Quinn (2001:401-402), for the teaching-learning situation to be effective, the tutor's interpersonal skills are of vital importance, and tutors should have the following personal qualities: self-awareness of their own weak and strong points; the ability to create a climate of trust, acceptance and respecting the student as an individual; the ability to be themselves, display empathy and be knowledgeable. Teachers with effective teaching skills will utilise different teaching strategies and methods to ensure that all the domains of the educational taxonomy are addressed.

2.2.2 Teaching strategies

Teaching strategies are approaches and methods used to facilitate and enhance the teaching-learning process (Mellish et al 2001:97). Different types of teaching strategies and methods will allow for students' psychomotor, cognitive and affective development.

2.2.2.1 Classroom and clinical teaching

In nursing education, teaching consists mainly of two components: classroom (theoretical) and clinical (practical) teaching. These two cannot be separated, as clinical teaching is based on theoretical or classroom teaching (Mellish et al 2001:97). Classroom teaching is theory-based and occurs in a classroom setting. The lecture method is the most common method of teaching used in higher education (Quinn 2001:337).

Teaching in the clinical setting is “any place where students interact with clients or their families for the purpose of acquiring psychomotor and affective skills, and to promote the development of critical thinking” (Billings & Halstead 2005:325). Clinical teaching can occur in any setting where there is one-to-one contact between tutor and student. In clinical teaching, a client may or may not be present (Klopper 2004:68). Clinical teaching is a process of putting theory into practice.

The concept of teaching student tutors started in the 1950s (Klopper 2007:62). The aim was to enable the student tutor to learn professionally what is expected of them during teaching. Billings and Halstead (2005:231) emphasise that teaching is “a complex set of actions aimed at ensuring learning”. Moreover, teaching includes different processes, namely setting objectives, arranging learning materials and activities, and evaluating student performance.

Klopper (2001:62) points out that teaching is a way of preparing students to integrate theory, learning and psychomotor skills, be competent when performing these skills, and demonstrate the necessary professional attitudes and behaviour (affective skills). All these form the foundation for continuing education in the lives of students. Student tutors are expected to complete the relevant theoretical modules successfully, and integrate this theory into their clinical and classroom teaching, whilst performing the relevant psychomotor skills in a professional manner (thereby demonstrating affective skills). The teaching environment consists of the student tutor, the evaluator/ facilitator, the client (where necessary), the recipient student and the venue/environment.

A student tutor can learn to teach by allocation to classroom and clinical settings. This allocation period of student teaching will then be supervised by a supervisor, and include evaluation of teaching performance.

2.2.2.2 Open/Distance/Residential teaching

In open teaching and learning students are able to learn at their own pace and in their own time. As far as possible, restrictions are removed to allow for flexibility, assisting the student by using a variety of teaching methods, and enabling accessibility, to aid the student to succeed (Rowntree 2000:14).

Quinn (2001:281) emphasises that open learning is more flexible than traditional residential learning. This flexibility must include a minimum of barriers with regard to accessibility, types of teaching strategies used, methods of assessment, place of study, as well as time allocated for study.

In distance teaching, student and tutor are separated by geographical distance (Rowntree 2000:29). Distance teaching is aided by means of study packages and an appointed facilitator, who is proficient in a specific field (Hewitt-Taylor 2003:23). According to Quinn (2001:280), for distance teaching to be classified as such, there should be considerable geographical separation between the student and the institution offering the course. Furthermore, distance learning and teaching is not only defined on the basis of geographical distance, but the teaching strategies and methods used are often in the form of information and communication technology, such as videos, compact discs (CDs), and the Internet (Quinn 2001:281).

In residential teaching, the student actually attends classes at the institution of learning. Teaching is done at the education institution. Most residential teaching is conducted by use of teaching methods such as formal lectures, group discussions and demonstrations.

2.2.2.3 Teaching strategies

The demands for increased flexibility in learning as well as the constraints on continuing education forced educational institutions to review the teaching-learning setting, so that teaching can take place almost anywhere today. Jacobs, Vakalisa and Gawe (2004:319) point out that without adequate knowledge of the relevant teaching strategies, teachers will continue using traditional methods, which conflicts with the objectives of OBE.

There are many different teaching strategies and methods, and when choosing the method, the ultimate goal is to enable students to learn (Mellish & Brink 1996:121). The teaching setting will influence the choice of teaching strategy or method that to use. Quinn (2001:179) lists five criteria for planning a teaching session, namely relevance of objectives to be met; relevance specifically for the student; congruence with the teacher's skills; appropriateness for availability of resources; compatibility with the philosophical foundation of the nursing course, and inclusion of a variety of teaching methods. Teaching methods should address the different learning styles. The most important strategies include formal/informal, open/distance/residential, and classroom/ clinical teaching.

2.3 EVALUATION/ASSESSMENT

As education is in the outcomes-based era, it is important to clarify the difference between evaluation and assessment. Quinn (2001:200) describes assessment as "forming a value judgement on the quality of a student's performance, skills or theory". The words *evaluation*, *assessment* and *examination* are often used interchangeably. According to Ewan and White (1996:200), *assessment* is the process used by teachers to determine student development in terms of learning, by allocation of marks or not. *Evaluation* refers to the broader process of determining how effective the education received by the student is. *Examination* is the formal process of assessment to formulate a judgement on a student's achievement.

Mellish et al (2001:222) describe evaluation as "an orderly process whereby a judgement is made about the skill, values and behaviour of a student according to a prescribed standard. This process is conducted by a proficient and competent evaluator." Assessment is seen as a broader process, and may have marks allocated or not. Mellish et al (2001:224) refer to Quinn's (1983:230) definition of assessment as "a measurement where no mark allocation is involved, eg checklists to check specific behaviours".

Billings and Halstead (2005:443) define evaluation as "a process of forming a value judgement, and indicating strengths and weaknesses during the process". Klopper (2006:110) cites Van der Horst and McDonald's (1997:169) definition of assessment as

“an approach to measure theoretical (cognitive), affective and psychomotor skills. This measurement indicates level of competence, and assists in the evaluation process.”

Reilly and Oermann (1992:380-381) define evaluation as “a course of events, where a conclusive judgement is made about the level of proficiency of skills, knowledge and attitudes, according to set criteria. The events in evaluation are seen as an ongoing, ever-changing process, conducted by a proficient person.

In the *National Educational Policy Act, 27 of 1996*, assessment is defined by the South African Qualifications Authority (SAQA) as “the process of selecting, collecting and clarifying data about a learner to improve the learning process” (South Africa 1978). Evaluation is defined as the process of collecting data by means of assessment, in order to formulate a judgement about a learner’s proficiency.

In this study, evaluation is defined as “to formulate a judgement on the student tutor’s abilities regarding cognitive, psychomotor and affective skills, and determine competence according to specific criteria”.

2.3.1 Types of evaluation/assessment

There are several types of evaluation/assessment. The following are the main types:

- *Norm-directed evaluation* refers to a comparison of a students’ performance with the achievement of all the other students (Quinn 2001:203).
- *Criterion-referenced evaluation*, also called *domain-referenced assessment*, evaluates a students’ proficiency according to set criteria, to attain a certain goal. This evaluation relates directly to meeting specific criteria (Quinn 2001:203). The correlation between goals and criteria is vital in criterion-directed evaluation (Klopper 2001:126).
- *Diagnostic evaluation* is evaluation conducted to determine specific skills, and indicates strengths and weaknesses in these skills (Slavin 2006:506).
- *Formative evaluation* determines students’ progress in goal attainment (Price 2005:72). This evaluation is conducted to correct actions, and identify lack of knowledge. The main objective of formative evaluation is to guide the student to acquiring new skills, both psychomotor and cognitive (Mellish et al 2001:223).

- *Summative evaluation* is conducted at the end of a student's course, to determine a competent level of proficiency (Mellish et al 2001:222).

According to the Home Page of Robert Gerber (2007:1), summative evaluation provides information on the strong and weak points of curricula. It also provides final feedback on the entire progress of students' learning; that is, with regard to methods of learning, content of curriculum, and meeting of course outcomes. It is the kind of evaluation used to judge the student's competency against a prescribed standard (Price 2005:73).

At the end of the students' course summative evaluation is conducted to determine whether the student is able to practise as a competent, effective practitioner.

2.3.2 Evaluation of teaching

Since nursing is a recognised field of study in higher education, the evaluation of nursing tutors is a complicated activity. It is important to evaluate not only students to ensure proficient practitioners, but also tutors/educators to ensure that they render an acceptable standard of teaching. Billings and Halstead (2005:562) emphasise that evaluating teaching effectiveness includes the evaluation of teaching strategies or methods; methods used to assess student performance, and the effectiveness of student learning. Student feedback is crucial to effectively assess and evaluate teaching.

Ewan and White (1996:233) describe certain criteria for evaluating different aspects of teaching. The first important aspect in evaluating teaching is criteria for course evaluation. These criteria are effectiveness, acceptability and feasibility.

- *Effectiveness* includes achieving objectives in courses and using knowledge learnt in previous courses, as well as performance appraisal systems.
- *Acceptability* includes acceptable teaching methods, learning milieu, correct use of assessment methods, and acceptable objectives.
- *Feasibility* encompasses availability of resources, good time management, including allocation of classroom time and self-study time by students, economic feasibility with regard to resources, availability and planning of venues and resources.

Once general criteria have been selected for the evaluation of teaching, specific criteria can be formulated. Specific criteria can be formulated from the collection of certain data. This data can be collected from peers, educators of other courses, students' pre- and post-test examination results, questionnaires, peer observations both in the classroom and clinically, and feedback from recent student tutors who have graduated (Ewan & White 1996:234-235).

Student tutors are evaluated on clinical and classroom teaching with regard to psychomotor, cognitive and affective skills. During evaluation, each level of the domain is considered so that appropriate methods of assessment can be selected. Evaluation of the cognitive domain includes knowledge, comprehension, application and analysis, synthesis and evaluation (Quinn 2001:141-142). Application of this domain in class-room teaching includes ability to mention specific facts, while in clinical teaching, it will mean listening or observing whether student tutors are able to apply knowledge.

Evaluation of the affective domain includes receiving, responding, valuing, organisation and characterisation in terms of values (Quinn 2001:144-145). When making evaluations in this domain, written values must be included in the outcome or goal to be achieved.

Evaluation of the psychomotor domain includes perception, set, guided response, mechanisms, complex overt response, adaptation and origination (Quinn 2001:146). Application of this domain includes a range of motor skills and synchronisation. In clinical teaching, this domain with its various levels is evaluated in conjunction with the other domains, because critical thinking is expected of the student tutor.

Evaluation of student tutors' classroom and clinical teaching needs to be in a context conducive to learning, which includes mutual trust between the evaluator and the student, and immediate feedback, so that corrective action can be taken, when necessary. The student tutor will then see this as a positive learning experience (Viverais-Dresler & Kutschke 1992:228).

Smith and Smith (2003:46) point out that although much has been written on and mentioned in national guidelines on the preparation of clinical and classroom teaching

(eg, in the United Kingdom), there are no clear guidelines on the development of the clinical educator and evaluator.

2.3.3 Assessment of teaching

Teacher assessment can be conducted when teachers leave the institution where they trained. It can also be conducted internally and externally at the training institution where they are teaching. Assessment of teaching can be done on various aspects, including the teachers' planning, creating a learning milieu, actual teaching and learning process, assessing learners' achievement, and meeting different learning needs. These issues can be assessed, using different methods including peer evaluation, observation by direct supervisors, self-assessment and evaluation (Viverais-Dresler & Kutschke 1992:228). Assessing teaching can enable performance appraisals to improve classroom teaching and prevent continuance of poor teaching.

2.4 PERCEPTIONS

Jacobs et al (2004:231) refer to perception as one of the most important elements underpinning effective teaching and learning. Learning can only occur after exposure to stimuli, and each person is exposed daily to a variety of stimuli that affect the different senses.

Hamachek (1995:199) defines perception as how individuals experience stimuli by the sensory receptors, from the world around them. What is experienced consciously is not always the same as what is experienced auditorily, visually or tactically. People's perception is affected by the way in which they view the world around them. Therefore individuals' interpretation of sensory stimuli will be affected by their own views (Hamachek 1995:199).

According to Muchinsky, Kriek and Schreuder (2006:217), people's preconceived views also influence the way in which information is processed. These views assist people to process large amounts of data. If information does not fit with people's preconceived views, that data is usually eliminated or ignored during information processing. Information is processed instinctively as much as possible, and value judgements tend

to remain consistent. It is only when something extraordinary happens that people might reflect on their preconceived views.

In this study, perception played an important role, as data was collected from student tutors in order to determine how they perceived and experienced classroom and clinical evaluation of their teaching skills.

2.4.1 Factors that affect perception

The way individuals view the world around them greatly influences what they focus on and what they ignore (Hamachek 1995:200). The stimuli people select to focus on depend on their internal components as well as the external environment (Viljoen 2003:6). Viljoen (2003:6) refers to McKenna's (1994) description of these individual internal components as preparatory set, orientation, intensity of motives and familiarity of stimuli. Preparatory set refers to a collection of items that people are more inclined to see according to their internal state. Orientation is the perspective to react to certain physical stimuli, which is often based on individuals' history and culture. Intensity of motives refers to individuals' unfulfilled needs. Familiarity of stimuli refers to exposure to stimuli familiar to individuals. If individuals are exposed to a range of different stimuli, they will be attracted to the familiar rather than the unfamiliar. The factors that affect perception were important in this study, as the respondents each focused on different stimuli from either the external or internal environment. The participants could perceive the evaluation of teaching skills differently due to factors such as culture, their unfulfilled needs, responses to their own internal states, or choosing to react to familiar rather than unfamiliar stimuli. All the student tutors (respondents) were unique, with their own perceptions and expectations, and this influenced the way they perceived their evaluation of the teaching sessions they presented.

2.4.2 Perception in the teaching-learning situation

Learning is enhanced by students' perception of what they are being taught (Jacobs et al 2004:232). Students' perception in the teaching-learning situation can be influenced by a number of factors, including use of teaching strategies to assist verbal teaching; using teaching strategies to improve memory and comprehension; using past experience and knowledge on which to build new knowledge; using a variety of teaching

strategies to stimulate all the senses and increase learning; active involvement of students in the use of different teaching media, and the teacher's competence and creativity in adapting teaching media and material to the specific situation. Teaching media or strategies should be seen as a method to enhance rather than a substitute for teaching and learning. The teacher is a vital role-player in the teaching-learning situation. Student tutors are exposed to various teaching methods and media, and should be encouraged to learn how to use these effectively to enhance teaching and learning.

2.5 CONCLUSION

This chapter described the literature review on teaching and teaching skills. The literature covered different types of teaching, including classroom, clinical, formal and informal, distance, open and residential teaching; evaluation and assessment; Bloom's taxonomy; perception of clinical and classroom teaching and evaluation, and the factors that influence perceptions.

Chapter 3 covers the research design and methodology.

CHAPTER 3

Research design and methodology

3.1 INTRODUCTION

This chapter describes the research design and methodology, the population, sampling and sample, and data collection.

3.2 RESEARCH DESIGN

The research design is the strategy the researcher will use to obtain information on a research question or to test a hypothesis (Polit & Hungler 1995:155). It is the overall plan in scientific research, and includes all the steps from beginning to end. It serves as a strategy to aid the researcher in collecting, analysing and interpreting data (Bless & Higson-Smith 1995:63).

Research designs in quantitative studies are more formal compared to those in qualitative studies, which tend to be more flexible. The reason for this is that qualitative studies tend to be more congruent with exploration and scrutiny (Polit & Hungler 1995:160). Polit and Hungler (1995:235) refer to Lincoln and Guba's (1985) emerging design in qualitative studies. Lincoln and Guba's (1985) approach allows the researcher to incorporate the participants' actual experiences and views, which are often not known at the start of the study. Babbie (1995:83) points out that the research design encompasses being precise about the data to be collected and the best method to do this.

In this study, the researcher adopted an exploratory, descriptive design in the phenomenological approach, to describe and explore how student tutors' experienced the process of evaluation of their clinical teaching in a specific distance-learning programme.

3.2.1 Qualitative research

Qualitative research is a broad term that includes many different approaches. In qualitative studies, the researchers go to the place or situation where the event under study occurs (LoBiondo-Wood & Haber 2002:126). Qualitative studies aim to explain the experiences, and how the participants understood and felt about these experiences, in a specific situation (Brink 1996:119).

Burns and Grove (2001:61) refer to qualitative research as a methodological non-objective approach used to describe how people experience phenomena or events, and what meaning they attribute to these experiences. In this study, the researcher wished to gain insight into and understand student tutors' experiences of evaluation during teaching sessions in specific nursing programme.

According to Polit and Beck (2004:245), qualitative research:

- Often includes the use of different data-collection methods.
- Is flexible and allows for adjustment during the process of data collection.
- Looks at the picture as a whole, in order to understand all the components together.
- Enables the researcher to become part of the data-collection instrument.
- Needs continuous analysis of data to allow for changes in data collection and, in so doing, determine when adequate data has been collected.

In this study, the researcher used the phenomenological method.

3.2.2 Phenomenology

Phenomenology studies the way humans experience certain phenomena, and their narration of these phenomena. The focus of phenomenology is the actual experiences, rather than the participant. The roots of phenomenology stem from Husserl and Heidegger's philosophies. Phenomenological studies usually consist of a small population of less than ten (10) participants or until saturation of data is reached (Polit & Hungler 1995:246).

Phenomenology is humanistic based, and the results of a study are based on the researcher's experiences, and portrayal of a real-life situation (Burns & Grove 2001:31). Polit and Hungler (1995:246) refer to Van Manen's (1990) statement that this real-life situation or lived experience consists of four facets that are of interest to phenomenologists, namely spatiality, corporeality, temporality and relationality. In this phenomenological study, the researcher focused on the student tutors' experience while being evaluated on clinical teaching sessions.

3.2.2.1 Phases of phenomenology

The phenomenological approach consists of four phases: bracketing, intuiting, analysis and description (Brink 1996:120). These phases are not rigid, and their use varies from researcher to researcher.

- **Bracketing** is identifying preconceived ideas about phenomena being studied, and putting these aside.
- **Intuiting** is the process whereby the researcher attempts to exclude prior knowledge and beliefs, and focuses on the actual experiences of participants in a specific situation.
- **Analysing** is the process of taking information that has been collected in a study, and identifying commonalities, in order to group this data into usable categories.
- **Description** is the process whereby the researcher takes the usable categories of data, and identifies relationships between the categories.

In the present study, the researcher used all the phases:

- By using bracketing, the researcher attempted to remove pre-conceived ideas and notions.
- By using intuition, the researcher focused on the respondents' experiences, and attempted to exclude prior knowledge.
- By identifying words and grouping these into similar categories, the researcher analysed the data. The researcher continuously reviewed the data until comprehension was reached, and common patterns identified.

- The researcher described the once the patterns of data were clear enough to be comprehended. In the description, the researcher demonstrated the inter-relationship between data.

3.2.3 Descriptive

The researcher conducted a descriptive study with the main aim of authentically depicting the respondents' experience of being evaluated on their clinical teaching performance (Polit & Hungler 1995:700).

3.2.4 Exploratory

This study was exploratory because it examined (explored) the extent of the phenomenon (namely, being evaluated) and refined the predicted relationships between events (Polit & Hungler 1995:702).

3.3 POPULATION

A population is a group of people that share a common denominator that is of interest to the researcher (Brink 1996; Polit & Hungler 1995:701). The population in this study was student tutors who had completed the NSET 271 module in theoretical and clinical teaching in the distance post-basic nursing programme.

A target population is the collective group of subjects that the researcher is interested in studying (Polit & Hungler 1995:232). In this study, target population was student tutors, registered in distance post-basic nursing programmes, who had successfully completed the practica module (NSET 271) of clinical and theoretical teaching.

An accessible population is a group of participants, who meet all the criteria and to which the researcher has access (Brink 1996:132). The accessible population in this study was student tutors enrolled in distance post-basic nursing programmes at the North-West University, Potchefstroom Campus, who had successfully completed practica module (NSET 271) at the Bellville Campus, in theoretical and clinical teaching.

3.4 SAMPLING

Sampling is the method of selecting a subsection of the population for use in a research study. A sample is used in a research study, as it is often not practical or possible to study an entire population of interest to obtain data (LoBiondo-Wood & Haber 2002:240).

In phenomenological studies, the participants have either experienced the phenomena in the past, or are currently experiencing the phenomena. Phenomenologists believe that each person's past is part of the present. (LoBiondo-Wood & Haber 2002:145). In this study, the participants had all experienced evaluation of clinical and theoretical teaching sessions, in the course of their studies.

The researcher used non-probability purposive sampling in this study. Burns and Grove (2001:376) define purposive sampling as "the intentional selection of participants that are to be included in a research study". In this study 7 student tutors who had completed the NSET 271 module at the North-West University, Bellville Campus, were purposively selected to be included in one focus group. Only seven student tutors were selected in one focus group, as the Bellville campus is a small campus of North-West University. These student tutors included all the successful student tutors in the NSET 271 module of clinical and theoretical teaching to which the researcher had access.

3.5 DATA COLLECTION

In this study, the researcher used the interview to collect data on the student tutors' experiences during theoretical and clinical teaching. The researcher focused on these experiences as a whole, and not just on components of evaluation. By becoming part of the data-collection instrument, the researcher observes and interviews participants, and interprets data by using her clinical experience.

Qualitative data is collected by means of verbal responses from individuals, and by means of data analysis is organised into categories that describe the phenomenon being studied (Burns & Grove 2001:29). In this study, the researcher endeavoured to describe the experiences of students during evaluation.

Data collection in qualitative studies is much more flexible than in quantitative studies (Polit & Beck 2004:332). The data-collection method used in this study was a semi-structured group interview, with a focus group. The group interview was tape-recorded.

3.5.1 Data-collection approach and instrument

3.5.1.1 Focus groups

In focus groups, a small group of people is brought together to discuss a specific topic, under guidance of the researcher (Rubin & Babbie 2005:454). In this study, students who had completed the practica module (NSET 271) successfully through distance education at North-West University (Potchefstroom Campus), at Bellville campus, were selected by purposive sampling,

Focus groups allow for interaction, which may stimulate group thinking and give rise to freedom of expression and ideas for improvement in programmes. This may give rise to new ideas that may often not occur in individual interviews (Rubin & Babbie 2005:455). The researcher selected this interview technique mainly to allow the participants' freedom of expression on their perceptions of evaluation of clinical teaching sessions, and to identify strengths and weaknesses in this post-basic nursing programme.

In focus groups, group dynamics can have a major impact on information and feelings being verbalised. The researcher must be aware of any participant dominating the interview, which will reduce the responses of other participants. Thus it is of vital importance for the researcher to control the dynamics, and develop skills as a moderator or facilitator (Rubin & Babbie 2005:455). The present researcher has experience as a facilitator.

Principles of focus groups

Burns and Grove (2001:424) list the following principles of focus groups:

(1) There is a shared experience in a group of individuals, which gives them the freedom to express thoughts and feelings. In this focus group, the students had all successfully completed the NSET 271 module.

(2) Individuals are a great reservoir of data. The respondents were a reservoir with regard to how they perceived the process of evaluation, during clinical teaching evaluation.

(3) Individuals are capable of expressing thoughts and feelings. In this study, the respondents could express and communicate their perceptions of evaluation during clinical teaching sessions.

(4) Group dynamics can stimulate valid and reliable information. The respondents, as a group, could stimulate ideas and suggestions.

(5) Group interviews are more productive and skilful than individual interviews. The researcher chose the focus group interview to stimulate thought and participation, thereby to generate more data.

(6) Lastly, the group facilitator can assist participants to retrieve forgotten information, by getting participants to focus on the topic. The researcher as the group moderator/facilitator ensured that the respondents focused on their experiences of evaluation during clinical teaching, in order to stimulate thought and participation.

Uses of focus groups

Focus groups have the purposes (Johnson & Christensen 2004:185):

(1) To obtain data about the topic of interest. In this study, the researcher wanted to obtain information on evaluation of clinical teaching sessions.

(2) To identify problems in a programme, service or product. In this study, the researcher wanted to identify the strengths and weaknesses of the distance programme.

(3) To determine perceptions of objects of interest. In this study, the researcher wanted to determine the respondents' perceptions of evaluation of clinical teaching sessions.

(4) To stimulate new ideas and creativity. In this study, the researcher wanted to find possible innovative ideas to correct weaknesses (if any), in the distance post-basic nursing programme.

Focus group phases

According to Welman and Kruger (2001:189), the focus groups have five phases:

(1) Introducing the topic: The researcher introduced the topic to the participants, namely student perceptions of evaluation of clinical teaching sessions in this specific programme at North-West University.
(2) Setting ground rules: The researcher set the following rule: Only one participant may speak at a time.
(3) Each participant to make an introductory statement: The researcher asked students to make a brief statement about their perceptions of evaluation of clinical teaching sessions.
(4) Researcher as a facilitator/moderator: The researcher guided the interview by asking the following questions:

4.1 How did the respondents perceive the process of evaluation for teaching practica?
4.2 What problems did the students experience during evaluation of clinical teaching sessions?
4.3 What suggestions did the respondents have for positive change to enhance the evaluation process of teaching practica?

(5) Concluding the session: The researcher asked each participant to conclude the group interview by making a final statement.

The group facilitator/moderator

The group facilitator/moderator must be a good communicator and experienced facilitator. Proficiency in interpersonal skills is essential (Johnson & Christensen 2004:185). The researcher has the required expertise, as she has been facilitating group discussions for a number of years. The researcher was able to involve all the participants in the focus group interview, and obtain responses from each one. This also ensured that no participant dominated the focus group interview. The researcher probed the topic, and knew when the topic was exhausted and no further data could be obtained. The interview was conducted according to the interview protocol (see Annexure D).

The researcher took notes during the focus group interview, and tape-recorded the session, as information of interest was primarily auditory. The focus group interview took one hour to complete.

3.5.1.2 Unstructured interview

The flexibility of the unstructured interview allows researchers to arrange and ask questions at their own discretion (Brink 1996:158). Semi-structured focus group interviews were conducted to allow the researcher to focus on the purpose of the study, namely the respondents' experience of evaluation of clinical teaching sessions.

Focus groups, also called group interviews, are built on structured, unstructured or semi-structured interviews (Rubin & Babbie 2005:454). In this study, the researcher used a semi-structured group interview of seven respondents.

3.5.1.3 Data collection

After obtaining written permission from Professor D Koen, at the North-West University to conduct the study, the researcher consulted student lists to obtain names of students who had completed the NSET 271 module at the Bellville campus. The researcher telephonically contacted as many students as possible, explained the topic of research, and invited them to participate in the research study. Voluntary participation was stressed, and they were assured that anonymity would be ensured.

Venue

The venue was the Orbit Centre (Bellville Campus). One of the smaller lecture rooms was used, to allow for better tape-recording of the focus group.

Setting and arrangements

A long table with seats arranged in a circle was prepared before the respondents arrived. The researcher ensured that the lighting and temperature of the room was comfortable for the respondents. The tape recorder was placed in the centre of the table, to allow the researcher to record the session.

On the respondents' arrival, the researcher explained the research topic and asked them to complete the consent form. The researcher again reminded the respondents that the interview would be tape-recorded.

Introducing focus group members

The researcher did not have to introduce herself, as the respondents knew her. The researcher then ensured that all the participants knew each other (even though they had attended group discussions together during the course of their studies). The researcher asked each participant to make an opening statement about the research topic. The researcher then asked research questions, and each participant responded. Between research questions, the researcher ensured that what the participants said, was what she understood them to say. Once the researcher felt that saturation point had been reached, each participant was asked to make a final statement in summary. The participants were thanked for their participation, and told they would be informed of the results of the study.

Time spent

The researcher spent one hour on the focus group interview.

3.6 DATA ANALYSIS

In qualitative research, data analysis actually starts with the commencement of data collection. Researchers must become intensively involved in the data (Streubert & Carpenter 1999:28).

Unlike quantitative researchers, qualitative researchers reject standardised methods of data analysis. Qualitative data analysis is seen as flexible and can be applied to different procedures and themes. The common point of departure amongst qualitative researchers regarding analysis is transcribing data so that it is understandable (Tesch 1992:4).

The aim of data analysis is to organise and structure the data in such a manner that a meaningful conclusion can be reached (Polit & Beck 2004:570). The phenomenological approach to collecting data in this study aimed to identify common themes. Tesch (1992:68) defines a theme as "a portion of data that relates to the topic, or statement of the study".

Polit and Beck (2004:570) emphasise that analysis of qualitative research can be very challenging, for the following reasons:

- There is no common rule for analysis and presentation of data.
- Analysis and description is labour intensive.
- Qualitative data should not be condensed too much, otherwise the true value of the data is lost.

In this study, using Tesch's eight-step method to analyse the transcribed data obtained from the focus group interview and notes taken during the interview, the researcher coded the data into themes in order to identify commonalities, as well as unique themes.

3.6.1 Data management and organisation

Data management and organisation ensures data analysis. It includes all the activities that classify data into manageable categories to allow for accessible retrieval and storage (Polit & Hungler 1995:576).

In phenomenology, the process of data analysis starts as soon as the first data is collected. The first aspect the researcher has to consider is a conceptual one, namely identifying his or her own preconceived ideas about the phenomenon under study. This

is also called bracketing (Tesch 1992:92). In this study, the researcher put her own preconceptions in writing, as a way to attempt to control researcher bias.

3.6.2 Transcribing the data

Polit and Beck (2004:572) refer to audiotaped interviews and field notes as important sources of data in qualitative studies. Transcription of data from this source must be accurate, and to the letter. Data transcriptions must include non-linguistic expressions, such as sighs, clearing of throats. Polit and Beck (2004:572) cite Poland's (1995) statement that there are three types of errors that can occur during transcription:

- Firstly, intentional changing of data. Here transcribers change data to make it look correct. Non-linguistic cues are often omitted. The importance of verbatim transcription should be explained to transcribers.
- Secondly, accidental changing of data. Here unintentional omission of punctuation marks occurs, which can change the meaning of the data. The misunderstanding of words can also change the meaning of the data.
- Thirdly, inevitable changing of data. Here only a part of the data will be captured in the transcription. This is often due to omission of non-verbal cues, such as body language.

The researcher should always re-check transcriptions with taped interviews. During re-checking non-verbal cues should be inserted. In this study, the researcher transcribed the tape-recorded study with the assistance of a typist. The researcher then re-listened to the taped focus group interview, to ensure that the data had been correctly transcribed. Although very time consuming, the researcher was able to become better acquainted with the data.

3.6.3 Strategy for data analysis

Babbie and Mouton (2006:490) describe Tesch's structure of data analysis as valuable in the organisation of data analysis. Streubert and Carpenter (1999:28) point out that the process of data analysis occurs when data is grouped together in terms of batches. These batches of data are called themes.

According to Tesch (1992:92), data analysis is conducted in terms of two major subgroups. The first group encompasses researchers who aim to identify relationships, and include holistic ethnographers, and educational ethnography. The second group includes researchers whose main aim is to identify patterns in research. This includes research where the main aim is to understand the meaning of the data, and identify themes. Phenomenology and hermeneutics are included in the second group of data analysis.

3.6.4 Identification of patterns or themes

According to Tesch (1992:92), in phenomenological research, data analysis starts as soon as data collection has commenced. Streubert and Carpenter (1999:28) emphasise that in all qualitative research, data analysis starts with the collection of data.

The process of analysis starts when the researcher reads all the data that has been transcribed. In phenomenology, researchers immerse themselves in the data, and re-read the complete set of data, until they are able to formulate a complete picture of the data. Once researchers are satisfied that all the data is accessible to them, they have one of two choices: either to categorise all meaningful data into units, and then decide which of these categories are applicable to the research questions, or to look only for meaningful units that apply to the phenomenon under study, and categorise these. Each theme is then summarised into a condensed form. Where there are similarities, the themes are grouped together. This is continued throughout the data, until all the themes and sub-themes, or categories and sub-categories, have been revealed. A descriptive statement (using one person's experience) or general statement (using all the experiences) is then formulated by combining all the themes together. This general statement formulation is called identification of the crucial structure of the phenomenon. The result will describe the elements of which the phenomenon under study is composed (Tesch 1992:93).

Once the researcher had transcribed all the data, and reviewed the data until saturation point was reached, phrases and statements were identified and formulated into major themes. From these themes, the researcher formulated categories and subcategories.

3.7 ETHICAL CONSIDERATIONS

Ethical issues play an important role in human research and will affect the choice of research design (Woods & Catanzaro 1988:90).

To protect the rights of the University and the participants, informed consent was obtained. The researcher ensured that all the requirements of informed consent were met, namely provision of adequate information, participant comprehension, voluntary participation, and that participants made their own decisions (Burns & Grove 2001:206).

In qualitative data, researchers are also concerned with enhancing trustworthiness, which consists of four criteria, namely credibility, dependability, conformability and transferability (Polit & Hungler 1995:426).

- **Credibility** refers the steps the researcher takes to ensure that the data is collected in a manner that ensures reliable findings.
- **Dependability** refers to the consistency of data over different time periods and conditions. Dependability can be ensured by using different techniques; for example, stepwise replications and inquiry audits.
- **Conformability** refers to the unbiasedness of data. This means that two independent parties would reach mutual consensus about the meaning of the data. Confirmability can be ensured by inquiry audits.
- **Transferability** refers to the universality of the data. This is the degree of ability with which the data can be applied to other contexts or similar settings. Qualitative researchers use thick description, which is a full and comprehensive description of the data-collection process, and which will allow for transferability.

The researcher obtained voluntary informed consent from all the participants and did not force any participant to take part in the study. With minimal risk involved in this study, written consent was obtained from each participant (see Annexure C). The consent form stipulated that anonymity and confidentiality would be maintained, and that the participant gives permission for the focus group interview to be tape-recorded. To protect the rights of North-West University, the researcher obtained consent to conduct from the University (see Annexure B).

The researcher provided the following information to the participants:

- The researcher explained the nature and purpose of the study and that the information would be tape-recorded.
- The researcher explained that the study would identify strengths and weaknesses in the distance-nursing programme.
- The participants were informed that all responses would be kept confidential, as stipulated in the consent form signed by them. The researcher answered all the participants' questions.
- The researcher ensured that the participants understood what the study was about, outlined the study and clarified terminology.

3.8 CONCLUSION

This chapter described the research design and methodology, including the population and sampling, data collection and analysis, and ethical considerations. Chapter 4 discusses the data analysis and interpretation, and the findings of the study.

CHAPTER 4

Data analysis and interpretation

4.1 INTRODUCTION

This study wished to describe student tutors' perceptions of clinical evaluation in a distance post-basic nursing programme. The purpose was to highlight strengths and weaknesses, which could lead to possible solutions/changes according to the needs identified. The respondents were asked to describe their perceptions of evaluation of clinical teaching in the distance post-basic nursing programme.

Data was collected by means of a phenomenological focus group interview with seven respondents. The participants had registered for either the diploma or degree in nursing education (health science education) through the Telematic Learning Systems at the North-West University (Potchefstroom Campus). The participants had all successfully completed the module NSET 271 (the practica component of health science education), in order to meet the requirements of R118 of the SANC, for the additional registration in nursing education.

The study wished to answer the following research question:

How do student tutors perceive the evaluation of clinical teaching sessions?

In order to answer the research question, the researcher asked the participants the following questions in the focus group interview:

- How did you perceive the process of evaluation of teaching practica?
- What problems did you experience during the evaluation of clinical teaching sessions?
- What suggestions do you have for positive change to enhance the evaluation process of teaching practica?

Data analysis was done according to Tesch's (1992:92) method of data analysis, in order to understand the meaning of the data and identify themes from the data collected. This is usually done in phenomenology and hermeneutics, so this method of analysis was applicable to this study, as it was a phenomenological study. Four main themes emerged from the data analysis. Each theme includes quotations from the participants, which are then supported by findings from the literature review. The collected data was presented verbatim and coded under the appropriate themes and sub-themes.

4.2 DATA ANALYSIS

The data analysis was described in detail in chapter 3. The researcher listened to the audiotapes and transcribed the data. After transcribing the data, the researcher again listened to the audiotapes, to ensure that no data was lost. The researcher then immersed herself in the transcripts by reading, and re-reading them, until she was familiar with the collected data. All the transcribed data was then coded, and similar units were grouped into themes, from which certain sub-themes emerged.

4.3 THEMES AND SUB-THEMES

Table 4.1 presents the themes and sub-themes that emerged from the data. These are then discussed and supported by quotations from the participants, and relevant literature findings.

Table 4.1 Themes and sub-themes

Themes	Sub-themes
4.3.1 Clinical evaluation experience	4.3.1.1 Student responsibility 4.3.1.2 Evaluator availability 4.3.1.3 Practica facility 4.3.1.4 Expression of feelings (a) conflicting feelings (b) anxiety and nervousness (c) frustration (d) vulnerability (e) challenging (f) instructive (g) fascinating
4.3.2 Process of evaluation of clinical teaching	4.3.2.1 Evaluator skills 4.3.2.2 Attitude of the student tutor 4.3.2.3 Criteria 4.3.2.4 Time
4.3.3 Problems experienced during clinical evaluation	4.3.3.1 Evaluator/facilitator 4.3.3.2 Practica facility
4.3.4 New perspective	4.3.4.1 Training school affiliation 4.3.4.2 Allocation of evaluator 4.3.4.3 Theoretical vs practica workload

4.3.1 Theme: Clinical evaluation experience

Table 4.2 illustrates the first theme, namely clinical evaluation experience, with its sub-themes. Each sub-theme is then discussed, and the participants' responses included verbatim. Relevant literature is applied to each sub-theme.

Table 4.2 Clinical evaluation experience

Themes	Sub-themes
4.3.1 Clinical evaluation experience	4.3.1.1 Student responsibility 4.3.1.2 Evaluator availability 4.3.1.3 Practica facility 4.3.1.4 Expression of feelings (a) conflicting feelings (b) anxiety and nervousness (c) frustration (d) vulnerability (e) challenging (f) instructive (g) fascinating

4.3.1.1 Student responsibility

Most of the respondents acknowledged that it was their responsibility to do their own planning and organisation for their clinical teaching and the evaluation thereof. This was indicated by the following responses:

I know it is the students' responsibility to organise their time. (Data 37).

But you had to organise yourself to get everything done. (Data 17).

It was a good task. It made you realise your responsibility. (Data 15).

I did think it was my responsibility for the practica, to find out where to do my clinical evaluation. (Data 16).

You had to expose yourself and organise things on your own. (Data 15).

Williams (2007:1-2) indicates in the student tutors' practica book for NSET 271, that the student is responsible for the planning and organising of learning opportunities involved

in clinical teaching. Klopper (2006:37) states that all the role-players in outcomes-based education (OBE), that is, students, evaluator and the community have a responsibility in student learning. Jacobs et al (2006:2) emphasise that since the commencement of OBE, students play a participative role in their learning, which will encourage students to take ownership for their learning as well as promote student reflection.

4.3.1.2 Evaluator availability

The participants indicated that they often experienced difficulty in finding an educator to evaluate their clinical teaching sessions. The availability and shortage of qualified nurse educators appeared to be problematic for these participants. According to the respondents:

Because where I am working we did not have anyone with education so we had to use somebody from another clinic. (Data 14).

Sometimes you get them and sometimes you don't get them, let alone the evaluator. (Data 15).

It was hard work finding somebody. (Data 17).

Manias and Aitken (2005:69) emphasise that the clinical teacher (evaluator) is often faced with the problem of financial constraints, which leads to a shortage of evaluators. Castledine (2007:503) states that financial constraints on the economy and health services have an impact on the placement of clinical staff, which often results in a shortage of mentors.

4.3.1.3 Practica facility

The participants who were working in a training institution experienced the clinical evaluation more positively. Those working in other areas often had to go training centres in order to complete clinical teaching. This was indicated by the following comments:

Because I was connected with an ... uhm ... institution with a school, a nursing school, it was much easier. They had all the information, and the guidance they gave to me. (Data 18).

The nursing staff were a little difficult at times because they're all pre-occupied and had to get back to the clinical area. The hospital was amased at the long distance nursing programme going, so they had difficulty putting the official stamp on my evaluation form. However, when I went to Conradie, they were more aware of what was happening at Potch, as they had some of their staff doing the course. (Data 19).

This concurs with Price (2005:72) who cites that clinical placement is one of the most important aspects in any nursing course where an assessment will be conducted. Williams (2007:1) indicates a list of facilities for clinical teaching that the respondents could have utilised, which is found in the *Students' Information Guide* of the North-West University (Potchefstroom Campus).

4.3.1.4 Participants' feelings

The participants experienced both positive and negative feelings during their evaluation of clinical teaching. The researcher grouped positive and negative feelings together.

Negative feelings

(a) Conflicting feelings

It was very tough. To me it was good in a way. (Data 17).

That was the only problem I had. This was the only thing that affected me specifically. (Data 33).

I wouldn't say I had many problems. (Data 35-36).

This was consistent with Klopper's (2001:131) finding that students' perceptions during evaluation play an important role in learning.

(b) Anxiety and nervousness

Because you find, ... eh ... (stuttering). (Data 13).

I didn't have any problems because ... uhm … (Data 16).

But I had had the practice, (clearing throat). (Data 35).

Ehlers (2002:135) states that stress may play an important role during evaluation, and may affect a student's performance. Reilly and Oermann (1992:385) maintain that the fact that the student's performance is being observed is a stressful factor.

(c) Frustration

So in our organisation we had to organise according to her availability. (Data 14)

You have to stand up in order to achieve what you want. (Data 16).

It is hard to get a venue and it is hard to get students, so that was a big problem. (Data 34).

Viverais-Dresler and Kutschke (1992:225), however, refer to Beeman's (1988) study on RN students' perception of the meeting of adult needs as requiring more support from each other and preceptors.

According to Goldenberg and Dietrich (2002:301), by creating a humanistic educational approach during evaluation, the emphasis will be on coordination, caring, problem-solving, and critical and analytic thinking, thereby reducing frustration for the student.

(d) Vulnerability

The fact that you had to expose yourself and organise things ... uhm ... (Data 15).

Reilly and Oermann (1992:385) found that any clinical setting creates feelings of vulnerability in students, and that preceptors and evaluators should acknowledge this when conducting evaluations.

Positive feelings

(e) Challenging

It was a challenge for me because that was the kind of work that I was doing. (Data 17-18).

I perceived it as a challenge in getting the information they want to know. (Data 24).

To me it was also a challenge, but otherwise good. (Data 24).

This was in agreement with Olivier's (2002:130) finding that initially in any form of outcomes-based learning, the student has to find the challenge, define it, and start planning and gathering information to meet the required outcome.

(f) Instructive, informative

To me it was a very meaningful, informative experience. (Data 14).

To me it was a good learning experience and I didn't have any problems. (Data 16).

I am also saying what she said … You could learn, you could organise. (Data 17).

According to Klopper (2001:123), one of the criteria for evaluation is being propitious. Evaluation should lead to the student to acquire new knowledge.

Olivier (2002:145) contends that assessment in outcomes-based learning is in itself a process of learning. The reason is that students are able to judge their own performance during the evaluation/assessment.

(g) Fascinating

To me it was a fascinating experience because of the area that I worked in. (Data 18).

This concurs with Clark et al's (2004:555) study, based on Bandura's social cognitive theory, which found that the way Students' perceive course material will influence their efforts and attempts to meet outcomes and affect their level of success.

4.3.2 Theme: Process of evaluation of clinical teaching

Table 4.3 illustrates the second theme, namely process of evaluation of clinical teaching, with its sub-themes. Each sub-theme is discussed, and participants' responses included verbatim. Relevant literature will be applied to each sub-theme.

Table 4.3 Process of evaluation of clinical teaching

Theme	Sub-themes
4.3.2 Process of evaluation of clinical teaching	4.3.2.1 Evaluator skills 4.3.2.2 Attitude of the student tutor 4.3.2.3 Criteria 4.3.2.4 Time

4.3.2.1 Evaluator skills

The participants perceived the evaluators and their skills as both positive and negative, with variations verbalised with regard to flexibility, inconsistency and standards. According to the participants:

The evaluator was an experienced person, because she is a mentor for primary health students, she could help here and there and whenever I had a problem she was there. As if the facilitator was there. She took that part as a facilitator. (Data 21).

She was guiding me nicely with how to prepare my prac, and what must I do. But at the end of the day I had a problem with her signing my register. (Data 22).

I feel that the people who are supposed to evaluate you, they also kind of think what's going on? And then you just want to do everything, but you want a positive attitude from them, and you want a positive mark. (Data 26).

Each one of them is unique and at their own level, so the one is more flexible so she will give you a high mark with no problem, but on the other hand the next one can be a little bit more strict, and then she will mark you off. (Data 29).

Klopper (2001:24) emphasises that the facilitator should demonstrate a positive attitude, be approachable, knowledgeable and recognise the uniqueness of each student.

According to Reilly and Oermann (1992:145), important characteristics of the evaluator in clinical teaching include flexibility, patience and admission of mistakes and limitations.

Olivier (1999:71) asserts that assessment must be consistent, reliable and fair, irrespective of who and where the assessment is conducted.

In the clinical situation, the assessor (evaluator) is often the mentor as well. Hand (2006:49) points out that this double role can often be debatable, as it may affect the accuracy of the assessment, especially where there has been prolonged contact between the student and the evaluator over a period of time.

4.3.2.2 The student tutor's attitude

The participants displayed the attitudes of adult learners. They accepted responsibility for their own learning and arranging of evaluation with an evaluator. According to the participants:

So you couldn't say, I wasn't ready; I wasn't that exposed and ready, preparing everything like I was supposed to be. (Data 25-26).

So it also lies with the student. The responsibility lies with the student from the beginning, knowing what is expected from them and they must be able to know what to do. (Data 26-27).

I found taking time off and linking myself up with one education department made all the difference. (Data 27-28).

This is congruent with Mellish and Brink (1986:82), who state that adult learners will take responsibility for their own learning. Klopper (2001:44) refers to Knowles' (1980:44) statement that during normal development, the adult moves towards self-direction and is therefore able to take responsibility for his own learning. Muller (2002:279) cites Klopper's (1994b:3-15) emphasis that adult learners display certain characteristics, namely self-direction, experience that will contribute to learning, readiness to learn something new, and learning orientation so that what is learnt can be applied to their own lives or professions.

4.3.2.3 Criteria

The participants were of the opinion that the criteria of evaluation were achievable, clearly set out, and unambiguous. According to the participants:

Knowing what is expected from them and they must be able to know what to do. (Data 26-27).

Everything was according to the criteria, all the tools were there, as well as the target. (Data 38).

Then you can also arrange with them what the criteria are that you've got to meet so that they can have an insight into the evaluation process. (Data 40-41).

The information and criteria in the file of the practica wasn't difficult, it was just time consuming. (Data 52).

Criteria wasn't difficult, but organising and planning was my problem. (Data 53).

The content of the course was fine. (Data 54).

Booyens (1999:308) stipulates the prerequisites of criteria as being achievable, clear, unambiguous and measuring what they are supposed to measure. Klopper (2001:122) highlights that criteria that enable effective evaluation should include validity, reliability, should be continuous, according to educational objectives, should allow for the learning to be meaningful, clarity of criteria, and should contain a limited time factor.

4.3.2.4 Time

The participants found that the time allocated by the University for the evaluation of the clinical teaching sessions was too short. They felt the combination of theoretical and practical assignments gave them a tremendous workload, which made them feel pressurised. According to the participants:

I felt that the time was too short even though it was supposed to be continuous from the start of the year. (Data 25).

Because the workload was too great, it is something that you must just get on with. (Data 27).

During that semester, doing those assignments and preparing for the practica, it was difficult. (Data 50).

Klopper (2007:91) points out that time constraints have a crucial effect on clinical teaching. Moreover, Klopper refers to Carr's (1983) statement that time featured

predominantly in the lives of educators, as well as in their communication with students. Communications with students were often filled with time-reminding phrases.

4.3.2 Theme: Problems experienced during clinical evaluation

Table 4.4 illustrates the third theme, namely problems experienced during clinical evaluation, and includes the sub-themes. The sub-themes are discussed and participants' responses included verbatim. Relevant literature is applied to each sub-theme.

The problems that student tutors in this study experienced during evaluation and assessment of clinical teaching sessions were evaluator/facilitator problems, and practica facility problems, which included learner and venue availability, as well as the inability of students to complete practica in their place of employment.

Table 4.4 Problems experienced during clinical evaluation

Themes	Sub-themes
4.3.3 Problems experienced during clinical evaluation	4.3.3.1 Evaluator/facilitator problems 4.3.3.2 Practica facility

4.3.3.1 Evaluator/facilitator problems

The shortage of evaluators was emphasised again as problematic (see theme 4.3.1, and sub-theme 4.3.1.2 evaluator availability). The participants felt that evaluators were often not reliable because they forgot appointments made for evaluation. Some of the participants felt that evaluators wasted time. Evaluator knowledge and expertise were also questioned. According to the participants:

[Another thing] is the evaluator, he waste time and it is often their day off, you have already arranged your off duties, but when you get there you find they are busy. (Data 35).

Bunkers, Berkland and Berkland (2006:217) stress the importance of good time management by mentors/evaluators/facilitators, specifically for student tutors, as it enhances the mentoring experience, and promotes theory-practica integration beyond

the classroom borders, hence promoting the development of students' cognitive affective and psychomotor skills.

But the question was: did the evaluator have the knowledge that she should have? It wasn't her field, it was a different field. (Data 38).

Expert evaluator knowledge and clinical proficiency promotes learning in the clinical situation (Reilly & Oermann 1992:145).

I organised some of the evaluations but sometimes they look at you and can't help you. (Data 36).

Kloppers (2007:68) concurs, stating that there is very little assistance available for educators to improve their clinical teaching skills. It is essential for educators to keep abreast of developments in clinical teaching, and competency may be maintained by dual appointment in both an educational setting as well as a clinical setting, for example.

Much of the literature refers to the preparation of evaluators, such the *National Guidelines of the United Kingdom on the Preparation of Mentors and Teachers* (ENB/DoH 2001) and the *Standards for Specialist Education and Practice* (UKCC 2001), but without any specific guidelines for the clinical educator and evaluator (Smith & Smith 2003:46).

4.3.3.2 Practica facility

Clinical teaching is a learning approach with the primary focus on the client or the student, in different contexts (Klopper 2007:62). Clinical teaching in this study focused on student tutors, and the evaluation of clinical teaching sessions they had to conduct.
The triad of clinical teaching in this study consisted of the student tutor, the environment (venue) and the recipient student of the teaching sessions. All three these components are necessary in order for clinical teaching to take place. The evaluator/facilitator was present to evaluate these clinical teaching sessions. The participants expressed the inability to complete the prescribed clinical teaching sessions in their own workplaces, with many of the participants having difficulty gaining access to a practica facility that

would provide them with a venue and recipient student. The participants stated the following:

Because it was a community health centre, other topics that I had to teach about I had to go to MOU and organise, and ask from MOU from the sister in charge how. And then found out that if I planned my topic for that week, I couldn't get in that week, so I had to cancel that week and see the following week or two if I can get in. (Data 31-32).

Same as my colleague. I work in a community health centre and for the teaching I had to go out and organise something at another centre where there is a teaching centre with students. You find they have their own schedule, so it is hard to find somebody there. It is hard to get a venue and it is hard to get students, so that was a big problem. (Data 34).

But I was able to do it at the nursing school at the hospital where they organised the students and the tutor. Sometimes they are still not able to help you because they have other duties and responsibilities. (Data 36).

Reilly and Oermann (1992:121) state that educators should be considerate when considering clinical settings, and be aware of adjustments staff often have to make to enable students to have the required experiences. Settings selected for clinical practice should have the necessary resources available with flexible staff, who are prepared to act as a mentor, evaluator, or any role required according to the specific course the student is studying (Reilly & Oermann 1992:126-127).

Klopper (2007:62-63) cites White and Ewan's (1991:3) emphasis that in the clinical teaching, the evaluator can prepare the student, client and herself for the process, but must always be aware of any unplanned event that may occur in the environment during the clinical teaching session.

4.3.4 Theme: New perspective

In this theme the participants suggested that changes be made during evaluation/assessment of clinical teaching in this post-basic nursing programme. Table 4.5 presents the fourth theme, namely new perspective, which includes the sub-themes

of training school affiliation, allocation of evaluator, and theoretical and practical workload. The sub-themes are discussed and the participants responses included. Reference is made to relevant literature applicable.

Table 4.5 Theme: New perspective

Theme	Sub-themes
4.3.4 New perspective	4.3.4.1 Training school affiliation 4.3.4.2 Allocation of evaluator 4.3.4.3 Theoretical vs practica workload

4.3.4.1 Training school affiliation

Staff shortages, extra patient loads, and the unpredictability of the clinical setting often make it very difficult for student tutors to conduct clinical teaching for evaluation purposes. The participants felt that being linked to a training school would eliminate the problems of tutor, student and venue availability. These aspects emerged as problems for the participants in other areas of this study (see theme 4.3.3). The participants commented as follows:

However, I think there should be a recommendation that you should take time off from your regular job so that you can spend time at a nursing school where you have an audience. (Data 40).

Because I'm linked to a nursing school, every month there is an induction programme for the newcomers. So I suggest they can ask the students to be part of that induction, so that will be in a formal set-up within a class with lots of new people, and the tutors and everything, and everyone will be present there. (Data 41-42).

My opinion is that ... uhm ... Potch should be linked to a nursing school. (Data 42).

My suggestion is, if we can link to one training college. (Data 44).

Klopper (2007:63) refers to White and Ewan's (1991:3-4) statement that the patient environment for clinical teaching is often an unpredictable and ever-changing environment. Often, unexpected changes occur in this environment, and clinical

teaching has to be abandoned. Work schedules and routines will always be viewed as more important as opposed to the attaining of learning objectives.

Manias and Aitken (2005:67) agree with affiliation to an academic setting, stating that clinical teachers who were linked to faculty saw their role as one of promoting integration of theory and practice during clinical teaching.

4.3.4.2 Allocation of evaluator

The participants experienced problems with evaluator availability, inconsistency, rigidity and reliability as indicated throughout this study (see sub-themes 4.3.1.2 and 4.3.2.1). As a possible solution to this problem, the participants suggested that the university through which they are studying should allocate an evaluator for the evaluation of their clinical teaching sessions. According to the participants:

And that one facilitator must evaluate you for your practica and your lectures. (Data 42-42).

So that one evaluator has the responsibility, and can help us there, it will be much better and more organised. (Data 44).

To me, the only suggestion is to give a responsible person ... (stuttering) ... or get a responsible person for the work, it would be fine, but they must also give to that person a ... whatchamacallit ... like a protocol. That person will do it throughout the year but she or he will also know what they expect from me as the student. (Data 46).

Although I didn't have a problem, because I only had one evaluator. I think one evaluator is the best solution. (Data 49).

Regarding criteria for evaluation, and specifically in the clinical educational setting, Klopper (2001:124) maintains that multiple evaluators should be involved in evaluation to ensure fairness.

Hand (2006:49) concurs with Klopper's view that the assessor/evaluator plays a dual role of mentor, and especially where there has been prolonged contact between student and evaluator, it may affect the accuracy of the assessment.

Billings and Halstead (2005:448) stress that multiple evaluators lead to the collection of more accurate data. Furthermore, external evaluators tend to be less biased, as they have no direct links to organisations.

4.3.4.3 Theoretical vs practica workload

Their theory and practica workload appeared to be quite stressful to the participants. They expressed a perception that the theoretical workload, such as the number of assignments be decreased in the year that the practica module is to be completed. They regarded the combination of health service management practica and health science practica in one year as an excessive workload. The participants felt that more time should be allowed for completion of the health science education practica module (NSET 271) in this post-basic nursing programme. According to the participants:

During that semester, doing those assignments and preparing for practica, it was difficult. If you could have the same assignments in another semester without the practica, or if they could at least cut two assignments within that semester. Then you know you have at least enough time to prepare for your practica. (Data 50).

Whereas if you had had enough time to do your practica, it would have been better. (Data 53-54).

Extra time is needed, without assignments or tests. When you can put your mind just on the practica, and complete it in that time period. (Data 55).

Management practica and education practica together make it very difficult, especially if they are in the same year. This is difficult on the students' part. (Data 56).

This is in contrast with Olivier (2002:49), who states that knowledge and skills and values are bound together, as the basis for outcomes-based learning, which is what all higher education in South Africa is based on.

Jacobs et al (2004:2) concur with Olivier (2002), stating that the foundation of outcomes-based education is such, that the student must be able to demonstrate at a micro-level what he/she has learned. Therefore, there will be theoretical-practical integration.

These statements also contrast with the information pamphlet issued by North-West University containing all course information, which clearly states that a multi-exit and entry approach is utilised for all courses as stipulated by the South African Qualifications Association (SAQA) (Klopper 2006:2)

4.4 CONCLUSION

This chapter discussed the themes and sub-themes that emanated from the data analysis, with relevant literature that either contradicted to or supported the findings of the study.

Chapter 5 discusses the findings and conclusions, and makes recommendations for practice and further research.

CHAPTER 5

Findings, limitations and recommendations

5.1 INTRODUCTION

This chapter concludes the study, discusses its findings and limitations, and makes recommendations for practice and further research. The study wished to examine how student tutors perceived the evaluation of their teaching skills. The population consisted of student tutors enrolled in a distance post-basic nursing course, at the North-West University (Potchefstroom Campus), to obtain the qualification as a nurse educator. The participants were student tutors who had completed the health science education practica component (NSET 271) successfully at the Bellville Campus, of the North-West University.

5.2 BACKGROUND TO THE STUDY

The evaluation of teaching practica is an integral component of student tutors using distance education to obtain the degree/diploma in health science education. Students enrolled in either the baccalaureate or the diploma in health science education are required in the second year of study to complete teaching practica to meet the requirements of Regulation 118 (Regulations Concerning the Minimum Requirements for Registration of the Additional Qualification in Nursing Education) of the SANC (SANC 1987).

Ehlers (2002:4) defines teaching as assisting a learner to learn. It is assistance, guidance and support by the teacher/facilitator to enable the learner to acquire skills, knowledge and values. Mellish et al (2001:74-76) describe teaching as a combination of activities that include guidance, assistance, facilitation and assessment. Quinn (2001:401-402) holds that for teaching and learning to be effective, the tutor should possess certain personal skills and qualities such as awareness of strong and weak points, ability to create a climate of trust, recognising the individuality of the student, an empathetic attitude and being knowledgeable. According to Billings and Halstead (2005:13), important teaching skills and competencies include skills for effective

curriculum development, sound professional practice skills, both theoretically and practically, good interpersonal skills, and scholarship, which enable mentorship for students and junior teaching staff.

The purpose of the study was to highlight the strengths and weaknesses of evaluation of teaching practica in this distance post-basic nursing programme. The aim was to identify the strengths and weaknesses of this distance course of study for student tutors and make the necessary recommendations.

5.3 OBJECTIVES OF THE STUDY

The study aimed to

- describe students' experiences during evaluation of clinical teaching sessions in this distance post-basic nursing programme
- determine strengths and weaknesses during evaluation of clinical sessions in this distance post-basic nursing programme
- make recommendations based on the findings

5.4 RESEARCH METHODOLOGY

The researcher selected a qualitative design, using the phenomenological method. Data was collected by means of phenomenological focus group interviews with groups of six to seven participants. This method promoted a discourse and interactive approach between the researcher and the participants (LoBiondo-Wood & Haber 2002:144). The study wished to answer the following research question:

How do student tutors perceive the evaluation of clinical teaching sessions?

Data analysis was conducted according to Tesch's (1992:68) method of data analysis, which was used to organise and structure data, in order to reach a meaningful conclusion (Polit & Beck 2004:570). Once the researcher had transcribed the interviews and reviewed the data until saturation point was reached, phrases and statements were identified and formulated into major themes. From these themes, the researcher formulated categories and subcategories.

The data was arranged into themes and categories after the transcription of the tape-recorded interviews.

Four themes were identified to describe the respondents' experiences of evaluation of teaching skills: clinical evaluation experience; process of evaluation of clinical teaching problems experienced during clinical evaluation, and the new perspective.

5.5 FINDINGS

5.5.1 The clinical evaluation experience

- The participants acknowledged that it was their responsibility to plan and organise their teaching practica and the evaluation thereof (see chapter 4, section 4.3.1.1).

- Evaluator availability was often problematic for the participants. They often experienced difficulty in finding an evaluator to evaluate their teaching practica. A shortage of qualified nurse educators featured prominently from the data collected (see section 4.3.1.2).

Manias and Aitken (2005:69) and Castledine (2007:503) acknowledge that there is a shortage of mentors and clinical evaluators, often due to financial constraints. However, Williams (2007:1-2), states that student tutors are responsible for the planning and organisation of their teaching practica.

- The availability of a practica facility also proved problematic for the participants who were not working in a training institution. Those working in a training institution experienced the evaluation of teaching practica more positively than their counterparts (see section 4.3.1.3). Thus, the participants experienced the clinical evaluation both positively and negatively.

Conclusion:

It is evident from the data that the shortage of qualified nurse educators for student tutors appears to be a major problem. These students rely on nurse educators for evaluation of teaching sessions. Gaining access to a practica facility was also experienced/perceived as being problematic.

The participants acknowledged their responsibility as adult learners, to plan and organise their own teaching practica. This was difficult at times due to the shortage of evaluators and practica facilities being available.

Recommendation:

Students should be reminded when commencing the course, that planning and organisng of practica is their responsibility. The University should investigate the possibility of agreements with more training institutions in order to eliminate the problem of accessibility to practica facilities.

5.5.2 The process of evaluation of clinical teaching

- The participants viewed the evaluators' skills both positively and negatively, particularly flexibility, inconsistency and standards (see section 4.3.2.1).

Positively:

The criteria for evaluation were clear, achievable and unambiguous (see section 4.3.2.3). The participants displayed an attitude of adult learners, by taking responsibility for their own learning, as well as organising for evaluation of teaching practica (see 4.3.2.2).

Negatively:

The time allocation for practica stipulated by the University, was seen as too short. The participants indicated that the combination of theoretical and practica workload placed a lot of pressure on them (see section 4.3.2.4).

Conclusion:

During the process of clinical evaluation, standards and skills of evaluators varied, indicating inconsistency and unreliability, which contributed to the participants' anxiety. The participants were accepting of the criteria they had to meet, and indicated that there was clarity of criteria. The participants felt pressurised by the combination of the theoretical and practical workload in this course of study.

Recommendation:

Compulsory courses for nurse educators, specifically with regard to student evaluation, should be implemented. Nurse educators who have completed these courses successfully, should be re-evaluated within a specific period. This will decrease inconsistent and unreliable evaluation. The University should address the combination of theoretical and practical modules, to see whether a re-organisation of modules in the different semesters would not put less pressure on students.

5.5.3 Problems experienced during clinical evaluation

- Evaluator/facilitator problems were indicated again in this theme. The [participants felt that evaluators often wasted time, and forgot appointments with students. The participants questioned the expertise and knowledge of evaluators (see sections 4.3.1.2 and 4.3.3.1).

- Practica facilities remained problematic for the participants. Difficulty in gaining access to practica facilities made it difficult for the participants to obtain a venue and recipient student to present teaching practica. This was a problem as the triad of clinical teaching consists of the student tutor, venue and the recipient student (see sections 4.3.1.3 and 4.3.3.2).

Bunkers et al (2006:217) stress the importance of good time management by evaluators, in order to enhance the mentoring process and promote theory-practica integration.

Conclusion:

The researcher concluded that the evaluators who evaluated the participants practised poor time management, thereby making their evaluation a negative experience for them. Gaining access to a practica facility for teaching sessions further hindered the participants from completing teaching sessions in time.

Recommendations:

Managers should brief nurse educators who conduct evaluation of teaching practica on the importance of time management. If the University improved accessibility to practica facilities, by means of signed agreements, the learning experience would be enhanced for student tutors.

5.5.4 The new perspective

- The participants were of the opinion that being affiliated to a training school would eliminate the problems of staff shortages, extra patient loads, and unpredictability of the clinical setting. Tutors, recipient students and venues would be readily available if this affiliation was in place, thereby making it less difficult for the student tutor to be evaluated on the required teaching practica (see section 4.3.4.1)

- Allocation of evaluators by the University would eliminate the problems of evaluator inconsistency and unreliability indicated by the participants (see section 4.3.4.2).

- The combination of the theoretical and practical workload appeared to be very stressful. The participants suggested decreasing the number of assignments during the teaching practica module. Separating the health science practica and

the health service management, so that both did not have to be completed in the same year, was also suggested (see section 4.3.4.3).

The integration of theory and practice is an important component of outcomes-based education, so the suggestion of separating or decreasing theoretical assignments conflicted with Olivier (2002:49), who advises this integration.

Conclusion:

The study found that the participants realised the important role of the evaluator in the completion of their teaching practica.

The participants felt that a reduction in the number of theoretical assignments would alleviate the stress, yet this is not always possible as the relevant bodies approve curricula, and these remain in force until re-curriculation occurs.

Recommendations:

The allocation of evaluators by the University would assist students to view the evaluator more positively. Selection of evaluators by the University according to knowledge and skill would ensure that evaluation is conducted in a fair, consistent and unbiased manner.

5.6 RECOMMENDATIONS

The researcher makes the following recommendations for nursing education, nursing administration, and further research.

5.6.1 Nursing education

Upon registration at the University, all student tutors should submit a situational analysis of facilities where teaching sessions would be presented, to ensure accreditation (see section 5.5.1).

The SANC should implement compulsory update courses for all nurse educators at regular periods, to ensure that knowledge, educational skills, and competencies are maintained. This will also ensure that standards are maintained during education and training of student tutors (see section 5.5.2).

By affiliation to nursing school/schools, depending on the number of students completing the health science practica module, students are assured of accessibility to practica facilities, with evaluators, venues and recipient students. This will also ensure that criteria of evaluation are met, as all training schools have policies and procedures with regard to assessment, which are evaluated by the SANC during their accreditation visits (see section 5.5.1).

Working agreements must be formulated between the University and training schools, to ensure that there is clarity on the outcomes students have to reach, as well as clear and definite guidelines on the process of evaluation (see section 5.5.1).

The University must appoint facilitators with the nursing education qualification to conduct evaluation of student tutors' teaching practica. Exposure to multiple evaluators will ensure that evaluation results are fair and less biased (see section 5.5.4).

SAQA must formulate unit standards for the nurse educator course, with the specific standard including evaluation of student tutors (see section 5.5.2).

5.6.2 Nursing administration

Nurse managers must assist student tutors by delegating the evaluation of student tutors practica to specific nurse educators. These educators must also act as mentors (see section 5.5.2).

Allocation of leave, and off-duties must be scheduled during periods when no student tutors have teaching practica to complete (see section 5.5.3).

Qualification incentives should be made available for registered nurses to complete the course in nursing education. Nurse educators should receive higher salaries than nurse specialists in other fields to prevent staff turnover (see section 5.5.3).

Nurse managers should do staff planning in such a way that nurse educators are always available for student tutors to complete their practica (see section 5.5.3).

Nurse managers must send nurse educators on regular skills development courses, specifically in relation to assessment and evaluation, to ensure that all nurse educators maintain competence (see section 5.5.2).

A body of nurse educators should be formed to conduct peer assessment on teaching and evaluation in order to formulate specific standards for Nurse Educators' performance in South Africa (see section 5.5.2).

5.6.3 Nursing research

Further research is required with regard to student tutors' perceptions of evaluation of their teaching skills, specifically at the other campuses of North-West University who offer Telematic Learning through distance education (see section 5.5.3).

The same study should be conducted at other universities to see whether their findings differ, or similar conclusions are reached (see section 5.5.3).

Further studies to determine how assessors perceive the assessment of student tutors (see section 5.5.2).

Research into the types, quality and format of assessment methods used by different assessors (see section 5.5.2).

5.7 LIMITATIONS OF THE STUDY

This study focused only on student tutors at Bellville Campus, who had completed the health science practica module successfully through North-West University (Potchefstroom Campus), Telematic Learning Systems. These findings cannot be generalised to the other campuses of North-West University (Potchefstroom Campus).

Data was collected from student tutors who had completed the health science education practica module (NSET 271) successfully, and to obtain the data, the participants had to reflect on their experiences, and recall them. As these students had already completed the year module of practica successfully, they had some difficulty recalling the data from memory.

5.8 CONCLUSION

This study highlighted and explained the participants' experiences during the clinical evaluation process. Addressing the problems experienced by student tutors during evaluation of teaching sessions will enhance the student tutors' learning in this distance post-basic distance nursing programme.

The findings highlighted the shortage of nurse educators/evaluators/facilitators and emphasised the skills and characteristics of the evaluator, which should include consistency, flexibility, knowledge and good time management. This indicated the need for standards of knowledge, competency and skills of nurse educators to be addressed.

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ANNEXURE A

Ms N Rudman
6 Dikkop Crescent
Sunridge
Tableview
7441

24 July 2006
E-mail: flaminglily1@absamail.co.za

The Head of School of Nursing Science
North-West University (Potch Campus)
Private Bag X6001
POTCHEFSTROOM
2520

Dear Madam

FOR ATTENTION: PROF D KOEN

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

As discussed telephonically, I facilitate NSET and NSMT at your Bellville campus. I am currently a MA (Cur) student at the University of South Africa, presently engaged in a research project entitled "Students' perception of clinical evaluation in a distance post-basic nursing programme", under the supervision of Dr UU Alberts and Mrs MM Moleki, of the Department of Health Studies at the abovementioned university.

The main purpose of this study is to explore and describe student tutors' perceptions and experiences, during evaluation of clinical and theoretical teaching sessions, whilst completing NSET 271 PRACTICA WORKBOOK.

Participants in this study will be a focus group of 6-7 students at the Bellville Campus, who have successfully completed NSET 271.

To complete this study, I need to conduct interviews of approximately 60 minutes with students, who have completed NSET 271 over the last few years. These interviews will be audio-taped for verification.

A summary of the research findings will be made available to North-West University.

I trust this request will receive your favourable consideration.

Thanking you.

Yours sincerely

Ms N Rudman
(Cell: 0845868298)

ANNEXURE B

Consent form from Prof D Koen

YUNIBESITI YA BOKONE-BOPHIRIMA
NORTH-WEST UNIVERSITY
NOORDWES-UNIVERSITEIT

Verpleegkunde
Tel (018) 018 299 2396

N Rudman
6 Dikkop Crescent
Sunridge
Tableview
7441

14 Augustus 2006

Geagte me N Rudman

TOESTEMMING VIR NAVORSINGSTUDIE

Dit is in orde dat u voortgaan met die studie met die nodige toestemming van die deelnemers en etiese toestemming van die universiteit waar u studeer.

Sterkte met die studies.

Vriendelike groete

Prof M P Koen
Mede-professor

c:\documents and settings\administrator\my documents\toestemming vir navorsingstudie.doc

ANNEXURE C

CONSENT FORM FOR THE STUDENT WHO HAS COMPLETED NSET 271, AS PART OF THE DIPLOMA/DEGREE POST-BASIC NURSING PROGRAMME, THROUGH DISTANCE EDUCATION AT NORTH-WEST UNIVERSITY (POTCHEFSTROOM CAMPUS)

RESEARCH: STUDENTS' PERCEPTION OF CLINICAL EVALUATION IN A DISTANCE POST-BASIC NURSING PROGRAMME.

I, ...hereby confirm that as a student tutor, I have completed the NSET 271 module successfully at North-West University (Potchefstroom Campus), through distance education, and am voluntarily participating in the above-mentioned research.

1. I hereby give consent for the focus group interview to be tape-recorded by the focus group facilitator.

2. Have been informed of the process of data analysis, which will include the transcription of the collected data during the focus group interview.

3. I have been given the assurance that anonymity will be maintained, although the focus group interview will be tape-recorded, to enable data analysis.

4. My name, or any identifiable data e.g. address, student number or place of employment will not be made known during the research or publication thereof.

…….. ……..
SIGNATURE OF RESPONDENT **DATE**

CONTACT TELEPHONE NUMBER: .....

NAME OF STUDY CENTRE: .....

ANNEXURE D

INTERVIEW PROTOCOL

1. INTRODUCE YOURSELF AND EACH OTHER AND THANK EACH PARTICIPANT FOR COMING.

2. INTRODUCE THE TOPIC: “STUDENTS’ PERCEPTIONS OF THE EVALUATION OF THEIR TEACHING SKILLS”.

3. GROUND RULES:
   ONLY ONE SPEAKS AT A TIME.

4. EACH PARTICIPANT TO MAKE A STATEMENT - BASED ON THE EXPERIENCE OF EVALUATION OF TEACHING SKILLS.

5. ASK THE FOLLOWING QUESTIONS:

   5.1. HOW DID THE STUDENTS’ PERCEIVE THE PROCESS OF EVALUATION OF TEACHING PRACTICA?
   5.2. WHAT PROBLEMS DID STUDENTS’ EXPERIENCE DURING EVALUATION OF CLINICAL TEACHING SESSIONS?
   5.3. WHAT SUGGESTIONS DO THE STUDENTS’ HAVE FOR POSITIVE CHANGE TO ENHANCE THE EVALUATION PROCESS OF TEACHING PRACTICA?

6. CONCLUDING THE SESSION:

ASK EACH PARTICIPANT TO CONCLUDE THE SESSION BY MAKING A FINAL STATEMENT.

ANNEXURE E

EXAMPLE OF A PORTION OF THE TRANSCRIBED DATA

Text	Data chunk	code	Category
them and sometimes you don't get them, let alone the evaluator (stuttering), but it gives someone the responsibility in what you're doing.	and sometimes you don't get them Let alone the Evaluator (stuttering) But it gives someone the responsibility in what you're doing		Shortage of Evaluator Availability Nervous Student responsibility for own learning
You have to stand up in order to achieve what you want.	you have to stand up in order to achieve what you want		Feeling of frustration/
Respondent: To me it was a good learning experience and I did'nt have any problems because (Uhm..) I did think it	To me it was a good learning experience And I didn't have any problems Because (uhm) I did think it was my		Positive feeling positive nervousness feeling responsibility for own learning