

PROFICIENCY APPRAISAL DURING SUPERVISED CLINICAL PRACTICE : A KEYSTONE FOR COMPETENCY ENHANCEMENT

Marc Patrich R. Sanchez^{1*} & Mary Ann Caparas²

¹ *Clinical Instructor, University of Cebu - LapuLapu and Mandaue Campus, Mandaue City, Cebu, Philippines*

² *Nursing Education Coordinator, University of Cebu - LapuLapu and Mandaue Campus Mandaue City, Cebu, Philippines*

*Corresponding Author Email: marcpatrich02@yahoo.com, me_ann_cap@yahoo.com

ABSTRACT

The future of the nursing profession depends on excellent preparation of its students. Vital to this preparation is the cooperation between nurses in education and nurses in service. The student performance assessment or evaluation is effective as motivators and will serve as a tool on identifying the students' performance on their supervised clinical practice. This study determined the proficiency appraisal of student nurses during their supervised clinical practice from January 2016-March 2016. The findings served as a basis for a proposed enhancement program on nursing competencies. Specifically, it determined the following: (A) The profile of the external and internal evaluators; (B) The proficiency of student nurses as evaluated by the evaluators on the Beginning of the Nurse's Role on Client Care with corresponding comments; (C) The difference on the proficiency of student nurses; (D) Proposed competency enhancement program. The researchers utilized the descriptive co-relational method and T-test was utilized to compute the significant differences of the proficiency evaluation.

For the level 2, the external evaluators are female in charge and staff nurses while the internal evaluators are two females and a male who are all clinical instructors. Most of them had more than 5 years' experience. Most of them belonged to the age group of the young and middle adulthood. Generally, the external evaluators rating are significantly higher than the internal evaluators. Exposures in VCMC-OB and UCMED-6A had a rating of NEEDS IMPROVEMENT by internal evaluators while a PROGRESS ACCEPTABLE coming from external evaluators from all areas.

For the level 3, the external evaluators who are mostly nurses wherein six are females and five are males and majority have less than a year-1 year experience. The internal evaluators are both clinical instructors, a male and a female and had 5 years or more in experience. Most of them are in the young and middle adulthood stage. The external evaluators rating are still significantly higher than the internal evaluators. The internal evaluators rating falls under NEEDS IMPROVEMENT while a PROGRESS ACCEPTABLE from external evaluators.

For the level 4, majority of the external evaluators are females and are charge nurses who mostly had 2–3 years' experience. The internal evaluators are female clinical instructors and had been in the service for more than 5 years. Most of the respondents belonged in the age group of the young adulthood. The external evaluators rating are slightly higher than the internal evaluators with the exception of VCMC-Annex 5 wherein the external evaluator had a rating NEEDS IMPROVEMENT. VCMC-Annex 2 exposure had the lowest rating for the internal evaluators which falls on NEEDS IMPROVEMENT. The researchers conclude that the proficiency appraisal of the evaluators is an integral component in improving teaching programs.

The researchers recommend strengthening and improving the basic skills and theories of the competencies in the following areas: Obstetrical-Gynecological Ward and Pediatric ward, Special Education, Medical-Surgical Ward and Operating Room. A curriculum review targeting the beginning of nurse's role on client care on the areas mentioned. Future researchers must include all affiliating agencies and study on the evaluation of UCnian nurses in the Healthcare Industry.

Key words: *Internal Assessor, External Assessor, Proficiency Appraisal, Supervised Clinical Practice, Keystone, and Competency Enhancement*

INTRODUCTION

Clinical experience is an integral part in nursing. Related Learning Experiences (RLEs) are teaching-learning opportunities designed to develop the competencies of students utilizing processes in various health situations. Learning experiences are ways to think about what learning interventions might be in the context of desired end goals and outcomes. Moreover, assessment are especially effective as motivators when students are challenged to do their very best and their performance is judged on the basis of how well they've accomplished instructional goals. Student's self-efficacy and attributions affect their perception of the "challenge" of course. Student must believe that success on an assigned task is possible if they exert reasonable effort and use appropriate strategies. Assessments are especially expected to encourage performance rather than a mechanism for facilitating future learning. Assessments can give students valuable feedback about which things they have and have not mastered (Ormrod, 2006).

The student performance assessment or evaluation is effective as motivators and will serve as a tool on identifying the students' performance on their supervised clinical practice. External evaluators are also recommended to air their side so biases may be eradicated and in this manner we will be able to compare the findings.

Clinical Instructors have been assessing the student's clinical proficiency following the Key Areas of Responsibility with their respective Core Competency Standards and indicators. Furthermore, feedbacks are communicated during the meetings with affiliating agencies. However, external audit utilizing a standard tool has yet to be done to provide an objective data that will provide accurate report on what was observed by the staff nurses in the affiliating institutions. Hence, the researchers would like to determine the internal and external evaluations of the students' beginning Nurses Role on Client Care during their supervised clinical practice. The findings will serve as a basis for the enhancement of students' clinical proficiency that will have an impact in patient care.

Framework

This study is anchored on Patricia Benner's "Skill Acquisition: From Novice to Expert". According to Benner's model, clinical nursing expertise is embodied;

in other words, "through experience, skilled performance is transformed from the halting, stepwise performance of the beginner to the smooth intuitive performance of the expert (Master, 2012).

Skills are another important outcomes of clinical learning. Nurses must possess adequate psychomotor, communication, technological, and organizational skills to practice effectively in an increasingly complex health care environment. Skills often have cognitive and attitudinal dimensions, but the skill outcomes that must be produced by clinical teaching typically focus on the performance component (Gaberson & Oermann, 2015).

The five stages of skill acquisition identified by Benner include novice, advanced beginner, competent, proficient, and expert. In the novice stage of skill acquisition, the person has no background experience of the situation. This stage most often applies to nursing students but can be applicable to more experienced nurses when they are placed in an unfamiliar situation. A person in the advanced beginner stage of skill acquisition demonstrates a marginally level of performance after now having considerable experience coping with real situations. The nurse who reaches the competent stage of skill acquisition begins to recognize patterns and is able to discern which features of a situation require attention. As the proficient stage of skill acquisition, the nurse perceives the situation as a whole, plans can be formulated intuitively, and certain features of the situation stand out as important without the nurse having to stand back and choose to adopt a perspective or a plan. The proficient stage can be seen as a transition into expertise. In the fifth stage, the nurse is classified as an expert. The expert nurse's practice is characterized by demonstration of a clinical grasp and resource based practice, possessing embodied know-how, seeing the big picture, and seeing the unexpected (Master, 2012).

Through practice experiences with patients and in learning and simulation laboratories, students develop their psychomotor skills, learn how to use technologies, and gain necessary skills for implementing nursing and other intervention. This practice is essential for initial learning; to practice students also learn the "real world" of nursing, which prepares them for the realities of today's health care environment (Hickey, 2010).

Psychomotor skills are integral to nursing practice and any deficiency in these skills among new graduates often leads to criticism of nursing education program. A psychomotor skill is more than the capability to perform; it includes the ability to perform proficiently, smoothly, and consistently under varying conditions and within appropriate time limits. Psychomotor skills learning require practice with feedback in order to refine performances until the desired outcome is achieved. Thus, clinical learning activities should include plentiful opportunities for practice of psychomotor skills with knowledge of results to facilitate the skill-learning process (Master, 2012).

Clinical learning activities provide an opportunity for students to develop their individual and team communication skills and learn how to collaborate with others. In caring for patients and working with nurses and other health care providers, students gain an understanding of how the professional approach their patient's problems, how they interact with each other, and behaviors important in carrying out their roles and working as a team in the practice setting. Learning to collaborate with other health professionals and practice effectively on nursing and inter-professional teams are critical to provide quality and safe care (Sherwood & Bernstein, 2012). Clinical experiences provide an opportunity for students to use research findings and other evidence to make decisions about interventions and others aspects of patient care. In the practice setting, students learned the process of evidence-based nursing and how to search for, critique, and use evidence in clinical practice. They also need to acquire knowledge, skills, and attitudes for improving the quality of health care (McKown, McKeon & Webb, 2011).

Moreover, on Albert's Bandura Social Cognitive Theory which demonstrated that people can learn by observing both the actions of others and the consequences of those actions. Learning included more attention to cognitive factors such as expectations and beliefs in addition to the social influences of models. This retains an emphasis on the role of other people serving as models and teachers (the social part of social cognitive theory), but includes thinking, believing, expecting, anticipatory, self-regulating making comparisons and judgments (the cognitive part). This theory is a dynamic system that explains human adaptation, learning and motivation (O'Connor, 2015).

In additional on Bandura's analysis on observational

learning involves four phases: attention, retention, reproduction, and motivational phases. Attention phase is the first phase on observational learning is paying attention to a model. Second phase is the retention phase, once teachers have student's attention, it is time to model the behavior they want students to imitate and then give the students a chance to practice or rehearse. Reproduction phases are when a student try to match their behavior to the models, the assessment of student learning takes place during this phase. Motivational Phase is the final stage in the observational learning. The student will imitate a model because they believe that doing so will increase their own chance to be reinforced (Slavin, 2015).

Objective of the Study

This study determined the proficiency appraisal of student nurses during their supervised clinical practice from January 2016-March 2016. The findings served as a basis for a proposed enhancement program on nursing competencies. Specifically, it determined the following: (A) Profile of the external and internal evaluators; (B) The proficiency of student nurses as evaluated by the evaluators on the Beginning Nurse's Role on Client Care with corresponding comments; (C) The difference on the proficiency of student nurses; (D) Proposed competency enhancement program. The researchers utilized the descriptive-correlational method and T-test was utilized to compute the significant differences of the proficiency evaluation.

MATERIALS AND METHODS

The researchers utilized the descriptive-correlational method and determine the proficiency of students during supervised clinical practice. This study was conducted in all affiliating agencies where the students had their RLE duty from the period of January-March 2016. This includes the: University of Cebu Lapulapu and Mandaue-College of Nursing, Visayas Community Medical Center, University of Cebu Medical Center, Eversley Child's Sanitarium, Vicente Sotto Memorial Medical Center, Daughters of St. Camillus Home for the Aged, and Academia de Santa Monica. A permit letter for approval has been addressed to the Dean, Chief Nurse of the affiliating agencies and to the respondents. After the letter has been approved the researchers asked the level chairperson with regards to the RLE schedule for the month of January-March 2016. Then the researchers checked the log book of the

staff nurses on duty during the RLE exposure of student nurses. The researchers approached the respondents and distribute the tool making sure that the instruction is clear and concise. Then, the researchers collected the significant data to complete the research study.

The respondents were the clinical Instructors, staff nurses and teachers of the affiliating agencies who were on duty during the supervised clinical practice from the period January to March 2016. For the level 2, there were 6 external evaluators and 3 internal evaluators and the areas were ECS-LR/DR, VCMC-OB, UCMED-6A. For the level 3, there were 11 external evaluators and 2 internal evaluators and the areas assessed were SPED-Sta.Monica, VCMC-Surgical Ward, VCMC-OR, UCMED-OR, UCMED-6B. For the level 4, there were 12 external evaluators and 2 internal evaluators and the areas assessed were VCMC- Annex 2, VCMC- Annex 5, VCMC-Head nursing, VCMC-Pedia, VCMC- OB, VCMC-ER ICU, St. Camillus-Geria.

A researcher-made questionnaire which is based on the 2012 National Core Competency Standard specifically the Beginning Nurses Role on Client Care following the Key Areas of Responsibility with their respective Core Competency Standards and indicators was utilized in this study. The research instrument was divided into two parts: (A) Part 1 consists of the respondents' profile which encompasses age, gender, position, area of assignment, per year level assessed and length of service. (B) Part 2 was the nursing students' competency evaluation. This was used to evaluate the level II, III and IV nursing students'

performance during their clinical practice in the areas they have been exposed from the month of January to March 2016. The students were graded with the following parameters: (4) Competent (Student performs consistently in an effective and efficient manner); (3) Progress acceptable (Performance is usually effective and efficient but not always); (2) Needs Improvement (Progress in performance is too slow to judge satisfactorily; task performance is not done properly for majority of the time); and (1) Progress unacceptable (No progress in performance has been demonstrated, and/or performance is consistently ineffective and inefficient) and this also include the assessor's comment on the last part. Treatment of data includes frequency distribution, simple percentage, mean, standard deviation and T-test.

Some limitations of the study include: (A) One affiliating agency would not allow research to be conducted on their staff; (B) Another institution would want information of the study prior to exposure. In future studies, a wider scope of the affiliating institutions must be included and conditions given by the agency must be met to acquire more data.

RESULTS AND DISCUSSION

The data gathered for this study is analyzed and interpreted by its objectives. The first section presents the general information of the internal and external evaluators. The second part shows the proficiency evaluation of the students by level with their mean scores. The third part reflects the T-Test: Paired Two Sample of Means of per year level.

Table 1.1 Profile of External Evaluators

LEVEL II (n=6)			LEVEL III (n=11)		LEVEL IV (n=12)	
CLINICAL AREAS: ECS-LR/DR, VCMC-OB, UCMED-6A			CLINICAL AREAS: SPED-Sta.Monica, VCMC-Surgical Ward, VCMC-OR, UCMED-OR, UCMED- 6B		CLINICAL AREAS: VCMC- Annex 2, VCMC- Annex 5, VCMC-Head nursing, VCMC-Pedia, VCMC- OB, VCMC-ER ICU, St.Camillus-Geria	
Gender	Frequency	%	Frequency	%	Frequency	%
Male			5	45.45%	4	33.33%
Female	6	100%	6	54.54%	8	66.67%
Age						
19-40 years old	5	83.33%	9	81.82%	10	83.33%
40-65 years old	1	16.67%	2	18.18%	2	16.67%
Length of Service						
Less than a year-1 year	2	33.33%	6	54.54%	2	16.67%
2 years- 3 years			1	9.1%	5	41.67%
4 years- 5 years	1	16.67%	1	9.1%	2	16.67%
More than 5 years	3	50%	3	27.27%	3	25%
Position						
Charge Nurse	3	50%	3	27.27%	6	50%
Staff Nurse	3	50%	5	45.45%	4	33.33%
School Faculty			2	18.18%		
School Administrator			1	9.1%		
Staff					2	16.67%

Table 1.1 reflects the profile of the external evaluators of the level 2, 3 and 4 students.

Part 1. Profile of the Respondents

The first column presents the profile of the level 2 external evaluators assessing the proficiency of the students in the following clinical areas, namely, Eversley Child's Sanitarium – Labor Room/ Delivery Room (ECS-LR/DR), Visayas Community Medical Center-Obstetrics Wars (VCMC-OB) and University of Cebu Medical Center UCMED- 6A. All of the respondents are females and majority of them are in the service for more than 5 years. Half of the respondents are charge nurses and a half also are staff nurses. Most of the respondents belonged to the young adulthood stage.

The second column reflects the external evaluators of the level 3 students. The areas being assessed are Special Education- Sta. Monica (SPED-Sta.Monica), Visayas Community Medical Center- Surgical Ward (VCMC-Surgical Ward), Visayas Community Medical Center- Operating Room (VCMC-OR), University of Cebu Medical Center-Operating Room (UCMED-OR) and University of Cebu Medical Center-6B (UCMED-6B). Six respondents are females and five are males. More than three quarters belonged to the young

adulthood stage. Slightly above half of the respondents have less than 1 year- 1 year experience and about a third of them have been in the hospital for more than 5 years. Five of the respondents are staff nurses and there are three charge nurses including a school administrator and her faculty.

The last column shows the profile of the external evaluators for the senior student nurses. Majority of the respondents are females and the third part belongs to males. A fourth of them belonged to the young adulthood stage. Five of them had 2 – 3 years' experience and three of them had more than five years' experience. Half of the respondents are charge nurses and the rest are staff nurses and staff of their institution. The clinical areas being assessed are Visayas Community Medical Center-Annex 2 (VCMC- Annex 2), Visayas Community Medical Center- Annex 5 (VCMC- Annex 5), Visayas Community Medical Center- Head nursing (VCMC-Head nursing), Visayas Community Medical Center- Pedia (VCMC-Pedia), Visayas Community Medical Center- Obstetrics Ward (VCMC-OB), Visayas Community Medical Center- Emergency Room/Intensive Care Unit (VCMC-ER ICU), St. Camillus-Geriatrics.

Table. 1.2 Profile of Internal Evaluators

LEVEL II (n=3)			LEVEL III (n=2)		LEVEL IV (n=2)	
CLINICAL AREAS: ECS-LR/DR, VCMC-OB, UCMED-6A			CLINICAL AREAS: SPED-Sta.Monica, VCMC-Surgical Ward, VCMC-OR, UCMED-OR, UCMED- 6B		CLINICAL AREAS: VCMC- Annex 2, VCMC- Annex 5, VCMC-Head nursing, VCMC-Pedia, VCMC- OB, VCMC-ER ICU, St.Camillus-Geria	
Gender	Frequency	%	Frequency	%	Frequency	%
Male	1	33.33%	1	50%		
Female	2	66.67%	1	50%	2	100%
Age						
19-40 years old	1	33.33%			2	100%
40-65 years old	2	66.67%	2	100%		
Length of Service						
More than 5 years	3	100%	2	100%	2	100%
Position						
Clinical Instructor	3	100%	2	100%	2	100%

Table 1.2 shows the profile of the internal evaluators of the level 2, 3 and 4 students in a sequential manner.

The first column reflects the profile of the internal evaluators of the level 2 students. There are two females and a male who are all clinical instructors and had been in the service for more than 5 years. Most of the respondents belonged to the age group of the middle adulthood.

The second column, connotes the profile of the internal evaluators of the level 3 students. The respondents are

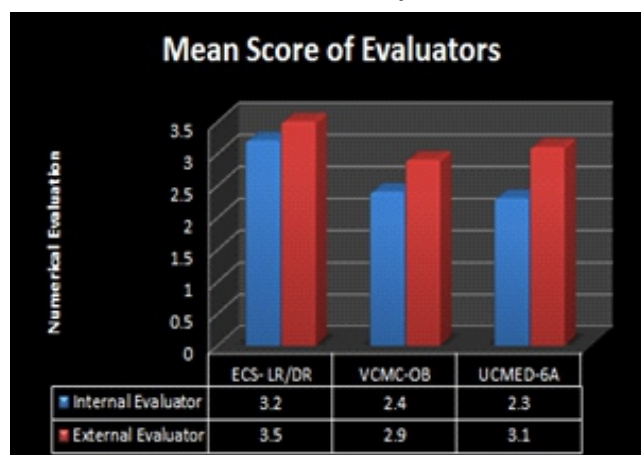
both clinical instructors, a male and a female and had 5 years or more in experience. The respondents are in the middle adulthood stage.

Finally, the third column is for the profile of the level 4 internal evaluators. They are female clinical instructors and had been in the service for more than 5 years. Most of the respondents belonged to the age group of the young adulthood.

Part 2. Proficiency Evaluation of Students

Presented in the tables below are the mean data of the assessment of the internal and external evaluators to the level 2, 3 and 4 students in relation to their level of proficiency during their clinical exposure.

Table 2.1: LEVEL II: Mean score of the evaluators



From the mean scores of both the external and internal evaluators, the graph is generated. The blue line represents the internal evaluators rating and the red line represents the external evaluators rating to the level 2 students. Generally, the external evaluators (red line) rating are significantly higher than the internal evaluators (blue line). Exposures in VCMC-OB and UCMED-6A had a rating of NEEDS IMPROVEMENT by internal evaluators while a PROGRESS ACCEPTABLE by external evaluators. Moreover, the evaluation in ECS-LR/DR had the highest rating of both evaluators. VCMC-OB had the lowest rating by external evaluators.

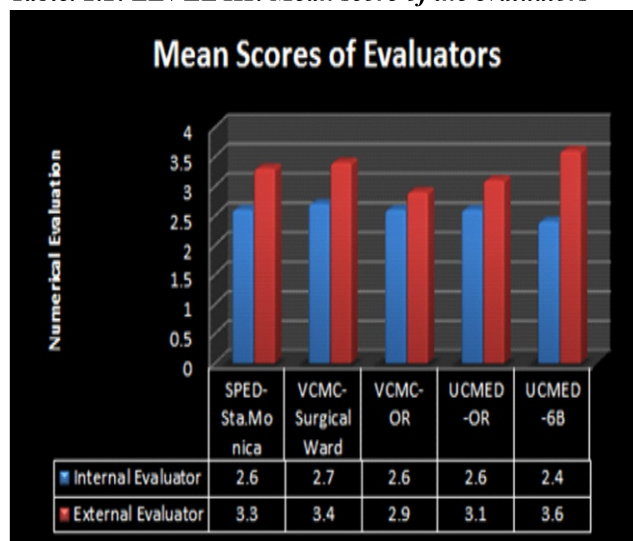
Table 2.1.1

COMMENTS			
External Evaluators	Frequency	Internal Evaluators	Frequency
-Needs improvement in explaining to the clients the medications, why it is given to them and how it is with them in improving their health condition, using the Visayan dialect.	-1	- Some students need less supervision and some needs to be reminded and needs improvement of the previously learned skills.	-1
-Every student deserves to have a room for improvement. They need to study the theory more and learn more the skills for them to be an efficient student nurse.	-1	- Being neophytes in the clinical area, some students are expected to be hesitant to perform skills, but with proper guidance and motivation, basic procedures are carried out and performed properly.	-1

Based on the comments of the evaluators a common ground is the improvement of basic skills and theory

components of the Level 2. Moreover, confidence in the performance and medication administration methods must be developed.

Table 2.2: LEVEL III: Mean score of the evaluators



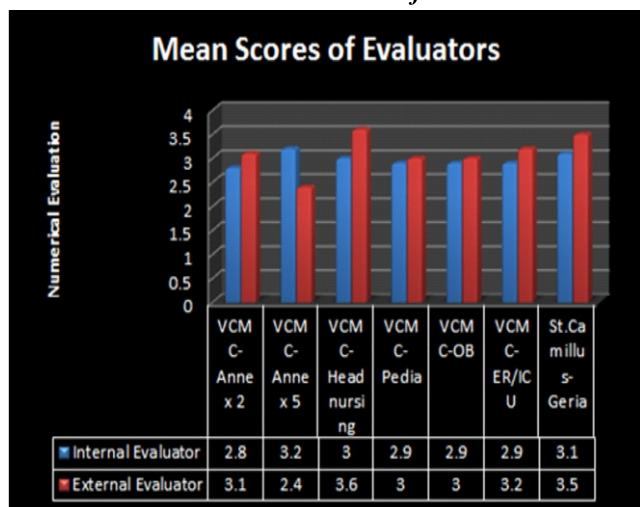
From the mean scores of both the external and internal evaluators of the different clinical areas, the graph is generated. The blue line represents the internal evaluators rating and the red line represents the external evaluators rating to the level 3 students. Generally, the external evaluators (red line) rating are still significantly higher than the internal evaluators (blue line). Furthermore, the rating of the internal evaluators from all areas falls into the parameter NEEDS IMPROVEMENT while a PROGRESS ACCEPTABLE from external evaluators. The exposure in UCMED-6B had the highest rating for external evaluators while the lowest is in VCMC-OR. In the internal evaluators' side, VCMC-Surgical ward had the highest rating while UCMED-6B had the lowest.

Table 2.2.1

COMMENTS			
External Evaluators	Frequency	Internal Evaluators	Frequency
- Performance is well in terms of educating students through proper basic health care	-1	-Some students are more skillful in performing related procedures but still needs to be guided and reminded on principles.	-1
- Job well done	-1		
- Work SPED exposures! Well done! Activities were carried to develop the social adaptation and communication skills of SPED and normal students! Thanks!	-1		

Most of the external evaluators have positive comments for the level 3 while according to the internal evaluators, they still need to be reminded and guided despite improved skills shown.

Table. 2.3: LEVEL IV: Mean score of the evaluators



From the mean scores of both the internal and external evaluators of the different clinical areas, the graph is generated. The blue line represents the internal evaluators rating and the red line represents the external evaluators rating to the level 4 students. Generally, the external evaluators (red line) rating are slightly higher than the internal evaluators (blue line) with the exception of VCMC-Annex 5 wherein the external evaluator had a rating NEEDS IMPROVEMENT. The external evaluator in VCMC in the head nursing exposure had the highest rating while in VCMC- Annex 5 for internal evaluators. The VCMC- Annex 2 exposure had the lowest rating for the internal evaluators which falls on NEEDS IMPROVEMENT.

Table 2.3.1

COMMENTS		
External Evaluators	Frequency	Internal Evaluators
- Don't hesitate to ask questions.	-1	- NO RESPONSE
- Perform task with less supervision	-1	
- Keep up the good work.	-1	
- Clinical Instructor is not only a beautiful teacher but a very competent and dedicated teacher to her students. Due to the example set by their CI, the students as well have shown competence while on rotation here in the ER.	-1	
- It would be nice of students would be more vocal and would build rapport with patients and SO.	-1	
- Needs improvement and be responsible to the Lola's	-2	

The level 4 yield no comments to internal evaluators. While most of the comments shown were positive, rapport, responsiveness and improvement in taking care of the elderly were opened up.

Part 3. T-Test: Paired Two Sample of Means

To establish that there is a difference in scores statistically, the null hypothesis “there are no significant differences between the proficiency of student nurses as evaluated by the external and internal evaluators” using paired T-test.

Table. 3.1: LEVEL II: T-Test: Paired Two Sample of Means

	External Evaluator	Internal Evaluator
Mean	3.166666667	2.633333333
Variance	0.093333333	0.243333333
Observations	3	3
Pearson Correlation	0.906866608	
Hypothesized Mean Difference	0	
df	2	
t Stat	3.670651742	
P(T<=t) one-tail	0.033430525	
t Critical one-tail	2.91998558	
P(T<=t) two-tail	0.06686105	
t Critical two-tail	4.30265273	

The average rating for external evaluators for the level II students is equal to 3.2, which is fifth higher to the parameter PROGRESS ACCEPTABLE. On the other hand, the rating for the internal evaluators is 2.6. It is rated as two-thirds higher in the NEEDS IMPROVEMENT parameter. The t-statistic is equal to 3.67 and t-critical value=2.92. Since t-statistic is greater than t-critical value, we reject the null hypothesis.

Analyzing the result of the above example, since the null hypothesis is rejected, the statement will now be “there are significant differences between the proficiency of student nurses as evaluated by the external and internal assessors”. Conclusion in the scores of external evaluators is higher.

Table. 3.2: LEVEL III: T-Test: Paired Two Sample of Means

	External Evaluator	Internal Evaluator
Mean	3.26	2.58
Variance	0.073	0.012
Observations	5	5
Pearson Correlation	-0.45612273	
Hypothesized Mean Difference	0	
df	4	
t Stat	4.543441113	
P(T<=t) one-tail	0.005234835	
t Critical one-tail	2.131846786	
P(T<=t) two-tail	0.010469669	
t Critical two-tail	2.776445105	

The average rating for external evaluators is equal to 3.6, which is two-thirds higher to the parameter PROGRESS ACCEPTABLE. The rating for the internal evaluators is 2.6 which are rated as a little over half higher in the NEEDS IMPROVEMENT parameter. The t-statistic is equal to 4.54 and t-critical value = 2.13. Since t-statistic is greater than t-critical value, we reject the null hypothesis.

Analyzing the result of the above example, since the null hypothesis is rejected, the statement will now be “there are significant differences between the proficiency of student nurses as evaluated by the external and internal assessors”. Conclusion is the scores of external evaluators are higher.

Table. 3.3: LEVEL IV: T-Test: Paired Two Sample of Means

	<i>External Evaluator</i>	<i>Internal Evaluator</i>
Mean	3.114285714	2.971428571
Variance	0.154761905	0.019047619
Observations	7	7
Pearson Correlation	-0.267502696	
Hypothesized Mean Difference	0	
df	6	
t Stat	0.839181358	
P(T<=t) one-tail	0.216761685	
t Critical one-tail	1.943180281	
P(T<=t) two-tail	0.433523369	
t Critical two-tail	2.446911851	

The average rating for external evaluators is equal to 3.1, which is PROGRESS ACCEPTABLE. The rating for the internal evaluators is 3.0 when rounded off and would yield a PROGRESS ACCEPTABLE RATING. The t-statistic is equal to 0.85 and t-critical value = 1.94. Since t-statistic is not greater than t-critical value, we accept the null hypothesis.

Analyzing the result of the above example, since the null hypothesis is accepted, the statement is “there are no significant differences between the proficiency of student nurses as evaluated by the external and internal assessors”. Conclusion is the scores of external evaluators and internal evaluators are virtually the same.

CONCLUSION AND RECOMMENDATION

The researchers utilized the descriptive-correlational method to determine the proficiency of students during supervised clinical practice on the affiliating hospitals during the exposure of the level 2, 3 and 4 students from January to March 2016. T-test was utilized to compute the

significant differences of the proficiency evaluation of internal and external evaluators. The study determined the proficiency appraisal of student nurses during their supervised clinical practice from January 2016-March 2016. The findings served as basis for a proposed enhancement program on nursing competencies. Specifically, it determined the following: (A) Profile of the external and internal evaluators in terms of age, gender, position, area of assignment, and length of service; (B) The proficiency of student nurses as evaluated by the external and internal assessors on the Beginning Nurse's Role on Client Care was also presented; (C) The difference in the proficiency of student nurses as evaluated by the external and internal assessors; (D) Proposed competency enhancement program.

HIGHLIGHTS

The profile of the level 2 external evaluators assessing the proficiency of the students:

All the respondents are females and majority of them have been in the service for more than 5 years. Half of the respondents are charge nurses and a half is staff nurses. Most of the respondents belonged to the young adulthood stage. The profiles of the internal evaluators are two females and a male who are all clinical instructors and had been in the service for more than 5 years. Most of the respondents belonged to the age group of the middle adulthood.

1. The external evaluators of the level 3 students include the six respondents who are females and five are males. More than three quarters belonged to the young adulthood stage. Slightly above half of the respondents have less than 1 year- 1 year experience and about a third of them have been in the hospital for more than 5 years. Five of the respondents are staff nurses and there are three charge nurses including a school administrator and her faculty. The internal evaluators are both clinical instructors, a male and a female and had 5 years or more in experience. The respondents are in the middle adulthood stage.

2. For the level 4, majority of the respondents are females and a third are males. The fourth of them belonged to the young adulthood stage. Five of them had 2 – 3 years' experience and three of them had more than five years' experience. Slightly above half of the respondents have less than 1 year- 1 year experience and about a third of them have been in the hospital for more than 5 years. Half of the respondents are charge nurses

and the rest are staff nurses and staff of their institution. While the internal evaluators are female clinical instructors and had been in the service for more than 5 years. Most of the respondents belonged in the age group of the young adulthood.

3. For the level 2 students, generally, the external evaluators rating are significantly higher than the internal evaluators. Exposures in VCMC-OB and UCMED-6A had a rating of NEEDS IMPROVEMENT by internal evaluators while a PROGRESS ACCEPTABLE coming from external evaluators from all areas. Moreover, the evaluation in ECS-LR/DR had the highest rating of both evaluators. VCMC-OB had the lowest rating by external evaluators.

4. For the level 3 proficiency generally, the external evaluators rating are still significantly higher than the internal evaluators. Furthermore, the rating of the internal evaluators from all areas falls into the parameter NEEDS IMPROVEMENT while a PROGRESS ACCEPTABLE from external evaluators. The exposure in UCMED-6B had the highest rating for external evaluators while the lowest is in VCMC-OR. In the internal evaluators' side, VCMC-Surgical ward had the highest rating while UCMED-6B had the lowest.

5. For the level 4 exposure, generally, the external evaluators rating are slightly higher than the internal evaluators (blue line) with the exception of VCMC-Annex 5 wherein the external evaluator had a rating NEEDS IMPROVEMENT. The external evaluator in VCMC in the head nursing exposure had the highest rating while in VCMC-Annex 5 for internal evaluators. The VCMC-Annex 2 exposure had the lowest rating for the internal evaluators which falls on NEEDS IMPROVEMENT.

6. Based on the comments of the evaluators a common theme was obtained.

7. The improvement of basic skills and theory components of the Level 2. Moreover, confidence in the performance and medication administration methods must be developed. Most of the external evaluators have positive comments for the level 3 while according to the internal evaluators, they still need to be reminded and guided despite improved skills shown. The level 4 yield no comments to internal evaluators. While most of the comments shown were positive, rapport, responsiveness and improvement in taking care of the elderly were opened up.

8. It is concluded that there are significant differences between the proficiency of student nurses as evaluated by the external and internal assessors of the level 2 and 3 students while there are no significant differences between the proficiency of student nurses as evaluated by the external and internal assessors of the level 4 students. The proficiency appraisal of the evaluators is an integral component in improving teaching programs.

The researchers recommend the following:

1. Strengthen the basic skills and theory competencies of the Level 2 students in the Obstetrical- Gynecological Ward and Pediatric ward prior to exposure. The clinical instructors must be given ample time for skills laboratory on certain procedures that apply to be aforementioned clinical areas.
2. For the level 3, improve on teaching program of Special Education, Medical-Surgical Ward and Operating Room. The students must sharpen skills and competencies on these areas.
3. For the level 4, Medical-Surgical Ward competencies must be enhanced. Their communication and elderly care must be improved.
4. There must be a curriculum review targeting the beginning nurse's role on client care on the exposures of the ff areas: OB-GYNE ward, PEDIA ward, SPECIAL EDUCATION, MEDICAL-SURGICAL WARD and OPERATING ROOM.
5. Future researchers must conduct a wider scope of this research and include all affiliating agencies like VSMC (Psych Ward) and SVGH of the different levels. The conditions set per institution must be met to assure approval of letter of research.
6. Future studies must include a research on the evaluation of UCnians nurses in the Healthcare Industry.

REFERENCES

- Ellis, O. J. (2012). *Human learning* 6th Ed. Pearson Education Inc. New Jersey.
- Gaberson, K. B., Oermann, M. H. & Shellenbarger, T (2015). *Clinical teaching strategies in nursing*. 4th Edition, Springer Publishing Company, New York.
- Hickey, M. T. (2010). Baccalaureate nursing graduate' perceptions of their clinical instructional experiences and preparation for practice. *Journal of Professional Nursing*, 26(1), pp 35-41.

- Kathleen, M. (2012). *Nursing theories, a framework for professional practice*. 1st Edition, Jones and Bartlett learning, United States of America.
- McKown, T., McKeon, L. & Webb, S. (2011). Using quality and safety education for nurses to guide clinical teaching on a new dedicated work. *Journal of Nursing Education*, 50(12), pp 706-710.
- O' Connor, A. B. (2015). *Clinical instruction and evaluation, a teaching resource*. 3rd Ed. Jones & Bartlett learning, United States of America.
- Sherwood, G. & Barnsteiner, J. (2012). *Quality and safety in nursing: A competency approach to improving outcomes*. Oxford, UK: John Wiley and Sons.
- Slavin, R. E. (2015). *Educational psychology and practice*. 11th Edition, Pearson Education Inc, New Jersey.