Using the Clinical Learning Environment Scale CLES+T to evaluate performance of the nursing team

Antoinette Conca¹, Susanne Spielmann-Meier², Gabi Vossler³, Petra Schäfer¹, Madeleine Scheidegger⁴, Andrea Brutsché², Barbara Reutlinger¹

¹ Department of Clinical Nursing Science, Kantonsspital Aarau
² Department of Clinical Education, Kantonsspital Aarau
³ Medical Department, Kantonsspital Aarau
⁴ Department of Clinical Nursing Education, Kantonsspital Obwalden

Using the Clinical Learning Environment Scale CLES+T (Teacher) as evidence from the student perspective to inform clinical nurse specialists regarding quality issues and evaluate performance of the health care team.

Background

To systematically evaluate the quality of education in our teaching hospital we translated and revalidated a finnish instrument (CLES+T) for the Swiss practice environment. During the expert discussion on content validity we realized the potential of this instrument not only in monitoring educational quality but also pinpointing quality issues in nursing care performance. The close collaboration in the validation process between the clinical nursing scientist and the heads of practical education was key in close collaboration in the further steps. Students are closely working together in the nursing team and therefore an interesting source of evidence on wardlevel leadership style, team atmosphere, homogeneity in nursing values and information flow.

Aims

We aimed at introducing a systematic feedback circle based on selected CLES+T informations to institutionalize the performance review and connect the educational and clinical nursing experts to encourage mutual learning and reflecting on quality issues.

Methods

We consecutively invited all students working in our hospital between august and december 2011. The CLES+T was answered during or at the end of the practice period. The participation was voluntarily and answers were anonymized. We summarized and presented the results of this evaluation of the clinical learning environment to the vocational trainers and the clinical nurse specialists in order to start the discussion on quality issues like information flow and nursing values.

![Graph showing frequency of comments on information flow related to patients' care](image)

<table>
<thead>
<tr>
<th>Sub-dimensions</th>
<th>mean</th>
<th>median</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedagogical atmosphere on the ward</td>
<td>4.3</td>
<td>4.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Leadership style of the ward manager</td>
<td>4.3</td>
<td>4.5</td>
<td>0.9</td>
</tr>
<tr>
<td>Premises of nursing on the ward</td>
<td>4.2</td>
<td>4.3</td>
<td>0.7</td>
</tr>
<tr>
<td>Supervisory relationship</td>
<td>4.4</td>
<td>4.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Role of nurse teacher</td>
<td>4.5</td>
<td>4.7</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Our experience is based on one teaching hospital of Switzerland and may be specific for our cultural and institutional setting. We are in the starting phase of a continuous process not yet strongly implemented or sustained for a longer period of time. We realised that it is very important that the data is not too much aggregated to the whole hospital, but allows to pinpoint to the critical areas.

Conclusions

We consider the clinical learning environment as an important proxy for nursing quality performance in the practice setting. The discussion and interaction of the different stakeholders who are all very motivated and interested in maintaining or increasing quality on the ward are very valuable. In systematically combining information which is already gathered for educational controlling with the responsibilities of the clincial care a culture of learning organization is supported. This kind of reflection together and including the students perspectives enables new insights and encourages development to better performance.