ADMINISTRATIVE STRUCTURES AND PROCEDURES DEALING WITH CLINICAL FAILURE OF STUDENTS IN CANADIAN NURSING PROGRAMS

By

CAROLE ANNE ORCHARD

B.S.N., The University of British Columbia, 1973
M.Ed., The University of British Columbia, 1979

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF EDUCATION

in

THE FACULTY OF GRADUATE STUDIES

Department of Administrative, Adult and Higher Education

We accept this thesis as conforming
to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

January, 1991

In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Administrative, Adult & Higher Education

The University of British Columbia
Vancouver, Canada

Date May 1/91

DE-6 (2/88)

ABSTRACT

There has been a growing concern raised by nurse educators regarding the potential for litigation by nursing students who are dissatisfied with educators' appraisal of these students' clinical performance.

A descriptive survey using a cross-sectional design was used to assess the relationships between institutional policies and procedures related to student clinical evaluation practices and the incidence of student grievances and appeals of faculty decisions. Population for this survey was diploma and basic baccalaureate nursing programs in Canada (N=94). The response rate to this survey was 86.2% (81/94 programs).

Data were obtained using two self-developed questionnaires which tested for support of two prototypic models derived from literature reviewed. Variables studied included the decision-makers' location (educational institution, hospital), their role or position, their functions, and the guidelines

under which they performed student evaluations. Also studied were mechanisms available to students to question the decision.

Data were analyzed using descriptive statistics. Reliability of the data from the administrative practices instrument was assessed using contingency tables which compared the program's reported data to its written policies and procedures. The level of agreement was approximately .50 which was considered adequate bearing in mind the frequent discrepancies between policies and procedures in most institutions.. There were five significiant findings, these being: (1) there exists a lack of faculty evaluation standards when evaluating students in clinical settings, (2) in one-third of the programs a clinical instructor alone makes a student's clinical decision, (3) it appears that in some programs the same members serve on more than one level of review panels, (4) procedures employed in the conducting of informal and formal hearings are rarely written, and (5) grievance and appeal panels tend to alter professional judgments of nurse faculty even though panel members frequently are non-nurses.

Reliability of the data from the incidence of grievances and appeals instrument was assessed using chi square with a Yates correction was considered adequate. There were 205 reports of student grievance or appeal hearings. At Level II (grievance review), 15 of the evaluative decisions were modified (15/135); at Level III (appeal hearing), 60 of the grievance review decisions were modified (60/135), and at Level IV (institutional student appeal), seven of the cases heard at this level were modified (7/20).

Guidelines were proposed regarding the structure, process, and outcomes of education institutions' grievance and appeal systems.

ACKNOWLEDGMENT

Completion of this study could not have been accomplished without the support of two significant individuals who believed in my ability to take on this task. I especially want to acknowledge my late husband, Dr. Donald B. Orchard and my academic advisor who guided me through the process Dr. John Andrews. Without their wisdom, thoughtful proddings, and constructive criticisms this dissertation would not have been completed.

I also wish to thank the other members of my committee, Dr. Marilyn Willman, and Ms. Kitty Heller. Dr. Willman provided practical insights into this study from a nursing perspective, and insightful editing suggestions. Ms. Heller ensured that the legal interpretations were accurate and guided me in the documents I should review to support data analyses. Their guidance was invaluable in completing this research report.

My thanks are also extended to Dr. Graham Kelsey who helped me to formulate my research question and to Dr. Pat Crehan whose advice and support greatly facilitated the completion of this study's proposal.

Two other individuals who need to be thanked for their patience and understanding of my need for concentrated time alone are my son Philip and my step-son David. The former for the many occasions he was willing to sacrifice our time together to complete this paper, and the latter for his advice on my computer programming needs during the writing process.

Finally, I wish to thank the nurse educators who participated in this study and my nursing colleagues who offered encouragement and support throughout this project.

TABLE OF CONTENTS

LIST OF TABLES

Table Page

Table Page

Table Page

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Background to the Problem

Nurse educators are developing a heightened concern regarding their legal rights to make judgments about their students' clinical performance. By questioning these decisions nursing students are showing an increasing awareness of their right to fair and reasonable evaluations. Institutions with nursing programs are concerned about the maintenance of program standards and the right of the public to protection from unsafe practitioners. This triad of potentially conflicting rights usually influences institutions to develop administrative procedures in an attempt to rationalize each set of rights:
(a) faculty rights to evaluate student performance; (b) student rights to a fair and equitable appraisal of performance; and (c) institutional rights to maintain program standards which assure that graduates can provide safe nursing care to the public.

Faculty rights to evaluate student performance. In nursing education, requirements of the program include a practical experience component. Successful completion of that clinical experience is one of the graduation requirements. Student performance during the clinical experience is assessed to determine the student's ability to apply theoretical knowledge in a practical setting. Because of its very nature, evaluation of this clinical experience is so subjective that negative decisions are highly vulnerable to perceptions of unfairness and thus are frequently challenged through grievance and appeal systems.

The growing concern about student questioning of evaluative decisions is resulting in a reluctance to fail students who in the judgment of faculty have not achieved a passing standard in the clinical experience component. This concern is further reinforced by a fear that the professional judgment of the educator will be overturned at higher levels in the institution or in the courts.

Student rights to fair and equitable appraisal of performance. The increasing focus on individual rights and freedoms has had two impacts on nursing programs. First, nursing programs can no longer set age restrictions for admission of students. This legislation has resulted in a wider range in the ages of nursing students. The average age of nursing students seems to be increasing (for example, at British Columbia's Douglas College the average age of nursing students in 1984 was 28 years). Older students feel that they have more at risk than have recent high school graduates. Many, for example, have left jobs to return to school or are on limited bursaries to complete the nursing program. These students expect a level of teaching and an appraisal of performance which is comparable with their own expectations of the program.

Second, the public as a whole is demanding that all institutions providing a service be accountable for the quality of that service. Educational institutions, being public institutions, are increasingly being challenged by students about the quality of their programs including teaching and supervision provided by

their faculties. Such questioning seems to occur with greater frequency in programs where there are subjective appraisals of students' performance. If students perceive there to be discrepancies between evaluative decisions made by evaluators and their own assessment of their performances, they may grieve and appeal those decisions. Students' success in overturning evaluative decisions seems to be dependent upon the fairness of the original judgment, the degree of consistency of application of administrative procedures, and the kinds of administrative structures and procedures that are applicable.

Institutional rights to maintain program standards. Educational institutions are faced with the need to develop and implement student grievance and appeal systems to protect institutional, faculty, and student rights. At the present time there is a very limited amount of research in the area of these student academic grievances and appeals. Therefore, when administrators are faced with the need to develop and implement the procedures, there are few guidelines to serve as appropriate models. This absence of models

also prevents the accumulation of data about the structure of grievance and appeal systems which address both institutional and student rights.

Statement of the Problem

The intent of this study is to determine what administrative structures and procedures exist in Canadian nursing education programs with respect to the assessment of clinical appeals, to determine aspects of their effectiveness and then to derive recommendations for practice. In order to study this overall problem, several sub-problems have been identified. These are:

1. Exploration of the existing administrative structures and procedures in Canadian nursing programs dealing with the clinical failure of students and the analysis of these structures and procedures for the presence or absence of selected elements.
2. Determination of the frequency of nursing student clinical failure grievances and appeals which have occurred in Canadian institutions from 1978 to 1984 and the identification of structures and procedures under which they arose.

3. Identification of cases with known outcomes and the structures and procedures under which they arose.
4. Determination of the relationships among and between: (a) the elements of administrative structure and procedures, (b) the incidence of grievances and appeals, and (c) the outcomes of grievances and appeals.
5. Exploration of the substantive and procedural issues relating to administrative reviews of student complaints about evaluative decisions of clinical performance with the specification of elements which must be included in guidelines for such reviews.
6. Development of a set of recommended structures and procedures, based upon the knowledge derived from the data analyzed.
7. Determination of differences between the study's conceptual Judgment Process Model and actual practices in nursing programs.

Overview of the Method

The underlying foundation of this study consists of a survey of Canadian nursing programs, with the exception of Quebec programs, using questionnaires to obtain data related to the programs' practices and experience in relation to the clinical evaluation of students and to grievance and appeal processes within the program and institution. These practices and experiences can then be compared to the study's conceptual Judgment Process Model.

Primary and secondary legal literature in the area of student academic dismissals will provide legal decisions pertaining to the application of the rules of natural justice (or due process in law) for students in nursing education programs. Legal decisions will then be compared with the academic and administrative decision-making practices currently found in Canadian institutions with nursing programs. This comparison will serve to assess the adequacy of common practices found in providing nursing students with their right to natural justice when faced with clinical dismissal.

Definition of Terms

For the purposes of this study, terms used will mean the following:

ADMINISTRATIVE PROCEDURES: prescribed courses of action, both written and unwritten, designed to guide individuals within an institution through frameworks or structures.

ADMINISTRATIVE STRUCTURES: policies and principles in an institution which provide direction to members of the organization.

APPEAL: a complaint to a superior court (or tribunal) of an injustice done by an inferior one (Mozley and Whitecleg, 1988).

ARBITRARY: a legal term meaning "not done or not acting according to reason or judgment" (Guralnik 1982, 211).

CAPRICIOUS: a legal term meaning "tending to change abruptly and without apparent reason" (Guralnik 1982, 211).

CLINICAL FAILURE: the failure of a nursing student to meet clinical practice standards which may result in the interruption or termination of his/her normal program sequence.

DUE PROCESS OF LAW: a legal term used to mean that no person shall be deprived of any right granted him by statute, or otherwise, unless the matter challenged by the individual is first adjudicated in accordance with the rules of natural justice.

EQUITABLE AND FAIR: free from discrimination; unprejudiced, impartial, and just (Guralnik 1982, 502).

EVALUATIVE DECISION: a judgment made based on the worth or quality of performance.

GRIEVANCE OR COMPLAINT: an injury, injustice or wrong which gives ground for complaint (Vasan, 1980).

JUDGMENT: authority to compare and make decisions about an individual's performance against pre-determined standards.

JUDICIAL INTERVENTION: a review by the courts of decisions made by publicly-legislated institutions.

NATURAL JUSTICE: a legal term used in Canada (equivalent to term "due process in law").

NURSING PROGRAM: a basic program which provides the necessary competencies for a student to be eligible to write the nursing registration examination.

NURSING PROGRAM--BASIC BACCALAUREATE: a nursing program (offered generally in a university setting) which provides sufficient credit courses to meet requirements for a baccalaureate degree as well as theoretical knowledge and clinical practice for a student to meet the registration requirements of the provincial nursing association in the province in question.

NURSING PROGRAM--DIPLOMA: a nursing program which can be provided in a variety of institutions which prepares a student to meet the registration requirements of the provincial nursing association in the province in question.

PRIMARY LEGAL LITERATURE: court room transcripts of trials or actual written reports of legal decisions.

PROCEDURAL: a legal term meaning "a method of proceeding within the legal rights of an organization" (Black 1979, 1083)

SECONDARY LEGAL LITERATURE: written interpretation of the significance of legal cases or analysis of areas of law.

SUBSTANTIVE: "of or relating to legal rights and principles as distinguished from legal procedures" (Gurlnik 1982, 1420).

Limitations of the Study

1. This study is limited to educational institutions which provide either diploma or basic baccalaureate nursing programs.
2. Grievances and appeals will be limited to the time period from 1978 until 1985 and to those cases reported by respondents to this study.
3. This study will be further limited by definitional inconsistencies in the terms "grievance" and "appeal" as they are perceived or used by programs in different provinces.

4. This study's review of legal information will be limited to primary and secondary legal writings found in educational legal journals.
5. Legal decisions rendered by a judge who does not provide written reasons and which are not reported in primary legal sources will not be reviewed or considered for this study.
6. Quebec institutions with nursing programs were excluded from this study because of potential variations between the application of administrative law in Quebec, and the application of administrative law in accordance with common law principles in the other provinces of Canada.

Significance of the Study

This study will provide a theoretical model to assist educators in understanding the components which are part of any evaluative decision regarding the promotion of a student. Specifically, the judgment model developed for this study is expected to facilitate an increased awareness of the three components of a fair and reasonable evaluation of

a student. An understanding of the components will, it is hoped, promote an increased knowledge of both the role of and decision-making powers undertaken by the reviewers of a student's complaint at each level. This will be of particular significance to programs which have a practicum or clinical component.

At the same time nurse educators will be provided with a heightened understanding of the role administrative law plays in relation to student complaints regarding clinical evaluation decisions. Such an awareness will result from the review of literature pertaining to the topic of this study.

This study is also expected to provide an analysis of a sample of grievance reviews, appeal hearings, and external appeals. Hence, this outcome will be of particular importance to nurse educators in relation to their perceived vulnerability to legal action by students whom they have failed.

Another outcome of this study will be a set of guidelines pertaining to grievance and appeal hearings.

These guidelines may be used by educational institutions to evaluate their current policies and/or procedures for the above.

Only a beginning of an exploratory nature can be attempted by this study in a previously unresearched area. A significant outcome will be the provision of a beginning framework for the "mapping" of the present structures and practices utilized within Canadian nursing programs. Specifically those used during the formulation and review of students' performance in clinical settings and subsequent levels of reviews, of these decisions, provided both within and without nursing programs. It is expected that subsequent studies will carry this investigation further.

CHAPTER 2

REVIEW OF THE LITERATURE

The literature surveyed was drawn from four areas: health sciences, higher education, legal decisions and legal writings in both Canada and the United States. These are presented in three sections in this chapter.

Health Sciences Literature

The literature from this area is primarily related to nursing education programs. When analyzed, this literature reveals two general areas. In the first area six factors which appear potentially to affect the assessment of students' clinical performance were identified. And in the second area three foci related to evaluation process and review were identified.

Factors Affecting Assessment of Students' Clinical Performance

These factors are: (1) the particular variables selected to measure students' performance; (2) the relationship between the complexity of students' clinical performance expectations and the degree of subjectivity of appraisals; (3) evaluators' expectations of students' professional socialization; (4) evaluators' expertise in assessment of students' performance; (5) degree of inter-and intra-rater reliability of evaluators' assessment of students' clinical performance; and (6) personal values of evaluators. Each of these factors can lead to distortions in evaluators' perceptions of students' clinical performance. Distortions in appraisals may, in turn, lead to charges by students of unfair or inequitable evaluative judgments.

Selection of variables to measure student performance. Many writers have presented inconsistent views about which variables should be assessed during students' clinical experiences. Angus states that:

> ...proponents of the more recently developed behavioural rating scales express the need to assess performance in terms of behaviours which are critical to job success or failure.
> (Angus 1980, 5)

Job success is viewed as being dependent on students' abilities to "integrate learning, apply theory to practice, acquire psychomotor skills, and make the transition from nursing student to professional person" (Bevil and Gross 1981, 658). For example, Adderly (1977) points out that such emphasis on job skills has resulted in a preoccupation with students' problem-solving skills, including: assessment of reasoning skills, skills in problem identification, and technical skills. Bruner (1978) cautions about a preoccupation with problem-solving skills. She emphasizes that problem-solving skills must be integrated into the context of patient care. On the other hand, performance should not be restricted to the above variables but should also include appearance and deportment objectives (Frisbie, 1979). However, these latter variables should not be graded as taught aspects of a course are (Frisbie, 1979) and the overall

competency of students should be measured on the basis of their consistency in performing skills (Bondy, 1983). All in all there is a wide disparity in what should be evaluated during clinical experience for nursing students with few writers agreeing on which variables have the greatest merit in assessing performance.

Relationship between complexity of performance expectations and degree of subjectivity of appraisals. Assessment of clinical performance of nursing students is considered to be difficult because of nursing's "complex goals" requiring achievement via complex strategies. A "complex goal" is a goal which has "multiple interlocking criteria including some that are highly abstract in nature" (Sadler 1983, 61). Complex strategies are those involving "multiple decision points because alternative courses of action are possible" (Sadler 1983, 61). Evaluation of students' clinical performance is considered to reflect both complex goals and complex strategies because students are required to plan their patients' care, using numerous steps, which must achieve specified outcomes. Steps students use to plan and to implement these goals

can be widely divergent based on the emphases they choose to stress for their patients. These emphases often evolve from psychosocial aspects of care planning.

Five such goals which evaluators must assess are: "caring about patients, cooperativeness with co-workers, confidence, resourcefulness, and dependability" (Gordon 1978, 69). These goals are frequently identified in the subjective evaluation of students. But when the evaluating practices of nursing educators were assessed, there was a frequent gap between how students performed and what evaluators documented about their performance (Wood, 1971). These gaps were said to be due to the subjective nature of students' performance. Because of this subjectivity,

> ...objective measurement tools of clinical experience are difficult to develop. The risks of subjective measurement cannot offset the necessity to obtain information on student performance and problems. Thus every effort should be made to get good information.
> (Wood 1971, 26)

This problem of documentation may not be due solely to the difficulty of measuring affective behaviours. Saylor (1987) conducted a study of students' and nurse educators' attitudes toward evaluation. She identified four categories of activities in which students are expected to demonstrate a level of proficiency: technical, psychosocial, planning, and collaboration. Senior students reported that they believed the evaluation of their technical and planning skills was less soundly based, while junior students reported that they believed the evaluation of technical skills to be the most soundly based. It was suggested that these alternative views were likely a result of the increasing complexity of technical skills as students progress in nursing programs. Saylor concluded that "students may expect less valid feedback or instructors may be less skilled at providing sound evaluations of activities such as counselling, teaching, and teamwork" (1987, 118). It follows that increasing complexity in students' performance as they progress through programs seems to increase the difficulty evaluators have in documenting specific performance. Documentation difficulties may also relate to the difficulty in

assessing how students formulate clinical decisions. McFadden conducted a study to assess how students make clinical decisions. She attributed part of the problem in assessing students' decision-making to a lack of information "about how individuals perceive and process information necessary to make an informed decision" (1986, 4). Therefore, not only is the complexity of the goals with which students have to deal a problem in documenting performance but so also is the lack of an understanding about the process students use to make clinical decisions. These factors may be interfering with the accurate measurement of students' clinical performance. The overall evaluation problem

> ...is making a subjective judgment about the meaningfulness of the whole, both, from the parts that are measurable, and from those that must be assessed intuitively.
> (Woolley 1977, 314)

Thus it appears that goals in the affective domain and those which are composed of several inter-related aspects may lead to difficulties in the assessment of students' clinical performance. Given the above weaknesses, how much weight should such

evaluations have in determining student promotion? Faculty should use only subjective knowledge ratings which have been shown to be "reliable and valid" before they are used in the determination of the promotion of students (Marienfeld, 1980).

Evaluators' professional socialization expectations of students. Nursing instructors frequently use their own experiences as the basis for their interpretation of students' performance. "Even the best-defined behavioral objective is dependent on the perception of the interpreter" (Barritt 1970, 40). Perception is used because...

> [t]he theory is lacking that would tell us how to arrive at minimum standards, how to set a criterion score, or how to judge the quality of a criterion-referenced test item.
>
> (Frisbie 1979, 6)

Thus, no matter which type of evaluation system is used, there will always be problems in accurate identification of measurable standards by which to compare students' performance. Educators must rely on their own nursing practice experiences to adjudicate their students' performances (Miksanek, 1980). Just as

instructors use their own experience to assess others' performance, students also provide care using their own theoretical knowledge as a guide. Unlike students with limited experience, instructors who are "expert nurses" are able to refine their own "theory through analyses of personal, proven experiences" (del Bueno 1983, 7). Educators' interpretation of students' performances are not based on students' ability to provide care but on how educators would provide care. Thus, "most nursing students have acquired the attitude that they must competently demonstrate their knowledge and clinical skills without any margin for error" (Griffith and Bakanauskas 1983, 105).

Educators also experience role conflicts (Angus, 1980). Conflicts arise from the various parties educators are accountable to: the student, the educational system, the agency, and the employing institution (Curry 1981, 65). This conflict is strongest as the "expert nurse" moves from the role of practitioner to that of instructor. Without educational preparation to accommodate this transition, nurses' expectation of students' professional behaviour may be beyond the reasonable expectation of performance

at specific levels in the educational program (Infante 1986, 95). Consequently, the more educators have been assisted in their role transition from practitioner to educator, the less likely their personal role expectations will be to interfere with their objective assessment of students' clinical performance.

Evaluator expertise in the use of assessment tools. Several writers have identified weaknesses with both the structure of assessment tools and the use of these tools. One of the reasons advanced for ineffective appraisal systems is "that different organizations have different philosophies of evaluation" (Angus 1980, 12). Thus, due solely to their lack of familiarity with the new system, faculty members new to a program may have difficulty evaluating students. Other reasons cited are the subjectivity of the tools, and instructors who are "inadequately prepared in the task of writing assessments" (Wood 1971, 21). Most graduate programs for nursing education do not appear to provide preparation of students in clinical instruction. Instead...."nursing has adopted the controversial practice of other disciplines of hiring individuals with subject matter expertise but not teacher

preparation" (Karuhije 1986, 144). Yet, clinical instructors are viewed by students as the most important factor in their success (Davidhizar 1985, 288). The issue of expertise in clinical evaluation is not new; Woolley wrote,"over the years....educators have enthusiastically embraced various approaches to the problem, only to drop each one when a more promising alternative was developed" (1977, 308). Therefore, if effective clinical assessment tools are difficult to develop and if nurse educators are not adequately prepared to assess student performance clinically, then the accurate adjudication of students' clinical performance is open to interpretation, not withstanding the fact that students identify their clinical instructor as the most important factor in their success (Davidhizar 1985, 288).

Degree of inter-and intra-rater reliability of student clinical appraisals. The question arises as to the reliability of clinical appraisals both between educators and within student groups. Considering the earlier discussion of the influence of evaluators' own experience on their interpretation of students' performance, it could be assumed that there is a strong

probability for low standards of both intra- and inter-rater reliability. In contrast educators would like to believe that:

> Given the same course objectives, evaluation criteria and identical data, the competent nurse educator would like to be able to assume that any other competent nurse educator would ultimately reach the same conclusion.
> (Brozenec and others 1987, 43)

Johnson and Wilhite carried out a study of the reliability and validity of subjective evaluations in baccalaureate nursing programs. They found that, provided "stated objectives or outcomes were used as the ranking criterion," subjective appraisals seemed to be reliable (1973, 260). Having stated outcomes is not sufficient to ensure reliability. Clinical instructors also "need greater expertise and training in observational skills to improve inter and intra-rater reliability" (Irby 1978, 22). Therefore, the degree of reliability and validity of appraisals seems to be dependent on the clarity of clinical objectives to be assessed and instructors' expertise in making observations related to these objectives.

Influence of personal values of evaluators on clinical appraisals. Just as evaluators' practice experiences can tinge their assessments of students' performance, so can evaluators' personal value systems (Jenkins 1985; Fowler and Heater 1983). Thus, instructors' own values can lead to charges of "personality conflict" by students. Instructors need to identify situations where their perceptions are different from those of their students and to explore what is the basis of these differences (Brozenec and others, 1987). The personalities of evaluators and students frequently influence their interactions:

> Teachers are fallible human beings and most realize that they work more effectively with some types of students than others. What is commonly termed a "personality conflict" is usually a misunderstanding between two persons who view a situation differently.
>
> (deTornyay 1985, 313)

Consequently, educators need to be aware of the impact that their personal value systems can have during the evaluation process, especially in situations where they

have difficulty finding positive aspects of particular students' performance (Carpenito, 1983).

Foci Related to Evaluation Process and Review

A broader analysis of the literature identified three general foci : (a) approaches to the evaluation process, (b) student grievances and appeals of evaluative decisions, and (c) legal implications of student evaluations.

Approaches to the evaluation process. Thorne presented a critical review of several approaches to evaluation. He cautioned that norm-referenced tests were not appropriate for nursing, as nursing programs require students to "have a competence level or minimum standard that each must attain and low scores representing insufficient competency [could] not [be] tolerated" (1983, 8). Instead he advocated the adoption of criterion-referenced approaches: his position was also supported by Bondy, who argued that "when the criteria are the common base for discussion between student and instructor, the student learns to self-evaluate and to validate self-perceptions of performance" (1983, 381).

Thorne (1983) also discussed the application of mastery learning to self-directed knowledge acquisition. Such learning is based on whether or not students meet expected outcomes. Consequently, the need to determine specific grades for clinical courses is avoided. Thorne (1983) and Bondy (1983) are not the only writers suggesting nongrading system approaches to evaluation. Barritt and Irion (1970) supported such an approach, due to the subjectivity in appraisals of students' performances. They stated that:

> ....even the best-defined behavioral objective is dependent on the perception of the interpreter. Rather than justifying the instructor's subjective values.... we should concentrate on what the student's behavior indicates about her....behavior which has been identified as consistent with first-level professional nursing practice. (Barritt and Irion 1970, 40)

Based on a study conducted by Hilton, no matter which approach is used, no relationship between theory course grades and clinical experience evaluations exists. To overcome this problem, she suggests "a need for a wide variety of testing procedures in order to

get a full picture of the students' abilities related to nursing" (1980, 27).

A further problem relates to the selection of tools to meet Hilton's specifications. Although the literature provides examples of tools developed to facilitate more effective documentation of students' performances (Stainton, 1983) and experience with the use of tools (Egoville, 1979), there has been limited research related to criteria for tool development. Writers have been more preoccupied with criteria for measuring than with the actual appraisal of performance. These criteria ".... should be able to measure the learning of the critical content as identified in the conceptual framework and course objectives" (Brozenec and others 1987, 43). Strong was more specific. She identified "clinical criteria which permit the educator to evaluate student performance comprehensively and consistently" as the primary focus when appraising performance (1979, 1). Moreover Brozenec, Marshall, Thomas, and Walsh (1987) specified that these clinical criteria should be centered around the three domains of learning: psychomotor, cognitive, and affective. However, when assessing affective

criteria, "specific determinants must be established to justify clinical instructors' interpretations of students' attitudes, values, and interests in relation to safe patient care" (Golembiecki and Ethington 1979, 44). Various means of data collection can be employed, including: direct observation of the student, clinical simulations, use of videotaping of interactions, student self-evaluations, and written assignments (Brozenec and others, 1987). In short, documentation of direct observation through anecdotal notes "complement[s] ....[evaluation]. The intent of these notations is to contribute to the overall student behavioral picture in the clinical setting" (Golembiecki and Ethington 1979, 45).

Two writers looked beyond the actual clinical performance of students. Bevil and Gross expressed the need to identify the learning potential of clinical areas, considering that "...students' learning objectives be achievable within a clinical setting, that necessary materials and learning activities be available and that the atmosphere of the setting be conducive to growth" (1981, 658). Woolley (1977) noted that the issue of which skills needed to be assessed

was a constant thread which has appeared throughout the history of clinical evaluation. On the whole, writers presented an awareness of the numerous variables which enter into the assessment of students' clinical performance and the need to utilize evaluation processes which are objective and reliable. However, clinical evaluations have been perceived as biased and unfair by some students.

Student grievances and appeals of evaluative decisions. The above perceptions have led students to force educators to review some evaluative decisions. Writers have reacted to this trend by presenting articles about the evaluation process and the ability to ensure congruence between students' clinical performance and awarded clinical grades. According to Majorowicz, "the process of supporting a clinical grade effectively starts before students begin the clinical course and continues throughout the course and final evaluation...." (1986, 37). Since clinical evaluations contain subjective appraisals, it follows that these evaluations are challenged more commonly than theoretical grades (Miller, 1982). When students appeal such evaluations, faculty have a greater degree

of difficulty in supporting their colleagues' assessments of students (Huston, 1986). Despite the vulnerability of clinical evaluators to such charges "...the burden of proof in an academic grade appeal is on the student to show prejudice or capriciousness on the part of the faculty member in arriving at a grade" (Miller 1982, 35). Murphy and Sandling cautioned readers that, although the present preoccupation with grievances in nursing programs is related to "grades or admission or retention in a program, students are beginning to address the quality of educational programs and expected competencies derived from these programs" (1978, 43). As a result of this questioning of awarded grades, writers have presented a number of reports on both the structure and the process of grievance and appeal hearings. Miller explains that "[w]hen an apparently irreconcilable difference exists between a student and a faculty member about the fairness of a grade, an appeal process is needed to resolve the problem and protect the rights of both" (1981, 186).

Majorowicz indicated that the rights of both parties implies that students' rights are protected by affording them "due process in academic matters" and faculty are protected by affording them their "right to freedom of instruction" (1986, 38). Logsdon, Lacefield, and Clark summarized that hearings provided: (a) the student with a recourse, (b) the student the right to due process without affecting the institution's right to administer an organized program of instruction, and (c) protections of faculty rights to freedom of instruction (1979, 185). They further stated that:

> if the student pursues the grievance outside the institution in the civil court system, [the hearing] provides data for the court to review and make a "due process ruling" without having to evaluate academic evidence;... [the court] can mediate potential faculty abuse of power in academic evaluation by looking at the process of instruction...[versus] the outcome of instruction. (Logsdon and others 1979, 185)

Huston reported that the structure of grievance

and appeal procedures varies but most contain: specified time limits, identification of the reason for the grievance, specified process for selection of the hearing panel, description of the steps in the process, and the process for communicating the hearing outcome (1986, 304). Procedures generally have two distinct phases: informal and formal (Murphy and Sandling, 1978). The "informal process is to facilitate communication" and occurs initially between the student and the instructor and ends with a conference with the dean. The formal process was divided into two reviews, the first being a "mediation meeting" where the parties presented their issues to a "non-partisan group of peers." If the issues were not resolved during this process then a "data collection meeting" was held where the hearing panel determined the outcome on the basis of the evidence presented (1978, 41-2). Logsdon, Lacefield, and Clark also wrote about a similar process. During the informal phase, the student was required to meet with four different levels of the nursing department: clinical instructor, coordinator of course, assistant director of program, and director of the program. All of these levels of

meetings had to be completed before the student could request a formal review which was initiated through a written request from the student. This hearing occurred before a panel which considered the evidence and made a decision based on whether evidence indicated that: (a) the student's rights were violated during the instructional process, (b) the policies and procedures of the institution were upheld by faculty during the instructional process, (c) the student was treated equitably (1979, 189).

Robinson and Bridgewater discussed a procedure whereby students met with their clinical instructors and attempted to resolve discrepancies in their perceptions. If this failed, then students had the right to request a formal hearing (1979, 192). In another institution, the initial hearing panel was drawn from both the nursing faculty and the student body. Following the hearing, this panel made a decision and forwarded it to the dean. Further disagreement with the decision was then appealed directly to the dean. The dean reviewed the transcript or summary from the hearing for either the absence of

or adherence to proper procedures or the violation of student's rights to due process (Miller 1982, 37).

Majorowicz describes a formal grievance procedure where the process was initiated when a student submitted a written request which outlined the "disputed grade," "reason why student [found the] grade unfair," and a "proposed remedy" (1986, 38). These requests were received by a committee who reviewed the allegations and all evidence supplied by both parties. A hearing was then conducted and its outcome was communicated to the parties, indicating either "insufficient evidence to support the student's charges" or "charges have substance." If the latter were the case, they stated their recommendation for "appropriate corrective action" (1986, 40).

No matter which procedures were used to review evaluative decisions, when students questioned these decisions, the over-riding issue which determined the success of the appeal was whether the student's assessment had been made in accordance with due process.

Legal implications of student evaluations. Due process, according to Irby, Fantel, Milam, and Schwarz, requires that the program "inform the student, orally or in writing (or both), of inadequacies in performance and their effects on academic standing" (1981, 181-2). However Pollok, Poteet, and Whelan believe that due process applies to all students and means that they must "be informed of the grading standards, and the same grading procedure must be applied equally to all" (1977, 638). In order to meet the above criteria and ensure that "justice be rendered in all decisions ....policies and procedures [need to be developed] that are both fair and reasonable" (Nash, Moore, and Andes 1981, 150).

Toward the end of the 70's, writers such as Ozimek and Yura began to show a more integrative view about these rights. They reported that "the rights and responsibilities of students and faculty differ. This difference needs to be supported rather than obliterated in order to assure that the goals of the educational program are achieved" (1977, 2). One of these faculty rights is to evaluate students. This right has been consistently upheld by the courts

(Pollok and Poteet 1983, 31). However, the institution also has the responsibility to provide its students with "....a statement regarding school expectations for personal and professional qualities if the school is to consider poor performance in these areas as a basis for dismissal" (Irby and others 1981, 181). Not only are institutions required to provide such expectations but school officials are also required to ensure that dismissal decisions are based "on expert evaluation of cumulative information" (Niedringhaus and O'Driscoll 1983, 157). Expert evaluation implies that the evaluation process be applied fairly, meaning that "....faculty inform students of pending failure and dismissal and tell them the reasons for such decisions" (Poteet and Pollock 1981, 1890).

Thus, when students' performances are such that academic dismissal is being considered, there are basic requirements which have to be adhered to before the dismissal decision is finalized. These requirements include,

> ....the student be advised of academic deficiencies in comparison to the established standard and be notified that he or she is being

> placed on probation for a specified period of time, at the end of the probationary period [if] the grade deficiency has not been resolved the student may be given a notice of dismissal.
> (Nash, Moore, and Andes 1981, 150)

In the event that students disagree with decisions, they "must show that the faculty failed to take the facts of the situation into account, did not arrive at a decison in a logical and reasonable manner or acted for malicious reasons" for decisions to be overturned or modified (Irby and others 1981,182). Unquestionably, faculties' best defence against student challenges to their decisions is "fair, well-conceived purposeful evaluative system and process" (Pollok and Poteet 1983, 32).

In nursing programs, students are required to carry out their clinical practice in agencies which are not under the educational institution's administrative control. These health care agencies often superimpose further additions to educational standards. In essence:

> The health care institution retains the right to require a student or a faculty member to leave the program because his or her health status or performance is deemed prejudicial to the health care facility.
> (Kelly 1981, 96)

Agreements allowing educational institutions' students to carry out clinical practice in health care agencies are generally formulated into contracts. Since students are providing actual care to patients in such agencies, students are held to the same standard as that of the "average, reasonably competent professional nurse" (Creighton 1975, 223). Thus, the standards which educators use to evaluate students are a combination of educational institution expectations, professional practice standards, and health-care-agency, patient-care standards.

Students who are dissatisfied with clinical evaluative decisions, based on such standards, have challenged educators' decisions not only within the institution but also through the judicial system. Professional educational program students represent the majority of petitioners or plaintiffs in such legal

cases (Mattingly and Gehring 1980, 480). The success of students using such action is rare because:

> Courts are generally hesitant to enter into the educational process and intervene usually only after administrative channels for settling grievances have been exhausted and a violation of guaranteed rights seems clear.
> (Pollok, Poteet, and Whelan 1977, 636)

Courts generally apply "the rule of judicial non-interference in scholastic affairs as much as possible. Their rationale is that they lack expertise to review academic decisions" (Nash, Moore, and Andes 1981, 150). Kapp (1981) also supported this position regarding the courts. Thus, the likelihood of the courts changing clinical evaluation decisions regarding students is remote unless that decision was arrived at unfairly or in a biased manner.

Higher Education Literature

Higher education institutions in Canada are generally provincially legislated through Acts and funded through taxes. Some of these Acts direct educational institutions to provide appeal procedures

when students question decisions made by officials within these agencies. Thus, the need for policies and procedures related to appeals by students may also be mandated not only from without the institutions. Krivy in his study of student legal rights in Canadian universities, noted;

> ....most of these acts provide a statutory duty for the university to hear any student grievances on any matter. Failure to provide mechanisms for the hearing of such appeals in a proper manner, will be dealt with swiftly by the courts.
> (Krivy 1982, 150)

Although there is an outside legislated control on the treatment of students by higher education institutions; a secondary legal control is exercised through contract law. This contract is operational when:

> ....the student completes registration and payment for services.... The student agrees to pay tuition and fees and abide by regulations and conditions set forth in various documents provided by the

institution.... College agrees to provide instruction for desired degree and is bound by same conditions set forth in documents.

(Beam and Hines 1981, 37)

This is a marked change from the legal controls which occur within the elementary and secondary sectors of education. In these institutions, the doctrine of "in loco parentis" prevails, which implies that the educational institution acts in the place of the parent. While contract law applies to higher education institutions, "the most well-accepted theory is that the rights and responsibilities of both students and universities arise from an expressed or implied contract" (Krivy 1982, 41). In this context, "[the] implied contract....[means]....that the student will not be arbitrarily expelled,....[and]....that the student will submit himself to reasonable rules and regulations for the breach of which, in a proper case, he may be expelled" (Lerblance 1979, 608).

"Reasonable rules and regulations" imply that:

students can expect to receive specific course requirements and evaluation procedures at the beginning of each class. They can expect written

> objectives to be fulfilled by the instructor. And they will presumably have growing access to due process procedures within their institution when they believe that educational contracts have not been met.
>
> (Barnes 1978, 10)

In order to ensure that due process is provided for students, higher education institutions must ensure that guidelines for such processes are formulated and followed. Such process guidelines serve two purposes in their protection of both institutions and students (Alexander 1978, 355).

Protection of institutions does not negate their official responsibility to provide programs which are taught by competent individuals who are capable of making judgments about students' performance. In order to make such judgments, educators need to meet three obligations: "[provision of] adequate supervision, proper instruction, and maintenance of equipment" (Connors 1981, 10). Proper instruction implies:

> ....the assignment of competent persons to each course in accord with instructional policies and in using appropriate teaching methods for the

> particular course content and type of student. (Owens 1980,14)

Adequate supervision requires:

> ....qualified supervisory attention [especially in high risk activities]..., and it should be assured that the number of students in those high risk activities or areas does not exceed the ability of staff to provide for adequate supervision. (Owens 1980, 15).

This risk reflects the fact that students provide care to actual patients in clinical settings. The determination of what constitutes adequate supervision of these students resides with nursing program faculty. They retain this right because:

> The faculty [are] uniquely qualified to observe and judge all aspects of student academic performance including demonstrated knowledge, technical and interpersonal skills, attitudes and professional character. (Irby and others 1981, 105)

Thus, these standards are not restricted only to the assessment of theoretical knowledge but also to other appraisals of students' abilities (Jennings, 1980-81).

These additional standards "are especially prevalent at professional schools where clinical ability is seen as an essential prerequisite to successful completion of the program" (Jennings 1980-81, 210). The major difficulty in assessing clinical performance relates to the degree of "discretion" and "personal judgment" used by evaluators (LaMorte and Meadows 1979, 201). This subjectivity increases as instruction "becomes increasingly individualized and students' competencies, in specialized areas, are evaluated by professors considered to be experts in their particular discipline" (LaMorte and Meadows 1979, 209). Thus, students are at the greatest risk in terms of receiving unfair or biased evaluations in:

> ....graduate and professional schools, clinical programs and other courses where evaluation procedures lack anonymity, where they involve the so-called gray areas between academic performance and behavior, and where academic requirements are vague or ambiguous.
> (Vernon 1979, 53).

"Educators....are being held increasingly responsible for oral and written assurances given to students" (Pavela 1978, 74). Institutions should have written academic policies which are carefully followed to reduce any misunderstandings students may have regarding their evaluation process (Pavela 1978, 74). In addition, the use of "statutes, regulations, and expert testimony to establish a minimal educational standard" may also ensure an established quality of education (Jorgenson 1979, 357). Adherence to established policies, procedures, and standards assists in protecting educators and their institutions from judicial interference in their academic decision-making. The above is necessary because:

> ....clinical performance inevitably requires faculty evaluation of something more than straight-forward academic work and courts may well [determine that] the fairness of procedural method lies squarely within judicial expertise regardless of the subject matter invoked.
>
> (Ray 1981, 183)

Thus in professional programs with a clinical experience component, faculty members' rights may well

have a higher likelihood of being protected than those of students. This limited student protection is a direct result of the difficulty educators encounter when setting standards to judge the quality of education provided. An outcome of the above is:

> Increased criticism and concern over student evaluation procedures make necessary a careful examination to ensure that the policies and practices used in student evaluation are educationally sound and thereby give students fair treatment.
>
> (LaMorte and Meadows 1979, 209)

LaMorte and Meadows conclude that evaluating academic performance is "discretionary and involves a certain degree of personal judgment" (1979, 210).

In some cases, when students are unable to meet the established standards, they may be considered for dismissal from a program. Educational institutions cannot simply dismiss students without first granting them an opportunity to discuss academic problems with representatives of the institutions (Irby and others 1981, 108). Many institutions have established appeal systems to provide such a forum. Most "[u]niversity

appeal procedures, usually [consist of] three levels [of appeal] or more"(Krivy 1982, 180). These appeal "[p]rocedures [may] be primarily arbitrative or mediative." Arbitration procedures "rely on non-negotiated settlements reached typically through hearing boards or panels; while mediation "include[s] third-party intervenors who help the parties, in conflict, construct some mutually satisfactory solution" (Folger and Shubert 1981, 33). Most systems provide for both informal and formal procedures. Informal procedures are recommended:

> ...at the initial stages of the grievance and then build in the option for students to invoke more formal means for presenting their grievances if the issue remains unsettled.
>
> (Folger and Shubert 1981, 33)

Institutions generally have formal written procedures which specify the various steps in their grievance or appeal processes which "are published in student handbooks, university codes of conduct, etc. Informal ad hoc procedures are set up by institutions as grievances arise and usually are not published" (Folger and Shubert 1981, 32). Thus, practices regarding

handling of grievances may vary from the published guidelines "but such variation [is] usually in the direction of more rather than less procedural protection" (Golden 1982, 339).

Grievance "systems are usually designed to review the procedures by which students are evaluated and do not normally permit examination of academic judgments" (Pavela 1978, 73). Therefore, when faculty are considering the dismissal or failure of students for academic reasons, they need to develop "internal procedures to reduce inequities in academic decision making" (Pavela 1978, 55). Such a decision "....requires an expert evaluation of cumulative information" (Iovacchini 1981, 168). Before taking action, the faculty must ensure that students receive a "fair hearing." A fair hearing requires that the student be provided with an opportunity to know the other side's case and to respond to those allegations prior to a decision being made. One of the deficiencies in academic dismissal proceedings is the absence of "sophisticated rules and standards of evidence" (Golden 1982, 355). In order for a student

to have a dismissal or failure decision overturned or quashed through an appeal process:

> [the] student must show that the [academic decision made by] faculty failed to take the facts of the situation into account, did not arrive at a decision in a logical and reasoned manner, or acted for malicious reasons.
> (Irby and others 1981, 113)

Although there appear to be volumes of material relating to management of students who are not meeting academic standards, there is a dearth of studies in the area of policies and procedures for grievance or appeal systems in higher education. Only one such study has been found. This was conducted, in the United States, by Golden (1981), who analyzed the written grievance and appeals systems in use in a sample of institutions. Golden found that all sixty-two institutions in his survey had systems in place to deal with disciplinary dismissals, but only one-third of the institutions had systems to deal with academic dismissals. His most significant finding was that institutions with academic dismissal systems were generally those with

professional education programs leading into a practice profession such as medicine, law, dentistry, or nursing in which the application of specialized discipline specific knowledge is taught.

Golden's findings are a result of the application of different procedural requirements of the American courts used to dismiss students for disciplinary rather than for academic reasons. In professional education programs, attitudinal as well as cognitive and psychomotor skills are assessed. When attitudinal problems result in poor appraisals for clinical work, confusion exists as to whether these problems are academic problems or disciplinary problems. This confusion has led writers to suggest that full disciplinary hearing provisions should be employed in professional programs under such circumstances (Calogero, 1979; Spink, 1983).

Institutional evaluation procedures are expected to provide administrative direction to faculty, while at the same time safeguarding the rights of students. When these procedures do not meet these expectations, external intervention into institutional affairs may

occur. Such intervention may be in the form of a judicial review by the courts, a hearing by the provincial Human Rights Council, or an investigation by the provincial ombudsman.

Legal Literature

Secondary legal writings on educational issues address the potential impact of administrative law, contract law, and common law, on the functioning of institutions. These areas will be discussed individually.

Administrative law. This area of law provides a mechanism for the challenging of decisions made by publicly-funded institutions when their decision-making exceeds the boundaries of their legislated jurisdictions. "An agency acts within its jurisdiction when it properly exercises the powers conferred upon it by statute, regulation, or common law" (MacKay 1984, 11). Since, in Canada, most educational institutions are publicly funded, administrative law considerations apply to certain aspects of their operation. Educational institutions are empowered to act under the provisions of the governing statutes passed. These

statutes often describe the breadth of the institutions' powers and the circumstances under which these powers can be exercised. The law is applied through judicial reviews which provide "an examination by the courts of a decision made by an administrative official or board" (MacKay 1984, 30). This examination is restricted to an assessment of whether "the decision was made within the board's powers and [whether] proper procedures were followed" (MacKay 1984, 30). Most reviews focus on the latter, rather than on the decision itself (MacKay 1984, 31).

Administrative law makes provisions for public institution officials or boards to act as an administrative tribunal. Students dissatisfied with decisions reached by these bodies could petition the court to conduct judicial reviews. These reviews, unlike common law proceedings, do not provide the court with the right to change decisions made by a public administrator or board. Only three remedies can be sought via a judicial review: certiorari, mandamus, and prohibition. If the remedy of certiorari is being sought, the court will review the decision made by the

public officials and determine if the jurisdiction of the officials was exceeded. If it has been, that decision will be quashed and the officials may be requested to reconsider the case. If the remedy of mandamus is being sought, the court, following a review of evidence presented, could order public officials to carry out an unperformed duty within their jurisdiction. If prohibition is sought, an individual will request that the court order public officials not to proceed with making a planned decision, since that decision is beyond their mandated jurisdiction.

When public officials make decisions which affect individuals, they are required to apply the rules of natural justice. These rules ensure that the individual's rights are protected (Krivy 1982, 118). Natural justice is "a legal concept encompassing rules of judicial procedure which have been formulated by the courts over the centuries to bring about equity and fairness" (Alexander 1978, 333). Fair procedures require that the decision-maker is not biased against the case being heard and that the individual who is affected by the decision has an opportunity to present

his or her case before the officials make the decision (MacKay 1984, 31).

Bias may arise from two sources: financial interests or some relationship with a party witness involved in the case. In the former case "decision-makers must not have a material interest in the result [of a hearing]" and in the latter case "the context [of the decision] must not create a reasonable likelihood of bias or a reasonable apprehension or suspicion of bias of a decision-maker" (Evans and others 1984, 219-220). Charges by students of bias in educational matters would not likely be related to financial interests of hearing panel members. However bias due to the relationships of hearing panel members' involvement with the case is likely to be charged by students. Evans, Janisch, Mullan, and Risk identify three types of relationships which could lead to charges of bias. These are: (a) "an association between one of the parties and a decision-maker", (b) "an involvement by a decision-maker in a preliminary stage of the decision", and (c) "an attitude of a decision-maker toward the outcome" (1984, 220).

In programs where the same administrators may be required to make quasi-judicial decisions at more than one level, the rules of natural justice may operate to stop such actions and decisions being made. The rule against bias will likely invalidate the decision-making of such a panel because the previously known facts and background about the student's performance could reasonably be expect[ed] or be foreseen to influence the likelihood of an objective judgment (Alexander 1978, 342). Therefore, a breach of natural justice could be found through a judicial review, if officials made decisions outside of their jurisdiction, use faulty procedures, or show evidence of bad faith (Scott 1977, 15). However, "the formal court system is loath to review cases which have not exhausted the other remedial instruments available" (Spiro 1978, 42).

The Supreme Court of Canada has set out the above position in Harelkin v. University of Regina [1979] 3 WWR 673. In this case, a student was informed that he was dismissed from his program of studies. He then requested a hearing before the committee of council. This committee conducted a hearing, without Harelkin being present, and upheld the earlier decision.

Harelkin then requested a re-hearing before the same committee so that he could present his own evidence, however, this request was denied. The university Act provided for a further appeal to the Senate Appeal Committee but Harelkin did not exercise his right to this level of hearing. Instead he brought application for "certiorari to quash the order of council" and "mandamus to require the university to hold a hearing." At the initial hearing Harelkin was successful but on appeal to the Saskatchewan Court of Appeal the initial ruling was overturned. Harelkin then appealed to the Supreme Court of Canada. It was then ruled that the council had breached the rules of natural justice. However, had Harelkin taken his complaints to the Senate Committee, this wrong could have been corrected. Therefore, the outcome was a denial of Harelkin's appeal because he had not exhausted his internal remedies [96 D.L.R. (3d) 14-58].

Adjudications within institutions "do not always require a formal hearing, or the presence of the appellant, provided the case was presented to the appeals committee by way of correspondence, briefs, or other mechanisms" (Krivy 1982, 147). However,

Alexander states that there is some controversy over whether natural justice is fully served if only written submissions form the basis of the student's presentation to the adjudicators (1978, 344). He concludes that without a verbal hearing, written submissions by the student conform with the rules of natural justice provided students have access to all evidence presented prior to making the written submission. Students have also demanded the right to be represented by legal counsel at these appeals but the "presence of legal counsel is not a fundamental element of fairness" (Alexander 1978, 350).

In summary, the courts will quash the decision of an internal adjudicator or appeal panel regarding academic dismissals in only three situations: (a) when the legal or contractual rights of students have been infringed upon or abrogated, (b) when there is a failure by the public institution to perform its statutory duties, or (c) when there is a denial of natural justice (Krivy 1982, 130).

Contract Law. The relationship between an educational institution and a student is contractual, according to Jennings (1980-81). She reports that contract law has

Jennings (1980-81). She reports that contract law has been applied, in the United States, to "disputes about program terminations, quality of academic programs, refusals to grant a degree, changes in requirements during a student's tenure, academic dismissals, and academic dismissal procedures" (1980-81, 123). In her analysis of cases where contract law has been applied, she reports that:

> ....the contract cases reviewed are most notable for their lack of agreement on almost any application of particular aspects of contract law doctrine. They disagree as to what constitutes the offer and what the acceptance. They disagree as to whether the duration of the contract is one term, one year or the length of the entire course of study. Cases differ as to whether the contract is entire and indivisible; and what that means. (Jennings 1980-81, 217)

Thus, there is a non-traditional application of contract law to higher education, meaning that the contractual relationship is "obviously not one in which the parties negotiated an agreement which is embodied in a single written document. It is one of mutual

obligations implied by law" (Nordin 1981-82 152). Under such a contract, educational institutions agree to provide students with prescribed programs in exchange for students' payment of fees and agreements to abide by the rules of these institutions. Obviously the educational institution has a greater degree of power over the student than the reverse and, as such, exercises a greater degree of power in the contractual relationship. The courts tend to favour educational institutions in cases where their academic decision-making is questioned. In fact, "the closer the dispute intrudes on strictly academic relationships, the more reluctant the courts are to overturn a decision made by educators" (Jennings 1980-81, 221). Therefore, in cases involving clinical failure, students are less likely to resort to application of contract law than to plead for a judicial review under administrative law. Another alternative that students may use to deal with clinical failures would be charging educators with educational malpractice.

Common Law. Legal writings identify two areas where students may sue educational officials: these being

defamation of character and educational malpractice. In the former case defamation of character could be charged in cases where a reference has been provided by one institution to another concerning a student's weaknesses in the former program; and the student felt that this reference "tends to lower [his or her] reputation...among his or her fellows and is based upon falsehoods." (MacKay 1984, 275). The defense to such a charge is "qualified privilege." That is, the educator providing the reference has a right and duty to communicate the information. This right and duty would be accepted if it were shown that the educator has: (a) a duty to inform, (b) a belief in the truth of the statement, (c) a reason to believe in the truth of the statement, and (d) limited information (Connors, 1981; 130). In most cases, it would be extremely unlikely that a student could succeed in proving such a charge against his or her educators.

Although there are a great many secondary writings about potential educational malpractice suits, in reality there have only been approximately ten cases brought before the courts in the United States with none being successful for the plaintiffs. Such suits

are brought before the courts to seek "redress [for] students who have not received full educational benefits when teachers negligently or intentionally failed to conform to minimum standards of professional competence..." (Patterson 1980, 194). The precedent setting case is Peter W. v. San Francisco Unified School District, 60 C.A. 3d 814, 131 Cal. Rptr. 854 (1976). Peter W. was a student who graduated with a high school diploma while he had only a 5th grade reading ability. In California there is a statute which requires that all high school graduates have the ability to read at a level above the 8th grade (Connors 1981, 149). In this case the court was asked

> to make a legal connection between teaching (as a series of specific, qualitatively assessable acts) and learning (as specific, assessable performances), a connection, a cause-effect relationship which serious researchers of the learning process have studied for many years and on which, to date, they have no definitive data. (Hazard 1978, 283).

The court ruled against Peter W. and this decision was upheld upon appeal. In a subsequent case, Donohue v.

Copiague Union Free School District, 407 N.Y.S. 2d 874, A.D. 2d 29 (1978) the court concluded

> The failure to learn does not bespeak a failure to teach. It is not alleged that the plaintiff's classmates, who were exposed to the identical classroom instruction, also failed to learn. [407 N.Y.S. (2d) 874, A.D. 2d 29 (1978)]

In reality there have not been any cases involving educational institutions brought before the courts in Canada up to the present. To be successful in such a case, students would have to prove that established academic standards were not met. However, "the courts are not equipped to review academic records based upon academic standards within the particular knowledge, experience and expertise of academicians" (Marx, 1983; 43). Thus, "factors favor judicial deference to scholastic dismissal procedures -- courts have continually expressed the view that academic dismissals involve expertise that the judiciary does not possess" (Brock, 1979).

Legal support for a student's claim of educational malpractice against an educator would be dependent on

proving that specific standards were not met. The court would need to establish what standards a "reasonable man" would use in the same set of circumstances. Such a comparison is difficult to establish because of "the vague undefined principles that characterize the field; the absence of standards, in fact, has mitigated against the imposition of liability" (Klein, 1979; 40). The student would also be required to show a direct causal "but for" linkage between the educator's failure to teach and the student's failure to learn. Considering the innumerable variables which can interfere with students' ability to learn is an ongoing area of research in education. Consequently, there is no known clear relationship which could be established to support such a linkage. Thus, the relationship between poor teaching (i.e. negligent teaching), by the educator, and the lack of learning, by the student would be extremely difficult to prove.

In summary, the ability of educators to provide fair and equitable clinical evaluations for students can be potentially affected by: variables used to measure students' performances, the relationship

between the complexity of students' clinical performance expectations and the degree of subjectivity of appraisals, evaluators' professional socialization expectations of students, evaluators' expertise in assessment of students' performances, the degree of inter-and intra-rater reliability of evaluators' assessment of students' clinical performances, and evaluators' personal values. These factors can lead to distortions in the evaluators' perception of students' performances resulting in the students feeling that they have been judged unfairly.

Students demonstrate the above feelings by seeking redress through grievance and appeal hearings within educational institutions. Such hearings have been established to provide a means of ensuring that both educators' and students' rights are protected. Procedures for these hearings usually contain: specific time limits, identification of reason for grievance, process for selection of the hearing panel, steps in the process, and the process for communicating adjudicative decisions.

In the event that students are unable to have their evaluative decisions altered by way of the educational institution's internal review mechanisms, they may request a judicial review through the courts. The courts will provide such a review when there is a violation of the student's rights or when the educational institution has acted outside its legislatively mandated role. The courts are hesitant to interfere with substantive academic decisions because they view educators as experts in the determination of students' academic performances.

Other aspects of education institutions' traditional prerogatives which may be opening up to judicial challenges by dissatisfied students are: charging institutions with a breach of their contracts, challenging instructors' competence to teach, and charges of defamation of character over references sent to other educational institutions.

The literature reviewed provided insights into the wide variations in writers' views about the clinical evaluation process and also the lack of consistent approaches to the implementation of grievance and

appeal systems for assessing evaluation decisions. Three major themes relating to the formulation of decisions regarding students' clinical performance and subsequent reviews of those decisions were identified. These being, the professional appraisal of students by nurse educators; the application of institutional policies and procedures during the formulation and review processes; and the protection of students' rights. A further theme emerged regarding the unconscious factors which can interfere with an educator's decision-making ability regarding a student.

In conclusion, from the literature reviewed three elements were identified as being involved in the formulation of clinical evaluative judgments: the academic component (i.e., conclusions reached about students' clinical performance based on the professional judgment of the evaluator); the administrative component (i.e., the process the evaluator uses in arriving at the conclusion); and the component of natural justice (i.e., whether conclusions reached were made fairly and equitably). These elements became the basis of the conceptual framework

for the study and will be explained more fully in chapter 3.

CHAPTER 3

CONCEPTUAL FRAMEWORK

The conceptual framework for this study, as summarized in the previous chapter, is derived from the literature reviewed. This chapter will initially describe and discuss the overall conceptual model followed by a description of how this model, speculatively, would be applied within the evaluative decision-making and review processes of education institutions. Finally, the consolidation of both of the above will be presented into a further model which was designed to provide direction for the development of the study's survey tools.

Conceptual Model

The academic component, the administrative component, and the component of natural justice are depicted in the conceptual model (see Figure 1) as interdependent elements involved in the decision-making process about a student's clinical performance. The

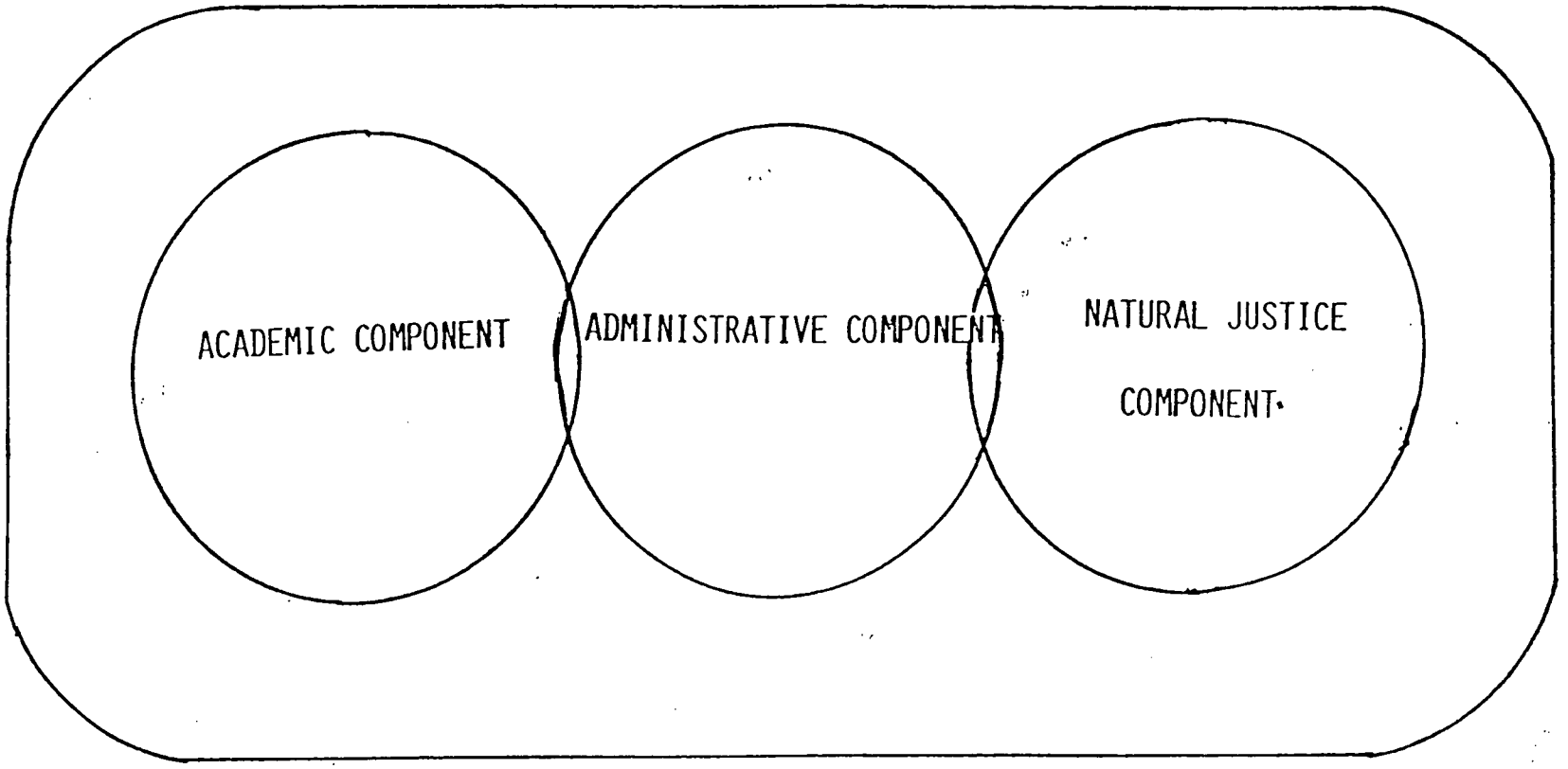


Fig. 1. Judgment Model

first element refers to the data collected by the evaluator about a specific student's clinical performance. These data, when compared with pre-established academic standards, result in an academic conclusion. The second element, the administrative component, refers not only to the procedures used by the evaluator to collect data, but also to the process used by the instructor to formulate and communicate to the student, his or her perception of the student's clinical performance. The way in which the standards are applied and the method used to make the student aware of his or her clinical performance are controlled through the application of provisions of natural justice. That is to say, the rules of natural justice are applied to ensure that the student was treated fairly and equitably.

Application of the Model to Reviews of Clinical Evaluative Decisions

The application of the components of the Judgment Model to the review processes provided both within and without institutions is based on a review of the literature on administrative practices and the nursing

education experience of the researcher. Therefore, it represents a prototype of what is speculated to occur within most nursing programs. It will provide a "standard" against which data obtained from the study respondents can be compared. A description of this "speculated" process follows.

If the student requests a reassessment of the judgment, this initial review would be called a "grievance" (see Figure 2). The review of this grievance (the grievance review) would be internal to the institution and would re-evaluate the academic conclusion reached within the program unit.

If the academic conclusion is upheld, the student may then apply for an Appeal Hearing of the decision. Such a hearing would involve a review of the administrative conclusions made including whether or not the student was treated fairly and equitably (see Figure 3). This hearing is conducted by institution employees who have not previously been involved in reviews of the complainant's evaluation.

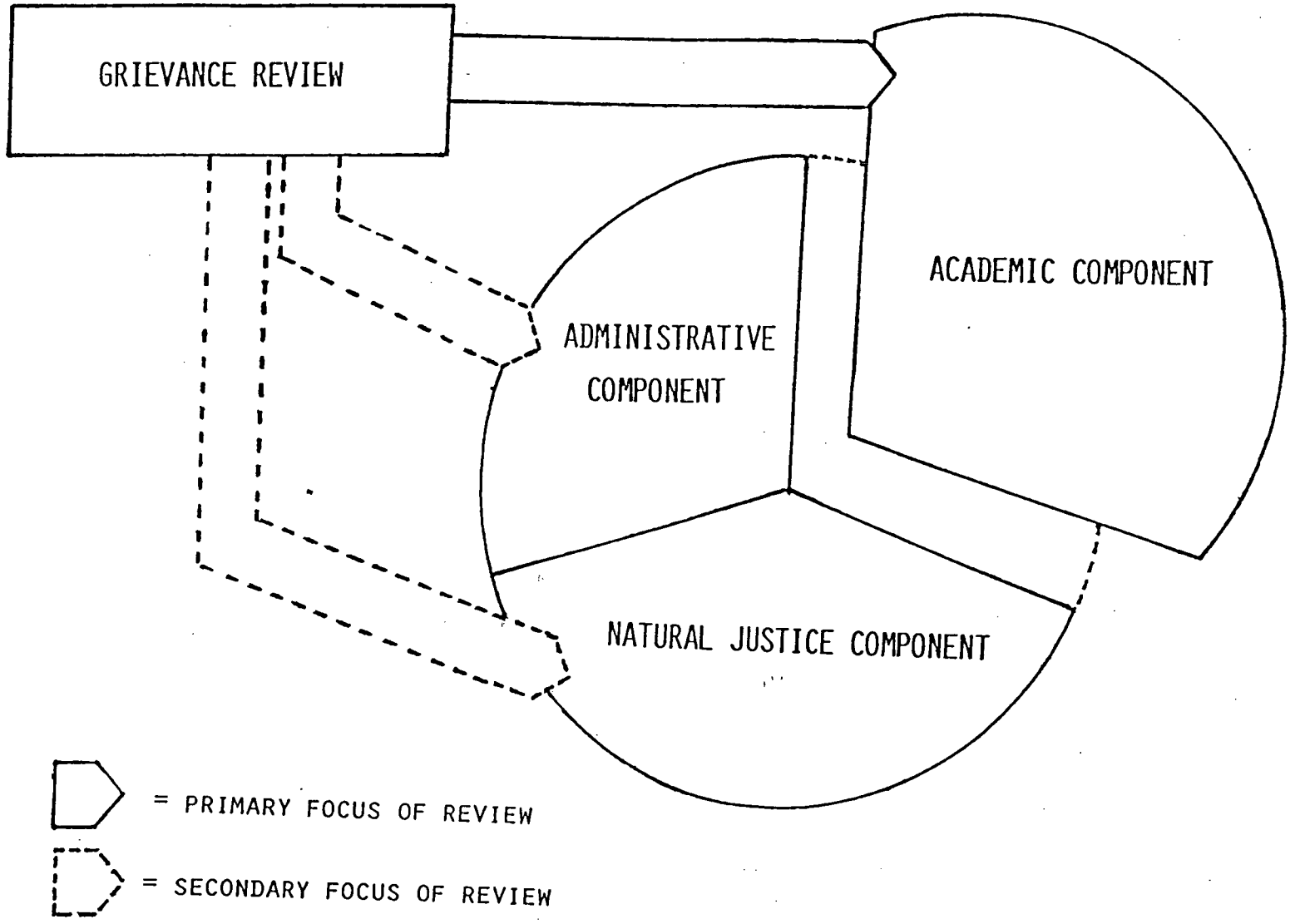


Fig. 2. Initial Review of Decision

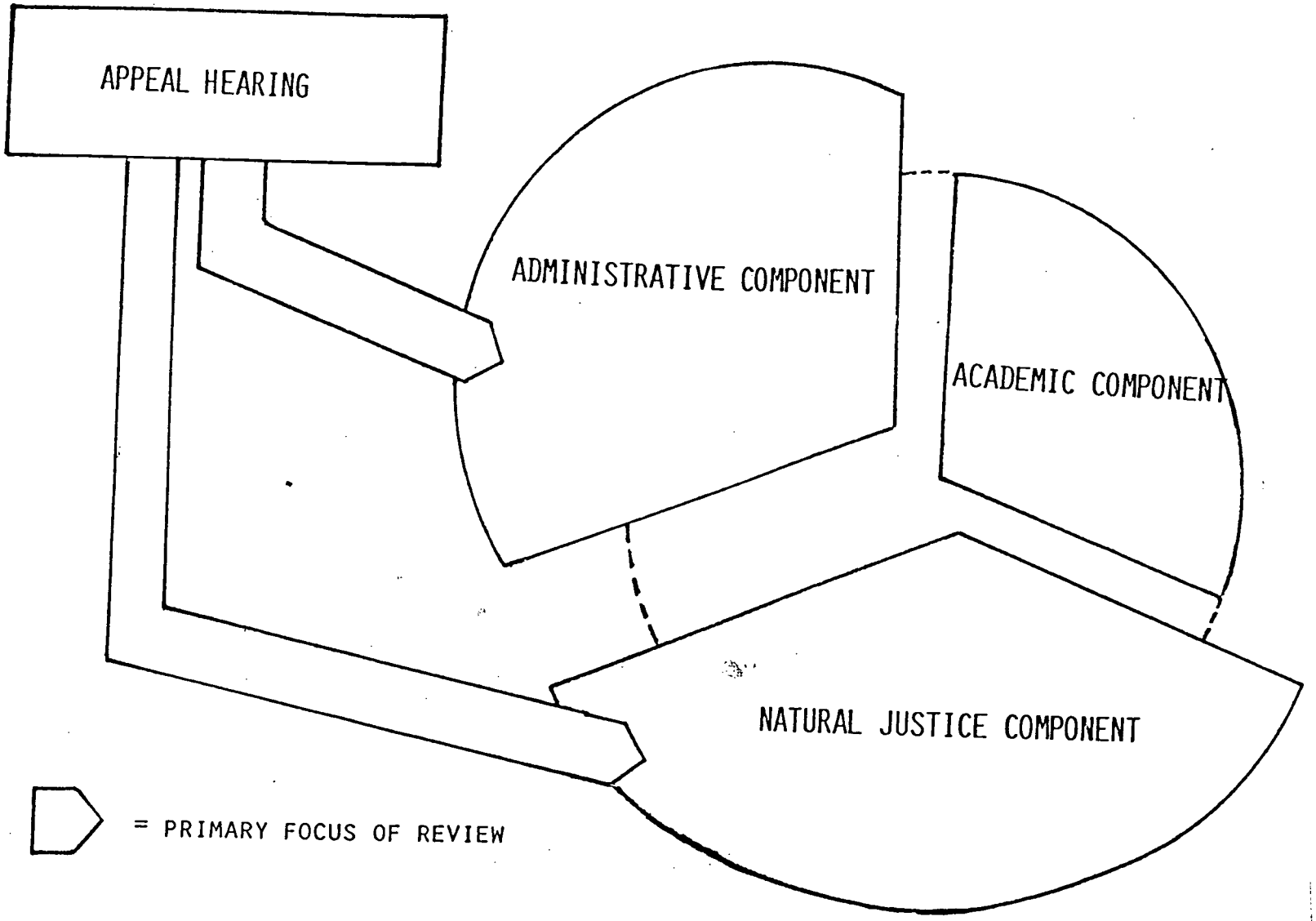


Fig. 3. Second Level of Review

If the student continues to be dissatisfied with the outcome of this hearing, a further level of appeal, called the Institutional Student Appeal, may be provided (see Figure 4). At this appeal a panel would typically review the evaluative decision made, assessing it for procedural errors or unfair treatment rendered to the student in arriving at the judgment. In other words, this appeal would review the administrative decision-making process and ensure that the process provided natural justice to the student. Therefore, both the internal grievance and appeal reviews would result in a re-appraisal of the formulation of the judgment taking into account the three elements of the conceptual model.

If the student still feels that the judgment has been unfair or inequitable, she or he may initiate an external review of the institution's decision-making (see Figure 5). An external review could be undertaken by the courts, or by a provincial ombudsman (in situations where such a position has legal jurisdiction by a provincial Act). These external adjudicators, as in the Institutional Student Appeal, would review only

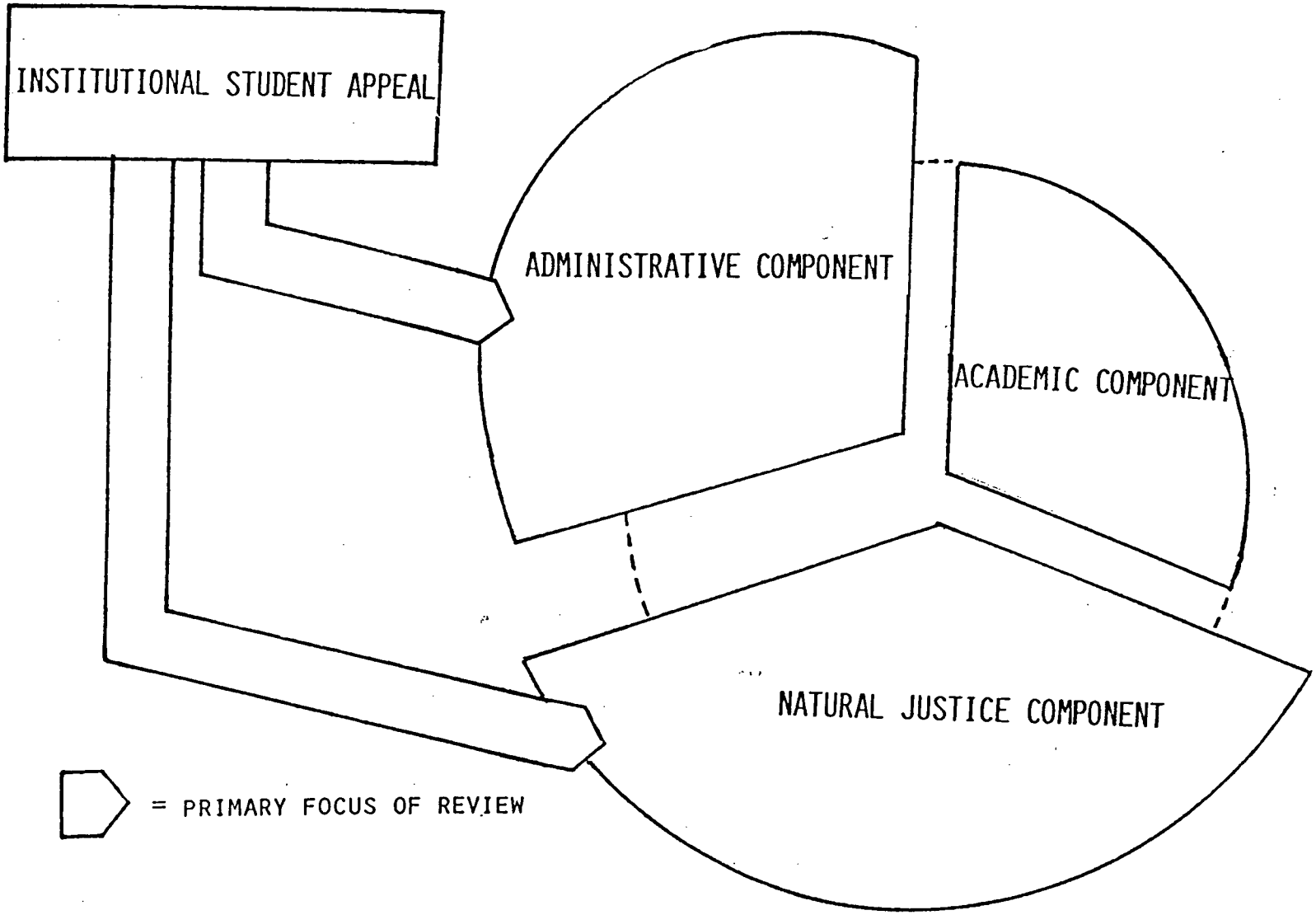
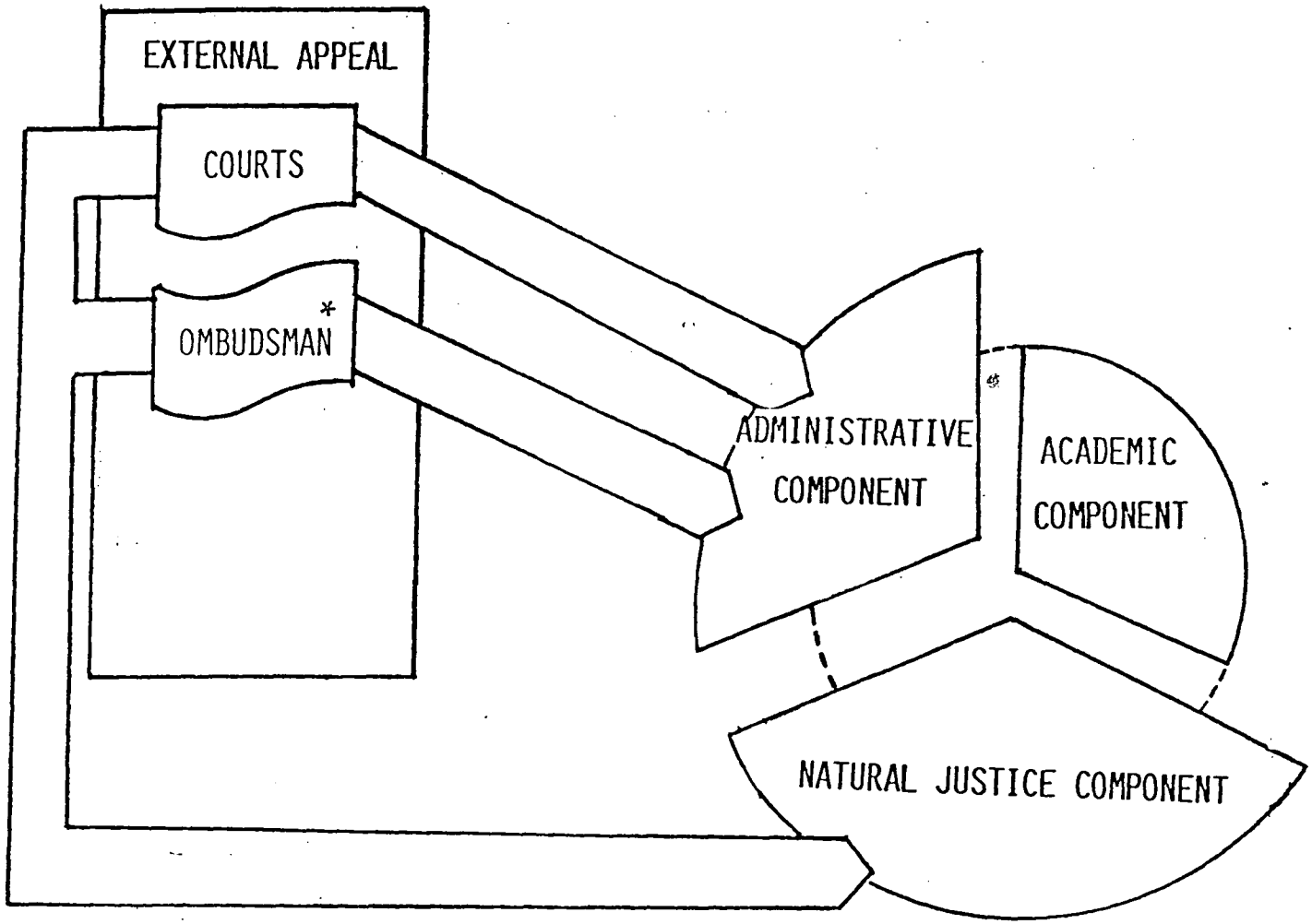


Fig. 4. Third Level of Review



= PRIMARY FOCUS OF REVIEW

Fig. 5. External Review of Decision

* This review only occurs in provinces and institutions which provide their ombudsman with such powers

the administrative conclusion and/or examine whether there had been a denial of natural justice to the student.

Judgment Process

Thus, not only does the conceptual framework show the three interconnected elements of a judgment, it also depicts the flow of decisions being made. Within the institution two levels of decision-making occur. The first level would occur in the program unit; the second level would occur outside the department but within the institution (e.g., an Institutional Marks Review Committee). Outside the institution, adjudication of the institution's decision may occur within the Courts, or through an investigation conducted by the provincial ombudsman (where he or she has the jurisdiction). Each of these three levels is involved in making judgments about student clinical performance decisions. Each level acts as a checking mechanism for the previous level.

In the Judgment Process (see Figure 6), there are five flows depicted. The first flow (see Figure 6, #1) describes the sequence from when the student performs

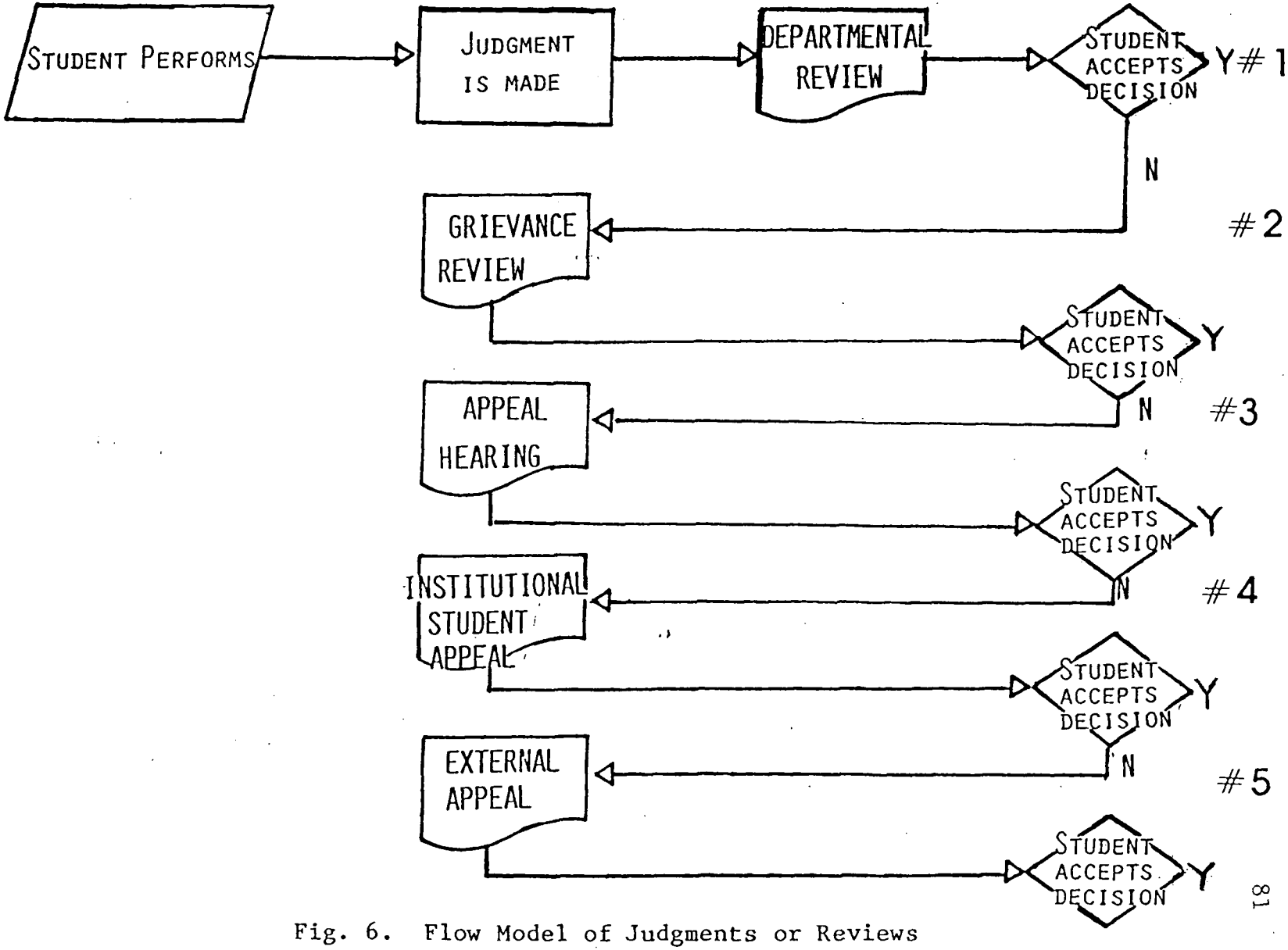


Fig. 6. Flow Model of Judgments or Reviews

in a clinical setting to when the student receives the evaluator's judgment about this clinical performance. The next three flows (see Figure 6, #2,#3, and #4) pertain to potential institutional reviews of the initial decision. The final flow (see Figure 6, #5) depicts an external review of the evaluative decision-making through the courts, or through investigations by the provincial ombudsman when Acts empower him or her to undertake such reviews.

During the first flow through the judgment process, the decision about a student's clinical performance would be considered within the program unit and within the institutional evaluation review mechanism. The program unit would ensure that the evaluative decision made reflects the student's clinical performance in relation to the program's objectives. The institutional evaluation review would ensure that the evaluative decision was arrived at through accepted institutional policies and procedures while, at the same time, providing the student with a fair and equitable decision.

Inter-relationship Between the Judgment Model Components and the Levels of Review

Grievance Review. This level of review represents the first informal review and occurs generally at the program unit level. Its purpose is to assess the appropriateness of the data collected about the student's clinical performance, and how the clinical performance problems were communicated to the student by the evaluator (Figure 2). That is, the Grievance Review would reassess the academic assessment.

Appeal Hearing. The first formal level of review is the Appeal Hearing which would generally occur at the institutional level as shown in Figure 3. This hearing's intent is not to review the data used to formulate the professional judgment made by the evaluator about the student's clinical performance, but to assess the procedures used in making the conclusion, the way in which clinical performance difficulties were communicated to the student and the fairness and impartiality of the clinical evaluative decision. That is, the Appeal Hearing would reassess the

administrative assessment and determine if the student received his or her due process.

Institutional Student Appeal. In some institutions a further formal appeal is provided to either the chief executive officer of the institution or a delegated panel (see Figure 4). If this level of appeal was provided in the institution, it would generally involve the chief executive officer or panel reviewing only the proceedings from the Appeal Hearing. This review would provide a final internal review of the administrative component of the decision and assessment of due process provided to the student.

External Appeal. External reviews (see Figure 5) can be provided through either the courts or the provincial ombudsman. Provincial ombudsmen can only carry out an external review in institutions where their provincial legislation provides ombudsmen with such powers. Their reviews are directed to the administrative component of the decision and the fairness and reasonableness of the process used in arriving at the decision.

If either the student or representative of the educational institution were to disagree with the

decision of the provincial Supreme Court, either party could appeal the decision to the provincial Court of Appeal, provided it obtains leave. A further appeal can be made to the Supreme Court of Canada, with leave. However, such an appeal can be made only on the basis of an error in the application of legal principles by the provincial Court of Appeal. Since legal appeals review only the evidence presented at the preceding trial, judicial or quasi-judicial tribunals, no new evidence can be entered. If the appeal is not allowed, the evaluative decision would be upheld and the student would have no further recourse.

When provincial ombudsmen have the authority to review students' grievances their decisions' impact on the educational institutions is dependent on the provincial powers afforded these positions.

Data Generation Model

Determination of the actual practices in educational institutions as compared with the above prototypic models required that a structured plan be developed to ensure that data obtained could be analyzed for a "fit" with the models. To implement

such a plan a three-dimensional model was required (see Figure 7). The first dimension was the Judgment Model components (see Figure 1), the second being the location where decisions were made, and the third relating to variables about the decision-making process.

A set of five variables was selected which provided a means to assess the actual decision-making processes which occur in Canadian nursing programs when clinical judgments of students' performance are made. These variables are: (a) where the decision-maker is located (i.e., in the program unit, in the institution, or in a body external to the institution), (b) who the decision-maker is, (c) the functions the decision-maker performs, (d) the controls placed on the decision-maker when he or she makes judgments about student clinical performance, and (e) the various review mechanisms available to students who wish to question evaluative decisions about their performances.

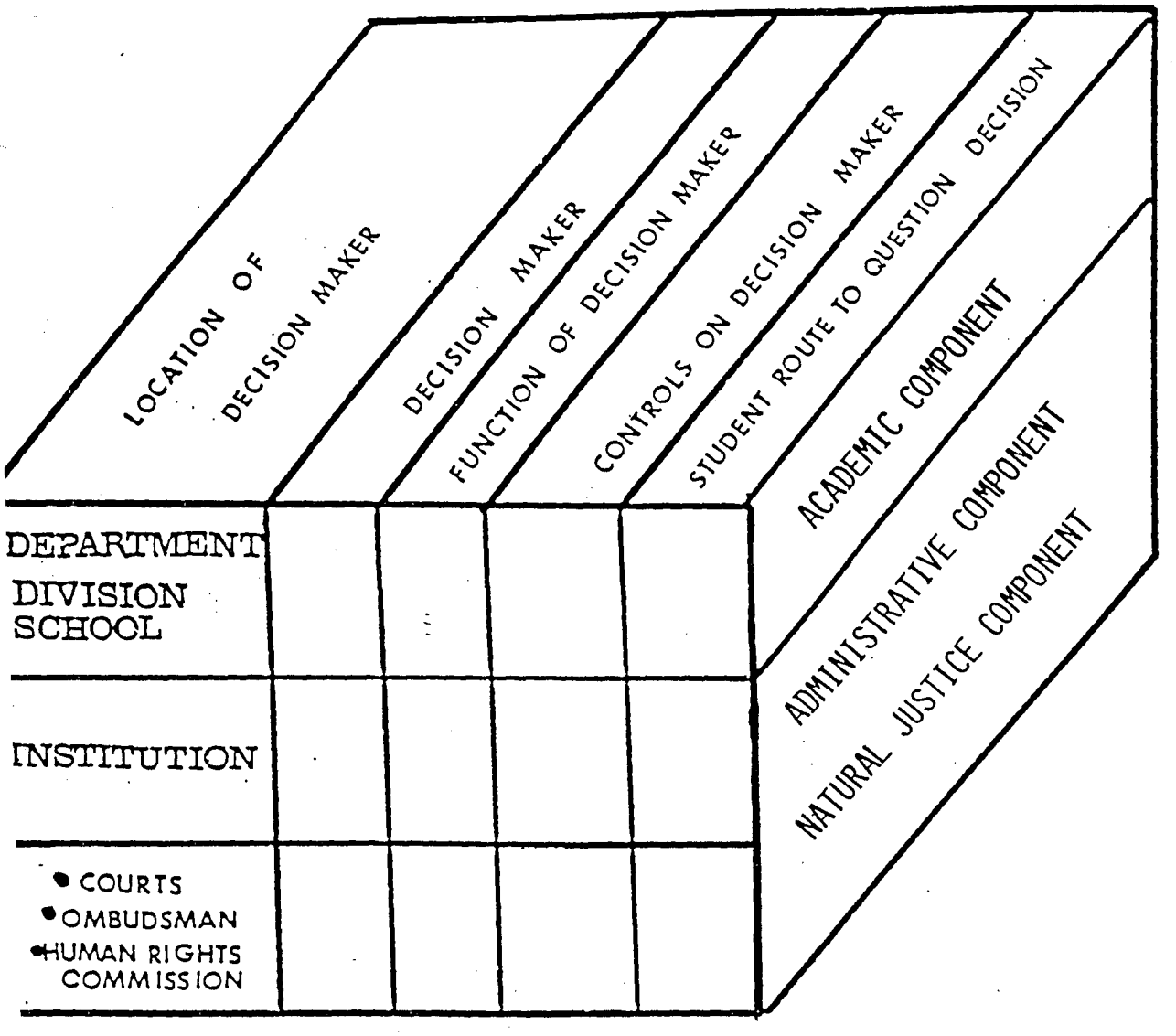


Fig. 7. Data Generation Model

This model provided a framework to identify the content of questions which needed to be included in the data collection instrument about evaluation and review practices. In summary, the decision-making practice variables would guide the questions asked in the instrument at each level of the program's evaluation and review process. Questions would also be developed to obtain data related to both the foci of these processes and to the location where each level of review occurs. This instrument and the study's methodology will be discussed in the next chapter.

CHAPTER 4

RESEARCH PROCEDURES

This chapter will describe the method used to investigate the relationships between the elements of administrative structures and procedures, as well as the incidence of grievances and appeals and then outcomes. The description will include discussion of the research design, population for the study, development and testing of the instruments, and measures used for both data collection and analysis.

Research Design

Since this study explored a new area of research, sufficient data had to be collected to provide an initial understanding of existing practices through a broad general overview of activities and decision-making practices related to selected variables. Data collected were also chosen to determine whether the theoretical models for the study

reflected actual practices in nursing education programs. To meet these parameters, a descriptive survey using a cross-sectional design was carried out.

An exploratory study such as this one, by definition, allows only the relationship between elements to be discovered, not causes or prediction of results in any other population (Borg and Gaul, 1983; Polit and Hungler, 1983).

Population

The target population for this survey was the heads of all the diploma and basic baccalaureate nursing programs in Canada, with the exception of programs in Quebec. The exclusion of Quebec programs was due to the variation in application of administrative law provisions to Quebec public institutions in contrast to administrative law applications in the remaining provinces. Therefore, to ensure as unified a respondent group as possible, Quebec programs were excluded.

This study was also limited to diploma and basic baccalaureate programs to ensure that as homogeneous a

grouping as possible was achieved throughout the remaining nine provinces. Both diploma and basic baccalaureate programs prepare nurses to meet the registration requirements throughout Canada.

Questions then arose as to how much data would be necessary and from how many in this targeted group? Since there appeared to be a relatively small number of programs which would be involved in the study, it was decided that a total population would be used.

Identification of the population was made through a search of programs listed in The Canadian Hospital Directory 1983. From this search, ninety programs were identified. Initially all ninety nursing education programs within the nine provinces identified for this study were chosen. Since the survey was restricted to diploma and basic baccalaureate nursing programs, two known programs which only provided post-basic baccalaureate programs were eliminated from the population.

Verification of the status of the remaining programs and the identification of the names of the nursing administrators of these programs were then

undertaken. The sources for this verification were the provincial nursing associations. These associations have the provincially legislated authority to register nurses graduating from their respective provincial nursing education programs, and hence they are familiar with programs within their jurisdiction. The Nursing Education Consultant for each of the nine provincial nursing associations agreed in writing to verify the information about the provincial programs. They also identified five additional programs which were added to the base of the study. Thus, the total population was raised to ninety-four programs.

Of these ninety-four programs, eighty-one programs responded to the survey or 86.1% of the total population. The other thirteen programs did not respond and hence are not included in the study.

Development and Testing of the Instruments

For the purposes of this study, two instruments were developed: one to assess administrative practices and procedures related to evaluation, grievances, and appeals; and the other to assess the incidence of cases where students had launched complaints about their

clinical evaluative decisions. These instruments were designed to collect data relevant to two of the sub-problems:

One,

Exploration of the administrative structures and procedures in Canadian nursing programs which dealt with the clinical failure of students.

Two,

Examination of the frequency of nursing student academic grievances and appeals which have occurred in Canada from 1978 until 1985.

Three methods of data collection were considered: personal interviews, telephone interviews, and mailed questionnaires. Four factors dictated the selection of the final choice. First, there was a wide geographic dispersion of respondents. Second, the cost of using either personal or telephone interviews was prohibitive. Third, there was a need to collect data in as standardized a format as possible to off-set perceived semantic problems resulting from institutions using a variety of names for levels of reviews. Fourth, varying practices were in use by respondents. After consideration of the above factors, it was determined that the only feasible method which would accommodate these factors was a mailed questionnaire.

Following the decision to use a questionnaire, consideration had to be made as to the type of questions to be used -- open or closed. Open questions would provide respondents with the opportunity to furnish more breadth to their responses. Multiple-choice responses without individualized comments posed additional problems. Respondents for programs whose practices varied significantly from the options mentioned in the responses provided could not respond. Therefore, it was decided that the questions would be closed but would provide an option for respondents to expand on their programs' practices when they varied from the options provided.

Instrument to assess administrative practices and procedures. Questions to obtain the needed data were structured to seek information concerning the various levels of reviews of decision-making as well as the structure and processes utilized. These questions were organized around the dimensions of the Data Generation Model discussed in the previous chapter. These included: where the decision-maker was located, who the decision-maker was, what functions the decision-maker

performed, who controlled the decision-maker, and what route students used if they wished to question the decision. Such decision-making processes potentially occurred at four levels within any institution. This assertion reflected both information gained from the literature search for this study and from the researcher's personal experience. Thus, the questionnaire was designed to collect data related to the following: (a) clinical evaluation practices in the program, (b) informal review of the evaluative decisions within the program, (c) formal review of the evaluative decisions within the institution, and (d) adjudication of the formal decision by the chief executive officer of the institution.

Because institutions utilized a variety of names for their levels of reviews the naming or labelling of the four levels proved problematic. Initially, a generic term-labelling (eg., grievance, appeal, etc.) was used. However, after the pre-testing of this instrument it was determined that labels describing the process should be used. Therefore, the first level was called "Assessment of Students' Clinical Performance,"

the second, "Informal Grievance Review of Student Clinical Performance Decisions," the third, "Formal Appeal Hearing of Student Clinical Performance Decisions," and the fourth, "Institutional Student Appeal."

Two sources were used to specify question content: (a) the Data Generation Model, and (b) selected variables from Golden's (1981) study of higher education institutions' student handbooks. The Data Generation Model specified the data necessary for the provision of information which described the decision-making practices in institutions and programs, while Golden's study provided variables pertaining to the structure of grievance and appeal systems which were in place in a number of higher education institutions in the United States. Variables from Golden's study which were incorporated into the questionnaire included: (a) who was interviewed, (b) who acted as advisors to students and faculty, (c) how reviews were documented, (d) whether witnesses were called during reviews to provide evidence, (e) who determined which witnesses could be called, and (f) what evidence was permitted during a review.

In order to determine the relationships between the elements of administrative structures and procedures, it was recognized that some demographic information would also be required. Six demographic variables were identified: (a) geographic location of institutions, (b) type of institution within which the program operated, (c) total student enrollment of the institution, (d) type of nursing program, (e) number of students enrolled in the program, and (f) the average age of nursing students currently in the program. Each of the above variables was formulated into a question with options which could be readily checked by the respondents. Although this section increased the overall length of the questionnaire, it was felt to be important information in order to assess two areas. First, it was necessary to provide a means of analyzing cases of grievances and appeals which were obtained through the use of the second instrument and second, to determine whether variations in administrative practices were due to the geographic location of the program, the type of institution the program was situated in, the size of the institution, the size of the nursing program, the average age of students in the

nursing program, or a combination of any of these variables.

Mason (1983) reports that a questionnaire should not be any longer than eleven pages or 125 questions. The proposed instrument proved to be longer than this eleven page "rule." Therefore, to prevent "burnout" of the respondents, the questionnaire was structured so that respondents could skip questions and/or sections in the event that the content did not apply to their programs' practices.

Berdie and Anderson's book on questionnaires suggested a number of considerations designed to enhance the chance of questionnaire completion by respondents. These included:

1. Printing and Paper -- artful reproduction on high quality paper.
2. Colors -- Colored papers and inks add little cost to a study and for certain types of samples will probably increase the appeal of the questionnaire.

(1974:56)

A 20 lb. light tan letter quality paper was selected. Typing of the questions and options was completed in Letter Gothic 12 type with instructions typed in Courier Italic 12. The former typing was duplicated in brown and the latter in green. The pages were then stapled together to form a booklet. Please refer to Appendix A to review a copy of this instrument.

Instrument to collect data related to frequency of student complaints. The second instrument was necessary to analyze specific cases within the institutions and to determine how procedures and outcomes varied between types of institutions geographically and institutionally. This instrument was sent to the same respondents as was the first instrument. Specific variables that the second instrument was designed to assess were: (a) the number of levels of review an individual student used within the institution, (b) the outcome of each level of review (i.e., whether or not the original decision was upheld), (c) whether or not the student launched an external appeal, (d) what agency was involved in the external appeal, (e) the outcome of an external

appeal, and (f) the impact of such an outcome on the institution.

It was recognized that providing the above information would be time-consuming for the respondents. Therefore, the format for the instrument used both tables and simple boxes for checking the most appropriate responses for each case. Respondents were requested to complete one instrument for each case in which a student launched a complaint against his or her evaluative decision. As in the first instrument, respondents were given instructions to skip sections of the second instrument in areas where the information requested did not apply to the individual case.

A secondary concern was the need for institutions to maintain the confidentiality of information about their students. Accordingly, respondents were requested to number each case reported and identify the year in which the complaint occurred; (refer to Appendix B for a sample of this instrument). Some respondents, however, reported that the above request for information was too time-consuming and did not provide any cases; other respondents reported a limited

number of cases, indicating that these were a sampling of the types of cases their programs had experienced; still others provided completed instruments for all the cases their programs had been involved with. A total of 205 cases was reported by institutions. This number, however, does not represent a total population of cases from the accessible population. It, therefore, represents a haphazard sample of cases and conclusions based on these cases must be suitably cautious.

Pre-testing of the instruments. Following the development of the two instruments, they were pre-tested by a group of ten nurse educators. These educators represented nursing programs in university, college, and institute of technology programs which would not be respondents to the study because they were either faculty in non-basic baccalaureate nursing programs or were not heads of diploma programs. Two of this sample were currently, or had been, administrative heads of nursing education programs, while the other eight had previous experience in appeal and grievance hearings for students. Prior to the pre-test, each

potential participant was asked if she would be willing to assist in this phase of the study. All ten individuals indicated such willingness.

Respondents to this pre-testing were provided with a packet containing a cover letter, copies of the two instruments, and a critique form. They were requested to complete the instruments and then to evaluate them by providing specific comments regarding the following areas: (a) overall format of the instruments, (b) length of the instruments, (c) the amount of time required to complete each instrument, (d) terminology used in both, (e) instructions for their completion, and (f) the appropriateness of the specific content of questions. There was a 50% return rate for the pre-test. Information provided led to a major restructuring of the first instrument's levels of review. This revision was discussed earlier in the instrument development section of this chapter. Generally, the respondents felt that the length of the instruments was appropriate and did not feel that the second instrument would pose any confidentiality problems.

The above information was incorporated into the final revision of the instruments. Once this revision was completed, the implementation of the data collection phase was next on the agenda.

Measures for Data Collection

Prior to implementing the data collection phase, packets to be mailed out to the potential respondents had to be assembled. This next section will describe the development of and decision-making about the content of the packets and the procedures for the mail-out and follow-up.

Cover letter. Orlich's (1978) guidelines were used for the preparation of the cover letter. Although there was not a specific sponsor for this study, letterhead paper from the University of British Columbia's Department of Administrative, Adult, and Higher Education was used for the cover letter to provide support of the study's authenticity. See Appendix C for a copy of this letter. A French translation of the letter was also provided because three of the five nursing programs in New Brunswick are provided in French. At the end of this letter an apology was given

for the failure to be able to provide instruments in French as well. The outcome of this effort was a 100% response rate from these French programs.

The literature also stressed the need to personalize the surveys. A gift of a lapel pin with the logo for the Registered Nurses' Association of B.C. was enclosed to "thank" participants for the time taken to complete the instruments. The cover letter and instruments were placed in large white manila envelopes on which the program heads' names, titles, and addresses were directly typed. Coloured postage stamps were separately applied to the envelopes. Self-addressed, stamped return envelopes were also included. Every effort was made to impress recipients and, hence, increase the response rate.

Mail-out and follow-up. A tentative schedule for implementation of the data collection phase of the study was prepared. Crucial to this plan was the date of the initial mail-out. It was realized that programs would have to receive the instruments prior to May to ensure that the data collection phase was concluded prior to the end of the academic terms of most

institutions. Four follow-ups were planned, each occurring three weeks after the previous mailing. The first and third follow-up would be in the form of a coloured postcard while the second would provide another cover letter and set of instruments. The initial mail-out of the packets occurred on April 26th, 1985. As shown in Table 1, twenty respondents returned their completed instruments prior to receipt of the first follow-up. A further thirty-three respondents completed and returned their instruments prior to the second follow-up while seventeen completed instruments were received prior to the third and final follow-up.

Table 1.- Respondent Returns Based on Use of Follow-ups

ACTION	INSTRUMENTS SENT	RETURNED	% OF RETURNED	% OF TOTAL SENT
Initial Mail-out	94	20	21.3	21.3
1st Follow-up	74	33	35.1	44.6
2nd Follow-up	41	17	18.0	41.5
3rd Follow-up	24	11	11.7	45.8
TOTAL		81	86.2%	

The fourth follow-up yielded another eleven completed instruments. Two additional instruments were returned without data. Thus the use of three follow-ups provided a total response rate of 86.2%.

Methods for Data Analysis

Description of the methods used to analyze the data will be discussed separately under measures used for each instrument.

Analysis of data related to administrative structures and procedures. Prior to the receipt of the first completed instruments, a data collection tool was designed. This tool was intended to act as a guide during the coding of data on the returned instruments (refer to Appendix D for a copy). Data were coded, then entered on Fortran sheets and verified for accuracy.

Frequencies and percentages of responses for each question were then calculated. Any additional comments made by respondents were transferred into a separate computer file and grouped according to the question number. Comments were then reviewed during the

analysis of questions. The questions were then clustered around the variables identified in the Data Generation Model (see Figure 7, 87). This was initially carried out by the researcher but was checked by a neutral nurse educator, who had not had any previous involvement with the study. A summary of the outcomes of this clustering process is reported in Table 2 below.

Table 2.** Clustering of Questions Around Data Generation Model Variables

VARIABLE	LEVEL	QUESTION NUMBERS RESEARCHER	NURSE EDUCATOR
Location of Decision-maker	I	8,9	8,1,3
	II	22	22
	III	39	50
	IV	65	65
Decision-maker	I	8,9,10	9,10,16
	II	22	19
	III	39	39
	IV	65	59,60
Functions of Decision-maker	I	11,15	11,12,15
	II	21,23,24,25 26,27,28,29 30,31,32	23,24,25,32 33,34
	III	38,40,41,42 43,44,45,46 47,48,49,50 51,56,57	37,38,40,41, 42,51,52,53
	IV	64,66,67,72 73	64,67,68,69, 70

Table 2.-- Clustering of Questions Around Data Generation Model Variables continued

VARIABLE	LEVEL	QUESTION NUMBERS RESEARCHER	NURSE EDUCATOR
Controls on Decision-maker	I	16	7,14,18
	II	33,34	20,21,28,29 31
	III	52,53,54,55	36,45,46,47, 48,49,55,56, 57
	IV	63,68,69,70,71	63,66,72,73
Student Route to Question	I	17,18,19	17
	II	35,36	26,27,30,35
	III	58,62	43,44,54,58
	IV	0	61,62,71

Wherever variations occurred between the two assessors, a careful review was undertaken to decide whether present placement of the question was appropriate or whether it should be moved. The analysis of data within the clusters will be discussed in the next chapter.

Nursing program respondents were also requested to provide copies of any written program or institutional policies and procedures pertaining to the study topic. Fifty-seven of the eighty-one respondents to this survey provided such documents. The policies and

procedures document for each program was reviewed by the researcher who then independently completed a copy of the study's instrument for that program. The researcher selected options only where the point was specifically covered in the provided documents. Responses were coded according to the same process as carried out for the respondents' completion of the instruments with the exception of the second reliability check of data. The two sets of data for each of the fifty-seven programs were then entered onto separate Fortran sheets with the respondent's data placed above the researcher's data. The levels of agreement between each option for every question were compared using Contingency Tables of Frequencies. Analysis of this assessment will be discussed in the next chapter.

Analysis of data related to frequency of student complaints. Data for the second instrument were analyzed using a similar process described for the first instrument (see Appendix E for a copy of Data Collection Tool-2). All cases were then grouped into their respective provinces and then by type of institution -- hospital, college, institute of

technology, university, or other. The cases were then broken down by year of occurrence to facilitate a calculation of the rate of cases by province and by type of institution.

In order to calculate the rate of cases by student enrollment in programs, the actual enrollments for each type of institution by province were needed. This value was obtained from questionnaire responses to the question, "What is the approximate student enrollment in each of your nursing programs?" The response provided the enrollment of students in diploma and basic baccalaureate programs for 1985. An assumption was made, based on an inquiry to informed sources, that the number of seats in nursing programs between 1978 and 1985 was a relative constant. Therefore, the number of students reported for 1985 was then multiplied by eight to give an approximate total of student enrollment over the period. Finally, the calculation of the rate of cases per 100 student enrollments by province and by type of institution was carried out. This analysis will be reported in the ~~next~~ chapter.

Coded data reflecting information pertaining to the levels of reviews, both internal and external to the institution, were then analyzed according to their frequencies, and then according to their outcome at each level, both by province and by type of institution. Analysis of these data will also be reported in the next chapter.

CHAPTER 5

RESULTS: DEMOGRAPHICS, ADMINISTRATIVE STRUCTURES AND PROCEDURES

The purpose of this study was to determine what administrative structures and procedures exist in Canadian nursing education programs with respect to the assessment of clinical appeals, to determine aspects of their effectiveness and then to derive recommendations for practice. Relationships between these administrative structures and procedures and the incidence of grievances and appeals were also assessed.

This analysis is separated into three parts: the first deals with an analysis of the respondents' demographic data. The second describes existing administrative structures and procedures, as reported by program respondents, followed by the third, a description of data related to the incidence of grievances and appeals in reporting programs. The latter part will be discussed in the next chapter.

Analysis of Demographic Data

An accessible population of 81 programs participated in this phase of the data collection. Of this number, 57 respondents also provided copies of their program's policies, their institution's grievance and appeal systems and/or their procedures pertaining to clinical evaluation.

Data were collected in relation to six demographic variables: (1) geographic location of the institution, (2) type of institution within which the program operates, (3) total student enrollment of the institution, (4) type of nursing program, (5) number of students enrolled in the program, and (6) the average age of nursing students currently in the program.

Geographic location of institutions: Respondents represented all provinces in Canada except Quebec which was excluded from the study for reasons stated earlier. The largest number of respondents (32) was from Ontario and the smallest number was from Prince Edward Island (one). A total population response was received from four of the provinces: British Columbia, Saskatchewan,

Manitoba, and Prince Edward Island (refer to Table 3). The overall response rate was 86.2%.

Table 3.-- Number of Respondents by Province

PROVINCE	QUESTIONNAIRES RETURNED	QUESTIONNAIRES SENT	%
BC	10	10	100.0
AB	10	13	76.9
SK	3	3	100.0
MB	7	7	100.0
ON	32	39	82.1
NB	6	7	85.7
NS	8	9	88.9
PE	1	1	100.0
NF	4	5	80.0
TOTAL	81	94	86.2

Type of Institution: As shown in Table 4, five types of institutions were included: hospitals, colleges, institutes of technology, universities, and independent programs.

The type of institution which offers nursing programs varies from province to province as shown in Table 5. Ontario provides nursing programs only in college and university settings while Nova Scotia and

Table 4.-- Respondents to Study by Type of Institution

TYPE OF INSTITUTION	NUMBER OF RESPONDENTS	% OF TOTAL
College	37	45.7
Hospital	20	24.7
University	15	18.5
Independent Programs	6	7.4
Technical Institute	3	3.7
TOTAL	81	100.0

Table 5.-- Type of Institution Responding to Study by Province

PROVINCE	TYPE OF INSTITUTION					TOTAL
	HOSP.	COLL.	TECH.INST.	UNIV.	INDEP.	
BC	1	7	1	1	0	10
AB	3	6	0	1	0	10
SK	0	0	2	1	0	3
MB	4	2	0	1	0	7
ON	0	25	0	7	0	32
NB	0	0	0	1	5	6
NS	6	0	0	2	0	8
PE	0	0	0	0	1	1
NF	3	0	0	1	0	4
TOTAL	17	40	3	15	6	81

Newfoundland provide these programs only in hospitals and universities. Prince Edward Island and New Brunswick provide nursing programs in independent

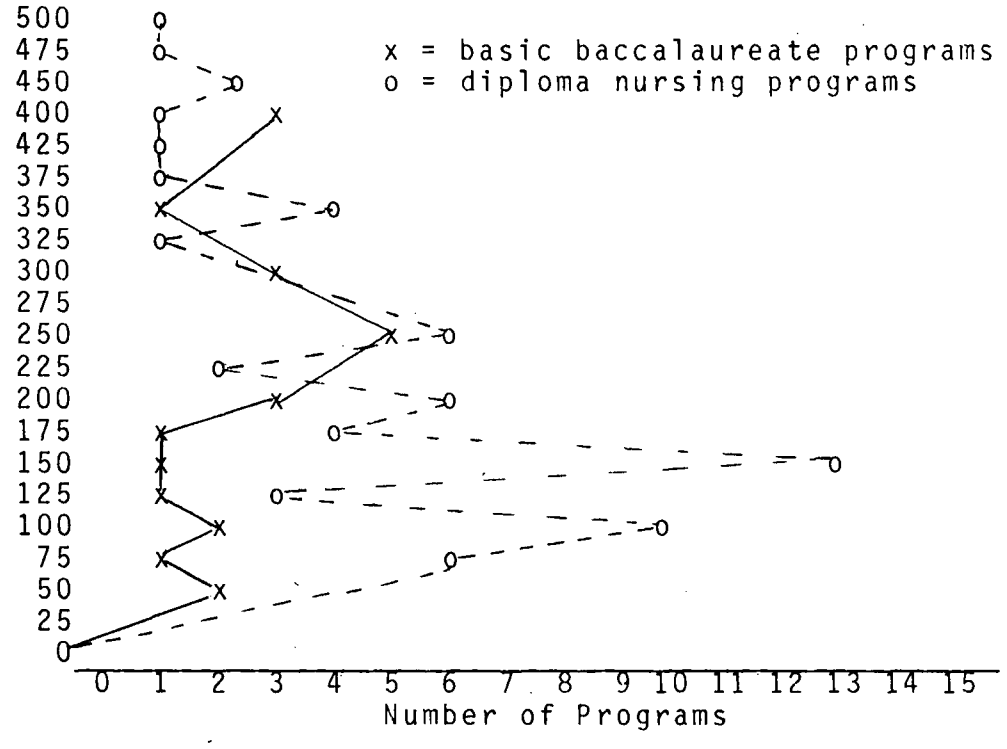
nursing schools while Saskatchewan offers nursing programs in either technical institutes or universities. British Columbia, Alberta, and Manitoba provide these programs in hospitals, colleges, and universities.

Student Enrollment in Nursing Programs: The student enrollment in diploma nursing programs ranged from 50 to 500 students with the average enrollment being reported as 196 students (see Table 6).

The lowest enrollment was 56 and the highest was 500 students. The student enrollment in basic baccalaureate nursing programs ranged from 50 to 400 students with the average enrollment being 258 students. The highest enrollment was 400 students and the lowest was 65.

Types of nursing programs offered by the institution: Approximately 82.6% of the institutions reported that they offered diploma programs, 18.5% stated they offered basic baccalaureate programs, and approximately 14.8% provided post-R.N. baccalaureate programs (refer to Table 7). Some of these institutions offered more than one type of nursing program.

Table 6.-- Student Enrollment in Diploma and Basic Baccalaureate Nursing Programs



Age of students entering nursing programs: Table 8 shows that, for institutions offering the diploma program, the modal age was the category 22 to 24 years and the range was from the category 16 to 18 up to one institution at 34 plus. For those institutions offering basic baccalaureate programs,

Table 7.-- Type of Nursing Program Offered by Institution

TYPE OF PROGRAM	NUMBER OF RESPONDENTS (N=81)	% OF TOTAL
Diploma	67	82.6
Basic Baccalaureate	15	18.5
Post R.N. Baccalaureate	12	14.8
Masters	8	9.9
Other*	17	21.0
No response	1	1.2

* This category represented some Practical Nursing (Nursing Assistant) and post-basic specialty programs.

Table 8.-- Average Age of Students Entering Diploma and Basic Baccalaureate Nursing Programs During the 1984-85 Academic Year

AGE RANGE	DIPLOMA PROGRAM	% TOTAL	BACCALAUREATE PROGRAM	% OF TOTAL
16 - 18 years	1	1.5	1	6.7
19 - 21 years	19	29.7	12	80.0
22 - 24 years	28	43.8	0	0.0
25 - 27 years	11	17.2	0	0.0
28 - 30 years	0	0.0	0	0.0
31 - 33 years	0	0.0	0	0.0
34+ years	1	1.5	0	0.0
No response	4	6.3	2	13.3
TOTAL	64	100.0	15	100.0

the modal age is the category 19 to 21 and there is only one institution with an average age at 16 to 18.

Analysis of Existing Administrative Structures and Procedures

Discussion focuses on two sets of variables: those arising from the Data Generation Model, and those selected from Golden's study (1981). The consistency of the Golden results with this study's prototypic models will then be examined. Finally, the reliability and validity of the data obtained will be discussed.

The Data Generation Model specifies five variables which occur in all the various levels of review within institutions. These variables are: (1) the position of the decision-maker, (2) the location of the decision-maker, (3) functions of the decision- maker, (4) controls placed on the decision-maker, and (5) review mechanisms available to students. Data related to the above variables are discussed across the four levels of review within institutions that is, Level I-- Assessment of Students' Clinical Performance, Level II-- Informal Grievance Review of Student Clinical Performance Decisions, Level III-- Formal Appeal Hearing of Student Clinical Performance Decisions, and Level IV-- Institutional Student Appeal.

The position(s) of the decision-maker: Respondents were asked to identify the decision-maker at each level of review. As shown in Table 9, 63.0% of the

Table 9.-- The Number of Individuals Making a Decision Regarding a Student's Clinical Performance

LEVEL I DECISION-MAKER	NUMBER OF* OF RESPONSES	% OF TOTAL	% OF PROGRAMS
One instructor only	28	29.5	34.6
More than one instructor:*	51	54.0	63.0
Instructor plus RN supervisor	22	23.2	27.2
Nursing program committee	20	21.1	24.7
Instructor plus supervisor of clinical instructor	9	9.5	11.1
Instructor plus program head	6	6.3	7.4
Instructor plus total faculty	4	4.2	4.9
Instructor plus another instructor (unspecified)	3	3.2	3.7
TOTAL	95		

* Multiple responses are requested. Number of programs is 81.

respondents indicated that more than one instructor made the original decision about nursing students' clinical performance (Level I), while 34.5% indicated that only one instructor made such decisions.

Where respondents indicated that more than one instructor made decisions regarding students' performance, 27.2% of the total reported that the registered nurse supervising the student in the clinical area was also involved in such a decision, while the next most frequent source was a nursing faculty committee (24.7% of respondents).

In almost one-third of the programs an individual instructor alone makes the decision regarding a student's clinical performance. Of the remaining programs providing more input into such decisions, the other sources were most frequently a registered nurse supervising the student or a faculty committee. In only 3.2% of the reporting programs is an independent second instructor involved in formulating the decision regarding a student's clinical performance.

Respondents were asked to identify if an individual or group outside of the nursing program reviewed the decisions reached by the nursing faculty that is, once the initial decision is reached by either a clinical instructor alone or in consultation with one of the above individuals or groups, is it again

reviewed? Table 10 shows that in only one-third of the programs does such a review occur. In the remaining two-thirds of the programs, data were not provided. This leads to the possibility that either the request for information concerning such reviews was not clear and respondents chose to not answer, or that in the remaining programs such a review does not occur.

From the data provided, it appears that the decision-maker at level I is most likely to be: (a) a student's clinical instructor, (b) the clinical instructor in conjunction with the registered nurse supervising the student, or (c) a faculty committee, and that there is likely no external review of the decision.

Table 10.-- External Program Review of Clinical Evaluation Decisions

INDIVIDUAL OR GROUP	NUMBER	% OF TOTAL
Director of Program	11	13.6
Institutional Committee	10	12.3
Dean of division, school or faculty	5	6.2
No response	55	67.9
TOTAL	81	100.0

Table 11 shows that at level II, the grievance review was most likely to be conducted by either a nursing program standing committee or a special grievance review panel. In 7.4% of the programs, not only did the student's clinical instructor serve on the panel, but she or he also conducted the grievance review.

Table 11.-- Provisions for Conducting a Grievance Review

PERSON OR GROUP CONDUCTING REVIEW	NUMBER OF PROGRAMS	% OF PROGRAMS
Nursing program standing ctte.	24	29.6
Special grievance review panel	21	25.9
Head of nursing program	11	13.6
Student's clinical instructor	6	7.4
Coordinator of the team or year	5	6.2
Dean of division	3	3.6
Impartial nursing instructor	2	2.5
Hearing Officer	1	1.2
Total faculty of nursing program	1	1.2
Academic Appeals Committee of faculty	1	1.2
Unspecified	3	3.8
No response	3	3.8
TOTAL	81	100.0

Respondents in only 2.5% of these programs indicated that the grievance review was conducted by an impartial

nursing instructor who would more likely provide an objective appraisal. An interesting finding was that only one program identified the use of a hearing officer in such a review. In contrast, in the United States, a hearing officer is commonly advocated as the conductor of such reviews.

Level III represents the first formal level of review; "formal" meaning that there are established policies and procedures directing the conduct of the review. At this level (refer to Table 12), the most frequently cited members of appeal hearing panels were: students, nursing faculty from the nursing program and non-nursing faculty. Other members included the nursing program head, his or her supervisor, a hearing officer, and the head of the institution. In contrast to the previous level, a hearing officer was used in 24.7% of the programs at this level. To a lesser extent, nurse educators from outside the institution and established institutional committees were involved in these reviews.

Thus, it appears that there is a wide variation in the membership of appeal hearing panels across the

nursing programs. The most likely members of these panels would be: students, nursing faculty from the nursing program, non-nursing faculty members, the head of the nursing program, and a hearing officer. Less

Table 12.-- Persons Included in Appeal Hearings

PERSONS OR GROUPS INCLUDED	NUMBER* OF RESPONSES	% OF TOTAL	% OF PROGRAMS
Students	33	17.2	40.7
Nursing faculty from nursing program	31	16.2	38.3
Non-nursing faculty	29	15.1	35.8
Nursing program head	24	12.5	29.6
Hearing officer	20	10.4	24.7
Head of institution	13	6.8	16.0
Immediate supervisor of the nursing program head	15	7.8	18.5
Nurse educator from outside institution	7	3.6	8.6
Established institutional committee	3	1.6	3.7
Head of student services	2	1.0	2.5
Board of Directors for nursing program	1	0.5	1.2
Nurse, non-educator, from outside institution	1	0.5	1.2
No response	13	6.8	16.0
TOTAL	192	100.0	

* Multiple responses are requested. Number of programs is 81.

likely members would be: the immediate supervisor of the nursing program head, the head of the institution, and a nurse educator from outside the institution.

Only 40.7% of the respondents provided information related to Level IV, the Institutional Student Appeal. Respondents chose either not to provide data concerning this level of review or their programs do not provide such a level (refer to Table 13). Those who did

Table 13.-- Provisions for Institutional Student Appeal Hearing

PERSONS OR GROUPS	NUMBER	% OF TOTAL
Head of institution	11	13.6
Sub-committee of senate	6	7.4
Head of school, division or faculty	6	7.4
Established appeal committee	3	3.7
Sub-committee of board of governors	3	3.7
Outside arbitrator	1	1.2
Ad hoc institutional committee	1	1.2
Sub-committee of board of trustees	0	0.0
Unspecified	2	2.5
No response	48	59.3
TOTAL	81	100.0

respond to this question indicated that the head of the institution was the most frequently cited individual who conducted these hearings followed by a sub-committee of either the senate, at a university, or a board of governors, at a college. In one program an outside arbitrator conducts this hearing.

In summary, at Level I--Assessment of Students' Clinical Performance, the decisions were most frequently made by clinical instructors either alone or in consultation with the registered nurse supervising the students. Level II--Grievance Review, decisions were more frequently made by nursing programs' standing committees. At formal Appeal Hearings, Level III, the panels were most frequently composed of students, nursing faculty from the nursing program, non-nursing faculty, the nursing program head, and a hearing officer. At Level IV, Institutional Student Appeal hearings were provided by either the head of the institution or by a sub- committee of the governing board of the institution (refer to Table 14).

Table 14.-- Summary of Provisions for Levels of Review

LEVEL	DECISION-MAKER	NUMBER	% OF TOTAL
I	One instructor only	28	34.6
	More than one instructor	51	63.0
II	Nursing program standing ctte.	24	29.6
	Special Grievance Review Panel	21	25.9
	Other	30	37.0

Table 14.-- Summary of Provisions for Levels of Review (continued)

LEVEL	DECISION-MAKER	NUMBER	% OF TOTAL
III	Students	33*	21.0
	Nursing faculty from program	31*	19.7
	Non-nursing faculty	29*	18.5
	Nursing program head	23*	14.6
	Other	41*	26.1
IV	Head of institution	11	13.6
	Other	20	24.7

For definitions of Levels see page 122.
* Multiple responses are requested. Number of programs is 81.

Location of the decision-maker: Program respondents were asked to identify whether the decision at each level of review occurred within the program, meaning a review which was conducted by nursing program faculty; inside the institution, meaning that the review was conducted by members of the educational institution who were not necessarily nursing faculty; or outside the institution, meaning a review which was conducted by individuals who were not employees of the educational institution (refer to Table 15).

Table 15.-- Location of Reviewers at the Four Levels of Review

DECISION-MAKER	INSIDE PROGRAM NUMBER	%	INSIDE INST'N NUMBER	%	OUTSIDE INST'N NUMBER	%
LEVEL I -- ASSESSMENT OF STUDENTS' CLINICAL PERFORMANCE:						
One instructor only	28	29.5				
More than one instructor:						
Instructor plus--						
Clinical supervisor					22	23.2
Nursing program ctte	20	21.1				
Instructors responsible for course	7	7.3				
Supervisor of same	9	9.4				
Program head	6	6.3				
Another instructor	3	3.2				
TOTAL	73	76.8	0	00.0	22	23.2
LEVEL II -- GRIEVANCE REVIEW:						
Nursing program standing ctte.	24	29.7				
Head, nursing program	11	13.6				
Clinical instructor	6	7.4				
Coordinator of team or year	5	6.2				
Impartial nursing instructor	2	2.5				
Total nursing faculty	1	1.2				
Faculty appeals ctte	1	1.2				
Special Grievance Review Panel			21	25.9		
Dean of division			3	3.7		
Hearing Officer			1	1.2		
No response	6	7.4				
TOTAL	56	69.2	25	30.8	0	00.0

* Multiple responses are requested. Number of programs is 81.

Table 15.-- Location of Reviewers at the Four Levels of Review (continued)

DECISION-MAKER	INSIDE PROGRAM NUMBER	%	INSIDE INST'N NUMBER	%	OUTSIDE INST'N NUMBER	%
LEVEL III -- APPEAL HEARING:						
Nursing faculty from program	31	19.6				
Nursing program head	23	14.6				
Students			33	20.9		
Non-nursing faculty			29	18.4		
Head of institution			13	8.2		
Immediate supervisor of nursing head			15	9.5		
Est'd inst'al ctte.			3	1.9		
Head of student services			2	1.3		
Nursing faculty from outside institution					7	4.4
Board of Directors					1	0.6
Nurse, non-educator from outside institution					1	0.6
TOTAL	54	34.2	95	60.2	9	5.6
LEVEL IV -- INSTITUTIONAL STUDENT APPEAL: (N=81)						
Head of institution			11	13.7		
Senate sub-committee			6	7.4		
Head of school, division, school			6	7.4		
Appeal committee			3	3.7		
Ad hoc institutional committee			1	1.2		
Board of governors sub-committee			3	3.7		
Outside arbitrator					1	1.2
No response			50	61.7		
TOTAL			77	95.1	4	4.9

* Multiple responses are requested. Number of programs is 81.

Both level I and level II reviews were generally conducted by nursing program faculty with the exception of faculty dependency on input into student clinical decisions by the registered nurses supervising these students. However, in one-quarter of the programs at level II, other non-nursing program officials from the educational institutions were also involved in these reviews. Appeal hearing panels were composed of representatives from the nursing program, other institutional officials and, in nine programs, representatives who were not employees of the institutions. Level IV review panels were either non-nursing faculty institutional employees or, in a limited number of programs, non-institutional employees.

Generally, respondents reported that Level I -- Assessment of Students' Clinical Performance occurred within the program while level II--Informal Grievance Review--occurred within the institution, but took place outside the nursing program with the exception of university programs. In universities, such a review generally occurred within the program. Both level III--Formal Appeal Hearings--and level IV--

Institutional Student Appeals--generally occurred within institutions but external to programs (refer to Table 16).

Table 16.-- Location of Decision-maker at each Level of Review of Students' Clinical Evaluative Decisions

LEVEL	INSIDE PROGRAM NUMBER	%	INSIDE INSTITUTION NUMBER	%	OUTSIDE INSTITUTION NUMBER	%
I	73	76.8	0	00.0	22	23.2
II	50	69.2	25	30.8	0	0.0
III	54	34.2	95	60.2	9	5.6
IV	0	0.0	27	33.3	4	4.9

Functions of the decision-maker. The decision-maker was likely to perform a variety of roles as part of each level of review. These roles could include: determination of who would be interviewed, what evidence or documents could be allowed during the review, whether the parties could be assisted by advisors and what role these advisors might perform, the particular aspects of the decision that the reviews are to address, and the form of documentation of the

review. Respondents were asked to provide information relating to the above to facilitate an understanding of the functions decision-makers performed during all levels of review in their institutions.

At level I, data were collected to determine which students' clinical performance were reviewed, firstly, within the nursing programs and, then, whether there was any further review of these decisions outside the nursing programs (refer to Table 17). In this case "outside" could mean a divisional committee composed of heads of several programs who meet to review all students' marks to ensure consistency in the application of institutional policies and procedures.

Approximately one-third of the respondents reported that all students' clinical performance in a specific clinical course as well as the performance of those students who had difficulty in meeting course objectives were reviewed by faculty. Students being considered for failure were reviewed in one-quarter of the responding programs. It appears that those programs not providing a response to this question either do not provide a further review of evaluative

Table 17.-- Students' Clinical Performances Reviewed at Level I Both Inside the Nursing Program and Outside of the Nursing Program

STUDENTS' CLINICAL PERFORMANCES REVIEWED	INSIDE NURSING PROGRAM			OUTSIDE NURSING PROGRAM		
	NUMBER	% OF TOTAL	% OF PROGRAMS	NUMBER	% OF TOTAL	% OF PROGRAMS
All students in clinical course	34	29.6	42.0	7	8.1	8.6
Students who had difficulty meeting course objectives	31	27.0	38.3	6	7.1	7.4
Students being considered for failure	25	21.7	30.9	7	8.1	8.6
No response	25	21.7	30.9	66	76.7	81.5
TOTAL	115*	100.0		86*	100.0	

* Multiple responses are requested. Number of programs is 81.

decisions outside of the nursing program or, for other reasons, did not choose to provide a response. These results could have been influenced by the respondents' interpretation of the questions seeking the above data. Although respondents were asked to select as many options to describe their programs' practices as they needed, they may have selected the option "all students in same clinical course" and felt that further distinctions were not necessary.

Table 18 presents the findings concerning the documents reviewers most frequently assessed during grievance reviews. Respondents reported that written submissions by either the student or the student's clinical instructor were the documents most frequently assessed during these informal reviews. The student's clinical evaluation reports and, to a lesser extent, anecdotal notes about the student's performance were the next most frequently cited. Since the anecdotal notes contain documentation related to how students performed during their clinical experience and are usually used to formulate decisions regarding students' performance.

Table 18.-- Documents Assessed During Level II Grievance Reviews

DOCUMENTS ASSESSED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Written submission from student	78	18.1	96.3
Written submission from clinical instructor(s)	78	18.1	96.3
Student's clinical evaluation	74	17.2	91.4
Anecdotal notes about student's clinical performance	62	14.4	76.5
Student's written assignments for the course	53	12.4	65.4
Student's previous clinical evaluation reports	43	10.0	53.1
Student's entire academic file	38	8.8	46.9
Grievance review application	1	0.2	1.2
Counselling or health record	1	0.2	1.2
Course outline	1	0.2	1.2
No response	2	0.4	2.5
TOTAL	431	100.0	

* Multiple responses are requested. Number of programs is 81.

From the data obtained, a grievance review would include assessment of written submissions from the grieving student and his or her clinical instructor(s), as well as the student's clinical evaluation. Ideally the anecdotal notes about the student's clinical performance would also be assessed.

Respondents also indicated that students' written assignments for the courses were used more frequently

than the students' previous clinical evaluation reports.

Grievance review panels not only reviewed documentation provided about the grievances, but also facilitated interviews between the aggrieved parties (refer to Table 19). Thus, generally grievance reviews in nursing programs involved interviewing the grieving student and his or her clinical instructors.

Table 19.-- Individuals Interviewed During the Grievance Reviews

INDIVIDUALS INTERVIEWED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Student	70	44.3	86.4
Student's clinical instructor	67	42.4	82.7
Coordinator of year or level	5	3.2	6.2
Head of nursing program	3	1.9	3.7
Clinical area personnel	3	1.9	3.7
Student's peers	1	0.6	1.2
No response	9	5.7	11.1
TOTAL	158	100.0	

* Multiple responses are requested. Number of programs is 81.

Rarely did panels utilize input from the student's peers. Thus it appears that these panels addressed the

specific student's performance against pre-determined criteria rather than the student's performance in comparison to that of another student in the same clinical setting.

Approximately one-quarter of the respondents reported that students could bring advisors to grievance reviews and about the same percentage provided this support to the grieving student's clinical instructor(s). Who these advisors could be and the role they can perform is reported in Table 20.

These findings may not provide an accurate assessment of the use of lawyers as students' advisors because several respondents selected both of the options "a lawyer" and "not a lawyer." Such a selection was likely made due to poor wording of the questionnaire. The questionnaire should have said "may be or must not be a lawyer." Programs where there was no specification about who the advisor could be were not given the above option and as a result selected both options. This may have resulted in a higher number of programs reporting that lawyers could be students' advisors at grievance reviews. To

compensate for the above problem, respondents selecting both options have had their responses adjusted to report only the option "may be lawyer."

Table 20.-- Use of and Role of Advisors for Students and Clinical Instructors During Grievance Reviews

USE OF/ROLE OF ADVISORS	STUDENT NUMBER*	% OF TOTAL	% OF PROG'M	CLINICAL INSTR'S NUMBER*	% OF TOTAL	% OF PROG'M
Is able to bring advisor	40	27.8	49.4	31	23.3	38.3
May be lawyer	23	16.0	28.4	16	12.0	19.8
May not be lawyer	5	3.5	19.8	11	8.3	13.6
Active participant	11	7.6	13.6	8	6.0	9.9
Only passive participant	15	10.4	18.5	8	6.0	9.9
Active participant if requested	9	6.3	11.1	9	6.8	11.1
No response	41	28.4	50.6	50	37.6	61.7
TOTAL	144	100.0		133	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 21 provides an indication of the methods of recording grievance reviews utilized by the respondents' institutions.

Table 21.-- Methods Utilized in Reporting Institutions to Record Grievance Reviews

RECORDING METHOD	NUMBER*	% OF TOTAL	% OF PROGRAMS
Preparation of a written summary of review	66	72.5	81.5
Preparation of a written transcript of review	10	11.0	12.3
Tape recording the review	4	4.4	4.9
Preparation of mtg. minutes	4	4.4	4.9
Recording of decision only	2	2.2	2.5
No recording of review	2	2.2	2.5
No response	3	3.3	3.7
TOTAL	91	100.0	

* Multiple responses are requested. Number of programs is 81.

Almost three-quarters of the respondents indicated that written summaries were the most frequently used means of documenting these reviews followed by written transcripts or tape recordings of the review. Only one-tenth of the respondents indicated that limited or no recording of the review process occurred in their institutions. Therefore, reporting institutions are more likely to maintain a comprehensive record of the grievance review process than not.

Respondents were provided with three foci to attempt to determine if there was a primary focus of

reviews related to the academic component ("validity of observations made by the evaluator"), the administrative component ("procedures used during the evaluation"), or the natural justice component ("fairness and reasonableness of evaluation"). Table 22 shows that there was limited variation in the degree to which grievance review panels focused on one of these options over the other.

Table 22.-- Grievance Review Panels' Focus During Review of Clinical Evaluation Decisions

PANELS' FOCUS	NUMBER*	% OF TOTAL	% OF PROGRAMS
Fairness and reasonableness of evaluation	74	35.4	91.4
Procedures used during the evaluation	70	33.5	86.4
Validity of observations made by the evaluator	62	29.7	76.5
No response	3	1.4	3.7
TOTAL	209	100.0	

* Multiple responses are requested. Number of programs is 81.

During grievance reviews, the panels were likely to address with fairly equal frequency the fairness and reasonableness of the evaluation, the procedures used,

and the validity of the observations made by the evaluator. And most programs focused on all three of the options offered.

Table 23 shows the individuals who are interviewed at Level III--Appeal Hearing. As in grievance reviews, the grieving student and his or her clinical instructor(s) are the most commonly interviewed individuals followed by the head of the nursing program and the individual who conducted the grievance review.

Table 23.-- Individuals Interviewed at Appeal Hearings

INDIVIDUAL INTERVIEWED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Grieving student	64	29.6	79.0
Student's clinical instructor	60	27.8	74.1
Head of the nursing program	42	19.4	51.9
Individual(s) who conducted Grievance Review	20	9.3	24.7
Student's peers	7	3.2	
Persons identified by Appeal Hearing Panel	6	2.8	7.4
Chairperson of program ctte.	1	0.5	1.2
No response	16	7.4	19.8
TOTAL	216	100.0	

* Multiple responses is requested. Number of programs is 81.

In contrast to the grievance reviews, seven of the respondents reported that the grieving student's peers were interviewed and a further six respondents stated that the appeal hearing panel might identify additional individuals to interview. These might include other instructors, clinical supervisors, and other qualified persons. In only four of the programs were interviews not conducted. This latter group might have applied the formal definition of an appeal, which restricts reviews to documentation from informal levels of reviews and hearings of student complaints. In such cases, individuals would not be interviewed unless they could provide new evidence which was not presented at previous hearings.

When respondents were asked about the interview process (refer to Table 24) they reported equally that students were interviewed in the presence of their clinical instructors and alone. A similar division of practice was ontained for interview of the clinical supervisor in the presence or absence of the student.

The similarity in numbers of responses to the options "interviewing...in the presence of" and

Table 24.-- Appeal Hearing Procedures Used to Interview Parties Regarding the Student's Grievance

PARTIES INTERVIEWED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Interviewing the student in presence of clinical instructor	37	22.6	45.7
Interviewing the student alone	36	22.0	44.4
Interviewing the clinical instructor alone	36	22.0	44.4
Interviewing the clinical instructor in presence of student	35	21.3	43.2
Interviewing witnesses introduced by student or clinical instructor	3	1.8	3.7
Interviewing head of the program	2	1.2	2.5
Interviewing other instructors	1	0.6	1.2
Interviewing coordinator of course	1	0.6	1.2
No response	13	7.9	16.0
TOTAL	164	100.0	

* Multiple responses are requested. Number of programs is 81.

"interviewing...alone" leads to speculation that programs are as likely to interview these parties in the presence of each other as to interview them alone.

At the appeal hearing level, it appears that students had a greater chance of being allowed advisors than not. Table 25 compares the provision for and role of advisors for students with that for clinical instructors.

It is interesting to note that students are given the opportunity to be represented by advisors more frequently than are clinical instructors. Students are also more likely to be allowed lawyers as advisors than are clinical instructors. Both students' and clinical instructors' advisors are as apt to be active participants in appear hearings as to assume passive roles.

Table 25.-- Use of and Role of Advisors for Students and Clinical Instructors During Appeal Hearings

USE OF/ROLE OF ADVISORS	STUDENT NUMBER*	% OF TOTAL	% OF PROGRAM	CLINICAL INSTR'S NUMBER*	% OF TOTAL	% OF PROGRAM
Is able to bring advisor	56	26.3	69.1	39	23.8	48.1
May be lawyer	44	20.7	54.3	30	18.3	37.0
May not be lawyer	32	15.0	39.5	11	6.7	13.6
Active participant	21	9.9	25.9	15	9.1	18.5
Only passive participant	13	6.1	7.4	11	6.7	13.6
Active participant if requested	20	9.3	24.7	14	8.5	17.3
No response	27	12.7	33.3	44	26.9	37.6
TOTAL	213	100.0		164	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 26 presents data pertaining to which individuals determine which witnesses and what evidence are to be heard during appeal hearings.

Hearing officers are more likely to determine which witnesses will be heard from during appeal hearings while hearing panel members are more likely to identify the evidence which will be presented. Students tend to determine the evidence to be presented more frequently than they determine the witnesses for these hearings.

Clinical instructors and heads of nursing programs are the next most frequent persons to determine both witnesses and evidence to be heard.

Appeal hearing panels utilize written submissions (refer to Table 27) by the appealing student, by the clinical instructor(s), the student's evaluation report, anecdotal notes about the student's clinical performance, and the student's written assignments for the course with similar frequency. They less frequently review the student's academic file during these hearings.

Table 26.-- Individuals Determining Witnesses or Evidence to be Heard During Appeal Hearings

INDIVIDUAL DETERMINING	WITNESSES			EVIDENCE		
	NUMBER*	% OF TOTAL	% OF PROGRAM	NUMBER*	% OF TOTAL	% OF PROGRAM
Hearing Officer	23	24.2	28.4	31	20.4	38.3
Hearing Panel	16	16.8	19.8	33	21.7	40.7
Student	15	15.8	18.5	27	17.8	33.3
Clinical Instructor(s)	11	11.6	13.6	22	14.4	27.2
Head of nursing program	11	11.6	13.6	22	14.4	27.2
Chairman of committee or board	4	4.2	4.9	3	2.0	3.7
Head of institution	1	1.1	1.2	1	0.7	1.2
No response	14	14.7	17.3	13	8.6	16.0
TOTAL	95	100.0		152	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 27.-- Documentation Assessed at Appeal Hearings

DOCUMENTATION	NUMBER*	% OF TOTAL	% OF PROGRAMS
Written submission by student	60	14.4	74.1
Student's evaluation report	56	13.3	69.1
Written submission by clinical instructor(s)	54	12.9	66.7
Anecdotal notes about student's clinical performance	50	11.9	61.7
Student's written assignments	47	11.2	58.0
Student's previous evaluations	40	9.5	49.4
Student's entire file	38	9.0	46.9
Written submission by head of nursing program	37	8.8	45.7
Written submission by student's advisor	22	5.3	27.2
Counselling records of student	1	0.2	1.2
Written submission by head of campus	1	0.2	1.2
No response	14	3.3	17.3
TOTAL	420	100.0	

* Multiple responses are requested. Number of programs is 81.

These hearings are generally closed to outside observers as outlined in Table 28. In only one-tenth of the programs can the hearings be opened to the public at the student's request.

When asked what the focus of appeal hearings' was within their institution (refer to Table 29), the majority of respondents identified determining the

fairness and reasonableness of evaluation outcomes, and procedures used during clinical evaluations. Slightly

Table 28.-- Public Access to Appeal Hearings

PUBLIC ACCESS	NUMBER	% OF TOTAL
Hearing closed to public	58	71.6
Hearing normally closed, can be open when requested	8	9.9
Hearing open to public	0	0.0
Hearing normally open, can be closed when requested of student	0	0.0
No response	15	18.5
TOTAL	81	100.0

Table 29.-- Appeal Hearings' Focus

HEARING FOCUS	NUMBER*	% OF TOTAL	% OF PROGRAMS
Fairness and reasonableness of of evaluation outcome	64	35.4	79.0
Procedures used during evaluation evaluation	57	31.5	70.4
Validity of observations	48	26.5	59.3
No response	12	6.6	14.8
TOTAL	181	100.0	

* Multiple responses are requested. Number of programs is 81.

more than one-half of the programs' appeal hearings were also directed at assessing the validity of observations made by clinical instructors.

Panels generally reviewed the fairness and reasonableness of the evaluation outcome and, to a slightly lesser extent, the procedures used during the evaluation. If there were no further levels of appeal in the institution, then the review of procedures (or the academic decision-making) used in arriving at the evaluative decision had more significant weighting than these data show. If an external review by the courts occurred, the courts would assess whether the procedures used and the power exercised by the institution in arriving at the decision accorded with both the rules of natural justice and the statutes which control the powers of the institution.

Table 30 outlines the methods used by appeal hearing panels to document hearing proceedings. Written summaries were more commonly used than written transcripts, tape recordings, or minutes of proceedings.

Table 30.-- Methods of Documenting Appeal Hearings

METHOD OF DOCUMENTATION	NUMBER*	% OF TOTAL	% OF PROGRAMS
Written summary of hearing	56	56.0	69.1
Written transcript of proceedings	16	16.0	19.8
Tape recording of proceedings	13	13.0	16.0
Minutes of proceedings	1	1.0	1.2
No response	14	14.0	17.3
TOTAL	100	100.0	

* Multiple responses are requested. Number of programs is 81.

Appeal hearing panels share with grievance review panels a similar pattern of preferences for their method of reviewing the proceedings. Primarily they use written summaries of hearings over other forms of documentation followed by written transcripts and finally tape recordings of the proceedings.

Fifty-seven respondents reported that the appeal hearing was the final level of appeal in their institutions, while twenty-four respondents indicated that there was a fourth level of appeal. Again, as in the previous level of review, respondents were asked to identify what documents would likely be assessed at this review (refer to Table 31).

The four most frequently identified forms of documentation at the institutional student appeal hearings were: written submissions by the appealing student and his or her clinical instructor(s), the student's clinical evaluation, and the anecdotal notes about the student's clinical performance. This is a

Table 31.** Documents Assessed at Institutional Student Appeal Hearings

DOCUMENTS ASSESSED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Written submissions by students	21	12.1	25.9
Written submissions by clinical instructors	20	11.6	24.7
Students' clinical evaluation reports	19	11.0	23.5
Anecdotal notes about students' performances	17	9.8	21.0
Students' written assignments for courses	14	8.2	17.3
Written submissions by heads of nursing programs	13	7.5	16.0
Students' entire files	12	6.9	14.8
No response	57	32.9	70.4
TOTAL	173	100.0	

* Multiple responses are requested. Number of programs is 81.

similar set of documents as has been previously identified at the grievance reviews and at the appeal

hearings. Thus, it appears that similar sets of documents are assessed at all levels of reviews carried out in institutions.

Table 32 presents data related to the reviewers' focus on the appealing student's clinical evaluation decision during institutional student appeals.

Table 32.--Institutional Student Appeal Panels' Focus During Review of Clinical Evaluation Decisions

PANELS' FOCUS	NUMBER*	% OF TOTAL	% OF PROGRAMS
Fairness and reasonableness of the evaluation outcome	27	23.3	33.3
Procedures used during evaluation of student	24	20.7	29.6
Validity of observations made by the evaluator	16	13.8	19.8
Fairness of application of appeal procedures	1	0.8	1.2
No response	48	41.4	59.3
TOTAL	116	100.0	

* Multiple responses are requested. Number of programs is 81.

The majority of respondents reported that institutional student appeal panels directed their

hearings to both the "fairness and reasonableness of the evaluation outcome" and to "procedures used during the evaluation of the student." However, a number of respondents also stated that the "validity of the observations made" was the focus of this level of appeal. "Validity of the observations made" refers to the professional decision made by nurses. At this level of review it is unlikely that nurses are members of these panels. Thus, programs focusing on this aspect of the evaluative decision, could alter the decision made about the competence of a student nurse to provide care without the professional competence to make such an assessment.

A copy of the appeal hearing panel's decision were the most frequent form of documentation placed on each appealing student's file (refer to Table 33). To a lesser extent, summaries of the findings were placed there and rarely were copies of the complete hearing proceedings placed on such files.

Given that only a copy of an appeal hearing decision was placed on appealing students' files in the most frequent case, if students chose to further appeal

these decisions, all the information related to the current and previous reviews would be contained in separate files. Such management of information could lead to a loss of significant data.

Table 33.-- Appeal Hearing Documentation Placed on Appealing Students' Files

FORM OF DOCUMENTATION	NUMBER*	% OF TOTAL	% OF PROGRAMS
Copy of hearing decision	45	48.9	55.6
Summary of hearing proceedings	22	23.9	27.2
Copy of hearing proceedings	5	5.4	6.2
Set of recommendations	1	1.1	1.2
No response	19	20.7	23.5
TOTAL	92	100.0	

* Multiple responses are requested. Number of programs is 81.

At all levels of review, the grieving or appealing student was the most likely individual to be interviewed, followed by the student's clinical instructors (refer to Table 34). Students' peers were rarely interviewed but were more likely to be present at formal appeal hearings than at informal grievance reviews. A similar pattern was seen with the attendance of nursing program heads.

Table 34.-- Summary of Individuals Interviewed During Grievance Reviews and Appeal Hearings

INDIVIDUAL(S) INTERVIEWED	GRIEVANCE REVIEW NUMBER*	% OF TOTAL	% OF PROG'M	APPEAL HEARING NUMBER*	% OF TOTAL	% OF PROG'M
Student	70	45.5	86.4	64	31.8	79.0
Clinical instructor	67	43.5	82.7	60	29.9	74.1
Coordinator of year	4	2.6	4.9			
Head, nursing prog'm	3	1.9	3.7	40	19.9	49.4
Individual who conducted previous level of review				20	10.0	24.7
Student peers	1	0.6	1.2	7	3.4	8.6
Other	9	5.9	11.1	10	5.0	12.3
TOTAL	154	100.0		201	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 35 presents a comparison of the documents reviewed at the three levels of review. Programs generally utilized a wide variety of documents to gain sufficient information concerning both the student's performance and the data used by clinical instructors to arrive at the clinical evaluation decision of that student.

During both grievance reviews and appeal hearings students could be accompanied by advisors more frequently than could clinical instructors (refer to Table 36). Advisors for both parties were more likely

Table 35.-- Documents Reviewed During Levels of Review

DOCUMENT	GRIEVANCE REVIEW			APPEAL HEARING			INSTITUTIONAL STUDENT APPEAL		
	NUMBER	% OF TOTAL	% OF PROG*M	NUMBER	% OF TOTAL	% OF PROG*M	NUMBER	% OF TOTAL	% OF PROG*M
Written submissions:									
by Student	78	18.0	96.3	60	15.8	74.1	21	18.1	25.9
by Clinical Inst	78	18.0	96.3	54	14.2	66.7	20	17.2	24.7
Student's clinical Evaluation	74	17.1	91.4	50	13.2	61.7	19	16.4	23.5
Instructor's anecdotal notes	62	14.3	76.5	56	14.7	69.1	17	14.7	21.0
Written assignment for Course	53	12.2	65.4	47	12.4	58.0	14	12.1	17.3
Student's previous evaluations	43	9.9	53.1	46	12.1	56.8			
Student's academic file	37	8.5	45.7	38	10.0	46.9	12	10.3	14.8
Written submission by head, nursing program							13	11.2	16.0
by student's advisor				22	5.8	27.2			
Other	9	2.0	11.1	7	1.8	8.6			
TOTAL	434	100.0		380	100.0		116	100.0	

* Multiple responses are requested. Number of programs is 81.

to play an active than a passive role during these hearings.

Table 36.-- Availability of Advisors to Students and Clinical Instructors during Grievance Review Appeal Hearings

AVAILABILITY OR ROLE	GRIEVANCE REVIEW NUMBER	% OF TOTAL	% OF PROGRAM	APPEAL HEARING NUMBER	% OF TOTAL	% OF PROGRAM
ACCESS TO ADVISOR:						
Student may have advisor	41	48.8	50.6	56	49.1	69.1
Clinical Instructor may have advisor	31	36.9	38.3	39	34.2	48.1
No response	12	14.3	16.0	19	16.7	23.5
TOTAL	84	100.0		114	100.0	
ADVISOR MAY BE LAWYER:						
Student's advisor	23	27.1	28.4	44	35.8	54.3
Clinical Instructor's advisor	16	18.8	19.8	30	24.4	37.0
No response	46	54.1	56.8	49	60.5	60.5
TOTAL	85	100.0		123	100.0	
ACTIVE PARTICIPANT:						
Student's advisor	11	16.9	13.6	21	29.2	25.9
Clinical Instructor's advisor	8	12.3	9.9	15	20.8	18.5
No response	46	70.8	56.8	36	50.0	44.4
TOTAL	65	100.0		72	100.0	

Table 36.-- Availability of Advisors to Students and Clinical Instructors during Grievance Review Appeal Hearings (Continued)

AVAILABILITY OR ROLE	GRIEVANCE REVIEW NUMBER	% OF TOTAL	% OF PROG'M	APPEAL HEARING NUMBER	% OF TOTAL	% OF PROG'M
PASSIVE PARTICIPANT:						
Student's advisor	15	21.7	18.5	21	30.9	25.9
Clinical Instructor's advisor	8	11.6	9.9	11	16.2	13.6
No response	46	66.7	56.8	36	52.9	44.4
TOTAL	69	100.0		68	100.0	
ACTIVE PARTICIPANT IF REQUESTED TO BE BY PANEL CHAIRPERSON:						
Student's advisor	9	14.1	11.1	20	28.6	24.7
Clinical Instructor's advisor	9	14.1	11.1	14	20.0	17.3
No response	46	71.9	56.8	36	51.4	44.4
TOTAL	64	100.0		70	100.0	

Multiple responses are requested. Number of programs is 81. Only a portion of the total response is reported. Number of programs is 81.

During the informal and formal levels of review panel members directed their assessment to all three of the foci. There was a slightly less emphasis on the "validity of observations made" in the formal reviews than seen in the informal reviews(refer to Table 37).

Table 37.-- Reviewers Focus of Decision Appraisal at Three Levels of Review

FOCUS OF DECISION	GRIEVANCE REVIEW			APPEAL HEARING			INSTITUTIONAL APPEAL		STUDENT
	NUMBER*	% OF TOTAL	% OF PROGRAM	NUMBER*	% OF TOTAL	% OF PROGRAM	NUMBER*	% OF TOTAL	% OF PROGRAM
Fairness/reasonableness of decision	74	35.4	91.4	64	35.4	79.0	27	23.5	33.3
Procedures used	70	33.5	86.4	57	31.5	70.4	24	20.9	29.6
Validity of observations made	62	29.7	76.5	48	26.5	59.3	16	13.9	19.8
No response	3	1.4	3.7	12	6.6	14.8	48	41.7	59.3
TOTAL	209	100.0		181	100.0		115	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 38.-- Form of Documentation of Levels of Review

FORM OF DOCUMENTATION	GRIEVANCE REVIEW			APPEAL HEARING			INSTITUTIONAL STUDENT APPEAL		
	NUMBER*	% OF TOTAL	% OF PROGRAM	NUMBER*	% OF TOTAL	% OF PROGRAM	NUMBER*	% OF TOTAL	% OF PROGRAM
Written Summary of Proceedings	66	75.9	81.5	55	54.5	67.9	27	29.7	33.3
Written Transcript of Proceedings	10	11.6	12.3	16	15.8	19.8	9	9.9	11.1
Tape Recording of Proceedings	5	5.7	6.2	13	12.9	16.0	5	5.5	6.2
Other	3	3.4	3.7	3	3.0	3.7	2	2.2	2.5
No response	3	3.4	3.7	14	13.8	17.3	48	52.7	59.3
TOTAL	87	100.0		101	100.0		91	100.0	

* Multiple responses are requested. Number of programs is 81.

Documentation of both informal and formal hearings was most often in the form of a written summary of the proceedings followed by written transcripts and tape recordings (refer to Table 38).

Controls on the decision-maker. Data relating to controls were intended to determine the authority delegated to the hearing officer or panel in either a formal or informal level of appeal. Generally the decision-making powers delegated would be one of the following: (a) to prepare a summary of the findings, (b) to provide recommendations regarding the findings, or (c) to make a final decision about whether the evaluative decision should be upheld, overturned, or modified. Information was also solicited as to whom the outcome was reported within the institution.

At Level I, (initial review of evaluation decisions) reviews varied widely as to who assessed students' clinical evaluation decisions. Table 39 identifies the individuals or groups cited by respondents.

Only a relatively small number of respondents provided data concerning the provision of student

evaluation review processes outside of the nursing programs. Data provided from respondents identified the director of the nursing program as the individual most likely to conduct such reviews followed by an institutional committee, the dean of the division, and finally a review panel. It appears from the above data

Table 39.-- Level I, Initial Review of Students' Clinical Performance Decisions

REVIEWER	NUMBER*	% OF TOTAL	% OF PROGRAMS
Director of Program, or school	11	12.4	13.6
Institutional committee	8	9.0	9.9
Dean of Division, School/faculty	5	5.6	6.2
Review Panel	2	2.2	2.5
No response	63	70.8	77.8
TOTAL	89	100.0	

* Multiple responses are requested. Number of programs is 81.

that review of nursing faculty decisions regarding students' clinical evaluation is not a common practice throughout Canada.

At the next level, the grievance review panel, members were more likely to make a final decision than

either a summary of findings or a set of recommendations (refer to Table 40). Consequently, at Level II, the review panel was generally given the authority to make a final decision in a grievance review.

Thus, once review panels reached their decision, the outcomes were reported to the following individuals, in descending order: appealing students, involved clinical instructors, heads of the nursing

Table 40.-- Decision-Making Authority of Grievance Review Panels

DECISION-MAKING AUTHORITY	NUMBER	% OF TOTAL
To make a final decision	52	64.2
To make recommendations	21	25.9
To make a summary of findings	2	2.5
No response	6	7.4
TOTAL	81	100.0

programs, deans of the divisions, schools, or faculties, registrars of the institutions, nursing programs' standing committees, and heads of the institutions.

Once grievance reviews were concluded, outcomes were reported most consistently (as shown in Table 41) to both students and their clinical instructor.

Table 41.-- Parties to Whom Outcomes of Grievance Reviews are Reported

PARTIES OUTCOMES REPORTED TO	NUMBER*	% OF TOTAL	% OF PROGRAMS
Student	68	26.6	84.0
Student's clinical instructor	58	22.7	71.6
Head of nursing program	49	19.1	60.5
Dean of division, school or faculty	29	11.3	35.8
Registrar of institution	20	7.8	24.7
Nursing program standing committee	12	4.6	14.8
Head of institution	8	3.1	9.9
Nursing program faculty	4	1.6	4.9
Coordinator of year	3	1.2	3.7
Chairman Board of Trustees	1	0.4	1.2
Senate	1	0.4	1.2
No response	3	1.2	3.7
TOTAL	256	100.0	

* Multiple responses are requested. Number of programs is 81.

As in grievance reviews, outcomes of appeal hearings at Level III were generally in the form of final decisions (refer to Table 42).

Table 42.-- Decision-Making Authority of Appeal Hearing Panels

DECISION-MAKING AUTHORITY	NUMBER	% OF TOTAL
To make a final decision	53	65.5
To make recommendations	12	14.8
To make a summary of findings	4	4.9
No response	12	14.8
TOTAL	81	100.0

Table 43 further clarifies what constituted a "decision" for these appeal hearing panels according to the respondents.

Table 43.-- Type of Decisions Made by Appeal Hearing Panels

TYPE OF DECISION	NUMBER	% OF TOTAL
To change a students' clinical evaluation mark	26	32.1
To only make a decision as to the fairness or reasonableness of the clinical evaluation	19	23.5
To only make recommendations for the nursing faculty to consider	4	4.9
To uphold or not uphold the nursing faculty's decision	2	2.5
No response	30	37.0
TOTAL	81	100.0

Thus, more than one-third of appeal hearing panels responding were empowered to alter students' clinical evaluation decisions. However, in slightly more than one-quarter of the other responding programs panels had only recommending power. Therefore, in the responding institutions, the appeal hearing panels were more likely to have the power to uphold or modify a student's clinical evaluation decision and to a lesser extent to have only the power to recommend actions to be considered by the nursing faculty.

Table 44 outlines who is directed to report the outcome of an appeal hearing and to whom the outcome is reported.

Thus the individuals most likely to receive a report about the outcome of an appeal hearing were the student involved and the head of the nursing program. The next most frequently selected individuals were the clinical instructor(s), the dean of a division, school, or faculty, and the registrar of the institution. From the options provided, the least likely individual to receive this report was the head of the institution.

Table 44.-- Parties Responsible for Reporting Outcome of Appeal Hearings and to Whom They Report Outcome

PARTIES RESPONSIBLE FOR REPORTING AND RECEIVING OUTCOME	OUTCOME REPORTED TO		OUTCOME RECEIVED BY		
	NUMBER	% OF TOTAL	NUMBER*	% OF TOTAL	% OF PROGRAMS
Panel chairperson			31	38.3	
Hearing Officer	8	9.9			
Head of Institution	7	8.6	21	9.1	25.9
Immediate supervisor nursing head	2	2.5			
Head nursing program	6	7.4	54	23.5	66.7
Registrar	5	6.2	25	10.9	31.0
Dean division, school	2	2.5	26	11.3	32.1
Chairperson of board	1	1.2	2	0.9	2.5
Chairperson of Senate	1	1.2	1	0.4	1.2
Other administrative position	2	2.5			
Appealing student			57	24.8	70.4
Clinical instructor(s)			31	13.5	38.3
No response	16	19.7	13	5.6	16.0
TOTAL	81	100.0	230	100.0	

* Multiple responses are requested. Number of programs is 81.

Students received hearing outcomes most frequently from the chairpersons of appeal hearing panels. Other individuals who might communicate such decisions to students included: hearing officers, heads of the institutions, and immediate supervisors of heads of nursing programs.

Students who remained dissatisfied with the outcomes of appeal hearings could demand institutional student appeals in 36 of the 81 programs responding to this survey.

Table 45 outlines the documentation used at this level of review in the programs responding.

Table 45.-- Documentation Reviewed During Institutional Student Appeals

DOCUMENTS REVIEWED	NUMBER*	% OF TOTAL	% OF PROGRAMS
Written by appealing student	21	11.6	25.9
Written by clinical instructor(s)	20	11.0	24.7
Student's evaluation report	19	10.5	23.5
Anecdotal notes about student's clinical performance	17	9.4	21.0
Student's written assignments for course	14	7.7	17.3
Written submission by head of nursing program	13	7.2	16.0
Student's entire file	12	6.7	14.8
Transcripts/summaries of previous levels of review	8	4.4	9.9
No response	57	31.5	70.4
TOTAL	181		100.0

* Multiple responses are requested. Number of programs is 81.

Institutions which restricted the review of documentation to the transcripts and summaries of previous levels of reviews or appeals were usually applying the pure legal meaning of an "appeal." In this context, only the procedures used to arrive at the evaluative decision were assessed to ensure that the appealing student received his or her "natural justice" or "due process." The outcome of such an appeal then rested with the processes used rather than with the content of the clinical appraisal of the student's performance.

Level IV--Institutional Student Appeal review outcomes were reported by respondents most frequently as decisions (refer to Table 46) followed by reporting these outcomes as recommendations.

When asked what constituted a "decision" it appears from the data that it is more likely that panels either make a decision related to the fairness or reasonableness of the student's clinical evaluation or change the student's clinical mark (refer to Table 47).

Table 46.-- Decision-Making Authority of Institutional Student Appeal Panels

DECISION-MAKING AUTHORITY	NUMBER*	% OF TOTAL	% OF PROGRAMS
To make a final decision	23	29.5	28.4
To make recommendations	5	6.4	6.2
To make a decision and a summary of findings	2	2.6	2.4
To make a summary of the findings	0	0.0	0.0
No response	48	61.5	63.0
TOTAL	78	100.0	

* Multiple responses are requested. Number of programs is 81.

Table 47.-- Type of Decisions Made by Institutional Student Appeal Panels

TYPE OF DECISION	NUMBER	% OF TOTAL
Only make a decision as to the fairness or reasonableness of the clinical evaluation	9	11.1
Change a student's clinical mark	9	11.1
Make recommendations about appropriate action to take head of institution	5	6.2
Only make recommendations for the nursing faculty to consider	3	3.7
No response	55	67.9
TOTAL	81	100.0

Once institutional student appeal panels made their decisions, the most frequently cited individual

they reported their decision to (refer to Table 48) was the head of the institution, followed by the Senate of an institution. The decision was also conveyed to the head of the nursing program, who in turn, informed the appealing student, or the student received this information from the registrar.

Table 48.-- Persons Receiving Outcome of Institutional Student Appeal

PERSONS RECEIVING OUTCOME	NUMBER	% OF TOTAL
Head of institution	11	13.6
Senate of institution	7	8.6
Head of nursing program	4	4.9
Another administrative person in the institution	3	3.7
Appealing student	3	3.7
Board of Governors	2	2.5
Institutional committee	1	1.2
Registrar	1	1.2
Board of Trustees	0	0.0
No response	49	60.6
TOTAL	81	100.0

At all levels of reviews or hearings (refer to Table 49), two-thirds of the respondents reported that those who were charged to conduct these hearings had final decision-making powers. Less than one-quarter of

the programs restricted such power to recommendations only.

Table 49.-- Decision-making Power of Panels at Three Levels of Review

DECISION-MAKING POWER OF PANELS	GRIEVANCE REVIEW NUMBER	%	APPEAL HEARING NUMBER*	%	INSTITUTIONAL STUDENT APPEAL NUMBER	%
Make final decision	51	63.0	51	63.0	23	28.4
Provide recommendations regarding findings	18	22.2	9	11.1	4	4.9
Prepare a summary of the findings	2	2.5	2	2.5	0	0.0
No response	10	12.3	19	23.4	54	66.7
TOTAL	81	100.0	81	100.0	81	100.0

Once the decision was reached at each level of review or appeal it was reported in turn to a higher level in the institution (refer to Table 50).

Students' route to question decisions: In three of the five sections of the questionnaire respondents were asked whether their programs' students were given an opportunity to question decisions made regarding their clinical performance. However, due to an error in directing respondents in the completion of the questionnaire, respondents answering an earlier

Table 50.-- Persons to Whom Outcomes are Reported for Three Levels of Reviews

INDIVIDUAL DECISION REPORTED TO	GRIEVANCE REVIEW			APPEAL HEARING			INSTIT'L STUDENT APPEAL	
	NUMBER*	% OF TOTAL	% OF PROG'M	NUMBER*	% OF TOTAL	% OF PROG'M	NUMBER	% OF TOTAL
Student	68	27.3	84.0	57	24.8	70.4	3	3.7
Clinical instructors	58	23.3	71.6	31	13.5	38.3		
Nursing Program Head	49	19.7	60.5	54	23.5	66.7	4	4.9
Dean, Division,School	29	11.6	35.8	26	11.3	32.1		
Registrar	20	8.0	24.7	25	10.9	31.0	1	1.2
Nursing Program Ctte.	12	4.9	14.8					
Head of Institution	8	3.2	9.9	21	9.1	25.9	11	13.6
Senate of institution	1	0.4	1.2	1	0.4	1.2	7	8.6
Board of Governors	1	0.4	1.2	2	0.8	2.5	2	2.5
No response	3	1.2	3.7	13	5.7	16.0	53	65.5
TOTAL	249	100.0		230	100.0		81	100.0

* Multiple responses are requested. Number of programs is 81.

question were directed to skip to a new section, thus by-passing the question seeking this information at Level I. Therefore, only 25 respondents of a population of 81 provided data. Thus, data cannot be considered valid due to the above noted error.

Table 51 presents data concerning the specific policies and procedures governing the time intervals students have to access grievance reviews following receiving their clinical evaluation decisions.

The large number of respondents who indicated such policies and procedures were not specified in either institutional or nursing program policies and/or procedures, were likely nursing programs offered within independent institutions or in hospitals. As such, the nursing program would be the only program offered leading to registered nursing diplomas for their students. Thus, these independent institutions or hospitals would be the only governing bodies to establish such policies and procedures without the benefit of a larger institution setting such controls for their program.

Table 51.-- Specification of Policies and Procedures Governing Duration of Time Student Has to Initiate Grievance Reviews Following Receipt of Clinical Evaluation

SPECIFICATION OF POLICIES AND/OR PROCEDURES	NUMBER	% OF TOTAL
Specified in institutional policy and/or procedures	37	45.7
Not specified	21	25.9
Specified in nursing program policy and/or procedures	20	24.7
No response	3	3.7
TOTAL	81	100.0

When respondents were asked whom a student wishing to initiate a grievance review contacted, the most likely person identified was his or her clinical instructor(s) followed by the head of the nursing program (refer to Table 52).

Table 53 shows where policies and procedures governing the length of time a student has to initiate an institutional student appeal are specified in institutions providing this level of review.

When asked if students were able to initiate formal appeals if they were dissatisfied with the outcome of their informal review, more than three-quarters of the respondents indicated they could.

Table 52.-- Students' Initial Contact to Request Grievance Reviews

PERSON CONTACTED	NUMBER	% OF TOTAL
Clinical instructor(s)	29	35.8
Head of nursing program	24	29.6
Registrar of institution	7	8.6
Chairperson of nursing program standing committee	6	7.5
Coordinator of year or course	4	4.9
Head of institution	3	3.7
Another administrative person	3	3.7
Chairperson of institutional standing committee	2	2.5
Student does not initiate review	1	1.2
No response	2	2.5
TOTAL	81	100.0

Table 53.-- Specification of Policies and Procedures Governing the Duration of Time Student Has to Initiate Appeal Hearings

SPECIFICATION OF POLICIES AND, OR PROCEDURES	NUMBER	% OF TOTAL
Specified in institutional policy and/or procedures	39	45.3
Specified in nursing program policy and/or procedures	29	33.7
Not specified	6	7.0
No response	12	14.0
TOTAL	86	100.0

Only one-tenth of the respondents stated that students could not initiate such an appeal. Table 54 also presents where directions for students wishing to initiate appeal hearings are specified.

Table 54.-- Specification of Policies and Procedures Governing the Duration of Time a Student Has to Initiate an Institutional Student Appeal

SPECIFICATION OF POLICIES AND, OR PROCEDURES	NUMBER*	% OF TOTAL	% OF PROGRAM
Specified in institutional policy and/or procedures	25	30.9	48.1
Not specified	10	12.3	35.8
Specified in the Legislative Act governing the institution	1	1.2	7.4
Specified in nursing program policy and/or procedures	0	0.0	0.0
No response	45	55.6	14.8
TOTAL	81	100.0	

* Multiple responses are requested. Number of programs is 81.

In summary, respondents reported that their programs were more likely to provide grievance reviews than appeal hearings and, less frequently, to provide institutional student appeals. Programs were more likely to specify the length of time students had

following receipt of their clinical evaluation decisions and review decisions to initiate reviews or appeal hearings (refer to Table 55).

Table 55.-- Specification of Time Intervals for Students Wishing to Initiate Reviews or Appeals

WHERE TIME INTERVAL STATED	GRIEVANCE REVIEW NUMBER	%	APPEAL HEARING NUMBER*	%	INSTITUTIONAL APPEAL STUDENT NUMBER	%
Specified in institutional policy/ procedures	37	45.7	39	45.3	25	30.9
Specified in nursing program policy/ procedures	20	24.7	29	33.7	0	
Not specified	21	25.9	6	7.0	10	12.3
Specified in Act					1	1.2
No response	3	3.7	12	14.0	45	55.6
TOTAL	81	100.0	86	100.0	81	100.0

* Multiple responses are requested. Number of programs is 81.

CHAPTER 6

RESULTS: RELIABILITY AND VALIDITY

This chapter will further analyze data obtained regarding current administrative practices and procedures initially with Golden's study (1981) then against the prototypic models and finally in relation to its reliability and validity.

Variables from Golden's study.

Golden's study (1981) analyzed institutions' written policies and procedures related to student dismissals. Table 56 presents a comparison between his findings about the frequency of hearings as compared with the findings of this study.

Table 56. -- Comparison of the Frequency of Hearings in Golden's Study as Compared with this Study

	INFORMAL HEARING		FORMAL HEARING	
	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
Golden (n=8)	3	37.5	2	25.0
Orchard (N=81)	25	30.9	66	81.5

Thus, based on the above information, students in Canadian nursing programs had slightly less opportunity to informally request a review of evaluative decisions than did students in the American professional programs studied by Golden. However, these same students had a much greater opportunity to institute formal levels of appeal than did their American counterparts. The first difference is small enough that it might arise by chance because of the small number of cases (8) in the Golden study.

Golden also reported that more than one-third of American students in professional programs had the right to an advisor during an appeal hearing. These advisors could be lawyers in only one of the professional programs. Table 57 provides a comparison of Golden's findings with those of this study.

Canadian nursing students had a greater opportunity to have advisors at both informal and formal levels of reviews than did those reported in Golden's study.

Table 57. -- Comparison of Use of Advisors in Golden's Study Versus This Study

STUDY	STUDENT ADVISOR USE NUMBER	% OF TOTAL	LAWYER AS ADVISOR NUMBER	% OF TOTAL
Golden's (n=8)	3	37.5	1	12.5
Orchard's (N=81)	56	69.0	46[1]	57.5
			66[2]	81.5

1. Reports the frequency of institutions' allowing lawyers to be students' advisor at informal hearings and 2. at formal hearings.

Table 58 presents the use of evidence and witnesses at hearings as compared between this study and Golden's study.

Table 58. -- Comparison in Use of Evidence and Witnesses Between Golden's Study and This Study

STUDY	USE OF EVIDENCE NUMBER	% OF TOTAL	USE OF WITNESSES NUMBER	% OF TOTAL
Golden's (n=8)	3	37.5	4	50.0
Orchard's (N=81)	61[1]	74.9	19	24.3
	55[2]	68.0		

1. denotes use of evidence at informal hearings
2. denotes use of evidence at formal hearings

According to Golden's study respondents, evidence could be presented at hearings in more than one-third

of professional programs. However, this finding could be misleading as Golden restricted the definition of "limited evidence use" to its legal definition when determining whether evidence would be allowed or not while this study defined evidence to mean "documents used." However, Golden reported that one-half of the programs made provision for witnesses to be interviewed during hearings. In this study, only one-quarter of the respondents indicated that witnesses were interviewed in Canadian nursing programs.

Golden also obtained data related to the frequency with which institutions maintained an "adequate record of hearing proceedings" for academic dismissals. He defined "adequate" as making provision for tape recordings of the proceedings and/or written transcripts of the proceedings or providing written summaries of the proceedings. This study also utilized a similar definition to obtain comparable data. Table 59 outlines the comparison of data obtained from both studies.

Using Golden's definition almost all of the Canadian nursing programs in the present study provided

an adequate record at informal reviews and all programs provided such a record at formal hearings. Thus, Canadian nursing programs ensured that adequate records of hearings were kept more consistently than did the institutions in Golden's study.

Table 59. -- Comparison of Use of Recording Hearing Proceedings Between Golden's and the Present Study

STUDY	USE OF ADEQUATE RECORD NUMBER	% OF TOTAL
Golden's (n=8)	3	37.5
Orchard's (N=81)	80	98.8
	81	100.0

provision of an adequate record at informal hearings
provisions of an adequate record at formal hearings.

Data from this study have provided a more extensive assessment of policies and procedures used during academic dismissal of nursing students for clinical performance inadequacies. Variance from Golden's data may be due to his use of data based on printed student handbooks of institutions rather than on a survey of actual practices. He did note in his study that "the comments suggest that practice at any given institution may vary from the published

procedural guidelines, but such variation is usually in the direction of more rather than less procedural protection" (1981, 170). The above findings reinforce his comment as there appears to be generally greater procedural protection for students in Canadian nursing programs than his data suggest for their American counterparts.

Prototypic Models

The Judgment Model was defined in chapter 3 as consisting of interdependent elements involved during the decision-making process about students' clinical performance. This Model was then applied to both the informal and formal levels of reviews or hearings. Interdependent elements of the Model include the academic component, the administrative component, and the component for the provision of natural justice. Data were obtained to determine if the primary foci at each level were reflected as outlined in the Model (refer to Table 60).

The primary focus during grievance reviews (Level II), according to the prototypic model, was the

academic decision. However, in nursing programs responding to this question, the academic component was the least emphasized, significantly, because the academic component related to the professional nurses' decision about a student's ability to practice nursing.

Table 60.-- Model Component Emphasis at Each Level of Review or Hearing

LEVEL	ACADEMIC COMPONENT NUMBER	ACADEMIC COMPONENT % OF TOTAL	ADMINISTRATIVE COMPONENT NUMBER	ADMINISTRATIVE COMPONENT % OF TOTAL	NATURAL JUSTICE COMPONENT NUMBER	NATURAL JUSTICE COMPONENT % OF TOTAL	TOTAL OF RESPONSE /PROGRAM TOTAL
II	62	30.1	70	34.0	74	35.9	206/81
III	48	28.4	57	33.7	64	37.9	169/81
IV	16	23.9	24	34.8	27	39.1	67/81

validity of the observations made by the original evaluator; the procedures used during the evaluation of the student; the fairness and reasonableness of the evaluation outcome.

Provision of natural justice appears to be the primary focus at appeal hearings (Level III), followed by the procedures used. Both of these components reflect the primary foci identified in the prototypic model for this level of review. An interesting finding

is the continuing emphasis on the validity of the observations made, a factor which relates to the professional judgment made by the instructor.

At the level of institutional student appeals, a similar pattern to that of the appeal hearing was found (Level IV), although there was less emphasis on the academic component of the judgment than in previous levels of review.

The Flow Model of Judgments or Reviews provides a sequence of steps used by institutions to arrive at decisions concerning each previous level of review or hearing (refer to Figure 6, page 81). Table 61 outlines the frequency with which respondents' programs made provision for the various steps as outlined in the above model.

The grievance review is the only step in this model which consistently occurs in the responding programs. Appeal hearings are provided in more than three-quarters of the programs while only slightly more than one-third of the programs provide institutional student appeals. It appears from these data that the Flow Model of Judgments or Reviews was not being

consistently applied, as was outlined in the prototypic model.

Table 61. -- Frequency of Program Respondents' Reporting the Provision of the Steps as Outlined in the Flow Model of Judgments or Reviews

FLOW	JUDGMENT/REVIEW	NUMBER (N=81)	% OF TOTAL
#1	Judgment made by clinical instructor alone	28	34.6
	Judgment made by more than one clinical instructor	51	63.0
	Review outside of nursing program	11	13.6
#2	Grievance review	81	100.0
#3	Appeal hearing	71	87.0
#4	Institutional student appeal	30	36.8
#5	External appeal	*	

* data not provided.

In summary, the prototypic judgment process was relatively consistent with the processes provided in a number of the nursing programs for which data were obtained. However, the prototypic flow model of judgments or reviews was only consistent in relation to the grievance review. Based on the above findings, the question arises as to whether these prototypic models

appropriately reflect what the practices governing students' clinical evaluations and subsequent reviews should be or whether the models should be altered to reflect current practices. In the former case, the models reflect reports in the literature as well as secondary legal writings on the topic. In the latter case, altering these models would indeed more likely reflect current practices, but if these are at variance with what the practices should be based on writings then alteration would not serve to facilitate development of systems to protect the rights of students, faculty, and institutions.

Reliability and Validity of Instrument

Reliability of data was determined through a separate analysis of written policies and/or procedures provided by responding programs. These documents were analyzed for their content, which reflected questions within the same questionnaire as that completed by each respondent for his or her program. Thus, a separate questionnaire was completed by the researcher using the program's written documents. Data obtained through the above process were then compared with data provided by the same program's respondent to the initial questionnaire.

These two sets of data were then assessed for synchronic reliability by determining their level of agreement using contingency tables of frequencies for each question's options. The mean for question options was then calculated. An example of the process used to determine the mean and a summary of the data can be found in Appendix F.

Generally the synchronic reliability for question options was in the 50% range. Such a finding could be due to several factors:

(a) Faculty in nursing programs follow unwritten procedures rather than those which are written.

(b) Faculty in nursing programs follow policies and/or procedures which have been revised but as yet have not been incorporated in the existing documents.

(c) Faculty have developed more specific practices than those documented in their program's written policies and, or procedures.

(d) faculty do not follow their program's written policies and/or procedures.

(e) The researcher's familiarity with the context of the questions' meaning could lead to variations in selection of options from those of the respondents.

(f) Respondents' bias may have entered into selections of options for questions either due to the respondent reporting what is believed to be, or should be, the practice rather than what is the actual practice.

Validity of data might also be in question due to the fact that this study was the first attempt to analyze evaluative and review practices in nursing programs. It was difficult to develop terminology which would be understood throughout all of the nursing programs and provinces due to regional and language (French) differences. Therefore, the semantic validity of portions of data might be faulty.

In addition, there were random errors of measurement through ambiguous instructions in some of the questions. Respondents were asked to skip a section of the questionnaire rather than to skip a number of questions in one instance. This error led to incomplete data about some aspects of programs' practices.

Coding errors are also likely to be present even though several actions were taken to attempt to

eliminate such errors, including: (a) the coding of data twice using separate forms, (b) re-checking of coded data by an independent coder, (c) re-checking computer data input against a print-out, (d) re-assessing any significant variations in scoring when such occurred during the computation of scores.

Finally, correlational validity was assessed through the analysis of data obtained as compared with the Data Generation Model and the Judgment Process Model. These models were formulated during the development phase of this study and were the basis of the questionnaire development. Data obtained within the sections of the questionnaire were translated into the components of the model and an analysis of their results was determined. In most levels, data were available to determine responses to the model components. However, due to ambiguous instructions within this instrument the size of the respondent population varied and may have led to inaccuracies in the interpretation.

In summary, reliability and validity of data obtained through the use of this instrument were weak due to either a lack of specified policies and procedures in programs which lead respondents to relate their own perception of program practices or semantic problems with terms used in the instrument which were at variance with those used in programs..

CHAPTER 7

RESULTS: INCIDENCE OF GRIEVANCES AND APPEALS

This chapter will report on the analysis of data obtained from the second instrument and assess the reliability and validity of the results.

Fifty-five respondents provided data regarding a total of 205 cases in which their nursing program students grieved or appealed their clinical evaluation decisions. Programs varied in providing cases as requested. This variation ranged from all cases during the requested period of time to a sample of cases during the various years. Thus, the analysis of data can only be interpreted for the cases provided. Data from these cases were analyzed to determine: (a) the number of levels of review students used within these institutions, (b) the outcomes of each level of review, (c) the frequency which these students launched external appeals, (d) the agencies involved in these external appeals, (e) the outcomes of these external

appeals, and (f) the impact of these outcomes on the institutions. These cases were also analyzed for their relationships with the following demographic variables: the type of institution, the student enrollment in the nursing program, and the province in which the program was located.

(a) The number of levels of review used by students. Table 62 outlines the frequency with which students requested reviews of their clinical evaluative decisions.

Table 62.-- Number of Reviews or Hearings in Institutions

TYPE OF REVIEW/ HEARING	NUMBER*	% OF TOTAL
Appeal Hearing	156	48.6
Grievance Review	135	42.1
Institutional Student Appeal	20	6.2
External Appeal	10	3.1
TOTAL	321	100.0

* Respondents reported that single cases were reviewed at one or more levels. Number of cases is 205.

Students more frequently were granted appeal hearings than either grievance reviews or institutional student appeals. It was also noted that less than ten percent of the cases were reviewed at the institutional student appeal level or externally.

Table 63 provides data relating to the number of programs offerring the various levels of hearings or reviews.

Table 63 -- Number of Programs Providing Levels of Hearings or Reviews

	GRIEVANCE REVIEW	APPEAL HEARING	INSTIT'L ST'D APPEAL	EXTERNAL APPEAL
NUMBER OF PROGRAMS	35	44	10	7
GRIEVANCE REVIEW		28	6	5
APPEAL HEARING	28		9	7
INSTIT'L ST'D APPEAL	6	9		2
APPEAL H. + INSTIT'L ST'D APPEAL	5			1

Programs offered appeal hearings more frequently than other levels of reviews. Only five programs provided grievance reviews, appeal hearings, and institutional student appeals while 28 programs provided both grievance reviews and appeal hearings. A total of nine programs provided appeal hearings and institutional student appeals. Of the five programs providing for three levels of review, two of these programs were involved in external appeals.

(b) The outcome of each level of review. Table 64 outlines the incidence of reviews or hearings resulting in upholding or modifying the initial evaluative decision.

Table 64.-- Outcomes of Reviews or Hearings

TYPE OF REVIEW	DECISION UPHELD NUMBER	%	DECISION MODIFIED NUMBER	%	TOTAL FOR LEVEL
Grievance Review	120	88.9	15	11.1	135
Appeal Hearing	96	61.5	60	38.5	156
Institutional Student Appeal	13	65.0	7	35.0	20
External Appeal	10	100.0	0	00.0	10
TOTAL	236		80		316

It was significant that all the external appeals resulted in support of the initial decision. Grievance Reviews only resulted in the alteration of one-tenth of the decisions while at both the Appeal Hearing and the Institutional Student Appeal levels approximately one-third of the decisions were modified.

(c) Incidence of students launching external appeals. Table 63 identified that only ten students out of the 205 cases launched external appeals. Thus, for the cases reported during the time interval from 1978 to 1985, the overall rate of student requests for external appeals was 1.25 per year. Table 65 outlines the type of institution where these cases occurred.

Table 65. -- Type of Institution From Which External Appeals Arose

TYPE OF INSTITUTION	NUMBER OF EXTERNAL REVIEWS	% OF TOTAL
College	6	60.0
Institute of Technology	2	20.0
Hospital	1	10.0
Independent Nursing School	1	10.0
University	0	00.0
TOTAL	10	100.0

(d) Agencies involved in student external appeals. Table 66 outlines the agency which the ten students requested their external appeals to be heard before.

Table 66. -- Agency Hearing Students' External Appeals

AGENCY	NUMBER OF EXTERNAL APPEALS	% OF TOTAL
Courts	5	50.0
Human Rights Branch	3	30.0
Provincial Ombudsman	2	20.0
TOTAL	10	100.0

However, when respondents were asked which agencies actually conducted these external reviews, not a single respondent reported that the reviews were adjudicated before the courts. Therefore, although five students requested that the courts hear their complaints, in reality such hearings did not occur. Respondents did report that three cases were settled out of court and a further case was withdrawn by the student; data were not provided about the final case. A further five cases were investigated by Human Rights Commissioners and three by provincial ombudsmen.

(e) Outcome of the external appeals. In all ten cases the institutions' decisions were upheld. The reasons students requested these external appeals are presented in Table 67.

Thus, the primary reason students requested such appeals was related to their perception of being discriminated against followed by their perception that the evaluation was either unfair or biased.

Table 67.-- Students' Reasons for Requesting External Appeal

REASON	NUMBER*	% OF TOTAL	% OF CASES
Discrimination on a Prohibited Ground	7	50.0	3.4
Denial of Natural Justice	5	35.7	2.4
Educational Malpractice	2	14.3	1.0
Defamation of Character	0	00.0	0.0
Breach of Contract	0	00.0	0.0
Not known	0	00.0	0.0
TOTAL	14	100.0	

* Some students gave more than one reason for appealing.

f) Impact of decision outcomes of educational institutions. Respondents did not report that any

changes in their institutions' policies or procedures were undertaken as a result of external reviews. This would be an anticipated finding considering the fact that none of the institutions' decisions were altered by external reviews.

Rate of cases. Data concerning the incidence of reviews or appeals were summarized to obtain the rate of cases per 100 students in each type of institution by province and by years from 1978 to 1985 (refer to Tables 68 to 77). Using these data, the expected frequencies of the above were calculated.

Table 68.-- Rate of Cases per 100 Student Enrollments in 1978

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
Hospital	.00	.22	.00	.85	.00	.00	.15	.00	.00	1.22
College	.63	.00	.00	.0	.035	.00	.00	.00	.00	.665
Univer	.27	.00	.00	.00	.00	.00	.00	.00	.00	.27
Tech Inst	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Independnt	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
TOTAL	.90	.22	.00	.85	.035	.00	.15	.00	.00	2.155

During 1978 the greatest number of grievances launched by students in nursing programs were in hospital programs in Manitoba, followed by college programs in British Columbia. British Columbia was also the only province reporting grievances in university programs during this year. However, the overall rate of cases was only 2.16 per 100 student enrollments throughout the reporting programs.

Table 69.-- Rate of Cases per 100 Student Enrollments in 1979

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
College	.63	.00	.00	.40	.17	.00	.00	.00	.00	1.20
Hospital	.00	.22	.00	.24	.00	.00	.15	.00	.00	.61
Univer	.00	.00	.36	.00	.00	.00	.00	.00	.00	.36
Tech Inst	.00	.00	.26	.00	.00	.00	.00	.00	.00	.26
Independnt	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
TOTAL	.63	.22	.62	.64	.17	.00	.15	.00	.00	2.43

College programs showed twice the incidence of grievances of hospital programs during 1979. This change was a reversal of rates from the previous year. Again the greatest number of cases was in Manitoba

programs. Saskatchewan was the only province reporting cases in university programs. The overall rate of cases for this year was only slightly greater (.27) than in the previous year.

The rate of cases during 1980 increased by 127% from the previous year. This increase was primarily due to a significant increase in the rate of cases in Saskatchewan's university programs. Both the overall college and hospital programs also showed increases. This year was also the first year that New Brunswick's independent programs reported cases.

Table 70.--Rate of Cases per 100 Student Enrollments in 1980

TYPE OF INSTITUTION	PROVINCE									TOTAL
	BC	AB	SK	MB	ON	NS	NB	PE	NF	
Univer	.27	.00	2.50	.00	.00	.00	.00	.00	.00	2.77
College	.84	.00	.00	.40	.10	.00	.00	.00	.00	1.34
Hospital	.00	.44	.00	.12	.00	.00	.29	.00	.00	.85
Independnt	.00	.00	.00	.00	.00	.55	.00	.00	.00	.55
Tech Inst	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
TOTAL	1.11	.44	2.50	.52	.10	.55	.29	.00	.00	5.51

The rate of cases during 1981 decreased by 55% from the previous year. Also, during this year, both British Columbia's and Manitoba's college programs had the same rate of cases as in the previous year. 1981 was also the first year that Nova Scotia's university programs reported cases.

Table 71.-- Rate of Cases per 100 Student Enrollments in 1981

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
College	.84	.00	.00	.40	.14	.00	.00	.00	.00	1.38
Hospital	.00	.44	.00	.12	.00	.00	.15	.00	.00	.71
Univer	.27	.00	.00	.00	.00	.00	.31	.00	.00	.58
Independnt	.00	.00	.00	.00	.00	.36	.00	.00	.00	.36
Tech Inst	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
TOTAL	1.11	.44	.00	.52	.14	.36	.46	.00	.00	3.03

1982 marked the highest rate of cases throughout the eight years studied. The most significant increase was in university programs, with the highest rate being found in Newfoundland's programs. Rates of cases in the western provinces during 1982 continued to be above those of Ontario and the Atlantic provinces. These western rates contributed to an overall increased rate

of 157% over the previous year, but this rate was only 87% of that during 1980. During this year university programs also showed an increase in rates almost equal to that of college programs.

Table 72.-- Rate of Cases per 100 Student Enrollments in 1982

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
College	.42	.59	.00	.40	.28	.00	.00	.00	.00	1.69
Univer	.55	.00	.71	.30	.00	.00	.00	.00	.00	1.56
Tech Inst	.78	.00	.00	.00	.00	.00	.00	.00	.00	.78
Hospital	.00	.44	.00	.12	.00	.00	.00	.00	.00	.56
Independnt	.00	.00	.0	.00	.00	.18	.00	.00	.00	.18
TOTAL	1.75	1.03	.71	.82	.28	.18	.00	.00	.00	4.77

During 1983 hospital programs also showed an increase, with Newfoundland reporting its first hospital program case.

Table 73.-- Rate of Cases per 100 Student Enrollments in 1983

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
Univer	.82	.00	.36	.61	.22	.00	.92	.00	.98	3.91
College	.42	.59	.00	.40	.24	.00	.00	.00	.00	1.65
Hospital	.00	.22	.00	.24	.00	.00	.29	.00	.33	1.08
Tech Inst	.39	.00	.26	.00	.00	.00	.00	.00	.00	.65
Independnt	.00	.00	.00	.00	.00	.36	.00	.00	.00	.36
TOTAL	1.63	.81	.62	1.25	.46	.36	1.21	.00	1.31	7.65

* Multiple responses are requested. Number of programs is 81.

Table 74.-- Rate of Cases per 100 Student Enrollments in 1984

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
College	.21	.59	.00	.80	.45	.00	.00	.00	.00	2.05
Hospital	.00	.44	.00	.49	.00	.00	.44	.00	.33	1.70
Univer	.55	.00	.00	.30	.22	.00	.31	.00	.00	1.38
Independnt	.00	.00	.00	.00	.00	.55	.00	.59	.00	1.14
Tech Inst	.39	.00	.00	.00	.00	.00	.00	.00	.00	.39
TOTAL	1.15	1.03	.00	1.59	.67	.55	.75	.5	.33	6.66

The overall rate of cases during 1984 represented only 87% of the rate for 1983. The rate of cases in university programs appeared to level off while there was a continuing increase in the rate of cases within

both hospital and college programs. Manitoba again showed the highest rate of cases.

Table 75.-- Rate of Cases per 100 Student Enrollments in 1985

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
Hospital	.00	.00	.00	.73	.00	.00	.15	.00	.33	1.21
Univer	.00	.00	.00	.00	.11	.00	.00	.00	.98	1.09
College	.00	.00	.00	.00	.28	.00	.00	.00	.00	.28
Independnt	.00	.00	.00	.00	.00	.1	.00	.00	.00	.18
Tech Inst	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
TOTAL	.00	.00	.00	.73	.39	.18	.15	.00	1.31	2.76

The 1985 data were not requested for this study; however, some programs provided information related to cases carried out during 1985. Thus, the overall rate cannot be compared with all the programs reporting cases during the previous years.

Cases provided for which the year was not specified are shown in Table 76. The highest rate of cases falls within the university programs.

Table 76.-- Rate of Cases per 100 Student Enrollments in Unspecified Years

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
Hospital	.00	.22	.00	.00	.00	.00	.00	.00	.00	.22
College	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Tech Inst	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Univer	.00	.43	.00	.00	.22	.00	.00	.00	.49	1.14
Independnt	.00	.00	.00	.00	.00	.36	.00	.00	.00	.36
TOTAL	.00	.65	.00	.00	.22	.36	.00	.00	.49	1.72

Table 77 provides a summary of the rates of cases for all eight years.

Table 77.-- Rate of Cases per 100 Student Enrollments in All Years

TYPE OF INSTITUTION	PROVINCE BC	AB	SK	MB	ON	NS	NB	PE	NF	TOTAL
Univer	2.7	.4	3.9	1.2	.8	.0	1.5	.0	2.5	13.1
College	4.0	1.8	.0	2.8	1.7	.0	.0	.0	.0	10.3
Hospital	.0	2.6	.0	2.9	.0	.0	1.6	.0	1.0	8.2
Independnt	.0	.0	.0	.0	.0	2.5	.0	.6	.0	3.1
Tech Inst	1.6	.0	.5	.0	.0	.0	.0	.0	.0	2.1
TOTAL	8.3	4.8	4.5	6.9	2.5	2.5	3.2	.6	3.4	36.7

University programs presented the highest incidence of reported student grievances, followed by

college programs. Thus, based on the reports provided by respondents to this survey, the overall rate of cases per 100 student enrollments over the eight year period was 36.68 or 4.59 per year, with the highest rate being in university programs and the lowest in technical institutes. British Columbia was the province with the highest rate of cases, followed by Manitoba, Alberta, and Saskatchewan. The lowest rate was in Prince Edward Island with an overall mean of 4.07. Thus, the western provinces showed rates of cases above the mean with the remaining provinces presenting rates of cases below the mean. However, since these findings represent a haphazard sample they can only be limited to the cases provided as they do not represent a total population for all programs in the nine provinces during the interval from 1978 through 1985.

Reliability and Validity of the Instrument. Assessment of the reliability and validity of the data obtained using this second instrument was limited to that of the relationships between variables of: province, type of institution, number of cases, levels of review, and outcome of reviews. This limitation was necessary due

to the haphazard sample of the data as discussed previously in this chapter. Chi square with a Yates correction was used to determine whether or not the rates of cases by type of institution were similar throughout the provinces. The Yates correction was required as numbers within many of the cells were less than five. The outcome was reported using a .05 level of significance. Table 78 outlines the findings by type of program.

Table 78. -- Similarity in Rate of Cases Across the Provinces by Type of Institution

TYPE OF INSTITUTION	RATE OF CASES /100 ENROLLM'T	x^2+ YATES CORRECTION	x^2@ 8df + .05 LEVEL OF SIGNIFICANCE
All types of Institutions	36.68	4.92	15.51
University	13.06	13.81	15.51
College	10.25	15.69	15.51
Hospital	8.16	22.04	15.51
Independent Sch	3.13	28.58	15.51
Technical Inst	2.08	116.73	15.51

The provincial rates in all programs with the exception of university-based programs showed statistically significant differences. Therefore,

there is a difference in the rate of cases among the various provinces for hospital-based, technical institute-based, college-based, and independent school-based programs as reported. There is not a statistically significant difference in the rate of cases across the provinces for university-based programs. A conclusion can be drawn that the rate of grievance and appeals for students in university-based programs is similar in all of the provinces. This is an anticipated outcome as all but one of the provinces (Prince Edward Island) provide nursing programs in these settings.

In contrast, technical institute programs showed a large (116.73) statistically significant difference in the rate of student clinical evaluation grievances between the various provinces. This is an anticipated outcome as only three of the provinces (British Columbia, Saskatchewan, and Ontario) provide nursing programs in these institutions.

When all types of programs were assessed throughout the nine provinces, the chi square with a Yates correction showed no statistically significant

difference in the rate of cases among the provinces. Thus, it can be assumed, based on the cases assessed, that the rate of cases of student clinical evaluation grievances is sufficiently similar that it can be said that they occur as frequently in one province as in another.

Summary

In conclusion, students more frequently sought formal appeal hearings in order to have their clinical evaluation decisions reviewed than they did informal grievance reviews. An even smaller number of students participated in institutional student appeals. Table 79 provides a summary of the frequency with which decisions were either upheld or modified by type of institution.

Students in university nursing programs sought reviews of their clinical evaluative decisions more frequently than in any other type of programs followed by students in college programs, hospital programs, and independent school programs. The smallest number of students requesting such reviews were in technical institute programs.

Table 79.** Summary of Reviews or Hearings in all Types of Institutions Throughout the Provinces

TYPE OF REVIEW	TYPE OF INSTITUTION					DECISION				TOTAL
	H	C	TI	U	O	UPHELD NO	%	MODIF'D NO	%	
Appeal Hearing	49	55	7	34	11	96	61.5	60	38.5	156
Grievance Review	36	54	6	28	11	120	88.9	15	11.1	135
Institutional Student Appeal	2	10	1	6	1	13	68.4	7	35.0	20
External Appeal	1	6	2	0	1	10	100.0	0	00.0	10
TOTAL	88	125	16	68	24	239	79.7	82	21.2	321

In grievance reviews, the initial clinical evaluative decisions were upheld in more than nine-tenths of the cases and modified in only slightly more than one-tenth of the cases. However, at both the appeal hearing and institutional student appeal levels these decisions were modified in more than one-third of the cases. External appeals did not result in any decisions being modified. Thus, based on the cases reported, students were not successful in having their clinical evaluation decisions modified through external appeals.

CHAPTER 8

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Summary

The study was undertaken to determine the processes used by nurse educators during clinical evaluations of students' performance and the systems available in these same programs and institutions which students can access in the event that they wish to dispute these evaluations. In addition, the study was designed to obtain data concerning the incidence and outcomes of such grievance and appeal hearings including any litigation which had occurred during the period from 1978 to 1984.

Prototypic models developed for this study evolved from the literature reviewed. Data collected were analyzed to determine whether or not these models were reflective of actual practices within the educational institutions providing nursing education programs. The literature also provided information pertaining to decision-making practices in educational institutions

and nursing programs. Data were collected to determine what are nursing programs' decision-making practices concerning nursing students' clinical evaluation decisions.

A total population (N=94) of Canadian nursing programs preparing students for nursing registration examinations was included (with the exception of Quebec programs because of the potential variation between legal interpretations of administrative law as discussed in Chapter 1). A descriptive survey using a cross-sectional design was chosen to provide data concerning the current practices for clinical evaluation of students.

Two instruments were developed to obtain the data for this study. The first instrument was intended to assess the clinical evaluation practices and procedures used in programs as well as the various levels of informal and formal reviews available to students in these programs. Questions were structured to obtain data pertaining to four levels of review within the institutions studied. The second instrument was intended to assess the incidence of grievances and

appeals regarding clinical evaluation decisions brought against nursing faculty by nursing students for the period from 1978 until 1984.

A set of these two instruments was mailed to the heads of nursing programs in this study's population. Three follow-ups to the initial mailing were used. Respondents were also requested to provide any written policies or procedures related to student clinical evaluation, as well as to grievance and appeal hearings.

Findings

Instrument 1 -- The response rate to the survey was 86.2% (81/94 programs). Overall, there were five major findings:

1. There is generally a lack of standards or guidelines for faculty evaluations of students in clinical settings.
2. In one-third of the programs a clinical instructor alone makes a student's clinical evaluative decision.
3. In some of the programs the same members serve on more than one level of reviews.

4. Procedures employed in the conducting of informal and formal hearings are rarely written.
5. Grievance and appeal panels tend to alter professional judgments of nurse faculty even through panel members frequently are non-nurses.

Instrument 2 -- There were 205 reports of student initiated grievances or appeals provided by the respondents. Nevertheless, not all programs provided data concerning such reviews while other programs only provided a sample of them. Thus, the results can only be interpreted in relation to the reported cases and cannot be generalized to other programs.

When students' grievances about their clinical evaluation decisions were taken before grievance review panels (these panels represent the first informal level of review within the program) only 11.1% (15/135) of the decisions were modified. In contrast, appeal hearing panels (these panels represent the first formal level of review within the institution) modified 44.4% (60/135) of the decisions. Still, if students chose to request a review of their evaluation decision to institutional student appeal panels (these panels

represent the final formal level of review in the institution) 35.0% (7/20) of these decisions were modified. The limited number of students (10) who subsequently sought reviews of these nursing faculty decisions through external agencies such as the courts, found that their rate of success in having the decisions modified was zero (that is, of those cases which were heard in court).

Interpretation of Findings

When policies and procedures (provided by respondents) concerning nursing programs' clinical evaluation practices were analyzed, there was little evidence that policies and procedures reported to be written by 78 out of 81 respondents were actually in a written form. Thus, these programs did not seem to have clear, objective, and formally recorded standards against which faculty measured students' performance. This finding could be interpreted to imply that the measurement of students' clinical performance was totally dependent on the personal interpretation of students' performance against the clinical instructors' interpretation of the course objectives. This level of subjectivity could support students' charges of biased evaluations. The practice indicates a need for clinical evaluative standards to be developed and used by clinical instructors during the clinical evaluation process.

A further concern regarding the fairness of appraisals relates to the finding that in one-third of the programs a single instructor makes the decision as to whether or not students pass their clinical courses.

objective appraisals of these students undertaken by other instructors. Either of these factors could lead to students charging that their evaluations were biased and unfair. In order to overcome the above problems De Tornyay reported that a sound policy to adopt for assessing failing students was, "that every student be evaluated by a second instructor before failing a clinical course" (1985, 313). The use of an impartial instructor who evaluates the student independently in the clinical area, was reported by only three respondents.

Respondents also reported that, in most cases, the heads of the nursing programs were involved in decisions regarding students' clinical performance and that these program heads also served on both grievance review and appeal hearing panels. Because of these individuals' responsibility for the performance of instructors, it is appropriate that their input is sought during the formulation of the decision regarding students' clinical evaluation. Notwithstanding, if these heads of nursing programs had already sat in judgment on the initial evaluation decision, then bias could be readily charged by students should these same

individuals sit on subsequent review panels. Each following level of review should have panels without an "overlap" of members and each panel membership should represent a higher level of the administration within the institutions.

Table 80.-- Head of Nursing Program as Member of Hearing or Review Panels

	PROGRAM REVIEW	GRIEVANCE REVIEW	APPEAL HEARING	INSTITUTIONAL STUDENT APPEAL
PROGRAM REVIEW	10	2	3	0
GRIEVANCE REVIEW	2	6	1	0
APPEAL HEARING	3	0	31	0
INSTIT'L STUDENT APPEAL	0	0	0	0

In a total of six programs the head of the nursing program was a member of more than one review of hearing panel. Membership on both the program review and the grievance review panels occurred in two programs.

Three other programs reported that this individual served on both the program review and the appeal hearing panels and a single program reported membership on both the grievance review and appeal hearing panels.

Institutions need to evaluate their total grievance and appeal systems to ensure that the above bias does not occur. Failure to review current structures for grievance and appeal hearings to ensure that each successive set of panel members is truly objective could increase student litigation through the courts based on charges of unfair and biased reviews within institutions.

Respondents reported that grievance reviews, appeal hearings, and institutional student appeals were primarily directed at a review of the natural justice component (the fairness and reasonableness of the decision), and secondarily at the administrative component (the policies and procedures followed). All reviews were less concerned with the academic component (professional judgment) than with the other two.

The discussion of the Judgment Model in Chapter 3 (69-78) provides a framework for the review of the

above three foci at each level of review. At the grievance review it is expected that all three foci would be considered during the discussions. Respondents to the study reported that all three foci were considered in 57.7% of the programs. The model also suggests that only the"procedures used" and the "fairness and reasonablness of the decision" should be considered at both the appeal hearing and institutional student appeal levels. Respondents reported that in only 18.8% of programs such direction is used during appeal hearings and in only 40% of institutional student appeal hearings. Based on responses to the study, two conclusions can be reached. Either the model is not valid or there is a lack of clarity as to the roles of review panels in relation to assessment of the foci. The latter conclusion could be demonstrated by a persistence of review panels to continue to assess the academic component of the decisions at all levels even though professional nursing expertise may not be present on these panels.

Table 81.--Comparison of Number of Foci Reviews were Directed at for Three Levels of Hearings

	GRIEVANCE REVIEW (N=78)	APPEAL HEARING (N=64)	INSTITUTIONAL STUDENT APPEAL (N=30)
VALIDITY OF OBSERVATIONS + PROCEDURES USED + FAIRNESS	45	41	12
VALIDITY OF OBSERVATIONS + PROCEDURES	1	1	1
VALIDITY OF OBSERVATIONS + FAIRNESS	3	5	1
PROCEDURES + FAIRNESS	9	12	9
VALIDITY OF OBSERVATIONS	1	0	0
PROCEDURES	1	0	2
FAIRNESS	3	2	3

Policies and procedures (provided by respondents) for the various levels of reviews frequently provided guidelines for students who wished to initiate such

reviews including the time intervals within which they must exercise the option. Rarely, however, did these policies or procedures provide clear guidelines for those conducting these reviews. They frequently only specified the composition of the review panels and provided direction to the chair to ensure that all documentation submitted was provided to both the students and clinical instructors involved in the reviews. The absence of further process guidelines can obviously result in a wide variety of practices being exercised during the conduct of reviews. Such variations could involve who is interviewed, what evidence is presented, which witnesses are called, whether advisors can accompany the grieving student and his or her clinical instructors, how the proceedings are documented, and what aspects of the judgment components members of the panel address. The outcome of such varying patterns is a greater chance that decisions made at this level of review could be altered at higher levels of review.

Generally, nursing programs provide students with opportunities to question evaluative decisions regarding their clinical performance. Programs also

commonly have policies and procedures governing the conduct of students in clinical settings which can be used as criteria for the evaluations. Yet, most do not appear to have established standards for the actual process of conducting the evaluations.

Documentation most frequently utilized at most levels of reviews were written submissions made by the grieving student and his or her clinical instructor. A less frequently identified form were the anecdotal notes prepared in the clinical setting by clinical instructors. Use of such notes is supported by Adams who states, "every instructor maintains anecdotal records about the performance of each student in the clinical area each day" (1979). The lower frequency in assessment of these notes might be speculated to result from some evaluators either not making notes at all or making notes which would not be meaningful to a third party.

The use of students' written assignments more frequently their previous clinical evaluation reports is also an interesting finding because programs not referring to students' previous clinical performance

were more likely to miss "consistency of performance" (Bondy, 1983) which would provide further support for clinical instructors recommending promotion or failure for students. The above is particularly relevant for borderline students. Such students are frequently missed when only current performance problems are considered and previous similar deficits are ignored. A similar comment may be made for assessment of the student's entire file.

Assessment of students' entire files was the least commonly selected choice. Failure to review both theory grades and clinical performance of students might preclude faculty from deciding whether students' inadequate performances were related to poor knowledge bases or to poor application of theory to their patient care delivery. Though, if hearing panels do utilize these files they must ensure that the grieving students also receive copies of all the documentation within their files prior to use of these files' content in appeal processes. Failure to provide such copies could lead to charges by students of a breach of natural justice. Support for such charges stems from Kane v.

Board of Governors of University of British Columbia (1980) 110 D.L.R. (3rd) 311 (S.C.C.)...

> It is a cardinal principle that, unless expressly or by necessary implication empowered to act ex parte, an appellate authority must not hold private interviews with witnesses or, a fortiori, hear evidence in the absence of a party whose conduct is impugned and under scrutiny. Each party to a hearing is entitled to be informed of, and to make representations with respect to evidence which affected the disposition of the case.

Students usually have the opportunity to initiate reviews of their clinical evaluation decisions. However, the overlapping of panel membership, the changeable focus of reviews of hearings, and the other varying processes utilized in conducting these reviews may be construed by students as unfair and biased.

Findings concerning the incidence of reviews suggest that grievance reviews (within the nursing program) usually uphold the clinical evaluative decisions made by clinical instructors. Howbeit, the increased rate of decision modifications at appeal

hearings (outside the nursing program) appears to question the validity of the grievance reviews. Data requested did not provide sufficient information to determine why such alterations in decisions occurred. Based on earlier discussions, however, three issues might cause such alterations: (a) membership on panels might be biased by involving individuals who have been on previous levels of review and who might influence other members in arriving at decisions, (b) initial decisions might have been made by a single person, or (c) the lack of sufficient direction for conducting hearings might have led to criticism of previous reviews as having been unfair.

Institutional student appeals were few in number; therefore, the fact that a large percentage led to modifications of previous rulings may not be significant. Respondents report that these review panels at the institutional level did consider all three components of the clinical evaluative decisions, including the academic. This is somewhat surprising in view of the fact the some or most of the panel members would not have the appropriate academic expertise to consider that component. The question arises as to

whether these circumstances might cause reviewers to alter decisions based on a lack of understanding of the significance of the observations to professional practice.

Implications of the Findings

It can be speculated that failure to clarify which components of clinical evaluation judgments should be reviewed at each level of hearing might lead to inconsistent and invalid rulings as students seek redress for the initial decisions about their clinical performance. As concluded in the previous section, the problems with membership on panels might also lead to decreased effectiveness of reviews. Members who sit on more than one level of review cannot be considered impartial after participating in an earlier decision. Failure to clarify in writing the processes to be adopted during hearings might also lead to inconsistent methods of review from one level to another in any given institution. Any of these factors could lead to a decrease in the effectiveness of reviews and hearings.

On the basis of the above conclusions, institutions should develop a comprehensive formalized system for the evaluation of students' clinical performance which delineates all the institution's levels of review. This formal process would ensure that the structure, at least, of all review panels is unbiased at all levels, that the aspects of the decision being reviewed are appropriate for the expertise on panels, and that the process to be adopted at each level would be clearly specified in published formal procedures. In all, it is recommended that institutions re-evaluate their current grievance and appeal mechanisms in relation to the following guidelines. These guidelines could be separated into three sections relating to: the structure of reviews, the review process, and the outcome of reviews.

I. STRUCTURE -- There should be written policies outlining the structure of all levels of reviews provided within the institutions. These policies should be available to students and should include statements about the following:

I.1. Time-interval: the length of time students have from the receipt of their evaluative decisions to the time when they must exercise their option to initiate reviews.

I. STRUCTURE (continued)

I.2 Reason for request: data students must provide to support their reasons for initiating reviews.

I.3 Contact person: direction to students as to--
3.1. where requests for reviews should be directed,
3.2 if the institution has an established printed form to initiate reviews, its name and where it can be obtained,
3.3 if there is a charge for reviews, the costs for each level of review.

I.4 Approval of request: how and when students should expect notification if their request for reviews has been approved,

I.5 Interviewing: which parties may be interviewed at each level of the review process. Individuals cited by study respondents as being interviewed, include:
5.1 grieving students.
5.2 grieving students' peers.
5.3 their clinical instructors.
5.4 the coordinator of their program year.
5.5 the head of the nursing program.
5.6 individuals who conducted previous levels of reviews.

I.6 Documents: identification of the various documents students are required to submit for each level of review, including the number of copies to be provided and who is responsible for the cost. Documents frequently cited by study respondents include:
6.1 students' clinical evaluation reports,
6.2 anecdotal notes prepared by clinical instructors about students' performance,
6.3 students' written assignments for courses,
6.4 students' previous evaluations,
6.5 students' entire files,
6.6 written submission by students,
6.7 written submission by students' advisors.

I. STRUCTURE (continued)

I.7 Advisors: whether or not students and/or clinical instructors may be accompanied by advisors. If they can:
- 7.1 who these advisors may or may not be, (e.g., lawyers),
- 7.2 what role these advisors may perform:
  - 7.2.1 as active participants,
  - 7.2.2 as passive participants,
  - or
  - 7.2.3 as active only if requested to by the review chairperson.

I.8 Outcome of reviews: instructions as to --
- 8.1 how the outcome of reviews will be reported to the students,
- 8.2 when the outcome will be reported to the students,
- 8.3 who will report the outcome to the students,
- 8.4 whether or not the outcome will be placed on the students' files and, if so, in what form.

I.9 Membership of Review Panels: specification as to the composition of review panels.

II. PROCESS -- There should be written guidelines outlining how each level of review should be implemented, including statements regarding:

II.1 Selection of Members: outlining--
- 1.1 the composition of review panels,
- 1.2 who selects members,
- 1.3 who chairs review panels,
- 1.4 criteria for selection of members:
  - 1.4.1 they must be objective,
  - 1.4.2 they must not have been part of the initial decision concerning the grieving students' complaint,
  - 1.4.3 they must not have served on any previous review panels where the grieving students' complaint had been heard.

II. PROCESS (continued)

II.2 Pre-review Preparation: an orientation for panel members regarding:

2.1 the decisions which need to be made concerning documentation to be reviewed, interviews to be conducted, and the role of advisors (if advisors are allowed),

2.2 the focus of the reviews in relation to:
- 2.2.1 the validity of observations made by the clinical instructors,
- 2.2.2 the procedures used to arrive at the decisions,
- 2.2.3 the fairness and reasonableness of the decisions,

2.3 The established criteria to judge each focus of the reviews,

2.4 The decision-making power of the review panel,
- 2.4.1 to make a final decision,
- 2.4.2 to change students' clinical marks,
- 2.4.3 to make recommendations regarding the findings,
- 2.4.4 to make a summary of the findings.

2.5 The documentation of reviews,
- 2.5.1 to make a written summary of the proceedings,
- 2.5.2 to make a written transcript of the proceedings,
- 2.5.3 to make a tape recording of the proceedings,
- 2.5.4 to prepare minutes of the hearing.

II.3 The Review Process: specifying the sequence to be carried out during reviews, including:

3.1 the role of the chairperson,

3.2 the role of review panel members,

3.3 the instructions for interviewing grieving students, their clinical instructors, and witnesses,

3.4 the use of submitted documents during the review.

III. OUTCOME -- There should be written guidelines outlining the formulation, documentation, and reporting of the outcomes of reviews including:

III.1 Formulation of the outcomes: specifying --
1.1 what power reviewers have in relation to the decision-making process.
1.2 the time-limit from when the review is completed to when a report or decision must be reached.

III.2 Documentation of the outcomes: describing how the outcome is to be documented.

III.3 Reporting of the outcomes: describing the following:
3.1 to whom the decision is reported,
3.2 in what form the decision is to be reported,
3.3 to whom the written or taped documentation of the proceedings is to be submitted.

Faculty need to become aware of the need to follow institutionally prescribed policies and procedures related to student evaluation. Failure to do so will likely result in a modification of evaluative decisions. In other words, no matter how well prescribed evaluation policies and procedures may be, if they are not followed reversals of such decisions will occur because the administrative component of the judgment could not be demonstrated.

The study's prototypic models provided a structure to assess what are the institutional practices for

assessing evaluative decisions concerning students' clinical performance. These models served as theoretical views of how evaluative judgments and reviews should be conducted within and without nursing education programs and were based on the literature reviewed. Programs deviating from these theoretical models need to determine if these deviations are likely to have any positive or negative impacts on the outcome of reviews. And if so, whether changes to the structures, or processes need to be undertaken.

The Judgment Model is likely to provide a new theoretical view of the components to evaluation decisions in nursing education. It transcends through three separate disciplines, those of: education administration, nursing education, and education law. As such, it provides a more coordinated view of the components of judgments from those disciplines who potentially have the power to impact nursing education decision-making processes.

Limitation of the Study

This study was undertaken to explore the administrative structures and procedures utilized by Canadian nursing programs to deal with the clinical failure of their students. Thus, it is an exploratory study and its findings cannot be generalized beyond the programs providing data for the study. Nonetheless, the number reporting was 86.2% of the population defined.

The method of survey research was chosen over such other methods as interview and observation due to limitations in time and research costs. A more fruitful collection of data would perhaps have been possible if the researcher had been able to visit each program and conduct interviews with the respective program heads. This would, no doubt, have reduced ambiguities of terminology, instructions, and intent of questions. However, the survey method did provide a consistent pattern of data to be analyzed.

The limitation of the study to diploma and baccalaureate nursing programs leading to nurse registration did not permit data from all nursing

programs in Canada. Also the exclusion of Quebec programs prevents any extrapolation of findings to Quebec programs.

The use of a population of programs versus a sample was felt to be important to increase validity of findings. However, the response rate of 86.2%, though high compared to much questionnaire research, is short of the total population thus requiring caution in generalizing findings.

Further Research

The study represents the initial opening of this subject area to research in Canada and provides further clarity to the previous research in the area by Golden (1981). Subsequent studies are needed to ensure that the prototypic models are compatible with the administrative structures and procedures in place in nursing education programs. This study also needs to be extended to the Quebec nursing programs to gain an understanding of whether differences do occur based on legal system differences or whether such programs are similar to the others surveyed.

The Judgment Model requires further research to determine the validity of the three components in the judgment process. This study was not designed to determine the model's effectiveness but only to determine whether the components were evident during evaluation decision reviews and hearings. Specifically, research is needed to determine: (a) what weight faculty members place on these components during their decision-making process regarding students' clinical performance, and (b) why faculty members' decisions are overturned at different levels of reviews/hearing.

Further research also needs to be undertaken to determine both the impact of the six factors which influence instructors' decision-making regarding students' performance, and the impact of using faculty evaluation standards to support objective clinical appraisals of students. These studies' findings should facilitate the development of formal assessment procedures for students' clinical practice in diploma and baccalaureate nursing programs.

BIBLIOGRAPHY

Adams, Eda, Gloria Corbo, Louise DeBlois, Dandra DeYoung, and Gloria Just. 1979. Legal considerations in evaluating the clinical performance of students. In Considerations in Clinical Evaluations: Instructors, Students, Legal Issues, Data. Publication No. 16-1764. New York: National League for Nursing.

Adderly, Beatrice V., and Anna M. Brock. 1977. Evaluating clinical performance in nursing. Journal of Advanced Nursing 2(7): 355-63.

Alexander, Kern. 1980. School Law. St. Paul, Minn.: West Publishing Co.

Alexander, Kern. 1978. Administrative prerogative: Restraints of natural justice on student discipline. Journal of Law and Education 7(3): 331-358.

Allison, Derek, Mark Holmes, and Brian Sharples. 1983. The evaluation of teachers: Developing professionals or eliminating incompetents? The Yellow Papers 2(2). Educational Administration, OISE.

Angus, Monica D. 1980. Analysis of student performance ratings. Nursing Papers 12(2): 5-16.

Barnes, Carol. 1978. The specter of academic malpractice. Change 10(5): 10-11.

Barritt, Evelyn R., and Lou Anne Irion. 1970. Advantages and disadvantages of nongrading. Nursing Outlook 18 (4): 40-41.

Beam, Sheila, and Edward R. Hines. 1981. Provisions and consumer expectations. Journal of College Student Personnel 22(1): 36-41.

Berdie, Douglas R., and John F. Anderson. 1974. Questionnaires: Design and Use. Metuchen, New Jersey: The Scarecrow Press Inc.

Bergen, John J. 1982. Should schools provide appeal procedures for disciplined students? Challenge in Educational Administration 21(2): 17-25.

Bevil,.W., and L.C. Gross. 1981. Assessing the adequacy of clinical learning settings. Nursing Outlook 29 (11): 658-661.

Besag, Frank P., and Peter L. Besag. 1985. Statistics for the Helping Professions. Beverly Hills: Sage Publications.

Black, H.C. 1979. Black's Law Dictionary. 5th Edition. St. Paul, Minnisota: West Publishing Co.

Bomford, Phyl, and Win Lewis. 1980. Schools and the Law -- 1980. Learn, 11 (2): 1-3.

Bondy, Kathleeen Nowak. 1983. Criterion-referenced definitions for rating scales in clinical evaluation. Journal of Nursing Education 22(9): 376-382.

Borg, Walter R., and Walter D. Gall. 1983. Educational Research: An Introduction, 4th edition. New York: Longman.

Brock, Allan D. 1979. Board of curators of the University of Missouri v. Horowitz: student due process rights and judicial degerence to academic dismissals. Willamette Law Review 15 (3): 577-590.

Brooks, James H. Legal Issues and Postsecondary Students. Monograph 84-9. Institute for Higher Education Law and Governance. Houston: University of Houston.

Brozenec, Sally, Julie R. Marshall, Charlene Thomas, and Marian Walsh. 1987. Evaluating borderline students. Journal of Nursing Education 1(26): 42-44.

Bruner, E.S. 1978. Determining how to begin. In Evaluating Clinical Competence in the Health Professions, M. K. Morgan, St. Louis: C.V. Mosby Co.

Calogero, Stefano. 1979. Constitutional Law -- procedural due process -- university hearings regarding academic dismissal -- Board of Curators of the University of Missouri v. Horowitz. New York Law School Law Review 25(1): 133-149.

Canfield, Judith S. 1983. Allied health student and faculty attitudes regarding faculty evaluation. Journal of Allied Health 12(1): 43-47.

Carmack, Betty J. 1983. Resolving an incident of academic dishonesty: Plagarism. Nurse Educator 8(1): 9-12.

Carpenito, Lynda Juall. 1983. The failing or unsatisfactory student. Nurse Educator 8(4): 32-33.

Collingsworth, Terrence P. 1982. Applying negligence doctrine to the teaching profession. Journal of Law and Education 11(4): 479- 505.

Creighton, Helen. 1975. Law Every Nurse Should Know. 3rd Edition. Toronto: W.B. Saunders.

Curry, Margaret Ann. 1981. Clinical evaluation of the nursing instructor. Nursing Forum 22 (1): 63-71.

Connors, Eugene T. 1981. Educational Tort Liability and Malpractice. Bloomington, Indiana: Phi Delta Kappa.

Darragh, Rita, Grace Jacobson, Beth Sloan, and Gloria Standquist. 1986. Unsafe student practice: Policy and procedures. Nursing Outlook 4 (34): 176-8.

Davidhizar, Ruth E., and Angela McBride. 1985. How nursing students explain their success and failure in clinical experiences. Journal of Nursing Education 7 (24): 284-90.

Del Bueno, D.J. 1983. Doing the right thing: Nurses' ability to make clinical decisions. Nurse Educator 8(4): 7-11.

DeMitchell, Todd A. 1980. Judicial non-intervention in scholastic matters. College Student Journal 14(Summer): 146-148.

deTornyay, Reba. 1985. Second opinions: When needed? Journal of Nursing Education 8(24): 313.

El-Khawas, Elaine. 1979. To assure fair practice toward students. Education Record 60(Summer): 282-294.

Elkins, Carol M. 1983. Accreditation: Dispelling the myths. Journal of Allied Health 12(4): 249-261.

Elson, John. 1978. A common law remedy for the educational harms caused by incompetent or careless teaching. Northwestern University Law Review 73 (4): 641-771.

Evans, J.M., H.N. Janisch, David J. Mullan, and R.C.B. Risk. 1984. Administrative Law: Cases, Text, and Materials, 2nd Edition. Toronto: Emond Montgomery Publications Limited.

Fielding, Nigel G., and Jane L. Fielding. 1986. Linking Data. Vol. 4, Qualitative Research Methods. Beverly Hills: Sage Publications.

Flygate, Thomas J. 1982. Another state rejects "educational malpractice" lawsuit. Phi Delta Kappan 63(9): 631-632.

Folger, Joseph, and Janelle Shubert. 1981. Who cares about student complaints? Educational Record 62(Fall): 31-33.

Fowler, Floyd J. 1984. Survey Research Methods. Vol. 1, Applied Social Research Methods Series. Beverly Hills: Sage Publications.

Frisbie, D.A. 1979. Evaluating Student Achievement: Principles, Trends and Problems, publication no. 23-1766, New York: National League for Nursing.

Fowler, Gerrard, and Barbara Heater. 1983. Guidelines for clinical evaluation. Journal of Nursing Education 22(9): 402-404.

Garber, Milton B. 1980. Damages actions for denial of equal educational opportunities. Missouri Law Review 45(2): 281-306.

Green, Joan L. 1974. Accreditation in nursing education: New trends and responsibilities. Journal of Allied Health 13(1): 4.

Golden, Edward J. 1981. Procedural Due Process for Academic and Disciplinary Dismissals at Tax-Supported Postsecondary Institutions: After Goss and Horowitz. Ph.D. diss., University of Virginia.

Golden, Edward J. 1982. Procedural due process for students at public colleges and universities. Journal of Law and Education 11(7): 331-359.

Golden, Edward J. 1981-2. College student dismissals and the Eldridge factors: What process is due? Journal of College and University Law 8(4): 495-509.

Golembiecki, Bonita L., and Nancie Ethington. 1979. Legal implications of clinical evaluation. In Considerations in Clinical Evaluation: Instructors, Students, Legal Issues, Data. Publication No. 16-1764. New York: National League for Nursing.

Gordon, M.J. 1978. Assessment of student affect: A clinical approach. Edited by M.K. Morgan, Evaluating Clinical Competence in the Health Professions. St. Louis: C.V. Mosby Co.

Griffith, Janet W., and Audrey J. Bakanauskas. 1983. Student-instructor relationship in nursing education. Journal of Nursing Education 22(3): 104-107.

Gunne, G.Manny. 1980. College autonomy and the courts. USA Today 109 (September): 54-57.

Guralnik, David B., ed. 1982. Webster's New World Dictionary, 2nd College Edition. New York: Simon and Schuster.

Hazard, William R. 1978. Education and the Law, Cases and Materials on Public School, 2nd edition. New York: The Free Press.

Hilton, Ann. 1980. Relationships between classroom theory and clinical practice. Nursing Papers 12(3): 20-23.

Horvath, Frances L. 1983. Rights and responsibilities in the accreditation process. Journal of Allied Health 12(4): 245-248.

Huston, Carol J. 1986. Preparing for student grievances. Nursing Outlook 6(34): 304.

Infante, Mary Sue. 1986. The conflicting roles of nurse and nurse educator. Nursing Outlook 2(34): 94-96.

Iovacchini, Eric V. 1981. The impact of recent academic due process decisions on counsellor education programs. Counsellor Education and Supervision, 20(3): 163-171.

Irby, David M., Jane I. Fantel, Steven D. Milam, and M. Roy Schwarz. 1981. Legal guidelines for evaluating and dismissing medical students. New England Journal of Medicine 304(3): 180-184.

Irby, David M. 1981. Faculty rights and responsibilities in evaluating and dismissing medical students. Journal of College and University Law 8(1): 102-119.

Irby, David M. 1978. Trends in clinical evaluation. In Evaluating Clinical Competence in the Health Professions. M.K. Morgan, ed. St. Louis: C.V. Mosby Co.

Jenkins, H.M. 1985. Improving clinical decision making in nursing. Journal of Nursing Education 6(24): 242-243.

Jennings, Eileen K. 1980. Breach of contract suits by students against postsecondary education institutions: Can they succeed? Ph. D. diss., University of Nebraska.

Jennings, Eileen K. 1980-1. Breach of contract suits by students against post secondary educational institutions: Can they succeed? Journal of College and University Law 1980-1 (3-4): 191-221.

Johnson, Dale M., and Mary J. Wilhite. 1973. Reliability and validity of subjective evaluation of baccalaureate program nursing students. Nursing Research 22(3): 257-262.

Jorgensen, Cynthia A. 1979. Donohue v. Copiague Union Free School District: New York chooses not to recognize "educational malpractice." Albany Law Review 43(2): 339-359.

Judis, Joseph. 1982. Cautions on the use of student evaluations of teaching. Journal of Allied Health 11(1): 43-48.

Jung, Steven, and Susan L. McBain. 1980. Protecting students from educational malpractice: Focus on NCA. North Central Association Quarterly 54(Winter): 344-348.

Kapp, Marshall B. 1981. Legal issues in faculty evaluation of student clinical performance. Journal of Medical Education 56(7): 559-564.

Karuhije, Harriett F. 1986. Educational preparation for clinical teaching: Perceptions of the nurse educator. Journal of Nursing Education 4(25): 137-144.

Kelly, Lucie Young. 1977. Credentialing of health care personnel. Nursing Outlook 25(9): 562-569.

Kelly, Sister Margaret John. 1981. Hospital - college education contracts ensure mutual protection. Hospitals 55 (January 16): 95-96+.

Kirk, Jerome, and Marc L. Miller. 1986. Reliability and Validity in Qualitative Research. Vol. 1, Qualitative Research Methods. Beverly Hills: Sage Publications.

Klein, Alice J. 1979. Educational malpractice: Can the judiciary remedy the growing problem of functional illiteracy? Suffolk University Law Review 13(1): 27-62.

Kowalski, C.J. 1977. Some legal aspects of higher education. College Student Journal 11(Fall): 277-284.

Krivy, Gary Joseph Paul. 1982. The legal rights and responsibilities of university students in Canada. Ph D. diss., University of Arizona.

LaMorte, Michael W., and Robert B. Meadows. 1979. Educationally sound due process in academic affairs. Journal of Law and Education 8(4): 197-214.

Lampkin, Noveta, Thomas m. Cannon, Jr., and S. Louis Fairchild. 1985. Crisis intervention: When the client is a nursing student. Journal of Nursing Education 4(24): 148-150.

Leftwich, Robert E. 1983. The nurse as grievance officer. Journal of Nursing Education 22(7): 301-3.

Lenninger, Madeleine M. ed. 1985. Qualitative Research Methods in Nursing. Orlando: Glrune & Stratton, Inc.

Leja, Alfred E., and Don Sikkink. 1976. Developing a grading appeals policy. Improving College University Teaching 24(Spring): 91-92.

Lerblance, Penn. 1979. Legal and educational aspects of student dismissals: A view from the Law School. Southwestern Law Journal 33(2): 605-633.

Logsdon, Jann B., Patricia K. Lacefield, and Mary Jo Clark. 1979. The development of an academic grievance procedure. Nursing Outlook 27(3): 184-190.

MacKay, A. Wayne. 1984. Education Law In Canada. Toronto: Emond-Montgomery Publications Limited.

Magsino, Romulo F. 1980. Student rights in Newfoundland and the U.S.: A comparative study. MORN Watch 7(3-4): 11-19.

Magsino, Romulo F. 1978. Student rights in Canada: Nonsense upon stilts? Interchange 112(52): 77-78.

Majorowicz, Karen. 1986. Clinical grades and the grievance process. Nurse Educator 2(11): 36-40.

Mancuso, John Henry. 1976. Legal rights to reasonable rules, fair grades, and quality courses. In Promoting Consumer Protection for Students. J. Stark, ed. San Francisco: Jossey-Bass Inc.

Mancuso, John Henry. 1978. Consumerism on campus: An analysis of the student's legal rights to accurate grades, fair academic treatment, and quality educational services. Ph. D., diss., Syracuse University.

Marienfeld, R. Dennis, and John C. Reid. 1980. Subjective vs. objective evaluation of clinical clerks. New England Journal of Medicine 302(18): 1036-1037.

Marx, Charles A. 1983. A study of the litigation concerning academic dismissal and the implications for scholastic requirements policies at selected institutions of higher education in Mississippi. Ph. D. diss., The University of Mississippi.

Mason, Greg, Brian Mcpherson, Derek Hum, and Lance Roberts. 1983. Survey Research Methods, 2nd edition. Institute for Social and Economic Research, Faculty of Arts. The University of Manitoba.

Mass, Michael A. 1980. Due process rights of students: limitations on Goss v. Lopez -- a retreat out of the "thicket." Journal of Law and Education 9(4): 449-462.

Mattingly, Stephen L., and Donald D. Gehring. 1980. The dental educator and the law. Journal of Dental Education 44(8): 478-483.

Mazzarella, JoAnn. 1982. Self-defense for principals: On staying out of court. Principal 62(2): 22-26.

McCarthy, M.M. 1985. Legal challenges to academic decisions in higher education. College and University 60(2): 99-112.

McFadden, Ellen A. 1986. Clinical decision making and its relationship to learning style and personality type. Ph. D. diss., University of Maryland.

McGhehey, M.A. ed. 1980. School Law in Contemporary Society. Kansas: National Organization on Legal Problems of Education.

Miliam, S.D. and R.D. Marshall. 1987. Impact of regents of the University of Michigan v. Ewing on academic dismissals from graduate and professional schools. Journal of College and University Law 13(4): 335-352.

Miller, Sister Patricia. 1982. Student grade appeals -- procedure and process. Journal of Nursing Education 21(6): 34-38.

Miller, Sister Patricia. 1981. Facilitating student grade appeal hearings. Nursing Outlook 29(3): 186-188.

Moore, Robert N., David A. Nash, and John O. Andes. 1980. Academic and disciplinary dismissal in dental education: The legal basis. Journal of Dental Education 44(12): 705-711.

Murphy, Juanita F., and Rosemarie Sandling. 1978. Educational administration: Due process for student grievances. Journal of Nursing Administration 8(11): 39-43.

Nadelson, Carol. 1983. Emerging issues for college students in the 1980s'. Journal of American College Health 31 (Feb.): 177-84.

Nash, David A., Robert N. Moore, and John O. Andes. 1981. Academic dismissal for clinical reasons: Implications of the Horowitz case. Journal of Dental Education 45(3): 150-155.

National League for Nursing. 1977. Accountability: The Obligation of the Educational Institution to the Consumer. Publication No. 23-1690, New York: National League for Nursing.

New England Journal of Medicine. 1980. Subjective vs. objective evaluation of clinical clerks. New England Journal of Medicine 303(15): 890-891.

Niedringhaus Linda, and Dorothy L. O'Driscoll. 1983. Staying within the law -- academic probation and dismissal. Nursing Outlook 31(3): 156-159.

Nordin, Virginia Davis. 1981-2. The contract to educate: Towards a more workable theory of the student-university relationship. Journal of College and University Law 8(2): 141-181.

Orlich, Donald C. 1978. Designing Sensible Surveys. New York: Redgrave Publishing Company.

Owens, Hilda F. 1980. They'll take you to court if you don't watch out. Community and Junior College Journal 51(October): 12-16.

Ozimek, Dorothy, and Helen Yura. 1977. Students Have Responsibilities as Well as Rights. Publication No. 15-1666. New York: National League for Nursing.

Pabian, Jay M. 1979-80. Educational malpractice and minimal competency testing: Is there a legal remedy at last? New England Law Review 15(1): 101-127.

Patterson, Arlene H. 1980. Professional malpractice: Small cloud but growing bigger. Phi Delta Kappan 62(3): 193-196.

Pavela, Gary. 1978. Judicial review of academic decisionmaking after Horowitz. NOPLE School Law Journal 8(1): 55-75.

Polit, Denise, and Bernadette Hungler. 1983. Nursing Research: Principles and Methods, 2nd edition. Philadelphia: J.B. Lippincott Company.

Pollok, Clementine S., Gaye W. Poteet, and Wayne L. Whelan. 1983. Diminishing faculty liability. Nurse Educator 8(1): 31-34.

Pollok, Clementine S., Gaye W. Poteet, and Wayne L. Whelan. 1977. Faculty have rights too. American Journal of Nursing 77(4): 636-638.

Pollok, Clementine S., Gaye W. Poteet, and Wayne L. Whelan. 1976. Student rights. American Journal of Nursing 76(4): 600-603.

Poteet, Gaye W., and Clementine S. Pollok. 1981. The legal side: When a student fails clinical. American Journal of Nursing 81(10): 1889-1890.

Pyler, Chris Parnell. 1978. The grievance appeals process in the State University of Florida: A case study. Ph. D. diss., The Florida State University.

Ray, Laura Krugman. 1981. Toward contractual rights for college students. Journal of Law and Education 10(2): 163-189.

Regan, William Andrew. 1983. Student nurses: Accidents and nursing school liability. Regan Report on Nursing Law 24(7).

Regan, William Andrew. 1983. Nursing education and students' rights: Legalities. Regan Report on Nursing Law 24(3).

Regan, William Andrew. 1983. Nurse educators: Supervision and liability. Regan Report on Nursing Law 19(2).

Repp, Susan elaine Clarks. 1980. Factors which differentiate between successful and dismissed students on academic probation at Central Michigan University. Ph. D. diss., Michigan State University.

Richardson, Richard C. Jr., and Edward Johnson. 1980. Narrowing the limits of administrative discretion. Peabody Journal of Education (October):22-26

Roberts, R.N. 1986. Public university responses to academic dishonesty: Disciplinary or academic. Journal of Law and Education 15(4): 369-384.

Robinson, Karen, and Sharon Bridgewater. 1979. Named in a grievance: It happened to us. Nursing Outlook 27(3): 191-194.

Rozovsky, Lorne E. 1973. The hospital's responsibility for students in training. Canadian Hospital 50(17):17-8.

Sadler, D.R. 1983. Evaluation and the improvement of academic learning. Journal of Higher Education, 54(1): 60-79.

Saylor, Coleen Rae. 1987. Organizational evaluation and professional education: Clinical evaluation of nursing students. Ph. D. diss., Stanford University.

Schurr, George M. 1982. Toward a code of ethics for academics. Journal of Higher Education 53(3): 318-334.

Scott, N.W. 1977. Legal implications of administrative decisions. Saskatchewan Administrator 9(4): 11-21.

Sepler, Harvey J. 1981. A comparative analysis of malpractice litigation. Phi Delta Kappan 63(3):191.

Shaffer, Roberta. 1984. "Legal Resources for Higher Education Law: A Review Essay". Monograph 84-3. Institute for Higher Education Law and Governance. Houston: University of Houston.

Sherman, Morris, and Perry Zirkel. 1980. Student discrimination in higher education: A review of the law. Journal of Law and Education 9 (8): 301-341.

Shubert, Janelle, and Joseph Folger. 1980. Handling student grievances in higher education. In Resolving Conflict in Higher Education. New Directions for Higher Education No. 32: 43-48. San Francisco: Jossey-Bass Inc.

Snyder, John R., and Jana C. Wilson. 1983. Faculty development for clinical instructors in Allied Health: An inservice approach. Journal of Allied Health 12 (1): 31-40.

Sorenson, Gail Paulus. "Teaching Higher Education Law: A Review Essay." Monograph 84-2. Institute for Higher Education Law and Governance. Houston: University of Houston.

Spink,Linda Muh. 1983. Due process in academic dismissal. Journal of Nursing Education 22(7): 305-306.

Spiro, George W. 1978. Legal process in educational institutions: A proposal for strengthening intra-university legal systems. NOPLE School Law Journal 8(1): 40-54.

Stahl, Adelle G. 1974. State Boards of Nursing: Legal aspects. Nursing Clinics of North America 9(3): 505-512.

Stainton, M. Colleen. 1983. A format for recording the clinical performance of nursing students. Journal of Nursing Education 22(3): 114-6.

Stark, Joan S. 1976. Promoting Consumer Protection for Students. New Directions for Higher Education. San Francisco: Jossey-Bass Inc.

Strader, Marlene K. 1985. Malpractice and nurse educators: Defining legal responsibilities. Journal of Nursing Education 9(24): 363-367.

Thorne, Gaylord L. 1983. Measuring student learning. Nurse Educator 8(3): 7-10.

Turabian, Kate L. 1987, A Manual For Writers of Term Papers, Theses, and Dissertations, 5th edition. Chicago: The University of Chicago Press.

Vernon, Enid L. 1979. Due process flexibility in academic dismissals: Horowitz and beyond. Journal of Law and Education 8(1): 45-54.

Wood, Vivian. 1971. The borderline student nurse. Nursing Papers 3(2): 15-26.

Woodside, Donna Jean. 1981. Concern and knowledge of baccalaureate nurse educators for the legal aspects of student evaluation and failure. Ed. D. diss., University of Cincinnati.

Woolley, Alma S. 1977. The long and tortured history of clinical evaluation. Nursing Outlook 25(5): 308-315.

Yogis, J.A. 1983. Canadian Law Dictionary. New York: Barron's Educational Series, Inc.

Young, D.P. ed. 1981. Yearbook of Higher Education Law. National Organization on Legal Problems of Education. Topeka, Kansas.

LEGAL CASES

Brookins v. Bonnell (1973), 362 F. Supp. 379.

Donohue v. Copiague Union Free School District, (1978) 407 N.Y.S. (2d) 874, A.D. 2d 29

Harelkin v. University of Regina (1979), 96 D.L.R. (3d) 14.

Kane v. Board of governors University of British Columbia, (1980) 110 D.L.R. (3d) 311 (S.C.C.)

Peter W. v. San Francisco Unified School District, (1976) 60 C.A. 3d 814, 131 Cal. Rptr. 854

Polten v. Governing Council of University of Toronto (1976), 8 O.R. (2d) 749.

APPENDIX A

INSTRUMENT-1: TO ASSESS ADMINISTRATIVE STRUCTURES AND PROCEDURES

A SURVEY OF THE ADMINISTRATIVE STRUCTURES AND PROCEDURES DEALING WITH CLINICAL FAILURE OF STUDENTS IN CANADIAN NURSING PROGRAMS

INTRODUCTION

The purpose of this survey is to gain an understanding of the student evaluation and review mechanisms in place in both your nursing program and your overall institution. You, as head of the nursing program are requested to complete this survey. If you delegate completion of this survey to another member of your program, please ensure that that individual has sufficient knowledge of both program and institutional student appeal systems to respond accurately to the questions.

The ANONYMITY of the nursing program, the institution, and the students will be preserved. Program numbers will be used only for the purpose of follow up of respondents by the researcher.

NOTE: THIS STUDY IS RESTRICTED TO DIPLOMA AND GENERIC BACCALAUREATE NURSING PROGRAMS ONLY.

SECTION A - GENERAL INFORMATION

1. In which province is your institution located?
Check only one.

( ) BRITISH COLUMBIA
( ) ALBERTA
( ) SASKATCHEWAN
( ) MANITOBA
( ) ONTARIO
( ) NEW BRUNSWICK
( ) NOVA SCOTIA
( ) PRINCE EDWARD ISLAND
( ) NEWFOUNDLAND

2. In what type of institution is your nursing program located?
Check only one.

( ) HOSPITAL
( ) COLLEGE
( ) TECHNICAL INSTITUTE
( ) UNIVERSITY
( ) OTHER -- Please explain:_____

_____

3. What is the total student enrollment of your institution? (if your nursing program is part of a larger educational institution) *Check only one.*

( )	0 - 499	( )	5000 - 5999
( )	500 - 999	( )	6000 - 6999
( )	1000 - 1499	( )	7000 - 7999
( )	1500 - 1999	( )	8000 - 8999
( )	2000 - 2499	( )	9000 - 9999
( )	2500 - 2999	( )	10000 - 14999
( )	3000 - 3999	( )	15000 +
( )	4000 - 4999	( )	NOT APPLICABLE

4. What type(s) of nursing program(s) does your institution offer? *Check ALL which apply.*

( ) DIPLOMA
( ) GENERIC BACCALAUREATE
( ) POST R.N. BACCALAUREATE
( ) MASTERS
( ) OTHER --- Please specify: _____

_____

5. What is the approximate student enrollment in each of your nursing programs? *Fill in space next to each program.*

(_____) DIPLOMA
(_____) GENERIC BACCALAUREATE
(_____) NON-GENERIC BACCALAUREATE
(_____) MASTER'S
(_____) OTHER

6. What is the average age of nursing students entering your nursing program(s) during the 1984-1985 academic year?

DIPLOMA		BACCALAUREATE
( )	16 - 18 YEARS	( )
( )	19 - 21 YEARS	( )
( )	22 - 24 YEARS	( )
( )	25 - 27 YEARS	( )
( )	28 - 30 YEARS	( )
( )	31 - 33 YEARS	( )
( )	34 + YEARS	( )

SECTION B - ASSESSMENT OF STUDENTS' CLINICAL PERFORMANCE

7. Are your nursing program policies and/or procedures dealing with the evaluation of students' clinical performance: *Check ALL which apply.*

( ) WRITTEN?
( ) UNWRITTEN?
( ) APPLIED CONSISTENTLY TO ALL NURSING STUDENTS?
( ) ADAPTED TO INDIVIDUAL NURSING STUDENT SITUATIONS?
( ) OTHER? --- Please describe: _____

_____

8. At the end of the clinical experience for a course, are the decisions about nursing students' performance made IN THE NURSING PROGRAM BY:

( ) MORE THAN ONE INSTRUCTOR
( ) ONLY ONE INSTRUCTOR

Go to Q.10

9. The decision about a student's clinical performance is made by the student's clinical instructor and: *Check ALL which apply.*

( ) REGISTERED NURSES SUPERVISING THE STUDENT IN THE CLINICAL SETTING
( ) AN INDIVIDUAL EVALUATOR, WHO IS NOT THE INSTRUCTOR
( ) THE IMMEDIATE SUPERVISOR OF THE INSTRUCTOR
( ) THE PROGRAM HEAD
( ) A NURSING FACULTY COMMITTEE
( ) THE TOTAL FACULTY (of the nursing program)
( ) OTHER --- Please explain: _____

_____

10. Are the clinical performance decisions reviewed by any other faculty members in the nursing program?

( ) YES ( ) NO

Q.12

11. During this review, the clinical performance of which students is considered? *Check ALL which apply.*

( ) ALL STUDENTS PARTICIPATING IN THE SAME CLINICAL COURSE
( ) THOSE STUDENTS WHO ARE BEING CONSIDERED FOR A FAILURE IN THE CLINICAL COURSE
( ) THOSE STUDENTS WHO HAVE HAD DIFFICULTY IN MEETING THE CLINICAL COURSE OBJECTIVES
( ) OTHER --- Please describe: _____

_____

12. Are nursing program policies and/or procedures for the evaluation of student clinical performance: *Check ALL which apply.*

( ) IDENTICAL TO INSTITUTIONAL POLICIES AND/OR PROCEDURES?
( ) DIFFERENT FROM INSTITUTIONAL POLICIES AND/OR PROCEDURES?
( ) A MODIFICATION OF INSTITUTIONAL POLICIES AND/OR PROCEDURES?
( ) MORE SPECIFIC THAN INSTITUTIONAL POLICIES AND/OR PROCEDURES?
( ) LESS SPECIFIC THAN INSTITUTIONAL POLICIES AND/OR PROCEDURES?
( ) THE ONLY POLICIES AND/OR PROCEDURES WITHIN THE INSTITUTION?
( ) NON-EXISTENT?
( ) OTHER? --- Please describe: _____

_____

13. Are any student clinical performance decisions made in your nursing program ROUTINELY reviewed outside of your nursing program (but still within the institution)?

( ) YES ( ) NO

SECTION C

14. When does this review occur? *Check ALL which apply.*

( ) AT THE END OF A TERM OR SEMESTER
( ) AT THE END OF AN ACADEMIC YEAR
( ) AT THE MID-POINT OF A TERM OR SEMESTER
( ) AT THE MID-POINT OF AN ADADEMIC YEAR
( ) AT THE END OF THE NURSING PROGRAM
( ) OTHER --- Please describe: _____

_____

15. During this institutional review which nursing students' clinical performance are considered? *Check ALL which apply.*

( ) ALL STUDENTS PARTICIPATING IN THE SAME CLINICAL COURSE
( ) THOSE STUDENTS WHO ARE BEING CONSIDERED FOR A FAILURE IN THE CLINICAL COURSE
( ) THOSE STUDENTS WHO HAVE HAD DIFFICULTY IN MEETING THE CLINICAL COURSE OBJECTIVES
( ) OTHER --- Please describe: _____

_____

16. These students' clinical performance decisions are reviewed by: *Check ALL which apply.*

( ) DEAN OF DIVISION, SCHOOL, OR FACULTY
( ) DIRECTOR OF PROGRAM, OR SCHOOL
( ) INSTITUTIONAL COMMITTEE, whose membership includes: _____

_____

_____

( ) A REVIEW PANEL, composed of: _____

_____

_____

( ) OTHER --- Please explain: _____

_____

_____

17. Is a student given an opportunity to question his or her clinical evaluation?

( ) YES ( ) NO → *SECTION D*

SECTION C - INFORMAL GRIEVANCE REVIEW OF STUDENT CLINICAL PERFORMANCE DECISIONS

In this survey an informal appeal initiated by a student who is dissatisfied with his or her clinical evaluation is referred to as a GRIEVANCE REVIEW.

18. The length of time between when a student receives his or her clinical evaluation and when he or she must request a GRIEVANCE REVIEW is: *Check only one.*

( ) SPECIFIED IN NURSING PROGRAM POLICY AND/OR PROCEDURES
( ) SPECIFIED IN INSTITUTIONAL POLICY AND/OR PROCEDURES
( ) NOT SPECIFIED

19. When a student wishes to initiate a GRIEVANCE REVIEW, whom should he or she initially contact? *Check only one.*

( ) HIS OR HER CLINICAL INSTRUCTOR
( ) CHAIRPERSON OF A NURSING PROGRAM STANDING COMMITTEE
( ) HEAD OF THE NURSING PROGRAM
( ) REGISTRAR OF THE INSTITUTION
( ) HEAD OF THE INSTITUTION
( ) OTHER --- Please explain: _____

_____

20. Procedures for a GRIEVANCE REVIEW are: *Check ALL which apply.*

( ) WRITTEN
( ) UNWRITTEN
( ) FOLLOWED CONSISTENTLY
( ) ADAPTED TO INDIVIDUAL SITUATIONS
( ) OTHER --- Please explain: _____

_____

21. Which documents are assessed during the GRIEVANCE REVIEW? *Check ALL which apply.*

( ) THE STUDENT'S CLINICAL EVALUATION REPORT
( ) ANECDOTAL NOTES ABOUT THE STUDENT'S CLINICAL PERFORMANCE
( ) THE STUDENT'S WRITTEN ASSIGNMENTS FOR THE COURSE
( ) THE STUDENT'S PREVIOUS CLINICAL EVALUATION REPORTS
( ) THE STUDENT'S ENTIRE FILE
( ) OTHER --- Please describe: _____

_____

22. Who conducts this GRIEVANCE REVIEW? *Check only one.*

( ) THE STUDENT'S CLINICAL INSTRUCTOR
( ) AN IMPARTIAL NURSING INSTRUCTOR
( ) A NURSING PROGRAM STANDING COMMITTEE
( ) A SPECIAL GRIEVANCE REVIEW PANEL
( ) A HEARING OFFICER
( ) OTHER --- Please explain: _____

_____

23. To what aspect of the student's clinical performance decision is the GRIEVANCE REVIEW directed? *Check ALL which apply.*

( ) THE VALIDITY OF OBSERVATIONS MADE BY THE ORIGINAL EVALUATOR AND WHICH ARE USED TO DETERMINE THE EVALUATION OUTCOME
( ) THE FAIRNESS AND REASONABLENESS OF THE EVALUATION OUTCOME
( ) THE PROCEDURES USED DURING THE EVALUATION OF THE STUDENT
( ) OTHER --- Please describe: _____

_____

24. Are individuals interviewed as part of this GRIEVANCE REVIEW process?

( ) YES ( ) NO

Q.30

25. Who is usually interviewed? *Check ALL which apply.*

( ) THE STUDENT
( ) THE STUDENT'S PEERS
( ) THE STUDENT'S CLINICAL INSTRUCTOR(S)
( ) OTHER --- Please explain: _____

_____

26. Is the student able to bring an advisor to a GRIEVANCE REVIEW?

( ) YES ( ) NO → *Q.28*

27. This advisor may be: *Check ALL which apply.*

( ) A LAWYER
( ) NOT A LAWYER
( ) AN ACTIVE PARTICIPANT IN THE GRIEVANCE REVIEW
( ) ONLY A PASSIVE PARTICIPANT IN THE GRIEVANCE REVIEW
( ) AN ACTIVE PARTICIPANT IF REQUESTED TO BE BY THE PERSON CONDUCTING THE GRIEVANCE REVIEW
( ) OTHER --- Please explain: _____

_____

28. Is the student's clinical instructor able to bring an advisor to the GRIEVANCE REVIEW?

( ) YES ( ) NO → *Q.30*

29. This advisor may be: *Check ALL which apply.*

( ) A LAWYER
( ) NOT A LAWYER
( ) AN ACTIVE PARTICIPANT IN THE GRIEVANCE REVIEW
( ) ONLY A PASSIVE PARTICIPANT IN THE GRIEVANCE REVIEW
( ) AN ACTIVE PARTICIPANT IF REQUESTED TO BE BY THE PERSON CONDUCTING THE GRIEVANCE REVIEW
( ) OTHER --- Please explain: _____

_____

30. Is the student able to provide a written submission to substantiate his or her reasons for requesting the review to the grievance reviewer(s)?

( ) YES ( ) NO

31. Is the student's clinical instructor able to provide a written submission in support of his or her reasons for making the clinical evaluation decision?

( ) YES ( ) NO

32. Documentation of a GRIEVANCE REVIEW involves: *Check ALL which apply.*

( ) TAPE RECORDING OF THE GRIEVANCE REVIEW
( ) PREPARING A WRITTEN TRANSCRIPT OF THE GRIEVANCE REVIEW
( ) PREPARING A WRITTEN SUMMARY OF THE GRIEVANCE REVIEW
( ) OTHER --- Please explain: _____

_____

33. In what form is the outcome of a GRIEVANCE REVIEW reported? *Check only one.*

( ) AS A RECOMMENDATION
( ) AS A SUMMARY OF FINDINGS
( ) AS A DECISION
( ) OTHER --- Please describe: _____

_____

34. The outcome of a GRIEVANCE REVIEW is reported to: *Check ALL which apply.*

( ) THE STUDENT
( ) THE STUDENT'S CLINICAL INSTRUCTOR(S)
( ) A NURSING PROGRAM STANDING COMMITTEE
( ) HEAD OF THE NURSING PROGRAM
( ) HEAD OF THE INSTITUTION
( ) REGISTRAR OF THE INSTITUTION
( ) DEAN OF DIVISION, SCHOOL, OR FACULTY
( ) OTHER --- Please explain: _____

_____

35. If a student disagrees with the outcome of his or her GRIEVANCE REVIEW is there a FORMAL APPEAL PROCESS in your nursing program?

( ) YES ( ) NO → *SECTION E*

SECTION D - FORMAL APPEAL HEARING OF STUDENT CLINICAL PERFORMANCE DECISIONS

In this survey a formal reconsideration of a student's clinical evaluation is referred to as an APPEAL HEARING. This hearing involves the presentation of materials related to the evaluation by all parties involved in the dispute. This presentation is generally made to either a hearing officer or an impartial panel composed of both nurses and non-nurses.

36. The length of time between when a student receives his or her clinical evaluation or outcome of a GRIEVANCE REVIEW and when he or she may request an APPEAL HEARING is: *Check ALL which apply.*

( ) SPECIFIED IN NURSING PROGRAM POLICY AND/OR PROCEDURES
( ) SPECIFIED IN INSTITUTIONAL POLICY AND/OR PROCEDURES
( ) NOT SPECIFIED

37. Procedures for an APPEAL HEARING are: *Check ALL which apply*

( ) WRITTEN
( ) UNWRITTEN
( ) FOLLOWED CONSISTENTLY
( ) ADAPTED TO INDIVIDUAL SITUATIONS
( ) OTHER --- Please describe: _____

_____

38. Procedures for the APPEAL HEARING include: *Check ALL which apply.*

( ) INTERVIEWING THE STUDENT IN THE PRESENCE OF THE CLINICAL INSTRUCTOR(S)
( ) INTERVIEWING THE CLINICAL INSTRUCTOR(S) IN THE PRESENCE OF THE STUDENT
( ) INTERVIEWING THE CLINICAL INSTRUCTOR(S) ALONE
( ) INTERVIEWING THE STUDENT ALONE
( ) OTHER --- Please describe: _____

_____

39. The APPEAL HEARING PANEL for a nursing student's clinical evaluation is usually composed of: *Check ALL which apply.*

( ) STUDENTS
( ) NURSING FACULTY FROM THE NURSING PROGRAM
( ) NURSING EDUCATOR FROM OUTSIDE THE INSTITUTION
( ) NON-NURSING FACULTY MEMBERS
( ) A HEARING OFFICER
( ) THE HEAD OF THE INSTITUTION
( ) IMMEDIATE SUPERVISOR OF THE NURSING PROGRAM HEAD
( ) THE HEAD OF THE NURSING PROGRAM
( ) OTHER --- Please describe: _____

_____

40. To what aspect of the student's clinical performance decision is the APPEAL HEARING directed: *Check ALL which apply.*

( ) THE VALIDITY OF OBSERVATIONS MADE BY THE ORIGINAL EVALUATOR AND USED TO DETERMINE THE EVALUATION OUTCOME
( ) THE FAIRNESS AND REASONABLENESS OF THE EVALUATION OUTCOME
( ) THE PROCEDURES USED DURING THE EVALUATION OF THE STUDENT
( ) OTHER --- Please describe: _____

_____

41. Are individuals interviewed as part of this APPEAL HEARING?

( ) YES ( ) NO → *Q.47*

42. Who is usually interviewed? *Check ALL which apply.*

( ) THE STUDENT
( ) THE STUDENT'S PEERS
( ) THE STUDENT'S CLINICAL INSTRUCTOR(S)
( ) THE HEAD OF THE NURSING PROGRAM
( ) INDIVIDUAL(S) WHO CONDUCTED THE GRIEVANCE REVIEW
( ) OTHER --- Please explain: _____

_____

43. Has a student the right to an advisor at an APPEAL HEARING?

( ) YES ( ) NO → Q.45

44. This advisor may be: *Check ALL which apply.*

( ) A LAWYER
( ) NOT A LAWYER
( ) AN ACTIVE PARTICIPANT IN THE HEARING
( ) ONLY A PASSIVE PARTICIPANT IN THE HEARING
( ) AN ACTIVE PARTICIPANT IF REQUESTED TO BE BY THE PANEL OR HEARING OFFICER
( ) OTHER --- Please explain: _____

_____

45. Is the student's clinical instructor able to bring an advisor to the APPEAL HEARING?

( ) YES ( ) NO → Q.47

46. This advisor may be: *Check ALL which apply.*

( ) A LAWYER
( ) NOT A LAWYER
( ) AN ACTIVE PARTICIPANT IN THE APPEAL HEARING
( ) ONLY A PASSIVE PARTICIPANT IN THE APPEAL HEARING
( ) AN ACTIVE PARTICIPANT IF REQUESTED TO BE BY THE PERSON CONDUCTING THE APPEAL HEARING
( ) OTHER --- Please describe: _____

_____

47. What documents are permitted to be assessed at the APPEAL HEARING? *Check ALL which apply.*

( ) A WRITTEN SUBMISSION BY THE HEAD OF THE NURSING PROGRAM
( ) A WRITTEN SUBMISSION BY THE CLINICAL INSTRUCTOR(S)
( ) A WRITTEN SUBMISSION BY THE STUDENT
( ) A WRITTEN SUBMISSION BY THE STUDENT'S ADVISOR
( ) THE STUDENT'S EVALUATION REPORT
( ) ANECDOTAL NOTES ABOUT THE STUDENT'S CLINICAL PERFORMANCE
( ) THE STUDENT'S WRITTEN ASSIGNMENTS
( ) THE STUDENT'S PREVIOUS EVALUATION REPORTS
( ) THE STUDENT'S ENTIRE FILE
( ) OTHER --- Please describe: _____

_____

48. Evidence which is permitted in such a hearing is: *Check ALL which apply.*

( ) INVITED BY THE HEARING OFFICER
( ) INVITED BY THE HEARING PANEL
( ) INVITED BY THE STUDENT
( ) INVITED BY THE CLINICAL INSTRUCTOR(S)
( ) INVITED BY THE HEAD OF THE NURSING PROGRAM
( ) OTHER --- Please describe: _____

_____

( ) NOT SPECIFIED

49. Witnesses who are permitted to be present at an APPEAL HEARING are: *Check ALL which apply.*

( ) INVITED BY THE HEARING OFFICER
( ) INVITED BY THE HEARING PANEL
( ) INVITED BY THE STUDENT
( ) INVITED BY THE CLINICAL INSTRUCTOR(S)
( ) INVITED BY THE HEAD OF THE NURSING PROGRAM
( ) OTHER --- Please describe: _____

_____

( ) NOT SPECIFIED

50. Such an APPEAL HEARING is: *Check only one.*

( ) OPEN TO THE PUBLIC
( ) CLOSED TO THE PUBLIC
( ) NORMALLY OPEN, CAN BE CLOSED AT THE STUDENT'S REQUEST
( ) NORMALLY CLOSED, CAN BE OPEN AT THE STUDENT'S REQUEST

51. Documentation of an APPEAL HEARING involves:
Check ALL which apply.

( ) TAPE RECORDING OF THE HEARING PROCEEDINGS
( ) PREPARING A WRITTEN TRANSCRIPT OF THE HEARING
( ) PREPARING A WRITTEN SUMMARY OF THE HEARING
( ) OTHER --- Please describe: _____

_____

52. In what form is the outcome of an APPEAL HEARING reported?
Check only one.

( ) AS A RECOMMENDATION
( ) AS A SUMMARY OF FINDINGS
( ) AS A DECISION
( ) OTHER --- Please describe: _____

_____

53. The outcome of an APPEAL HEARING is reported to: *Check ALL which apply.*

( ) THE STUDENT
( ) THE STUDENT'S CLINICAL INSTRUCTOR(S)
( ) HEAD OF THE NURSING PROGRAM
( ) REGISTRAR OF THE INSTITUTION
( ) DEAN OF DIVISION, SCHOOL, OR FACULTY
( ) HEAD OF THE INSTITUTION
( ) OTHER --- Please specify: _____

_____

54. The student is informed of the outcome of the APPEAL HEARING by the:
Check only one.

( ) CHAIRPERSON OF THE APPEAL HEARING PANEL
( ) HEARING OFFICER
( ) HEAD OF THE INSTITUTION
( ) IMMEDIATE SUPERVISOR OF NURSING PROGRAM HEAD
( ) OTHER --- Please describe: _____

_____

55. The APPEAL HEARING officer or panel have the power to: *Check only one.*

( ) ONLY MAKE RECOMMENDATIONS FOR THE NURSING FACULTY TO CONSIDER
( ) ONLY MAKE A DECISION AS TO THE FAIRNESS OR REASONABLENESS OF THE CLINICAL EVALUATION
( ) CHANGE A NURSING STUDENT'S CLINICAL MARK
( ) OTHER --- Please describe: _____

_____

56. The outcome of the APPEAL HEARING is placed on the student's file.

( ) YES ( ) NO → *Q.57*

57. Resulting documentation from the APPEAL HEARING which is placed on the student's file includes: *Check ALL which apply.*

( ) A COPY OF THE HEARING DECISION
( ) A COPY OF THE HEARING PROCEEDINGS
( ) A SUMMARY OF THE HEARING PROCEEDINGS
( ) OTHER --- Please describe: _____

_____

58. If a student disagrees with the APPEAL HEARING outcome, is there another level of appeal within the institution?

( ) YES ( ) NO → *END OF QUESTIONS*

SECTION E - INSTITUTIONAL STUDENT APPEAL

This section refers to appeal procedures which are beyond the FORMAL APPEAL HEARING.

59. Is the requirement for this INSTITUTIONAL STUDENT APPEAL specified in the Legislative Act governing your institution?

( ) YES ( ) NO → *Q.60*

60. What is the title of this ACT?

_____

_____

61. Students, in your institution, are made aware that such an INSTITUTIONAL STUDENT APPEAL is available through: *Check all which apply.*

( ) INSTITUTION'S CALENDAR
( ) STUDENT HANDBOOK
( ) STUDENT NEWSPAPER
( ) STUDENT ORIENTATION MATERIALS
( ) INSTITUTION'S POLICY AND/OR PROCEDURE MANUAL
( ) STUDENTS ARE NOT MADE AWARE OF SUCH AN APPEAL
( ) OTHER --- Please describe: _____

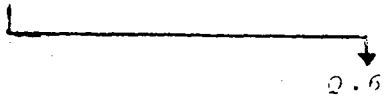
_____

62. The length of time between when a student receives his or her clinical evaluation, outcome of a GRIEVANCE REVIEW, or outcome of an APPEAL HEARING and when he or she may request an INSTITUTIONAL STUDENT APPEAL is: *Check only one.*

( ) SPECIFIED IN THE LEGISLATIVE ACT GOVERNING THE INSTITUTION
( ) SPECIFIED IN INSTITUTIONAL POLICY AND/OR PROCEDURES
( ) NOT SPECIFIED

63. Documentation used during the INSTITUTIONAL STUDENT APPEAL is restricted to the transcripts and summaries of the GRIEVANCE REVIEW and the APPEAL HEARING.

( ) YES ( ) NO



Q.64

64. Which additional documents are assessed: *Check ALL which apply.*

( ) THE STUDENT'S CLINICAL EVALUATION REPORT
( ) ANECDOTAL NOTES ABOUT THE STUDENT'S CLINICAL PERFORMANCE
( ) THE STUDENT'S WRITTEN ASSIGNMENTS FOR THE COURSE
( ) THE STUDENT'S ENTIRE FILE
( ) A WRITTEN SUBMISSION BY THE HEAD OF THE NURSING PROGRAM
( ) A WRITTEN SUBMISSION BY THE CLINICAL INSTRUCTOR(S)
( ) A WRITTEN SUBMISSION BY THE STUDENT

65. Who conducts this INSTITUTIONAL STUDENT APPEAL? *Check only one.*

( ) HEAD OF THE INSTITUTION
( ) SUB-COMMITTEE OF THE SENATE
( ) SUB-COMMITTEE OF THE BOARD OF GOVERNORS
( ) SUB-COMMITTEE OF THE BOARD OF TRUSTEES
( ) OTHER --- Please describe: _____

_____

66. To what aspects of the evaluative decision is this INSTITUTIONAL STUDENT APPEAL directed? *Check ALL which apply.*

( ) THE VALIDITY OF OBSERVATIONS MADE BY THE ORIGINAL EVALUATOR AND WHICH ARE USED TO DETERMINE THE EVALUATION OUTCOME
( ) THE FAIRNESS AND REASONABLENESS OF THE EVALUATION OUTCOME
( ) THE PROCEDURES USED DURING THE EVALUATION OF THE STUDENT
( ) OTHER --- Please explain: _____

_____

67. Documentation of such an appeal involves: *Check ALL which apply.*

( ) TAPE RECORDING THE PROCEEDING
( ) PREPARING A WRITTEN TRANSCRIPT
( ) PREPARING A WRITTEN SUMMARY
( ) OTHER --- Please describe: _____

_____

68. The outcome of the INSTITUTIONAL STUDENT APPEAL is reported as a: *Check only one.*

( ) RECOMMENDATION
( ) SUMMARY OF FINDINGS
( ) DECISION
( ) OTHER --- Please describe: _____

_____

69. The INSTITUTIONAL STUDENT APPEAL reviewers have the power to: *Check only one.*

( ) ONLY MAKE RECOMMENDATIONS FOR THE NURSING FACULTY TO CONSIDER
( ) ONLY MAKE A DECISION AS TO THE FAIRNESS OR REASONABLENESS OF THE CLINICAL EVALUATION
( ) CHANGE A NURSING STUDENT'S CLINICAL MARK
( ) OTHER --- Please describe: _____

_____

70. The outcome of the INSTITUTIONAL STUDENT APPEAL is reported to the: *Check only one.*

( ) HEAD OF THE INSTITUTION
( ) SENATE OF THE INSTITUTION
( ) BOARD OF GOVERNORS
( ) BOARD OF TRUSTEES
( ) OTHER --- Please describe: _____

_____

71. The student is informed of the outcome of this INSTITUTIONAL STUDENT APPEAL by the: *Check only one.*

( ) HEAD OF THE INSTITUTION
( ) CHAIRMAN OF THE SENATE
( ) CHAIRMAN OF THE BOARD OF GOVERNORS
( ) CHAIRMAN OF THE BOARD OF TRUSTEES
( ) REGISTRAR OF THE INSTITUTION
( ) OTHER --- Please describe: _____

_____

72. The outcome of this INSTITUTIONAL STUDENT APPEAL is placed on the student's file.

( ) YES ( ) NO

END OF QUESTIONS

73. Resulting documentation placed on the student's file includes: *Check ALL which apply.*

( ) A COPY OF THE DECISION
( ) A COPY OF THE PROCEEDINGS OF THE INSTITUTIONAL STUDENT APPEAL
( ) A SUMMARY OF THE PROCEEDINGS OF THE INSTITUTIONAL STUDENT APPEAL
( ) OTHER --- Please describe: _____

_____

*Would you please now fill in the enclosed REPORT OF STUDENT CLINICAL EVALUATION COMPLAINT FORMS. You are requested to complete ONE FORM FOR EACH NURSING STUDENT who has launched a GRIEVANCE REVIEW, an APPEAL HEARING, and/or an INSTITUTIONAL STUDENT APPEAL regarding his or her CLINICAL EVALUATION during the time period FROM JANUARY 1, 1978 UNTIL DECEMBER 31, 1984. If NO STUDENTS in your program have launched such actions your task is done! Thank you for your help. Please refer to * on page 19 for further instructions.*

To ensure that the anonymity of students is preserved, you are requested to EXCLUDE names of students on your reports EXCEPT in cases which have been judged in the courts. In this latter case, the names of all individuals involved are public information and will be needed to collect data about the court decisions. If you require more forms than provided, please make copies of the original form.

You are invited to make any additional comments which you feel would be of value to this study on the back page of this survey.

* Please include any WRITTEN NURSING STUDENT CLINICAL EVALUATION, GRIEVANCE, APPEAL POLICIES AND/OR PROCEDURES USED IN YOUR PROGRAM and/or INSTITUTION with the completed survey and reports.

Please place all these documents in the enclosed self-addressed envelope and return these to:

MRS. CAROLE ORCHARD,
FACULTY OF EDUCATION,
DEPARTMENT OF ADMINISTRATIVE, ADULT AND HIGHER EDUCATION,
OFFICE 11, SOUTH STAFF OFFICE BLOCK,
2125 MAIN MALL,
THE UNIVERSITY OF BRITISH COLUMBIA,
VANCOUVER, B.C., V6T 1Z5.

APPENDIX B

INSTRUMENTS-2 TO ASSESS FREQUENCY OF STUDENT COMPLAINTS

REPORT OF STUDENT CLINICAL EVALUATION COMPLAINT

PROGRAM NO: _____

CASE NUMBER: _____ (Please just number your cases from 1 to .....n)

YEAR: 19 ____

---

1. For each review the student's complaint was taken through, please complete the following set of boxes by checking ✓ the type of review and the review outcome in the appropriate box.

LEVEL OF REVIEW	✓	OUTCOME	
		ORIGINAL ASSESSMENT UPHELD	ORIGINAL ASSESSMENT MODIFIED
GRIEVANCE REVIEW			
APPEAL HEARING			
INSTITUTIONAL STUDENT APPEAL			

2. If the student's clinical evaluation decision was MODIFIED at any level, please briefly state, in the space provided, the reason for the change.

GRIEVANCE REVIEW : _____

_____

APPEAL HEARING: _____

_____

INSTITUTIONAL STUDENT APPEAL: _____

_____

3. Did the student launch a legal or administrative appeal to an outside agency? (i.e. outside of the institution)

( ) YES ( ) NO

PLEASE USE NEW FORM FOR NEXT CASE

4. What kind of external appeal was launched?

Check ALL which apply.

( ) JUDICIAL THROUGH THE COURTS
( ) COMPLAINT TO THE HUMAN RIGHTS BRANCH
( ) COMPLAINT TO THE PROVINCIAL OMBUDSMAN
( ) OTHER --- Please specify: _____

_____

5. On what basis did the student request this external review?

Check only one.

( ) DENIAL OF NATURAL JUSTICE
( ) DISCRIMINATION ON A PROHIBTED GROUND
( ) DEFAMATION OF CHARACTER
( ) BREACH OF CONTRACT
( ) EDUCATIONAL MALPRACTICE
( ) NOT KNOWN

6. Was this case:

Check ALL which apply.

( ) ADJUDICATED BEFORE THE COURT
( ) SETTLED OUT OF COURT
( ) WITHDRAWN BY THE STUDENT PRIOR TO A TRIAL OR HEARING WITHOUT A SETTLEMENT
( ) INVESTIGATED BY THE HUMAN RIGHTS BRANCH
( ) INVESTIGATED BY THE PROVINCIAL OMBUDSMAN

7. If this case went to trial or appeal please state the names of the plaintiff and the defendant.

_____

_____

6. Was this case: *Check ALL that apply.*

( ) TRIED IN A COURT
( ) APPEALED TO A HIGHER COURT
( ) SETTLED OUT OF COURT
( ) STOPPED BY THE STUDENT PRIOR TO A TRIAL OR HEARING WITHOUT A SETTLEMENT
( ) HEARD BEFORE A HUMAN RIGHTS COMMISSION

7. If this case went to trial or appeal please state the names of the plaintiff and the defendant.

_____

_____

8. What was the outcome of the trial, hearing, or appeal? *Check ALL that apply.*

( ) INSTITUTIONAL DECISION WAS UPHELD
( ) INSTITUTIONAL DECISION WAS OVERTURNED
( ) INSTITUTIONAL HEARING WAS ORDERED
( ) INSTITUTION WAS REQUIRED TO READMIT STUDENT
( ) INSTITUTION WAS REQUIRED TO ADVANCE STUDENT TO NEXT LEVEL OF PROGRAM
( ) NOT KNOWN

9. If the outcome of the trial, hearing or appeal was negative for the institution, has this decision caused you to change policies or procedures dealing with student clinical evaluation?

( ) YES ( ) NO

10. If you answered YES to question 9, could you please comment on what changes were instituted?

_____

_____

_____

*Your report for this student's complaint is completed. Please use a new form for your next student. If there are no further student complaints to report, your task is now completed! Thank you for your assistance with this data collection. Please refer to the asterisk * on page 17 for further instructions.*

APPENDIX C

COVER LETTER

DEPARTMENT OF ADMINISTRATIVE, ADULT AND HIGHER EDUCATION

THE UNIVERSITY OF BRITISH COLUMBIA

The purpose of this letter is to request your assistance in the collection of data about practices used in your nursing program and your institution when dealing with students who question negative evaluative decisions made about their clinical performance.

I am a doctoral candidate in the Department of Administrative, Adult, and Higher Education at the University of British Columbia and also a nurse educator and former administrator. While in my administrative position I became concerned about how the rights of students, nurse educators, nursing programs, and educational institutions were influenced by the law, and the latitude clinical instructors had in making judgments about a student's performance. The question with which I was constantly faced was what knowledge must administrators have in order to avoid problems resulting from student evaluations?

As a doctoral student I have searched for information about student/academic rights and found that there is very limited research in this area. Therefore, I am undertaking, as my dissertation study, a survey of Canadian nursing programs to determine what administrative structures and procedures with respect to clinical failure of nursing students exist and to determine aspects of their effectiveness. The survey will also provide data about the frequency with which nursing students launch complaints about evaluative decisions and students' success in overturning such decisions.

Data from this survey are expected to provide the basis for recommendations about a set of structures and procedures which will protect the rights of students, educators, and institutions, while at the same time ensuring that the basic legal provisions and the protection of the involved parties are preserved.

ADMINISTRATION AND HIGHER EDUCATION 2125 MAIN MALL VANCOUVER B.C. V6T 1Z5 (604) 228-6349

the involved parties are preserved.

You, as the head of a nursing program, are requested to complete the enclosed survey following the directions provided within the survey tool. IN ADDITION YOU ARE REQUESTED TO PROVIDE ANY WRITTEN STUDENT EVALUATION, GRIEVANCE AND/OR APPEAL POLICIES AND/OR PROCEDURES USED IN YOUR NURSING PROGRAM AND IN YOUR INSTIUTION. It would also be helpful, to the study, if you would include an organizational chart of your institution.

All data supplied by you will remain CONFIDENTIAL and will only be used for the purposes of this study. Students, nursing programs, and institutions will remain ANONYMOUS.

Once the study is completed, a summary of the findings will be provided to all respondents of the survey. You are requested to complete the enclosed survey as soon as possible and return it in the self-addressed envelope (postage provided will cover up to 25 pages of materials).

In appreciation of the time you will need to devote to completion of this survey, please accept the pin enclosed as a small token of my thanks for your participation.

Sincerely,

Carole Orchard, RN, BSN, MEd.
Doctoral Candidate

APPENDIX D

DATA COLLECTION TOOL FOR INSTRUMENT-1

CODING INSTRUMENT

CARD NO.---[01]

COLUMN NO.

PROGRAM NO. ----------[01] [02]

SECTION A - GENERAL INFORMATION

1. Province institution located

NO RESPONSE	1.01	
BRITISH COLUMBIA	1.02	
ALBERTA	1.03	
SASKATCHEWAN	1.04	
MANITOBA	1.05	[03] [04]
ONTARIO	1.06	
NEW BRUNSWICK	1.07	
NOVA SCOTIA	1.08	
PRINCE EDWARD ISLAND	1.09	
NEWFOUNDLAND	1.10	

2. Type of institution

NO RESPONSE	2.01	
HOSPITAL	2.02	
COLLEGE	2.03	[05]
TECHNICAL INSTITUTE	2.04	
UNIVERSITY	2.05	
OTHER	2.06	

3. Total institutional student enrollment

NO RESPONSE	3.01	
0 - 499	3.02	
500 - 999	3.03	
1000 - 1499	3.04	
1500 - 1999	3.05	
2000 - 2499	3.06	
2500 - 2999	3.07	
3000 - 3999	3.08	
4000 - 4999	3.09	[06] [07]
5000 - 5999	3.10	
6000 - 6999	3.11	
7000 - 7999	3.12	
8000 - 8999	3.13	
9000 - 9999	3.14	
10000 - 14999	3.15	
15000+	3.16	
NOT APPLICABLE	3.17	

CARD NO. [01] CONT'D COLUMN NO.

4. Type of nursing program

NO RESPONSE	4.01	
DIPLOMA	4.02	[08] [09]
GENERIC BACCALAUREATE	4.03	[10] [11]
POST RN BACCALAUREATE	4.04	[12]
MASTER'S	4.05	
OTHER	4.06	

5. Student enrollment in nursing program.

DIPLOMA:

NO RESPONSE	5.1.01	
0 - 99	5.1.02	
100 - 149	5.1.03	
150 - 199	5.1.04	
200 - 249	5.1.05	[13] [14]
250 - 299	5.1.06	
300 - 349	5.1.07	
350 - 399	5.1.08	
400 - 449	5.1.09	
450 +	5.1.10	

GENERIC BACCALAUREATE:

NO RESPONSE	5.2.01	
0 - 99	5.2.02	
100 - 149	5.2.03	
150 - 199	5.2.04	
200 - 249	5.2.05	[15] [16]
250 - 299	5.2.06	
300 - 349	5.2.07	
350 - 399	5.2.08	
400 - 449	5.2.09	
450 +	5.2.10	

POST RN BACCALAUREATE:

NO RESPONSE	5.3.01	
0 - 99	5.3.02	
100 - 149	5.3.03	
150 - 199	5.3.04	
200 - 249	5.3.05	[17] [18]
250 - 299	5.3.06	
300 - 349	5.3.07	
350 - 399	5.3.08	
400 - 449	5.3.09	
450 +	5.3.10	

CARD NO. [01] CONT'D COLUMN NO.

MASTER'S:

NO RESPONSE	5.4.01	
0 - 99	5.4.02	
100 - 149	5.4.03	
150 - 199	5.4.04	
200 - 249	5.4.05	[19] [20]
250 - 299	5.4.06	
300 - 349	5.4.07	
350 - 399	5.4.08	
400 - 449	5.4.09	
450 +	5.4.10	

OTHER:

NO RESPONSE	5.5.01	
0 - 99	5.5.02	
100 - 149	5.5.03	
150 - 199	5.5.04	
200 - 249	5.5.05	[21] [22]
250 - 299	5.5.06	
300 - 349	5.5.07	
350 - 399	5.5.08	
400 - 449	5.5.09	
450 +	5.5.10	

6. Average age of entering nursing students.

DIPLOMA:

NO RESPONSE	6.1.01	
16 - 18 YEARS	6.1.02	
19 - 21 YEARS	6.1.03	
22 - 24 YEARS	6.1.04	[23]
25 - 27 YEARS	6.1.05	
28 - 30 YEARS	6.1.06	
31 - 33 YEARS	6.1.07	
34 + YEARS	6.1.08	

BACCALAUREATE:

NO RESPONSE	6.2.01	
16 - 18 YEARS	6.2.02	
19 - 21 YEARS	6.2.03	
22 - 24 YEARS	6.2.04	[24]
25 - 27 YEARS	6.2.05	
28 - 30 YEARS	6.2.06	
31 - 33 YEARS	6.2.07	
34 + YEARS	6.2.08	

CARD NO. [01] CONT'D

SECTION B - ASSESSMENT OF STUDENTS' CLINICAL PERFORMANCE

7. Nursing program evaluation policies and/or procedures are:

NO RESPONSE	7.01	[25]
WRITTEN	7.02	[26]
UNWRITTEN	7.03	[27]
APPLIED CONSISTENTLY	7.04	[28]
ADAPTED TO INDIVIDUAL SITUATIONS	7.05	[29]
OTHER	7.06	

8. Original decision in the nursing program is made by:

NO RESPONSE	8.01	
MORE THAN ONE INSTRUCTOR	8.02	[30]
ONE INSTRUCTOR	8.03	

9. Decision made by instructor and:

NO RESPONSE	9.01	
RNS SUPERVISING STUDENT	9.02	
INDIVIDUAL EVALUATOR	9.03	[31] [32]
IMMEDIATE SUPERVISOR OF INSTRUCTOR	9.04	[33] [34]
PROGRAM HEAD	9.05	[35] [36]
NURSING FACULTY COMMITTEE	9.06	[37]
TOTAL FACULTY	9.07	
OTHER	9.08	

10. Review of original decision by others:

NO RESPONSE	10.01	
YES	10.02	[38]
NO	10.03	

11. During review clinical performance is assessed of:

NO RESPONSE	11.01	
ALL STUDENTS IN COURSE	11.02	[39] [40]
FAILING STUDENTS	11.03	[41] [42]
STUDENTS WITH PROBLEMS	11.04	

12. Nursing program policies and/or procedures are:

NO RESPONSE	12.01	
IDENTICAL TO INSTITUTIONAL	12.02	[43]
DIFFERENT FROM	12.03	[44]
A MODIFICATION OF	12.04	[45]
MORE SPECIFIC THAN	12.05	[46]
LESS SPECIFIC THAN	12.06	[47]
ONLY POLICIES	12.07	[48]
NON-EXISTENT	12.08	[49]
OTHER	12.09	[50]

CARD NO. [01] CONT'D

13. Student clinical performance decisions are routinely reviewed outside of your nursing program.

NO RESPONSE	13.01	
YES	13.02	[51]
NO	13.03	

14. This review occurs:

NO RESPONSE	14.01	
AT END OF TERM OR SEMESTER	14.02	[52]
AT END OF ACADEMIC YEAR	14.03	[53]
AT MID-POINT OF TERM OR SEMESTER	14.04	[54]
AT MID-POINT OF ACADEMIC YEAR	14.05	[55]
AT END OF NURSING PROGRAM	14.06	[56]
OTHER	14.07	[57]

15. During this review nursing students considered include:

NO RESPONSE	15.01	
ALL STUDENTS IN COURSE	15.02	[58]
FAILING STUDENTS	15.03	[59]
STUDENTS WITH PROBLEMS	15.04	[60]
OTHER	15.05	[61]

16. Decisions reviewed by:

NO RESPONSE	16.01	
DEAN OF DIVISION, SCHOOL	16.02	[62]
DIRECTOR OF PROGRAM	16.03	[63]
INSTITUTION COMMITTEE	16.04	[64]
REVIEW PANEL	16.05	[65]
OTHER	16.06	[66]

17. Student given opportunity to question evaluation?

NO RESPONSE	17.01	
YES	17.02	[67]
NO	17.03	

CARD NO. ---[02]

COLUMN NO.

PROGRAM NO.----------[01] [02]

SECTION C - INFORMAL GRIEVANCE REVIEW OF STUDENT CLINICAL PERFORMANCE DECISIONS

18. Length of time between receiving clinical evaluation and request f Grievance Review is:

NO RESPONSE	18.01	
SPECIFIED IN NURSING PROGRAM POLICY	18.02	[03]
SPECIFIED IN INSTITUTIONAL PROCEDURES	18.03	
NOT SPECIFIED	18.04	

19. Student initially contacts if questions evaluation.

NO RESPONSE	19.01	
CLINICAL INSTRUCTOR	19.02	
CHAIRPERSON OF STANDING COMMITTEE	19.03	
HEAD OF NURSING PROGRAM	19.04	[04]
REGISTRAR	19.05	
HEAD OF INSTITUTION	19.06	
OTHER	19.07	

20. Procedures for a Grievance Review are:

NO RESPONSE	20.01	
WRITTEN	20.02	[05]
UNWRITTEN	20.03	[06]
FOLLOWED CONSISTENTLY	20.04	[07]
ADAPTED TO INDIVIDUAL SITUATIONS	20.05	[08]
OTHER	20.06	[09]

21. Documents to be assessed:

NO RESPONSE	21.01	
THE STUDENT'S CLINICAL EVALUATION REPORT	21.02	[10]
ANECDOTAL NOTES ABOUT THE STUDENT'S CLINICAL PERFORMANCE	21.03	[11]
STUDENT'S WRITTEN ASSIGNMENTS	21.04	[12]
THE STUDENT'S PREVIOUS CLINICAL EVALUATION REPORTS	21.05	[13]
THE STUDENT'S ENTIRE NURSING FILE	21.06	[14]
OTHER	21.07	[15]

22. Who conducts this Grievance Review:

NO RESPONSE	22.01	
THE STUDENT'S CLINICAL INSTRUCTOR	22.02	
IMPARTIAL NURSING INSTRUCTOR	22.03	[16]
NURSING STANDING COMMITTEE	22.04	
SPECIAL GRIEVANCE REVIEW PANEL	22.05	
HEARING OFFICER	22.06	
OTHER	22.07	

23. Grievance Review of evaluative decision is directed toward?

NO RESPONSE	23.01	
VALIDITY OF OBSERVATIONS MADE	23.02	[17]
FAIRNESS AND REASONABLENESS	23.03	[18]
PROCEDURES USED	23.04	[19]
OTHER	23.05	[20]

24. Individuals interviewed:

NO RESPONSE	24.01	
YES	24.02	[21]
NO	24.03	

25. Who is usually interviewed?

NO RESPONSE	25.01	
THE STUDENT	25.02	[22]
THE STUDENT'S PEERS	25.03	[23]
THE STUDENT'S INSTRUCTOR(S)	25.04	[24]
OTHER	25.05	[25]

26. Student has right to an advisor:

NO RESPONSE	26.01	
YES	26.02	[26]
NO	26.03	

27. Advisor may be:

NO RESPONSE	27.01	
A LAWYER	27.02	[27]
NOT A LAWYER	27.03	[28]
AN ACTIVE PARTICIPANT IN THE HEARING	27.04	[29]
ONLY A PASSIVE PARTICIPANT IN HEARING	27.05	[30]
AN ACTIVE PARTICIPANT IF REQUESTED	27.06	[31]
OTHER	27.07	

28. Instructor has right to counsel at hearing:

NO RESPONSE	28.01	
YES	28.02	[32]
NO	28.03	

ARD NO. [02] CONT'D

COLUMN NO.

9. Advisor may be:

NO RESPONSE	29.01	
A LAWYER	29.02	[33]
NOT A LAWYER	29.03	[34]
ACTIVE PARTICIPANT	29.04	[35]
PASSIVE PARTICIPANT	29.05	[36]
ACTIVE IF REQUESTED	29.06	[37]
OTHER	29.07	[38]

). Student able to provide a written submission?

NO RESPONSE	30.01	
YES	30.02	[39]
NO	30.03	

. Student's clinical instructor able to provide a written submission?

NO RESPONSE	31.01	
YES	31.02	[40]
NO	31.03	

. Documentation of a Grievance Review involves:

NO RESPONSE	32.01	
TAPE RECORDING OF THE PROCEEDINGS	32.02	[41]
WRITTEN TRANSCRIPT	32.03	[42]
WRITTEN SUMMARY	32.04	[43]
OTHER	32.05	[44]

. Outcome of the Grievance Review is reported:

NO RESPONSE	33.01	
AS A RECOMMENDATION	33.02	
AS A SUMMARY OF FINDINGS	33.03	[45]
AS A DECISION	33.04	
OTHER	33.05	

Outcome of the Grievance Review is reported to:

NO RESPONSE	34.01	
THE STUDENT	34.02	[46]
THE STUDENT'S INSTRUCTOR(S)	34.03	[47]
A STANDING COMMITTEE	34.04	[48]
HEAD OF THE NURSING PROGRAM	34.05	[49]
HEAD OF THE INSTITUTION	34.06	[50]
REGISTRAR OF THE INSTITUTION	34.07	[51]
DEAN OF FACULTY OR DIVISION	34.08	[52]
OTHER	34.09	[53]

CARD NO. [02] CONT'D COLUMN NO.

35. If student disagrees is there a Formal Appeal Process?

NO RESPONSE	35.01	
YES	35.02	[54]
NO	35.03	

SECTION D - FORMAL APPEAL HEARING OF STUDENT CLINICAL PERFORMANCE DECISIONS

36. Length of time between request and hearing:

NO RESPONSE	36.01	
SPECIFIED IN NURSING PROGRAM POLICY	36.02	[55]
SPECIFIED IN INSTITUTIONAL POLICY	36.03	[56]
NOT SPECIFIED	36.04	[57]

37. Procedures for an Appeal Hearing are:

NO RESPONSE	37.01	
WRITTEN	37.02	[58]
UNWRITTEN	37.03	[59]
FOLLOWED CONSISTENTLY	37.04	[60]
ADAPTED TO INDIVIDUAL SITUATIONS	37.05	[61]
OTHER	37.06	[62]

38. Procedures for Appeal Hearing include:

NO RESPONSE	38.01	
STUDENT INTERVIEWED IN INSTRUCTOR PRESENCE	38.02	[63]
INSTRUCTOR INTERVIEWED IN STUDENT PRESENCE	38.03	[64]
INTERVIEW INSTRUCTOR ALONE	38.04	[65]
INTERVIEW STUDENT ALONE	38.05	[66]
OTHER	38.06	[67]

39. Appeal Hearing Panel is composed of:

NO RESPONSE	39.01	
STUDENTS	39.02	[68]
NURSING FACULTY FROM NURSING PROGRAM	39.03	[69]
NURSING FACULTY FROM OUTSIDE	39.04	[70]
NON-NURSING FACULTY	39.05	[71]
HEARING OFFICER	39.06	[72]
IMMEDIATE SUPERVISOR OF PROGRAM HEAD	39.07	[73]
HEAD OF NURSING PROGRAM	39.08	[74]
HEAD OF INSTITUTION	39.09	[75]
OTHER	39.10	[76]

ARD NO. [02] CONT'D COLUMN NO.

0. Review is directed toward:

NO RESPONSE	40.01	
VALIDITY OF OBSERVATIONS	40.02	[77]
FAIRNESS AND REASONABLENESS	40.03	[78]
PROCEDURES USED	40.04	[79]
OTHER	40.05	[80]

CARD NO. [03] COLUMN NO.

PROGRAM NO.----------[01] [02]

41. Individuals are interviewed

NO RESPONSE	41.1	
YES	41.2	[03]
NO	44.3	

42 Who is interviewed?

NO RESPONSE	42.1	
STUDENT	42.2	[04]
STUDENT'S PEERS	42.3	[05]
CLINICAL INSTRUCTOR(S)	42.4	[06]
HEAD OF NURSING PROGRAM	42.5	[07]
INDIVIDUAL WHO CONDUCTED GRIEVANCE REVIEW	42.6	[08]
OTHER	42.7	[09]

43. Student has right to an advisor:

NO RESPONSE	43.1	
YES	43.2	[10]
NO	43.3	

44. This advisor can be:

NO RESPONSE	44.1	
LAWYER	44.2	[11]
NOT A LAWYER	44.3	[12]
ACTIVE PARTICIPANT	44.4	[13]
PASSIVE PARTICIPANT	44.5	[14]
ACTIVE IF REQUESTED	44.6	[15]
OTHER	44.7	[16]

45. Clinical instructor has right to an advisor:

NO RESPONSE	45.1	
YES	45.2	[17]
NO	45.3	

CARD NO. [03] CONT'D COLUMN NO.

46. This advisor can be:

NO RESPONSE	46.1	
LAWYER	46.2	[18]
NOT A LAWYER	46.3	[19]
ACTIVE PARTICIPANT	46.4	[20]
PASSIVE PARTICIPANT	46.5	[21]
ACTIVE IF REQUESTED	46.6	[22]
OTHER	46.7	[23]

47. Documents to be assessed include:

NO RESPONSE	47.1	
WRITTEN SUBMISSION BY HEAD OF PROGRAM	47.2	[24]
WRITTEN SUBMISSION BY CLINICAL INSTRUCTOR	47 3	[25]
WRITTEN SUBMISSION BY STUDENT	47.4	[26]
WRITTEN SUBMISSION BY STUDENT'S ADVISOR	47.5	[27]
THE STUDENT'S EVALUATION REPORT	47.6	[28]
ANECDOTAL NOTES ABOUT THE STUDENT'S PERFORMANCE	47.7	[29]
THE STUDENT'S WRITTEN ASSIGNMENTS	47.8	[30]
THE STUDENT'S PREVIOUS EVALUATION REPORTS	47.9	[31]
THE STUDENT'S ENTIRE FILE	47.10	[32]
OTHER	47.11	[33]

48. Evidence permitted at the hearing:

NO RESPONSE	48.1	
INVITED BY HEARING OFFICER	48.2	[34]
INVITED BY HEARING PANEL	48.3	[35]
INVITED BY STUDENT	48.4	[36]
INVITED BY CLINICAL INSTRUCTOR	48.5	[37]
INVITED BY HEAD OF NURSING PROGRAM	48.6	[38]
OTHER	48.7	[39]
NOT SPECIFIED	48.8	[40]

49. Witnesses permitted at the hearing:

NO RESPONSE	49.1	
INVITED BY HEARING OFFICER	49.2	[41]
INVITED BY HEARING PANEL	49.3	[42]
INVITED BY STUDENT	49.4	[43]
INVITED BY CLINICAL INSTRUCTOR	49.5	[44]
INVITED BY HEAD OF NURSING PROGRAM	49.6	[45]
OTHER	49.7	[46]
NOT SPECIFIED	49.8	[47]

50. Hearing is:

NO RESPONSE	50.1	
OPEN TO THE PUBLIC	50.2	
CLOSED TO THE PUBLIC	50.3	[48]
NORMALLY OPEN, CAN BE CLOSED	50.4	
NORMALLY CLOSED, CAN BE OPEN	50.5	

CARD NO. [03] CONT'D COLUMN NO.

51. Documentation of the hearing includes:

NO RESPONSE----------51.1
TAPE RECORDING THE PROCEEDINGS----------51.2 [49]
WRITTEN TRANSCRIPT----------51.3 [50]
WRITTEN SUMMARY----------51.4 [51]
OTHER----------51.5 [52]

52. Outcome of hearing is reported as:

NO RESPONSE----------52.1
A RECOMMENDATION----------52.2 [53]
SUMMARY OF FINDINGS----------52.3
A DECISION----------52 4

53. Outcome of the hearing is reported to:

NO RESPONSE----------53.1
STUDENT----------53.2 [54]
CLINICAL INSTRUCTOR(S)----------53.3 [55]
HEAD OF NURSING PROGRAM----------53.4 [56]
REGISTRAR OF INSTITUTION----------53.5 [57]
DEAN OF DIVISION, SCHOOL, FACULTY----------53.6 [58]
HEAD OF INSTITUTION----------53.7 [59]
OTHER----------53.8 [60]

54. Student is infromed of outcome by:

NO RESPONSE----------54.1
CHAIRMAN OF HEARING PANEL----------54.2
HEARING OFFICER----------54.3 [61]
HEAD OF INSTITUTION----------54.4
IMMEDIATE SUPERVISOR OF PROGRAM HEAD----------54.5
OTHER----------54.6

55. Appeal Hearing Officer or panel have power to:

NO RESPONSE----------55.1
ONLY MAKE RECOMMENDATIONS----------55.2
ONLY MAKE DECISION AS TO FAIRNESS AND REASONABLE-
NESS ----------55.3 [62]
CHANGE NURSING STDENT'S CLINICAL MARK----------55.4
OTHER----------55.5

56. Outcome of hearing is placed on student's file:

NO RESPONSE----------56.1
YES----------56.2 [63]
NO----------56.3

CARD NO. [03] CONT'D COLUMN NO.

57. Resulting documentation placed on student's file includes:

NO RESPONSE----------57.1
COPY OF HEARING DECISION----------57.2 [64]
COPY OF HEARING PROCEEDINGS----------57.3 [65]
SUMMARY OF HEARING PROCEEDINGS----------57.4 [66]
OTHER----------57.5 [67]

58. Institutional Student Appeal available to the student:

NO RESPONSE----------58.1
YES----------58.2 [68]
NO----------58.3

SECTION E - INSTITUTIONAL STUDENT APPEAL

59. Requirement for Institutional Student Appeal in Legislative Act governing institution?

NO RESPONSE----------59.1
YES----------59.2 [69]
NO----------59.3

60. OMIT.

61. Institutional Student Appeal procedure is made available to students through:

NO RESPONSE----------61.1
INSTITUTION'S CALENDAR----------61.2 [70]
STUDENT HANDBOOK----------61.3 [71]
STUDENT NEWSPAPER----------61.4 [72]
STUDENT ORIENTATION MATERIALS----------61.5 [73]
INSTITUTION'S POLICY AND/OR PROCEDURE MANUAL----------61.6 [74]
STUDENTS NOT MADE AWARE----------61.7 [75]
OTHER----------61.8 [76]

62. Length of time students have:

NO RESPONSE----------62.1
SPECIFIED IN LEGISLATIVE ACT----------62.2
SPECIFIED IN INSTITUTIONAL POLICIES AND/OR PROCEDURES----------62.3 [77]
NOT SPECIFIED----------62.4

63. Documentation used during the Institutional Student Appeal is restricted:

NO RESPONSE----------63.1
YES----------63.2 [78]
NO----------63.3

CARD NO. [04] COLUMN NO.

PROGRAM NO.----------[01] [02]

64. Additional documents assessed:

NO RESPONSE	64.01	
CLINICAL EVALUATION REPORT	64.02	[03]
ANECDOTAL NOTES	64.03	[04]
WRITTEN ASSIGNEMENTS	64.04	[05]
STUDENT'S ENTIRE FILE	64.05	[06]
SUBMISSION BY HEAD OF PROGRAM	64.06	[07]
SUBMISSION BY CLINICAL INSTRUCTOR(S)	64.07	[08]
SUBMISSION BY STUDENT	64.08	[09]

65. Appeal conducted by:

NO RESPONSE	65.01	
HEAD OF INSTITUTION	65.02	
SUB-COMMITTEE OF SENATE	65.03	[10]
SUB-COMMITTEE OF BOARD OF GOVERNORS	65.04	
SUB-COMMITTEE OF BOARD OF TRUSTEES	65.05	
OTHER	65.06	

66. Aspects of evaluative decision appeal is directed:

NO RESPONSE	66.01	
VALIDITY OF OBSERVATIONS	66.02	[11]
FAIRNESS AND REASONABLENESS	66.03	[12]
PROCEDURES USED	66.04	[13]
OTHER	66.05	[14]

67. Dcoumentation of appeal includes:

NO RESPONSE	67.01	
TAPE RECORDING OF PROCEEDING	67.02	[15]
WRITTEN TRANSCRIPT	67.03	[16]
WRITTEN SUMMARY	67.04	[17]
OTHER	67.05	[18]

68. Outcome of appeal is reported as:

NO RESPONSE	68.01	
RECOMMENDATION	68.02	
SUMMARY OF FINDINGS	68.03	[19]
DECISION	68.04	
OTHER	68.05	

CARD NO. [04] CONT'D COLUMN NO.

69. Reviewers have the power to:

NO RESPONSE	69.01	
ONLY MAKE RECOMMENDATIONS	69.02	
ONLY DECIDE IN RELATION TO FAIRNESS	69.03	[20]
CHANGE CLINICAL MARK	69.04	
OTHER	69.05	

70. Outcome of appeal is reported to:

NO RESPONSE	70.01	
HEAD OF INSTITUTION	70.02	
SENATE OF INSTITUTION	70.03	[21]
BOARD OF GOVERNORS	70.04	
BOARD OF TRUSTEES	70.05	
OTHER	70.06	

71. Student is informed of the outcome by:

NO RESPONSE	71.01	
HEAD OF INSTITUTION	71.02	
CHAIRMAN OF THE SENATE	71.03	[22]
CHAIRMAN OF BOARD OF GOVERNORS	71.04	
CHAIRMAN OF BOARD OF TRUSTEES	71.05	
REGISTRAR OF INSTITUTION	71.06	
OTHER	71.07	

72. Outcome of appeal is placed on student's file:

NO RESPONSE	72.01	
YES	72.02	[23]
NO	72.03	

73. Resulting documentation placed on the student's file includes:

NO RESPONSE	73.01	
COPY OF DECISION	73.02	[24]
COPY OF PROCEEDINGS	73.03	[25]
SUMMARY OF PROCEEDINGS	73.04	[26]
OTHER	73.05	[27]

APPENDIX E

DATA COLLECTION TOOL FOR INSTRUMENT-2

CODING INSTRUMENT FOR REPORTS OF STUDENT CLINICAL EVALUATION COMPLAINTS

CARD NO. [05] COLUMN NO.

PROGRAM NO.----------[01] [02]

CASE NO.----------[03] [04] [05] [06]

YEAR----------1978----.01
1979----.02
1980----.03
1981----.04 [07]
1982----.05
1983----.06
1984----.07
1985----.08
NOT SPECIFIED----.09

1. Levels of review and outcomes:

GRIEVANCE REVIEW:

YES----------1.1.01 [08]
NO----------1.1.02

DECISION UPHELD----------1.1.03 [09]
DECISION MODIFIED----------1.1.04
OTHER----------1.1.05

APPEAL HEARING:

YES----------1.2.01 [10]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [11]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

INSTITUTIONAL STUDENT APPEAL:

YES----------1.2.01 [12]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [13]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

2. OMIT

CODING INSTRUMENT FOR REPORTS OF STUDENT CLINICAL EVALUATION COMPLAINTS

CARD NO. [05] COLUMN NO.

PROGRAM NO.----------[01] [02]

CASE NO.----------[03] [04] [05] [06]

YEAR----------1978----.01
1979----.02
1980----.03
1981----.04 [07]
1982----.05
1983----.06
1984----.07
1985----.08
NOT SPECIFIED----.09

1. Levels of review and outcomes:

GRIEVANCE REVIEW:

YES----------1.1.01 [08]
NO----------1.1.02

DECISION UPHELD----------1.1.03 [09]
DECISION MODIFIED----------1.1.04
OTHER----------1.1.05

APPEAL HEARING:

YES----------1.2.01 [10]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [11]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

INSTITUTIONAL STUDENT APPEAL:

YES----------1.2.01 [12]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [13]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

2. OMIT

CODING INSTRUMENT FOR REPORTS OF STUDENT CLINICAL EVALUATION COMPLAINTS

CARD NO. [05] COLUMN NO.

PROGRAM NO.----------[01] [02]

CASE NO.----------[03] [04] [05] [06]

YEAR----------1978----.01
1979----.02
1980----.03
1981----.04 [07]
1982----.05
1983----.06
1984----.07
1985----.08
NOT SPECIFIED----.09

1. Levels of review and outcomes:

GRIEVANCE REVIEW:

YES----------1.1.01 [08]
NO----------1.1.02

DECISION UPHELD----------1.1.03 [09]
DECISION MODIFIED----------1.1.04
OTHER----------1.1.05

APPEAL HEARING:

YES----------1.2.01 [10]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [11]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

INSTITUTIONAL STUDENT APPEAL:

YES----------1.2.01 [12]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [13]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

2. OMIT

CODING INSTRUMENT FOR REPORTS OF STUDENT CLINICAL EVALUATION COMPLAINTS

CARD NO. [05] COLUMN NO.

PROGRAM NO.----------[01] [02]

CASE NO.----------[03] [04] [05] [06]

YEAR----------1978----.01
1979----.02
1980----.03
1981----.04 [07]
1982----.05
1983----.06
1984----.07
1985----.08
NOT SPECIFIED----.09

1. Levels of review and outcomes:

GRIEVANCE REVIEW:

YES----------1.1.01 [08]
NO----------1.1.02

DECISION UPHELD----------1.1.03 [09]
DECISION MODIFIED----------1.1.04
OTHER----------1.1.05

APPEAL HEARING:

YES----------1.2.01 [10]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [11]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

INSTITUTIONAL STUDENT APPEAL:

YES----------1.2.01 [12]
NO----------1.2.02

DECISION UPHELD----------1.2.03 [13]
DECISION MODIFIED----------1.2.04
OTHER----------1.2.05

2. OMIT

3. Student launched a legal or appeal outside the institution?

NO RESPONSE	3.01	[14]
YES	3.02	
NO	3.03	

4. Kind of external appeal:

NO RESPONSE	4.01	
JUDICIAL THROUGH THE COURTS	4.02	[15]
COMPLAINT TO HUMAN RIGHTS BRANCH	4.03	[16]
COMPLAINT TO OMBUDSMAN	4.04	[17]
OTHER	4.05	[18]

5. Basis of student request for external review:

NO RESPONSE	5.01	
DENIAL OF NATURAL JUSTICE	5.02	
DISCRIMINATION	5.03	
DEFAMATION OF CHARACTER	5.04	[19]
BREACH OF CONTRACT	5.05	
EDUCATIONAL MALPRACTICE	5.06	
NOT KNOWN	5.07	

6. Was this case?

NO RESPONSE	6.01	
ADJUDICATED BEFORE THE COURTS	6.02	[20]
SETTLED OUT OF COURT	6.03	[21]
WITHDRAWN BY THE STUDENT	6.04	[22]
INVESTIGATED BY HUMAN RIGHTS	6.05	[23]
INVESTIGATED BY OMBUDSMAN	6.06	[24]

7. OMIT

8. Outcome of external review:

NO RESPONSE	7.01	
DECISION UPHELD	7.02	
DECISION OVERTURNED	7.03	[25]
HEARING ORDERED	7.04	
CASE REMITTED BACK TO INSTITUTION	7.05	
OTHER	7.06	

9. If outcome was adverse to institution, have changes in policies or procedures been instituted?

NO RESPONSE	8.01	
YES	8.02	[26]
NO	8.03	

10. OMIT

11. Demographic variables:

Province:

NO RESPONSE	11.01	
BRITISH COLUMBIA	11.02	
ALBERTA	11.03	
SASKATCHEWAN	11.04	
MANITOBA	11.05	[27] [28]
ONTARIO	11.06	
NEW BRUNSWICK	11.07	
NOVA SCOTIA	11.08	
PRINCE EDWARD ISLAND	11.09	
NEWFOUNDLAND	11.10	

Type of institution:

NO RESPONSE	12.01	
HOSPITAL	12.02	
COLLEGE	12.03	[29]
TECHNICAL INSTITUTE	12.04	
UNIVERSITY	12.05	
OTHER	12.06	

Student enrollment:

NO RESPONSE		
0 - 499	13.01	
500 - 999	13.02	
1000 - 1499	13.03	
1500 - 1999	13.04	
2000 - 2499	13.05	
2500 - 2999	13.06	
3000 - 3999	13.07	
4000 - 4999	13.08	[30] [31]
5000 - 5999	13.09	
6000 - 6999	13.10	
7000 - 7999	13.11	
8000 - 8999	13.12	
9000 - 9999	13.13	
10000 - 14999	13.14	
15000+	13.15	
NOT APPLICABLE	13.16	

APPENDIX F

SUMMARY OF CONTINGENCY TABLES OF AGREEMENT

Q.#8: At the end of the clinical experience for a course, are the decisions about nursing students' performance made in the nursing program by: (a) more than one instructor, or (b) only one instructor?

RESPONSE	QUESTIONNAIRE	POLICIES/ PROCEDURES	DIFFERENCE
No response	0	22	(22)
More than one instructor	33	26	(7)
Only one instructor	19	7	(12)

Assessment of Agreement:
The determination of the agreement between the questionnaire responses and the policies and, or procedures for the same program will be made using contingency tables of frequencies for each of the options.

1. Option: "more than one instructor"
   0 = no response
   2 = more than one instructor

POLICIES/ PROCEDURES \ QUESTIONNAIRE	0	2	
0	13	18	31
2	11	15	26
	24	33	57

MAXIMUM AGREEMENT

POLICIES/ PROCEDURES \ QUESTIONNAIRE	0	2
0	27.4	
2		29.6

OBSERVED OCCURRENCE

POLICIES/ PROCEDURES \ QUESTIONNAIRE	0	2
0	13	18
2	11	15

POLICIES/ PROCEDURES	QUESTIONNAIRE 0	QUESTIONNAIRE 2
0	30.7	33
2	33	33.8

CHANCE AGREEMENT

$$\alpha = 1 - \frac{\text{OBSERVED DISAGREEMENT}}{\text{EXPECTED DISAGREEMENT}} = 1 - \frac{(11 + 18)}{(33 + 33)} = .56$$

Therefore, the agreement within this option for these two sets of data is .56. Thus the agreement is 56% above chance or the two sets of data are equivalent 56 out of 100 times.

2. Option: "only one instructor"

0 = no response
3 = only one instructor

POLICIES/ PROCEDURES	QUESTIONNAIRE 0	QUESTIONNAIRE 3	
0	28	20	48
3	5	4	9
	33	24	57

POLICIES/ PROCEDURES	QUESTIONNAIRE 0	QUESTIONNAIRE 3
0	40.5	
3		16.5

MAXIMUM AGREEMENT

POLICIES/ PROCEDURES	QUESTIONNAIRE 0	QUESTIONNAIRE 3
0	28	20
3	5	4

OBSERVED CO-OCCURRENCE

		QUESTIONNAIRE 0	QUESTIONNAIRE 3
POLICIES/ PROCEDURES	0	49.2	27.4
	3	27.4	14.5

CHANCE AGREEMENT

$$\alpha = 1 - \frac{\text{OBSERVED DISAGREEMENT}}{\text{EXPECTED DISAGREEMENT}} = 1 - \frac{(20 + 5)}{(27.4 + 27.4)} = .54$$

Therefore, the agreement within this option for these two sets of data is .54. Thus the agreement is 54% above chance or the two sets of data are equivalent 54 out of 100 times.

File: CONTINGENCY Page 1
Report: AGREEMENT ASSESSM'T

QUESTION #: 7 Nursing program policies and/or procedures are:
OPTION: written
QUESTIONNAIRE: 57
POLICIES/PROCEDURES: 36
ALPHA: .51

QUESTION #: 7 Nursing program policies and/or procedures are:
OPTION: unwritten
QUESTIONNAIRE: 3
POLICIES/PROCEDURES: 4
ALPHA: .51

QUESTION #: 8 Original decision in nursing program is made by
OPTION: more than one instructor
QUESTIONNAIRE: 33
POLICIES/PROCEDURES: 26
ALPHA: .56

QUESTION #: 8 Original decision in nursing program is made by
OPTION: only one instructor
QUESTIONNAIRE: 19
POLICIES/PROCEDURES: 7
ALPHA: .54

QUESTION #: 9 Decision made by instructor and:
OPTION: R.N. supervising student
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 9 Decision made by instructor and:
OPTION: an individual evaltor
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 2
ALPHA: .75

QUESTION #: 9 Decision made by instructor and:
OPTION: immediate supervisor of instructors
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 4
ALPHA: .53

QUESTION #: 9 Decision made by instructor and:
OPTION: program head
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 4
ALPHA: .57

QUESTION #: 9 Decision made by instructor and:
OPTION: nursing faculty committee
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 21
ALPHA: .54

QUESTION #: 9 Decision made by instructor and:
OPTION: total faculty
QUESTIONNAIRE: 3
POLICIES/PROCEDURES: 1
ALPHA: .67

QUESTION #: 10 Review of original decision by others:
OPTION: yes
QUESTIONNAIRE: 40
POLICIES/PROCEDURES: 26
ALPHA: .54

QUESTION #: 10 Review of original decision by others:
OPTION: no
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 6
ALPHA: .54

QUESTION #: 11 During review clinical performance is assessed
OPTION: all students in same clinical course
QUESTIONNAIRE: 33
POLICIES/PROCEDURES: 22
ALPHA: .60

QUESTION #: 11 During review clinical performance is assessed
OPTION: students being considered for failure
QUESTIONNAIRE: 22
POLICIES/PROCEDURES: 20
ALPHA: .68

QUESTION #: 11 During review clinical performance is assessed
OPTION: students having difficulty meeting objectives
QUESTIONNAIRE: 27
POLICIES/PROCEDURES: 20
ALPHA: .41

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: identical to institution's
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 3
ALPHA: .51

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: different from institution's
QUESTIONNAIRE: 10
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: modification of
QUESTIONNAIRE: 14
POLICIES/PROCEDURES: 1
ALPHA: .54

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: more specific than
QUESTIONNAIRE: 35
POLICIES/PROCEDURES: 18
ALPHA: .56

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: less specific than
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 0
ALPHA: 0

QUESTION #: 12 Nursing program policies and/or procedures are
OPTION: only
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 16
ALPHA: .65

QUESTION #: 13 Decisions routinely reviewed outside nursing p
OPTION: yes
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 5
ALPHA: .62

QUESTION #: 13 Decisions routinely reviewed outside nursing p
OPTION: no
QUESTIONNAIRE: 48
POLICIES/PROCEDURES: 25
ALPHA: .54

QUESTION #: 14 This review occurs:
OPTION: at end of term or semester
QUESTIONNAIRE: 11
POLICIES/PROCEDURES: 4
ALPHA: .57

QUESTION #: 14 This review occurs:
OPTION: at end of academic year
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 14 This review occurs:
OPTION: at mid-point of term or semester
QUESTIONNAIRE: 3
POLICIES/PROCEDURES: 1
ALPHA: .67

QUESTION #: 14 This review occurs:
OPTION: at mid-point of academic year
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 14 This review occurs:
OPTION: at end of nursing program
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 15 During this review students considered:
OPTION: all students in course
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 15
ALPHA: .57

QUESTION #: 15 During this review students considered:
OPTION: students being considered for failure
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 15
ALPHA: .64

QUESTION #: 15 During this review students considered:
OPTION: students having difficulty meeting objectives
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 15
ALPHA: .69

QUESTION #: 16 Decisions reviewed by:
OPTION: dean of division, school, faculty
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 1
ALPHA: .75

QUESTION #: 16 Decisions reviewed by:
OPTION: director of program, school
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 2
ALPHA: .58

QUESTION #: 16 Decisions reviewed by:
OPTION: institutional committee
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 4
ALPHA: .56

QUESTION #: 16 Decisions reviewed by:
OPTION: review panel
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 17 Student given opportunity to question evaluati
OPTION: yes
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 42
ALPHA: .56

QUESTION #: 17 Student given opportunity to question evaluati
OPTION: no
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 18 Length of time to request Grievance Review
OPTION: specified in nursing program policy
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 25
ALPHA: .62

QUESTION #: 18 Length of time to request Grievance Review
OPTION: specified in institution policy
QUESTIONNAIRE: 25
POLICIES/PROCEDURES: 15
ALPHA: .62

QUESTION #: 19 Student initally contacts
OPTION: clinical instructor
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 18
ALPHA: .58

QUESTION #: 19 Student initally contacts
OPTION: chairperson of nursing program committee
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 6
ALPHA: .68

QUESTION #: 19 Student initally contacts
OPTION: head of nursing program
QUESTIONNAIRE: 14
POLICIES/PROCEDURES: 7
ALPHA: .27

QUESTION #: 19 Student initally contacts
OPTION: registrar
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 3
ALPHA: .63

QUESTION #: 19 Student initally contacts
OPTION: head of institution
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 2
ALPHA: .67

QUESTION #: 20 Procedures for Grievance Review are:
OPTION: written
QUESTIONNAIRE: 44
POLICIES/PROCEDURES: 27
ALPHA: .57

QUESTION #: 20 Procedures for Grievance Review are:
OPTION: unwritten
QUESTIONNAIRE: 13
POLICIES/PROCEDURES: 21
ALPHA: .11

QUESTION #: 21 Documents to be assessed
OPTION: student's clinical evaluation
QUESTIONNAIRE: 53
POLICIES/PROCEDURES: 8
ALPHA: .51

QUESTION #: 21 Documents to be assessed
OPTION: anecdotal notes about student
QUESTIONNAIRE: 40
POLICIES/PROCEDURES: 4
ALPHA: .49

QUESTION #: 21 Documents to be assessed
OPTION: student's written assignments
QUESTIONNAIRE: 36
POLICIES/PROCEDURES: 6
ALPHA: .52

QUESTION #: 21 Documents to be assessed
OPTION: student's previous evaluations
QUESTIONNAIRE: 29
POLICIES/PROCEDURES: 1
ALPHA: .52

QUESTION #: 21 Documents to be assessed
OPTION: student's entire file
QUESTIONNAIRE: 26
POLICIES/PROCEDURES: 5
ALPHA: .55

QUESTION #: 22 Who conducts Grievance Review
OPTION: student's clinical instructor
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 7
ALPHA: .59

QUESTION #: 22 Who conducts Grievance Review
OPTION: impartial nurisng instructor
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 22 Who conducts Grievance Review
OPTION: nursing program standing committee
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 8
ALPHA: .60

QUESTION #: 22 Who conducts Grievance Review
OPTION: special Grievance Review Panel
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 3
ALPHA: .55

QUESTION #: 22 Who conducts Grievance Review
OPTION: hearing officer
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 26 Student has right to an advisor
OPTION: yes
QUESTIONNAIRE: 28
POLICIES/PROCEDURES: 11
ALPHA: .58

QUESTION #: 26 Student has right to an advisor
OPTION: no
QUESTIONNAIRE: 23
POLICIES/PROCEDURES: 8
ALPHA: .54

QUESTION #: 27 This advisor may be:
OPTION: a lawyer
QUESTIONNAIRE: 20
POLICIES/PROCEDURES: 12
ALPHA: .65

QUESTION #: 27 This advisor may be:
OPTION: not a lawyer
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 3
ALPHA: .56

QUESTION #: 27 This advisor may be:
OPTION: an active participant
QUESTIONNAIRE: 13
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 27 This advisor may be:
OPTION: only a passive participant
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 27 This advisor may be:
OPTION: active if requested to be
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 2
ALPHA: .68

QUESTION #: 28 Instructor has right to counsel at hearing:
OPTION: yes
QUESTIONNAIRE: 19
POLICIES/PROCEDURES: 2
ALPHA: .55

QUESTION #: 28 Instructor has right to counsel at hearing:
OPTION: no
QUESTIONNAIRE: 28
POLICIES/PROCEDURES: 8
ALPHA: .54

QUESTION #: 29 This advisor may be:
OPTION: a lawyer
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 3
ALPHA: .56

QUESTION #: 29 This advisor may be:
OPTION: not a lawyer
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 29 This advisor may be:
OPTION: an active participant
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 29 This advisor may be:
OPTION: only a passive participant
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 29 This advisor may be:
OPTION: active if requested to be
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 1
ALPHA: .57

QUESTION #: 30 Student able to provide written submission?
OPTION: yes
QUESTIONNAIRE: 57
POLICIES/PROCEDURES: 13
ALPHA: .51

QUESTION #: 30 Student able to provide written submission?
OPTION: no
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 2
ALPHA: .50

QUESTION #: 31 Student's clinical instructor provide written
OPTION: yes
QUESTIONNAIRE: 57
POLICIES/PROCEDURES: 12
ALPHA: .51

QUESTION #: 31 Student's clinical instructor provide written
OPTION: no
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 32 Documentation of Grievance Review involves:
OPTION: tape recording
QUESTIONNAIRE: 3
POLICIES/PROCEDURES: 0
ALPHA: .52

QUESTION #: 32 Documentation of Grievance Review involves:
OPTION: written transcript
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 4
ALPHA: .55

QUESTION #: 32 Documentation of Grievance Review involves:
OPTION: written summary
QUESTIONNAIRE: 46
POLICIES/PROCEDURES: 5
ALPHA: .50

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: student
QUESTIONNAIRE: 49
POLICIES/PROCEDURES: 22
ALPHA: .55

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: student's clinical instructor
QUESTIONNAIRE: 42
POLICIES/PROCEDURES: 6
ALPHA: .52

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: nursing program standing ctte.
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 2
ALPHA: .64

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: head of nursing program
QUESTIONNAIRE: 35
POLICIES/PROCEDURES: 9
ALPHA: .54

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: head of institution
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 0
ALPHA:

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: registrar
QUESTIONNAIRE: 14
POLICIES/PROCEDURES: 3
ALPHA: .51

QUESTION #: 34 Outcome of Grievance Review is reported to:
OPTION: dean of division, school, faculty
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 2
ALPHA: .56

QUESTION #: 35 If student disagrees is there a formal appeal?
OPTION: yes
QUESTIONNAIRE: 49
POLICIES/PROCEDURES: 46
ALPHA: .57

QUESTION #: 35 If student disagrees is there a formal appeal?
OPTION: no
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 2
ALPHA: .56

QUESTION #: 36 Length of time between request and hearing is:
OPTION: specified in nursing program policy
QUESTIONNAIRE: 21
POLICIES/PROCEDURES: 31
ALPHA: .55

QUESTION #: 36 Length of time between request and hearing is:
OPTION: specified in institutional policy
QUESTIONNAIRE: 28
POLICIES/PROCEDURES: 14
ALPHA: .73

QUESTION #: 36 Length of time between request and hearing is:
OPTION: not specified
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 6
ALPHA: .51

QUESTION #: 37 Procedures for an Appeal Hearing are:
OPTION: written
QUESTIONNAIRE: 48
POLICIES/PROCEDURES: 46
ALPHA: .54

QUESTION #: 37 Procedures for an Appeal Hearing are:
OPTION: unwritten
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 6
ALPHA: .51

QUESTION #: 38 Procedures for Appeal Hearing include:
OPTION: interviewing student in presence of instructor
QUESTIONNAIRE: 26
POLICIES/PROCEDURES: 21
ALPHA: .60

QUESTION #: 38 Procedures for Appeal Hearing include:
OPTION: interviewing clinical instructor in presence of stude
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 21
ALPHA: .60

QUESTION #: 38 Procedures for Appeal Hearing include:
OPTION: interviewing instructor alone
QUESTIONNAIRE: 26
POLICIES/PROCEDURES: 1
ALPHA: .52

QUESTION #: 38 Procedures for Appeal Hearing include:
OPTION: interviewing student alone
QUESTIONNAIRE: 26
POLICIES/PROCEDURES: 4
ALPHA: .54

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: students
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 23
ALPHA: .63

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: nursing faculty from program
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 25
ALPHA: .65

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: nurse educator from outside
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 3
ALPHA: .58

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: non-nursing faculty
QUESTIONNAIRE: 22
POLICIES/PROCEDURES: 14
ALPHA: .59

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: hearing officer
QUESTIONNAIRE: 14
POLICIES/PROCEDURES: 3
ALPHA: .53

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: head of institution
QUESTIONNAIRE: 10
POLICIES/PROCEDURES: 6
ALPHA: .59

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: immediate supervisor of nursing program head
QUESTIONNAIRE: 11
POLICIES/PROCEDURES: 11
ALPHA: .59

QUESTION #: 39 Appeal Hearing panel is composed of:
OPTION: head of nursing program
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 6
ALPHA: .56

QUESTION #: 40 Review is directed towards:
OPTION: validity of observations
QUESTIONNAIRE: 34
POLICIES/PROCEDURES: 5
ALPHA: .52

QUESTION #: 40 Review is directed towards:
OPTION: fairness and reasonableness
QUESTIONNAIRE: 48
POLICIES/PROCEDURES: 11
ALPHA: .54

QUESTION #: 40 Review is directed towards:
OPTION: procedures used
QUESTIONNAIRE: 41
POLICIES/PROCEDURES: 8
ALPHA: .53

QUESTION #: 41 Individuals are interviewed?
OPTION: yes
QUESTIONNAIRE: 44
POLICIES/PROCEDURES: 30
ALPHA: .55

QUESTION #: 41 Individuals are interviewed?
OPTION: no
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 42 Who is interviewed?
OPTION: student
QUESTIONNAIRE: 44
POLICIES/PROCEDURES: 30
ALPHA: .54

QUESTION #: 42 Who is interviewed?
OPTION: student's peers
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 42 Who is interviewed?
OPTION: student's clinical instructor
QUESTIONNAIRE: 40
POLICIES/PROCEDURES: 21
ALPHA: .54

QUESTION #: 42 Who is interviewed?
OPTION: head of nursing program
QUESTIONNAIRE: 25
POLICIES/PROCEDURES: 2
ALPHA: .53

QUESTION #: 42 Who is interviewed?
OPTION: individual who conducted Grievance Review
QUESTIONNAIRE: 15
POLICIES/PROCEDURES: 4
ALPHA: .54

QUESTION #: 43 Student has right to an advisor?
OPTION: yes
QUESTIONNAIRE: 37
POLICIES/PROCEDURES: 25
ALPHA: .59

QUESTION #: 43 Student has right to an advisor?
OPTION: no
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 2
ALPHA: .46

QUESTION #: 44 This advisor may be:
OPTION: a lawyer
QUESTIONNAIRE: 25
POLICIES/PROCEDURES: 17
ALPHA: .59

QUESTION #: 44 This advisor may be:
OPTION: not a lawyer
QUESTIONNAIRE: 19
POLICIES/PROCEDURES: 11
ALPHA: .54

QUESTION #: 44 This advisor may be:
OPTION: an active participant
QUESTIONNAIRE: 14
POLICIES/PROCEDURES: 7
ALPHA: .59

QUESTION #: 44 This advisor may be:
OPTION: only a passive participant
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 5
ALPHA: .51

QUESTION #: 44 This advisor may be:
OPTION: active participant if requested
QUESTIONNAIRE: 12
POLICIES/PROCEDURES: 6
ALPHA: .56

File: CONTINGENCY Pa_
Report: AGREEMENT ASSESSM'T

QUESTION #: 23 Girevance REview of evaluative decision is dir
OPTION: validity of observations
QUESTIONNAIRE: 46
POLICIES/PROCEDURES: 8
ALPHA: .54

QUESTION #: 23 Girevance REview of evaluative decision is dir
OPTION: fairness and reasonableness of evaluation
QUESTIONNAIRE: 55
POLICIES/PROCEDURES: 8
ALPHA: .51

QUESTION #: 23 Girevance REview of evaluative decision is dir
OPTION: procedures used
QUESTIONNAIRE: 50
POLICIES/PROCEDURES: 8
ALPHA: .52

QUESTION #: 24 Individuals interviewed:
OPTION: yes
QUESTIONNAIRE: 49
POLICIES/PROCEDURES: 26
ALPHA: .54

QUESTION #: 24 Individuals interviewed:
OPTION: no
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 4
ALPHA: .55

QUESTION #: 25 Who is usually interviewed?
OPTION: student
QUESTIONNAIRE: 50
POLICIES/PROCEDURES: 25
ALPHA: .52

QUESTION #: 25 Who is usually interviewed?
OPTION: student's peers
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 25 Who is usually interviewed?
OPTION: student's clinical instructor
QUESTIONNAIRE: 47
POLICIES/PROCEDURES: 13
ALPHA: .53

QUESTION #: 45 Clinical instructor has right to an advisor?
OPTION: yes
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 10
ALPHA: .33

QUESTION #: 45 Clinical instructor has right to an advisor?
OPTION: no
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 3
ALPHA: .54

QUESTION #: 46 This advisor may be:
OPTION: a lawyer
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 8
ALPHA: .55

QUESTION #: 46 This advisor may be:
OPTION: not a lawyer
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 4
ALPHA: .54

QUESTION #: 46 This advisor may be:
OPTION: an active participant
QUESTIONNAIRE: 11
POLICIES/PROCEDURES: 6
ALPHA: .53

QUESTION #: 46 This advisor may be:
OPTION: only a passive participant
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 46 This advisor may be:
OPTION: active if requested
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 47 Documents to be assessed include:
OPTION: written submission by head of program
QUESTIONNAIRE: 23
POLICIES/PROCEDURES: 4
ALPHA: .53

QUESTION #: 47 Documents to be assessed include:
OPTION: written submission by student's clinical instructor
QUESTIONNAIRE: 32
POLICIES/PROCEDURES: 6
ALPHA: .62

QUESTION #: 47 Documents to be assessed include:
OPTION: written submission by student
QUESTIONNAIRE: 43
POLICIES/PROCEDURES: 11
ALPHA: .53

QUESTION #: 47 Documents to be assessed include:
OPTION: written submission by student's advisor
QUESTIONNAIRE: 15
POLICIES/PROCEDURES: 1
ALPHA: .53

QUESTION #: 47 Documents to be assessed include:
OPTION: student's evaluation report
QUESTIONNAIRE: 36
POLICIES/PROCEDURES: 3
ALPHA: .52

QUESTION #: 47 Documents to be assessed include:
OPTION: anecdotal notes about student's performance
QUESTIONNAIRE: 31
POLICIES/PROCEDURES: 2
ALPHA: .65

QUESTION #: 47 Documents to be assessed include:
OPTION: student's written assignments
QUESTIONNAIRE: 30
POLICIES/PROCEDURES: 2
ALPHA: .52

QUESTION #: 47 Documents to be assessed include:
OPTION: student's previous evaluation reports
QUESTIONNAIRE: 27
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 47 Documents to be assessed include:
OPTION: student's entire file
QUESTIONNAIRE: 28
POLICIES/PROCEDURES: 5
ALPHA: .52

QUESTION #: 48 Evidence permitted at the hearing:
OPTION: invited by hearing officer
QUESTIONNAIRE: 23
POLICIES/PROCEDURES: 6
ALPHA: .54

QUESTION #: 48 Evidence permitted at the hearing:
OPTION: invited by the hearing panel
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 2
ALPHA: .53

QUESTION #: 48 Evidence permitted at the hearing:
OPTION: invited by student
QUESTIONNAIRE: 21
POLICIES/PROCEDURES: 7
ALPHA: .54

QUESTION #: 48 Evidence permitted at the hearing:
OPTION: invited by clinical instructor
QUESTIONNAIRE: 15
POLICIES/PROCEDURES: 5
ALPHA: .52

QUESTION #: 48 Evidence permitted at the hearing:
OPTION: invited by head of nursing program
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 3
ALPHA: .55

QUESTION #: 49 Witnesses permitted at the hearing:
OPTION: invited by hearing officer
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 5
ALPHA: .56

QUESTION #: 49 Witnesses permitted at the hearing:
OPTION: invited by hearing panel
QUESTIONNAIRE: 13
POLICIES/PROCEDURES: 4
ALPHA: .53

QUESTION #: 49 Witnesses permitted at the hearing:
OPTION: invited by the student
QUESTIONNAIRE: 10
POLICIES/PROCEDURES: 3
ALPHA: .54

QUESTION #: 49 Witnesses permitted at the hearing:
OPTION: invited by clinical instructor
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 49 Witnesses permitted at the hearing:
OPTION: invited by head of nursing program
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 2
ALPHA: .50

QUESTION #: 50 Hearing is:
OPTION: open to public
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 50 Hearing is:
OPTION: closed to public
QUESTIONNAIRE: 40
POLICIES/PROCEDURES: 25
ALPHA: .56

QUESTION #: 50 Hearing is:
OPTION: normally open, but can be closed
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 50 Hearing is:
OPTION: normally closed, but can be open
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 1
ALPHA: .56

QUESTION #: 51 documentation of the hearing includes:
OPTION: tape recording hearing
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 2
ALPHA: .60

QUESTION #: 51 documentation of the hearing includes:
OPTION: preparing written transcript
QUESTIONNAIRE: 10
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 51 documentation of the hearing includes:
OPTION: preparing a written summary
QUESTIONNAIRE: 41
POLICIES/PROCEDURES: 7
ALPHA: .53

QUESTION #: 52 Outcome of hearing is reported as:
OPTION: a recommendation
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 3
ALPHA: .54

QUESTION #: 52 Outcome of hearing is reported as:
OPTION: a summary of findings
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 4
ALPHA: .51

QUESTION #: 52 Outcome of hearing is reported as:
OPTION: a decision
QUESTIONNAIRE: 36
POLICIES/PROCEDURES: 27
ALPHA: .40

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: student
QUESTIONNAIRE: 41
POLICIES/PROCEDURES: 20
ALPHA: .55

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: student's clinical instructor
QUESTIONNAIRE: 22
POLICIES/PROCEDURES: 7
ALPHA: .54

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: head of nursing program
QUESTIONNAIRE: 41
POLICIES/PROCEDURES: 15
ALPHA: .53

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: registrar of institution
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 4
ALPHA: .52

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: dean of division, school, faculty
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 9
ALPHA: .61

QUESTION #: 53 Outcome of hearing is reported to:
OPTION: head of institution
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 5
ALPHA: .54

QUESTION #: 54 Student is informed of outcome by:
OPTION: chairperson of hearing panel
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 10
ALPHA: .54

QUESTION #: 54 Student is informed of outcome by:
OPTION: hearing officer
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 1
ALPHA: .57

QUESTION #: 54 Student is informed of outcome by:
OPTION: head of institution
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 54 Student is informed of outcome by:
OPTION: immediate supervisor of nursing program head
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 2
ALPHA: .52

QUESTION #: 55 Appeal Hearing officer or panel have power to:
OPTION: only make recommendations
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 3
ALPHA: .51

QUESTION #: 55 Appeal Hearing officer or panel have power to:
OPTION: only make a decision as to fairness or reasonableness
QUESTIONNAIRE: 12
POLICIES/PROCEDURES: 4
ALPHA: .61

QUESTION #: 55 Appeal Hearing officer or panel have power to:
OPTION: change student's clinical mark
QUESTIONNAIRE: 19
POLICIES/PROCEDURES: 6
ALPHA: .54

QUESTION #: 56 Outcome of hearing is placed on student's file
OPTION: yes
QUESTIONNAIRE: 35
POLICIES/PROCEDURES: 5
ALPHA: .52

QUESTION #: 56 Outcome of hearing is placed on student's file
OPTION: no
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 4
ALPHA: .58

QUESTION #: 57 Resulting documentation placed on student's fi
OPTION: copy of hearing decision
QUESTIONNAIRE: 30
POLICIES/PROCEDURES: 4
ALPHA: .53

QUESTION #: 57 Resulting documentation placed on student's fi
OPTION: copy of hearing proceedings
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 57 Resulting documentation placed on student's fi
OPTION: summary of hearing proceedings
QUESTIONNAIRE: 18
POLICIES/PROCEDURES: 3
ALPHA: .52

QUESTION #: 58 Institutional Student Appeal available to stud
OPTION: yes
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 17
ALPHA: .60

QUESTION #: 58 Institutional Student Appeal available to stud
OPTION: no
QUESTIONNAIRE: 32
POLICIES/PROCEDURES: 20
ALPHA: .59

QUESTION #: 59 Requirement for Institutional Student Appeal i
OPTION: yes
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 1
ALPHA: .52

QUESTION #: 59 Requirement for Institutional Student Appeal i
OPTION: no
QUESTIONNAIRE: 24
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: institution's calendar
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 6
ALPHA: .56

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: student handbook
QUESTIONNAIRE: 15
POLICIES/PROCEDURES: 3
ALPHA: .53

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: student newspaper
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 0
ALPHA: .52

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: student orientation materials
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: institution's policy manual
QUESTIONNAIRE: 9
POLICIES/PROCEDURES: 1
ALPHA: .55

QUESTION #: 61 Institutional Student Appeal information conta
OPTION: students not made aware of appeal
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 62 Length of time students have to initiate reque
OPTION: specified in legislative act
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 62 Length of time students have to initiate reque
OPTION: specified in institutional policy
QUESTIONNAIRE: 20
POLICIES/PROCEDURES: 12
ALPHA: .56

QUESTION #: 62 Length of time students have to initiate reque
OPTION: not specified
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 63 documentation used during appeal is restricted
OPTION: yes
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 2
ALPHA: .58

QUESTION #: 63 documentation used during appeal is restricted
OPTION: no
QUESTIONNAIRE: 10
POLICIES/PROCEDURES: 0
ALPHA:
.54
QUESTION #: 64 Additional documents assessed:
OPTION: student's clinical evaluation
QUESTIONNAIRE: 12
POLICIES/PROCEDURES: 1
ALPHA: .50

QUESTION #: 64 Additional documents assessed:
OPTION: anecdotal notes about student's performance
QUESTIONNAIRE: 11
POLICIES/PROCEDURES: 1
ALPHA: .54

QUESTION #: 64 Additional documents assessed:
OPTION: student's written assignments
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 64 Additional documents assessed:
OPTION: student's entire file
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 1
ALPHA: .55

QUESTION #: 64 Additional documents assessed:
OPTION: written submission by head of nursing program
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 1
ALPHA: .55

QUESTION #: 64 Additional documents assessed:
OPTION: written submission by clinical instructor
QUESTIONNAIRE: 13
POLICIES/PROCEDURES: 1
ALPHA: .55

QUESTION #: 64 Additional documents assessed:
OPTION: written submission by student
QUESTIONNAIRE: 12
POLICIES/PROCEDURES: 1
ALPHA: .54

QUESTION #: 65 Appeal conducted by:
OPTION: head of institution
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 2
ALPHA: .62

QUESTION #: 65 Appeal conducted by:
OPTION: sub-committee of Senate
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 2
ALPHA: .57

QUESTION #: 65 Appeal conducted by:
OPTION: sub-committee of Board of Governors
QUESTIONNAIRE: 3
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 65 Appeal conducted by:
OPTION: sub-committee of Board of Trustees
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 66 Aspects of evaluative decision appeal is direc
OPTION: validity of observations
QUESTIONNAIRE: 12
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 66 Aspects of evaluative decision appeal is direc
OPTION: fairness and reasonableness
QUESTIONNAIRE: 22
POLICIES/PROCEDURES: 6
ALPHA: .57

QUESTION #: 66 Aspects of evaluative decision appeal is direc
OPTION: procedures used
QUESTIONNAIRE: 16
POLICIES/PROCEDURES: 5
ALPHA: .58

QUESTION #: 67 Documentation of appeal includes:
OPTION: tape recording proceedings
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 1
ALPHA: .57

QUESTION #: 67 Documentation of appeal includes:
OPTION: preparing written transcript
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 67 Documentation of appeal includes:
OPTION: preparing written summary
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 2
ALPHA: .55

QUESTION #: 68 Outcome of appeal is reported as:
OPTION: recommendations
QUESTIONNAIRE: 2
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 68 Outcome of appeal is reported as:
OPTION: summary of findings
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 68 Outcome of appeal is reported as:
OPTION: decision
QUESTIONNAIRE: 15
POLICIES/PROCEDURES: 10
ALPHA: .55

QUESTION #: 69 Reviewers have power to:
OPTION: only make recommendations for nursing faculty
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 69 Reviewers have power to:
OPTION: only make decision re: fairness or reasonableness
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 69 Reviewers have power to:
OPTION: change nursing student's mark
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 0
ALPHA: .51

QUESTION #: 70 Outcome of appeal is reported to:
OPTION: head of institution
QUESTIONNAIRE: 8
POLICIES/PROCEDURES: 2
ALPHA: .62

QUESTION #: 70 Outcome of appeal is reported to:
OPTION: Senate of institution
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 2
ALPHA: .51

QUESTION #: 70 Outcome of appeal is reported to:
OPTION: Board of Governors
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 70 Outcome of appeal is reported to:
OPTION: Board of Trustees
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 0
ALPHA: 1.00

QUESTION #: 71 Student is informed of outcome by:
OPTION: head of institution
QUESTIONNAIRE: 7
POLICIES/PROCEDURES: 2
ALPHA: .64

QUESTION #: 71 Student is informed of outcome by:
OPTION: chairman of Senate
QUESTIONNAIRE: 4
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 71 Student is informed of outcome by:
OPTION: chairman of Board of Governors
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 71 Student is informed of outcome by:
OPTION: chairman of Board of Trustees
QUESTIONNAIRE: 0
POLICIES/PROCEDURES: 0
ALPHA: 1.00

QUESTION #: 71 Student is informed of outcome by:
OPTION: registrar of institution
QUESTIONNAIRE: 6
POLICIES/PROCEDURES: 1
ALPHA: .51

QUESTION #: 72 Outcome of appeal is placed on student's file
OPTION: yes
QUESTIONNAIRE: 19
POLICIES/PROCEDURES: 3
ALPHA: .54

QUESTION #: 72 Outcome of appeal is placed on student's file
OPTION: no
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 73 Resulting documentation placed on student's fi
OPTION: copy of decision
QUESTIONNAIRE: 17
POLICIES/PROCEDURES: 3
ALPHA: .57

QUESTION #: 73 Resulting documentation placed on student's fi
OPTION: copy of proceedings
QUESTIONNAIRE: 1
POLICIES/PROCEDURES: 0
ALPHA: .50

QUESTION #: 73 Resulting documentation placed on student's fi
OPTION: summary of proceedings
QUESTIONNAIRE: 5
POLICIES/PROCEDURES: 1
ALPHA: .60