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A STUDY OF THE AGREEMENT BETWEEN STUDENT SELF-ASSESSMENT  
AND INSTRUCTOR RATINGS

by

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## CHAPTER I

### INTRODUCTION

Dietitians as health care professionals are becoming increasingly aware of the need for self-assessment to assure quality in the delivery of nutritional care. This awareness was evidenced in 1973 by the action of the Executive Board of The American Dietetic Association in appointing a Professional Standards Review Committee (1). Among the important charges to this committee was that of developing guidelines for self-evaluation. In the guidelines the standards for dietetic practice which govern professional performance of dietitians were delineated. Subsequently, in the Essentials for Coordinated Undergraduate Programs in Dietetics the following statement has been added: "there is a plan for student evaluation, including self and peer evaluation" (2).

Concern by professionals about the performance of fellow practitioners has led to an emphasis on competency-based dietetic education programs. Competency is defined as the minimum knowledge, skills, affective behavior, and judgment which an individual is certified to possess on a set of criteria and level of expectation (3). As indicated in the definition, competency includes knowledge which is in the cognitive domain, skill in the psychomotor, and

attitude or judgment in the affective domain. Measurement of the cognitive domain is not a reliable indicator of competency in the total practice of a profession (4). Evaluation of competency can best be made by observation of a person's performance when confronted with situations requiring the exercise of the essential knowledge, skills, and judgment of a professional (5).

Hart (6), in her advocacy that the dietetic educators apply concepts of competency based education to dietetic curricula, introduced the unique thought that the learner expects to be held accountable for meeting the established criteria. A further support of this concept is attributed to Hepner and Hepner (7) cited in *The Dynamics of Clinical Dietetics* by Mason, Wenberg and Welsch (8). The citation is that there must be a "marriage" of the educational process and the professional environment, inferring that accountability for the future practitioner is extended to include current practitioners. It is the latter who serve as role models and participate in providing the real-world environment for learners to demonstrate competency for entry into beginning practice and professional qualifications.

The problem of the academician has been how to evaluate student development in a competency-based education program. The clinical component and to a lesser degree the didactic in a coordinated undergraduate program in dietetics approximates professional practice and thus

provides an opportunity for competency evaluation. The critical incident technique of evaluation appears to be well suited for this purpose since it involves both student and instructor observing and recording the students' performance in actual professional practice situations. An evaluation instrument using the critical incident technique has been developed, implemented, and used by both students and instructors at Kansas State University in evaluating the level of effective performance during the clinical component of the management phase in the coordinated undergraduate program. This instrument and the associated technique has now been modified for use in the clinical phase of the program.

Clinical instructors realize that student self-evaluation is a concomitant of the critical incident method. They have indicated that the critical incident technique of evaluation has served as an effective tool in encouraging the student to evaluate performance against set criteria and expected levels of performance. Faculty members have observed that student critiques of their own performance are a result of documenting, categorizing, and assessing the level of effectiveness of performances. In the process of evaluation of personal performance with this tool, the student is accountable for the behavior in each critical incident.

The critical incident technique of evaluation encourages the student to ask questions about any activity being

essayed, identify strengths and weaknesses of performance, correct weaknesses, and build on strengths. Using this technique appears to facilitate student assessment of performance in terms of established standards of professional practice. Johnson and Hurley (5) cited the Allport belief (9) that the theory of inferential judgment explains why people know best those who are most like themselves and if this premise is accepted, the student, not the observer, knows himself best.

The purpose of this study was to determine the degree of agreement between student self-evaluation and that of instructors with usage of the critical incident technique. The comparisons made in this study were essentially those of the level of agreement (role agreement) among practitioners and role learners. Support for the concept of role consensus agreement was found in the extensive study in 1974 by Schiller and Vivian (10). This study was at the professional level of physician and practicing dietitian. The obvious distinction between that study and this is two-fold: 1) the role agreement to be ascertained is that between two levels of the same discipline, namely a senior dietetic student and a professional dietitian instructor and 2) a proven evaluative technique was used instead of a survey.



## CHAPTER II

### REVIEW OF LITERATURE

The available literature on methods for students' self-evaluation is sparse. Although the desirability of self-evaluation has been discussed often, including its use in dietetic education, the paucity of literature indicates that little research has been done on the development of appropriate techniques.

During a three year period of usage, the method of evaluation developed by Shubert (11) was used by instructors to make subjective assessments of performance of student social workers in field experiences (12). The base of the evaluation method consisted of 35 statements pertaining to the competency of the social worker. Each statement had a rating scale ranging from "very high," indicating ideal performance, to "very low." Criteria were defined for each of the rating levels (11). Experience indicated that the performance rating scales were also effective in permitting students to self-evaluate performance.

Toban (13) investigated the effect of praise or criticism on the self-assessment of 47 nonprofessional social worker trainees. The self-assessment was evidenced in a questionnaire concerning the helping functions of community

health workers. The responses to each item were on a numerical scale. The scale range was for the judgment of proficiency in a particular function from "best" for the nonprofessional to "best" for the professional worker. The division of the group was based on performance ratings by supervisors with the dividing line at the fiftieth percentile. Workers with ratings above this percentile were considered praised and those with ratings below were considered criticized. Informal interviews with the trainees indicated they had discussed performance ratings with each other, and the assumption was that they felt accordingly praised or criticized.

Results from the Toban study (13) in which trainees in both the criticized and praised groups had rated their performance superior to that of the professional social worker in six social work functions, were interpreted as highly inflated self-assessment. An interesting comment was that students proud of newly acquired skills might tend to overestimate their ability and if praise was given by supervisors, the attendant exhilaration could color both the self-assessment and the student's view of the training program. The results of this study confirmed that both praise and criticism inhibit the development of self-critical ability.

A study was designed by McKay and Harrison (14) to determine if self-critique by videotapes of a practice session was as effective for learning a nursing skill as

were teacher critiques of the session. Seventy nursing students were assigned randomly to either the self-critique or teacher critique treatment. All students participated in a practice session with one of the two critique treatments, and then completed two post critique performances of the procedure. The results of this indicated that the self-critique and teacher critique method produced the same learning level.

Barrows and Tamblyn (15) developed an alternative method for evaluating clinical skills in an attempt to reduce the faculty time required to assess accurately medical student's clinical skills through observation or review of videotape encounters. They designed a "self-assessment unit" that allowed the student to make a personal evaluation without the need of a faculty observer.

Evaluation of the effectiveness of the "self-assessment unit" indicated some definite advantages in using student self-assessment of performance over traditional faculty evaluation. Student self-assessment capitalized on the student's personal concerns about performance. The method also covered a broad taxonomy of ability beyond clinical skills, including retention of information and problem solving. The authors found that the greatest advantage of this self-evaluation tool was that the student could employ it himself, without faculty or peers, whenever evaluation of progress was important. Barrows and Tamblyn (15) viewed self-evaluation as a

critical activity throughout the physician's professional life. They expressed the hope that the self-assessment unit would help the student develop requisite skills and positive attitudes toward self-evaluation.

Bailey (16) conducted a one-year study to assist teachers in developing student self-assessment materials and to evaluate the impact of these materials on teacher and student behavior and attitudes. Three elementary teachers with a total of 92 students and three secondary teachers with 74 students participated in the study. Each of the six teachers developed four sequential concept packages which were administered to their students. The teachers concluded that age level of the student was not the most significant factor in self-assessment, but that the format of the material, vocabulary, and sequencing of simple to complex concepts more seriously affected the success of the materials. Bailey stated that the researchers were excited about the enthusiasm exhibited by the teachers for the concept of student self-assessment. The study however, was limited by the lack of control over teachers and students and the unavailability of a tool for measuring teacher and student attitudinal and behavioral changes.

Ingalsbe (4) developed an instrument based on the critical incident technique to evaluate the performance of students in the didactic and clinical component during the management phase of a junior course of the Coordinated

Undergraduate Program in Dietetics at Kansas State University. Her objective was the development of an instrument to aid instructors in evaluating a student's clinical performance objectively. The behavioral activity categories were developed, each with corresponding "behaviors to be encouraged" or "suggestions for improvement." During the clinical experiences, instructors, practitioners, peers, and the students recorded incidents in which specific behaviors occurred. These behaviors were then incorporated in the instrument for each student thus giving a profile of the level of attainment within each activity category.

### CHAPTER III

#### METHODOLOGY

The purpose of this research was to investigate the effectiveness of the critical incident technique of evaluation as a tool for self-evaluation of performance by senior students in the clinical phase of a generalist coordinated undergraduate program in dietetics. The instrument used was a modification of one developed by Ingalsbe (4) for the management phase of the program. The modification consisted in the slight alteration of a few of the behavioral activity categories to fit the clinical experiences of senior students in the KSU Dietetic Center in Wichita (Appendix).

During the past two years instructors and students in Wichita have used this instrument to record student performance in critical incidents in both the didactic and clinical components. Each observed incident has been classified into one or more of ten activity categories at the level of behavior as judged by instructor or student. Feedback was given to a student by the instructor immediately after the observation of a critical incident, and frequently the feedback conference has been initiated by the student.

Records of the observed critical incidents for each student were kept in an open file and formed the basis for the three evaluation sessions for each student during the semester. These evaluation sessions were scheduled for the sixth, eleventh, and sixteenth week of each semester. Prior to these evaluation sessions, the individual records of critical incidents were transferred to the major instrument by the instructor, thus giving a profile of the student development. Concurrently each student brought to these evaluation sessions a copy of the instrument embodying the student's personal perception of performance. The evaluation sessions focused on a discussion of the apparent differences between self evaluations and those of instructors.

This study consisted in an examination and comparison of a summary critical incident instrument from the instructor and the student at each of the three evaluation periods during each of the three semesters. The comparison was that of the degree of agreement between the judgment of the instructor and student in the assessment of student behavioral categories.

#### Population

The population for this study consisted of 12 first semester and 31 second semester seniors in the Coordinated Undergraduate Program enrolled in the clinical courses at the KSU Dietetic Center in Wichita during three semesters.

The students in this study were in three groups identified as follows:

<u>Group</u>	<u>Number of Students</u>	<u>Semester</u>
1	12	Spring 1977
2	17	Fall 1977
3	14	Spring 1978

During these three semesters, each with three evaluation periods, a total of 645 summary evaluations came from the student and an equal number from the instructor.

These students were enrolled for a total of fifteen credit hours in the following courses each semester: Applied Normal Nutrition, Nutrition in Medical Science, and Nutritional Care of the Patient. An integral part of the total credit hours was the assignment of students to approximately thirty hours a week in the clinical facilities. These facilities were community hospitals and health service agencies in Wichita, Kansas.

#### Current Study

This study did not involve the development of any instruments for the collection of new data. All the evaluation data from both the student sources and the three instructors in the KSU Dietetic Center in Wichita were available for use in the current study. This secondary use of data avoided any bias which can occur when data are collected for one specific purpose. The data on all the final instruments were coded to permit determination of the degree of agreement between student and instructor assess-



ments of the attained level in each of the categories of activities. Both the students and the instructors had indicated separately on individual copies of the instrument the level of development considered attained in each category.

For coding purposes, the letter designations in the categories which ranged from "a" to "e" were converted into numerals with "a" as "1". The computer was programmed to assay the agreement of ratings in accordance with the following instructions: the identical number for a category in the two sets of data was counted as agreement. A number in one series in comparison with a number in the other, one unit lower was counted as close agreement. A difference between the rating numbers greater than one was counted as nonagreement (Table I).

A t-test for related samples was computed to compare instructor and student mean assessments in each activity category. Also, the degree of agreement between the selection of behavioral level by each group was determined by computing the percentage of matched pairs of instructors and students who were in close agreement on the assessments. This analysis was completed separately for each of the three evaluation periods, namely the sixth, eleventh, and sixteenth weeks of each semester.

Table 1: Definition of close agreement

activity category	instructor	student
category 1	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
	5	5,4
	6	6,5
category 2	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
	5	5,4
	6	6,5
category 3	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
	5	5,4
	6	6,5
category 4	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
category 5	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
category 6	0	0
	1	1
	2	2,1
	3	3,2
category 7	0	0
	1	1
	2	2,1
	3	3,2
	4	4,3
	5	5,4

Table 1: (cont.)

activity category	instructor	student
category 8	0	0
	1	1
	2	2
category 9	0	0
	1	1
category 10	0	0
	1	1
	2	2
	3	3
	4	4

## CHAPTER IV

### RESULTS AND DISCUSSIONS

The analyses were made on the data of this study. The first, precisely related to the objective, was for the degree of agreement between students and instructors on the level of student performance in each activity category for the three evaluation periods (Table 2) based upon the definitions in Table 1 (pgs. 14 and 15). Discussion of Table 2 was difficult without frequent reference to Table 3 which contained data supportive of the agreement percentages in Table 2. Table 3 was a comparison of instructor and student assessment of performance levels within each category for the three evaluation periods.

#### First Evaluation Period

The most striking observation on the data in Table 2 was the increase in agreement between students and instructors as the end of the semester approached. In the first evaluation period, the student self-evaluated performance lower than did the instructor in all activity categories. The difference was significant at the indicated probabilities in categories 6 and 7. The greatest degree of agreement was found in categories 4, "observing, reporting and documenting," 5, "relating to instructors, peers, managers, and clientele," and 6, "adaptability to

Table 2: Degree of agreement between students and instructors on the level of student performance in each activity category for the three evaluation periods

activity categories	evaluation periods <sup>1</sup>		
	first	second	third
	% agreement <sup>2</sup>		
1. planning and organizing	79.1	93.0	86.0
2. gathering and evaluating data	79.1	83.7	90.7
3. applying scientific principles to clinical dietetics	79.1	95.3	83.7
4. observing, reporting, documenting	88.4	88.4	90.7
5. relating to instructors, managers, employees, peers, and clientele	83.7	93.0	93.0
6. adaptability to new or stressful situations	86.0	95.3	95.3
7. using learning opportunities	76.7	88.4	86.0
8. using creativity	58.1	74.4	86.0
9. acceptance of professional	65.1	86.0	100.0
10. judgment regarding professional values	60.5	86.0	97.7

<sup>1</sup>First evaluation - during the sixth week of semester; second - during eleventh week; third - at end of semester (sixteenth week).

<sup>2</sup>% agreement = relative number of times the student (N = 43) and instructor assessments were in close agreement.

Table 2: (cont.)			
activity categories	evaluation periods		
	first	second	third
combined evaluation <sup>3</sup>	75.6	88.4	90.9

<sup>3</sup>Assessment from all ten categories combined to determine degree of agreement (N = 430 evaluation).

Table 3: Comparison of instructor and student assessment of performance level within each category for the three evaluation periods

activity categories	maximum performance level	mean assessment by evaluation period					
		first		second		third	
		instructor student	instructor student	instructor student	instructor student	instructor student	instructor student
1. planning and organizing	6	5.02 ±.51	4.88 ±.76	5.54 ±.55	5.49 ±.67	5.61 ±.54	5.68 ±.52
2. gathering and evaluating data	6	4.81 ±.73	4.77 ±.99	5.47 ±.55	5.47 ±.63	5.63 ±.49	5.72* ±.45
3. applying scientific principles to clinical dietetics	6	4.63 ±1.09	4.63 ±1.09	5.48 ±.67	5.51 ±.55	5.60 ±.54	5.70 ±.47
4. observing, reporting, documenting	4	3.14 ±.47	3.14 ±.47	3.36 ±.53	3.40 ±.54	3.86 ±.35	3.92 ±.26
5. relating to instructors, managers, employees, peers and clientele	4	3.16 ±.72	3.14 ±.77	3.53 ±.59	3.56 ±.67	3.65 ±.61	3.72 ±.45
6. adaptability to new and stressful situations	3	2.67 ±.52	2.26*** ±.80	2.80 ±.32	2.33 ±.32	2.95 ±.21	3.00 ±.00
7. using learning opportunities	5	4.23 ±.67	3.95* ±1.02	4.77 ±.48	4.86 ±.41	4.76 ±.55	4.88 ±.33

t = students

Test for related samples used to study differences in student and instructor mean assessment.

\*p < .05

\*\*\*p < .001

Table 3: (cont.)

activity categories	maximum performance level	mean assessment by evaluation period					
		first		second		third	
		instructor	student	instructor	student	instructor	student
		mean		s.d.		mean	
8. using creativity	2	1.52 ±.51	1.36 ±.49	1.76 ±.44	1.81 ±.53	1.93 ±.27	2.00 ±.00
9. acceptance of professional responsibility	2	1.83 ±.33	1.66 ±.43*	1.93 ±.26	1.93 ±.26	2.00 ±.00	2.00 ±.00
10. judgment regarding professional values	4	3.21 ±.81	3.03 ±.97	3.60 ±.54	3.52 ±.53	3.71 ±.46	3.71 ±.46



new and stressful situations."

The least agreement was in categories 8, "using creativity," 9, "acceptance of professional responsibility," and 10, "judgment regarding professional values." The students had not yet worked with clients and groups and probably did not realize the opportunities for being creative.

Lower agreement might be expected in categories 9 and 10 since the student had not been in many situations in which professional responsibility was emphasized. In category 9 "acceptance of professional responsibility" the student self-evaluated performance significantly lower than did the instructor. Students apparently were searching for role identification in the health care team and after only five weeks probably had not identified the role of the dietitian.

In categories 4, 5, and 6, these activities had been experienced in the junior year. These categories had been emphasized and the criteria for each level were well defined. The lower student assessment of performance in category 6, "adaptability to new or stressful situations," was probably due to the introduction of the student to the clinical setting in a health care facility. Experience has indicated that this is a stressful situation and students have frustrations until they are comfortable with patients and the health care team. The student probably perceived that her adaptation of the new situation was not adequate.

### Second Evaluation Period

As might be expected, the degree of agreement between instructor and student increased in the second evaluation period except in category 4, in which there was no change (Table 2). The greatest increases occurred in the categories which had the least degree of agreement in the first evaluation period. These were categories 8, 9, and 10. A possible explanation might be that the student was more comfortable as a member of the health care team and understood the physician's concept of the dietitian's role. The students were also scheduled for more time in the clinical facility and community agencies

### Third Evaluation Period

In the third and final evaluation period, there was less agreement in three of the behavioral activity categories which were 1, 3, and 7. At this stage of the students' development, there was probably a somewhat exaggerated concept of achievement in these categories. Consequently, ratings were higher than those given by the instructor, but the difference was significant at the  $p \geq .05$  only in category 2, "gathering and evaluating data." Perhaps an activity conceived by the student as being exceptional, the instructor considered as merely expected.

The greatest change between the first and third evaluation periods was on the last three categories, which

in the first evaluation were the lowest in degree of agreement and in the third were the highest. These categories were "using creativity," "acceptance of professional responsibility," and "judgment regarding professional values." This phenomena could represent realization by the students that a degree of professional development had been attained and the instructors obviously concurred. In the combined categories of activities, the percentage of agreement between instructors and students in the first evaluation period was 75.6 and this increased to 88.4 in the second and 90.9 in the third.

## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study was designed to ascertain the degree of agreement between student self-assessment ratings and ratings by instructors in the clinical phase of courses in a coordinated undergraduate generalist program in dietetics. The data used were summary evaluations collected for a three semester period during use of the critical incident technique for student evaluation. A total of 1290 summaries was assembled from a total of 43 students. Half of these were student self-assessment and half were instructor evaluations. A code for the measurement of degree of agreement dependent upon the estimated level of performance in each of ten activities categories was developed. Percentages of agreement were computed for each of the ten activity categories and for each of three evaluation periods.

Comparisons of paired ratings for each activity category in the three evaluation periods were computed. A t-test for related samples was computed on these pairs to compare instructor and student mean assessment for each activity category. Without exception, the agreement between the instructor and student evaluations increased markedly from the first to the third evaluation period.

The combined evaluation agreements for all categories in the first period was 75.6, 88.4 for the second, and 90.0 for the third.

The comparisons made during this study revealed a dramatic increase in student competency as indicated by the closer agreement between ratings by instructors and students as well as by the numerical scores for levels of performance within activity categories. The greatest proportional gains made by students from the first to the third evaluation period were in the categories of "acceptance of professional responsibility" and "judgment regarding professional values." These were the categories of activity which in the clinical setting most closely related the student to the role of a practitioner.

The self-assessment feature of the critical incident technique in the clinical phase of the coordinated undergraduate generalist program in dietetics is an important part of instruction. This conclusion is reached because the data from this study showed the effect of the technique in inducing development of students toward end point competency and the ability to self-assess performance.

Similar comparative studies of ratings by students and peers might provide additional insight into the learning development process. A further study of interest would be examination of the relationship between self-assessment ratings and grade point average.

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## APPENDIX



## CLINICAL PERFORMANCE EVALUATION

Behaviors to be Encouraged	Effective Behaviors	Ineffective Behaviors	Name of Student Suggestions for Improvement
<b>1. PLANNING AND ORGANIZING</b> a. Develops attainable personal objectives b. Schedules time to achieve objectives with experience c. Correlates course and personal objectives with experience in facility d. Utilizes resources pertinent to objective attainment e. Adheres to personally scheduled time in attaining course and personal objectives f. Achieves increasingly complex personal objectives			<b>1. PLANNING AND ORGANIZING</b> a. Should write challenging personal objectives before weekly conference b. Should schedule the time required for objectives attainment c. Review course objectives before weekly conference; consult instructor regarding experiences available d. Should prepare for assignments and clinical work by utilizing available resource material and personnel e. Should achieve personal and course objectives as planned f. Should plan for professional growth
<b>2. GATHERING AND EVALUATING DATA</b> a. Checks goals, policies, procedures and management tools of facility b. Checks client's medical record for pertinent data c. Checks data obtained with reference material d. Checks client's food history e. Routinely checks all of the above f. Explains interrelationships of collected data			<b>2. GATHERING AND EVALUATING DATA</b> a. Should observe department's procedures and ask chief dietitian relevant questions b. Should use Nutrition Record to record data when receiving client's medical record c. Should check data from client's medical record with FDR, records in department's office, laboratory books and textbooks d. Should use food history and recall forms when interviewing client. Should use RDA as guideline in assessing nutritional status of client f. Should evaluate collected data
<b>3. APPLYING SCIENTIFIC PRINCIPLES TO CLINICAL DIETETICS</b> a. Suggests remedial measures for client's or group's problems b. Compares advantages and limitations of alternative solutions c. Selects and implements most suitable alternative d. Predicts future effect of selected alternative e. Determines effectiveness of selected alternative f. Assumes responsibility for diverse and complex situations			<b>3. APPLYING SCIENTIFIC PRINCIPLES TO CLINICAL DIETETICS</b> a. Should identify client's problem during initial interview. Should discuss findings and suggestions with instructor of clinical dietitian b. Should recognize advantages and limitations for each alternative c. Should cite principles involved in the selection of the solution d. Should support prediction by reference to literature e. Should be encouraged to make decisions and recommendations f. Should be encouraged to develop expertise
<b>4. OBSERVING, REPORTING AND DOCUMENTING</b> a. Lists observations b. Relates observations to prerequisite knowledge c. Reports and documents observations considered significant in medical chart with assistance d. Documents observations and information in medical chart without assistance			<b>4. OBSERVING, REPORTING AND DOCUMENTING</b> a. Should review and check collected data on client b. Should restudy reference materials c. Should review AOKM d. Should evaluate past charting notes to see where principle problems are

Behaviors to be Encouraged	Effective Behaviors	Ineffective Behaviors	Suggestions for Improvement
5. RELATING TO INSTRUCTORS, MANAGERS, EMPLOYEES, PEERS AND CLIENTEL a. Integrates self into organization b. Willingly assists peers, employees and clientele as needed c. Tactfully expresses opinions, concerns and frustrations d. Functions as team member in formulating solutions to problems			5. RELATING TO INSTRUCTORS, MANAGERS, EMPLOYEES, PEERS AND CLIENTEL a. Should cooperate with instructors, dietitians, physicians, employees and peers b. Should recognize need of others for appropriate assistance c. Should have appropriate discussions with instructors and others d. Should consider problems within structure of the structure
6. ADAPTABILITY TO NEW OR STRESSFUL SITUATIONS a. Accepts orientation and guidance in dealing with new or stressful situations b. Requires minimum guidance in adjusting to new or stressful situations c. Functions independently in dealing with new or stressful situations			6. ADAPTABILITY TO NEW OR STRESSFUL SITUATIONS a. Should accept guidance in new situations b. Should recognize situations which requires guidance c. Should recognize the need of organization and flexible planning
7. USING LEARNING OPPORTUNITIES a. Makes contribution to class activities b. Appreciates learning opportunities c. Expends effort to learn d. Participates in non-required extra-curricular activities and class functions e. Extends learning efforts beyond course requirements			7. USING LEARNING OPPORTUNITIES a. Should be encouraged to participate in class discussions b. Should understand the advantages of a learning situation c. Should seek to increase knowledge through each activity d. Should appreciate the value of professional activities in a career e. Should extend learning efforts beyond objectives, schedule and requirements
8. USING CREATIVITY a. Uses creativity and imagination when working with client or group b. Suggests new approaches to attainment of an objective			8. USING CREATIVITY a. Should not unthinkingly adhere to custom b. Should be innovative
9. ACCEPTANCE OF PROFESSIONAL RESPONSIBILITY a. Voluntarily assumes duties within limits of responsibility b. Assumes leadership or management responsibilities			9. ACCEPTANCE OF PROFESSIONAL RESPONSIBILITY a. Should accept an additional client or activity b. Should exhibit leadership qualities expected of a professional
10. JUDGMENT REGARDING PROFESSIONAL RESPONSIBILITY a. Maintains ethical standards under all circumstances b. Accepts suggestions for improvement graciously c. Calls attention to an error that was otherwise unnoticed d. Reports situation accurately despite reflection on self			10. JUDGMENT REGARDING PROFESSIONAL RESPONSIBILITY a. Should adhere to the Code of Professional Practice. Should keep information confidential b. Should acknowledge educational contributions of others c. Should not avoid responsibility for a personal error d. Should willingly admit an error and why it occurred
Date Reviewed _____	Student's Signature _____		Evaluator's Signature _____

A STUDY OF THE AGREEMENT BETWEEN STUDENT SELF-ASSESSMENT  
AND INSTRUCTOR RATINGS

by

SHEILA B. COCHRAN

B.S., Oklahoma State University, 1952

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AN ABSTRACT OF A MASTER'S REPORT

submitted in partial fulfillment of the

requirements for the degree

MASTER OF SCIENCE

Department of Dietetics, Restaurant,  
and Institutional Management

KANSAS STATE UNIVERSITY  
Manhattan, Kansas

1978

## ABSTRACT

The purpose of this study was to ascertain the degree of agreement between students' self-assessment ratings and ratings by instructors in the clinical phase of courses in a coordinated undergraduate generalist program in dietetics. The data has been collected during the regular use of the critical incident technique for student evaluation and as an instructional device. This secondary use of data avoided any bias which can occur when data are collected for one specific purpose.

The population of the study was 43 senior students and three instructors in the Kansas State University Wichita Dietetic Center. Evaluation summaries were reviewed three times in each of three semesters and amounted to a total of 645 from students and an equal number from instructors. The summaries consisted of numerical placement ratings of student's activities within each of ten categories. By computer, these were analyzed in pairs for percentages of agreement between students and instructors in accordance with a code defining variations in agreement. In addition, paired ratings were specifically analyzed for significance of differences. The percentages of agreement increased in all activity categories as the students progressed through the courses. The most dramatic increase in agreement occurred in those activities approximating the behavior and

decision making of the practicing dietitian. Student self-assessment coupled with feedback from instructors was a tremendous influence on student development. This was especially significant in those activity categories in which the students initially had the lowest self-assessment. In this study, the efficacy of the critical incident technique as an adjunct to instruction was illustrated.