

Clinical Performance Expectations

Using the “You-Attitude” Communication Approach

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Clinical rotations can be very stressful for nursing students, particularly novice students. Clinical course objectives are normally written from the viewpoint of the faculty, using a specialized professional language that is unfamiliar to the new nursing student. The author discusses use of a communication approach, the You-Attitude, that considers and reflects the viewpoint of the reader and may be able to reduce student anxiety and help them better achieve course objectives.

Evaluation of students' clinical performance is complex, encompassing multiple areas, including the performance of psychomotor skills, knowledge base, decision making, preparation, and an ability to respond to a changing environment.¹ Nursing students who are new to the clinical setting are not only anxious as they anticipate their first encounter with a patient, but also striving to assimilate the roles of nursing student and professional nurse for the first time. In addition, hospitals are complex environments, and students typically have only 8 to 10 weeks to learn how to navigate through the organization. Each of these factors may produce high levels of anxiety that, in turn, may affect a student's ability to learn and perform in the clinical setting.^{2,3} Further complicating an already stressful situation, students may have difficulty ascertaining specific performance expectations for a clinical rotation. Nursing instructors craft comprehensive learning objectives that fulfill the requirements set forth by the American Association of Colleges of Nursing; however, these objectives are often written from the viewpoint of the instructor and use a specialized professional language that is foreign to the novice nursing student.

Barriers to an Effective Clinical Learning Experience

Several studies demonstrate that the clinical experience for nursing students, particularly the first rotation, frequently produces high levels of stress and anxiety, which can adversely affect the learning process.⁴⁻⁸ When students are anxious, the hypothalamic-pituitary-adrenal axis responds and releases cortisol, adrenocorticotropin, and corticotropin to assist the body to react effectively to stress through increased arousal and alertness; however, if this state is pro-

longed, it may also hinder the student's ability to access short-term memory and process new information.⁹

Moscaritolo¹⁰ summarizes the 4 major variables contributing to students' anxiety in the clinical area as including “the first clinical experience, faculty evaluation, lack of support by nursing personnel, and theory gap.”^{10(p17)} Determining faculty expectations for student evaluation was a source of anxiety and concern for nursing students in Windsor's 1987 qualitative study⁸ and continues to be a concern voiced by nursing students nearly 20 years later as documented in Chesser-Smyth's⁵ 2005 qualitative study. Nursing faculty write comprehensive learning objectives for nursing students in the clinical area, but these objectives are typically written from the viewpoint of the nursing educator, rather than the student. Adopting the “You-Attitude” approach to writing objectives and expectations for nursing students may be an effective method for assisting students to decrease their anxiety and assimilate successfully into their first clinical experience.

The You-Attitude Communication Approach

The You-Attitude is not a new approach to setting a positive tone in written communication. It was first described by George Burton Hotchkiss in 1916 as taking the right attitude toward people when writing business correspondence and directives.¹¹ Hotchkiss' premise was that effective business correspondence always considers the reader's viewpoint first and reflects that viewpoint in the approach to content and language. By recognizing the reader's needs, the message adopts positive expression and sets a tone of inclusiveness.¹² For example, rather than stating the perinatal/neonatal clinical objective, “As a direct care provider, independently complete a focused assessment for mothers and newborns,” the You-Attitude approach may be stated as: “You're able to perform a head-to-toe assessment on both the infant and mother without assistance.” Although this example replaces a formal subject with a more informal pronoun, it should be noted that the You-Attitude is not simply replacing first-person pronouns with second-person pronouns, but rather, it is adapting the message to the

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receiver's needs while using a positive tone.¹³ By recognizing the receiver's view, the sender enables the receiver to visualize himself or herself performing the task required that makes it easier to process new information. The student's ability to process new information is essential for the student to master nursing skills and role transformation.

The You-Attitude shares a characteristic with student-centered teaching methods in that the overarching purpose is to shift the focus away from the teacher to the student. However, the You-Attitude is a method for communication with students, whereas student-centered teaching is a method for teaching, using active and cooperative learning strategies to engage students.¹⁴ Although there is limited empirical research on the effects on the receiver when using the You-Attitude in written communication, there is evidence that this approach may yield a more positive response from the reader or receiver. Shelby and Reinsch¹⁵ measured objective and subjective characteristics of 99 memoranda and found that positive emphasis had a significant effect on perceived tone. When emphasis was placed on what the reader could do and negative words and words with negative connotations were eliminated, readers were more likely to identify the tone as positive and respond favorably. In addition, Shelby and Reinsch¹⁵ found that 14% of the variance in perceived tone was related to the use of You-Attitude language. Roy and Roy¹⁶ also found a significantly higher positive response to letters that used a You-Attitude approach and language with a positive emphasis versus letters that did not.

Using the You-Attitude Approach

Seattle University College of Nursing's perinatal/neonatal clinical course, Promoting Wellness in Families, is the first clinical rotation for undergraduate nursing students. Like most undergraduate nursing curricula, the clinical portion of the course occurs in a perinatal/neonatal acute care setting in local hospitals. The overarching objective for students is to master basic nursing assessment skills of the intrapartum and postpartum patient and newborn, while developing an understanding of the family as a system.¹⁷ Seattle University College of Nursing's faculty usually spend the first 2 weeks of this course preparing students for their first encounter with patients through additional didactic material and 10 hours of clinical practice workshops. Students also spend at least 4 hours orienting to their clinical site with their assigned clinical faculty.

In fall 2008, I found that although faculty spent a large amount of time preparing students for their first clinical rotation, students continued to be baffled and anxious about what was expected of them in the clinical area. What was needed was a method for connecting students to a body of knowledge by a more direct explanation of practices. After conferring with a consultant from Seattle University's Center for Teaching and Learning Excellence, I rewrote the clinical objectives for the course using a You-Attitude approach. Table 1 (see Table, Supplemental Digital Content 1, which displays the complete set of You-Attitude Behavioral Expectations, <http://links.lww.com/NE/A13>) demonstrates how traditional clinical objectives were

Table 1. Rewriting the Critical-Thinking Objective Using the You-Attitude Approach

Original Clinical Objectives and Exemplar Behaviors as Stated on Student Performance Evaluation^a

Clinical objective: Demonstrate beginning critical-thinking attitudes, skills, and abilities in clinical decision making and in evaluating nursing practice
Exemplar behaviors related to objectives:

- Uses critical thinking skills throughout the nursing process
 - Demonstrates the following critical-thinking criteria and attitudes: accuracy, preciseness, relevance, depth, breadth, logic, clarity, intellectual humility, value for reason, empathy, perseverance, integrity/fairness, and courage
- Demonstrates the ability to use theoretical rationales to make sound clinical decisions based on individual and family differences, needs, and responses
- Demonstrates an attitude of inquiry

Baseline Behavioral Expectations Rewritten Using the You-Attitude Approach^b

First Clinical Day	Midquarter	End of Rotation
<ul style="list-style-type: none"> • You are able to identify normal ranges, and some deviations from normal, within your assessment data of mother and baby • You are curious about what your observations mean, and you take the time to further research your clinical experiences in preparation for the next day in the hospital 	<ul style="list-style-type: none"> • You are able to identify deviations from normal and some of the implications for patient outcomes and nursing interventions • You ask what your observations mean and then perform the necessary research to answer these questions • You are able to gather and organize your data and draw relevant conclusions • You are able to show empathy toward vulnerable patients and their families when caring for them 	<ul style="list-style-type: none"> • You are able to identify deviations from normal and the implications for patient outcomes and nursing interventions • Your gathered data are comprehensive with depth and breadth, clearly stated, precise, and accurate • You are able to use relevant theory to support your conclusions • You are able to revise your plan of care based on the patient's response • You have demonstrated courage in your ability to advocate for your patient(s)

^aData from Seattle University College of Nursing. *Promoting Wellness in Families: Nursing 333 Course Syllabus*. Seattle, WA: Seattle University College of Nursing; 2009.

^bData from Bowie B. *Baseline behavioral expectations: Nursing 333*. Seattle, WA: Seattle University College of Nursing; 2008.

rewritten using this approach. The objectives are organized sequentially, providing the student with You-Attitude expectations for the first day of clinical versus the middle and end of the term. The sequencing of the learning objectives provides the student with a foundation and then builds on previous skills. Beginning students can review the first column and realize they have mastered many of the skills in the prior quarter, thus decreasing their anxiety for the first day. New or adjunct faculty may also use the behavioral expectations as a guide to reasonable expectations for students at different points in the clinical rotation. It should be noted that the You-Attitude behavioral expectations are not meant to be a replacement for the regular course objectives, but rather an augmentation to assist students to successfully acclimate to their clinical rotation.

Prior to implementing the student behavioral expectations rewritten using the You-Attitude approach, students interpreted the learning objectives in a variety of ways as evidenced by their weekly write-ups and final written self-evaluations. Many students also expressed in faculty evaluations that they were unclear as to what was expected of them in the clinical area. After implementing the You-Attitude behavioral expectations, students were able to verbalize and write weekly goals related to specific behaviors needing improvement. There were also no written comments in course evaluations about lack of clarity around faculty expectations.

Conclusion

The clinical rotation is an integral piece of nursing education, yet it continues to be a source of anxiety for most nursing students. Although it is not possible to eliminate all anxiety related to clinical performance, it is possible to minimize it. One method is to improve the presentation of expectations for students using the You-Attitude approach to communication. This approach rephrases communication speaking from the view of the receiver, using a positive tone. The You-Attitude approach also emphasizes what the reader wants to know, rather than what the writer feels the reader should know, thus respecting the reader's current knowledge base.¹⁵ By providing students with pragmatic baseline behavioral expectations for the beginning, middle, and end of their clinical rotation, student anxiety may be decreased and learning enhanced.

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References

1. Walsh CM, Seldomridge LA. Clinical grades: upward bound. *J Nurs Educ.* 2005;44(4):162-168.
2. Black SJ, Everhart DE, Durham TW, Walker M, Golden J, Demaree HA. The effects of anxiety on affective learning and serial position recall. *Int J Neurosci.* 2008;118:1269-1285.
3. Meisenhelder JB. Anxiety: a block to clinical learning. *Nurse Educ.* 1987;12(6):27-30.
4. Carlson S, Kotzè WJ, van Rooyen D. Accompaniment needs of first year nursing students in the clinical environment. *Curationis.* 2003;26(2):30-39.
5. Chesser-Smith PA. The lived experiences of general student nurses on their first clinical placement: a phenomenological study. *Nurse Educ Pract.* 2005;5:320-327.
6. Cook LJ. Inviting teaching behaviors of clinical faculty and nursing students' anxiety. *J Nurs Educ.* 2004;44:156-161.
7. Elliott M. The clinical environment: a source of stress for undergraduate nurses. *Aust J Adv Nurs.* 2002;20(1):34-38.
8. Windsor A. Nursing students' perceptions of clinical experience. *J Nurs Educ.* 1987;28(4):150-154.
9. Charmandari E, Tsigos C, Chrousos G. Endocrinology of the stress response. *Ann Rev Physiol.* 2005;67:259-284.
10. Moscaritolo LM. Interventional strategies to decrease nursing student anxiety in the clinical learning environment. *J Nurs Educ.* 2009;48(1):17-23.
11. Carbone MT. The history and development of business communication principles: 1776-1916. *J Bus Commun.* 1994;31(3):173-193.
12. Guffey ME. *Essentials of Business Communication.* 7th ed. Mason, OH: Thomson South-Western; 2007.
13. Rodman L. You-attitude: a linguistic perspective. *Bus Commun Q.* 2001;64(4):9-25.
14. Felder RM, Brent R. Learning by doing: the philosophy and strategies of active learning. *Chem Eng Educ.* 2003;37(4):282-283.
15. Shelby AN, Reinsch Jr NL. Positive emphasis and you-attitude: an empirical study. *J Bus Commun.* 1995;32(4):303-327.
16. Roy S, Roy E. Direct-mail letters: a computerized linkage between style and success. *J Bus Tech Commun.* 1992;6:224-234.
17. Seattle University College of Nursing. Promoting Wellness in Families: Nursing 333 Course Syllabus. Seattle, WA: Seattle University College of Nursing; 2009.