



## The views of patients, mentors and adult field nursing students on patients' participation in student nurse assessment in practice



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### ABSTRACT

In recent years, changes to undergraduate nursing curricula in the United Kingdom have been coupled with increasing expectations that service users be involved in assessment of student nurses. These factors lead to the development of a tool to facilitate gathering of feedback from patients/carers on the competency of adult field student nurses in practice.

This study evaluated experiences of those involved in the process of using the feedback tool.

Using an exploratory qualitative research design, four patients, four mentors and five pre-registration adult field nursing students were interviewed. Thematic analysis of the data identified three inter-connecting themes; value of the patient's voice, caring and protection, and authenticity of feedback. A sub-theme of timing of giving feedback was also identified.

Patients felt they should be involved in giving feedback, were comfortable in doing so, and felt best placed to judge students' performance in several aspects of care. Students and mentors shared these opinions. Additionally they felt service user feedback potentially helped improve students' competence and confidence, and facilitated mentors in their assessment of students' professional values, communication and interpersonal skills. However, mentors were more reticent about the possibility of receiving feedback from service users on their own practice.

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### Introduction

Worldwide, the value of seeking patients' views of healthcare services is becoming increasingly acknowledged (Aiken et al., 2012). This is reflected in recent initiatives in the United Kingdom (UK) such as Patient-Led Assessments of the Care Environment (PLACE), which strive to engage patients in evaluating the quality of various aspects of service provision in the National Health Service (NHS), (NHS England 2013).

There has also been a move away from a solely clinical outcomes-based model of health service evaluation and a re-focus on patient satisfaction and their experiences of being in receipt of

those services (NHS Institute for Innovation and Improvement, 2010).

The importance of listening and acting upon patients' and carers' feedback was recently highlighted by the Mid Staffordshire NHS Foundation Trust Inquiry (2013), which outlined the findings of an investigation into inadequate care in a single English NHS Trust. Following on from the Mid Staffordshire Inquiry, Sir Bruce Keogh (2013) examined the quality of service provision more widely in the UK, and concluded that "direct evidence about the experience of patients receiving care is ... a key source of information about quality of care and treatment more generally" (Keogh, 2013, p.18).

In acknowledgement of the vital role that views of service users can play in appraising and improving the quality of care delivery in general, the Nursing and Midwifery Council in the UK now recommends that patients and carers should also contribute to student nurse assessment (NMC, 2010).

Although the NMC Standards for Pre-registration Nurse Education (NMC, 2010) state that "programme providers must make it clear how service users and carers contribute to the assessment

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process” (p82), it does not provide guidance on how this should be achieved. Despite this lack of guidance, it is clear that there is an onus on curriculum developers to explicitly demonstrate the role that service users play in student nurse assessment. Ensuring this happens has become a major challenge for universities and their associated practice partners.

Within their Standards for Pre-registration Nursing (2010), the NMC outlines a competency framework of standards that every nursing student must achieve before applying to be registered as a nurse in the UK. Included in these standards is the requirement that each student is able to demonstrate the “professional values, expected attitudes and the behaviours that must be shown towards people, their carers [and] their families”, (NMC, 2010 p 97). This includes being able to interact appropriately with patients and carers, to communicate clearly and coherently, and behave respectfully and compassionately.

The capacity of nursing students to demonstrate these attributes must be assessed by a registered nurse mentor (which every student in clinical practice is required to have (NMC 2010)). This may be accomplished in a variety of ways, for example, by direct observation of episodes of care, or by scrutinising written evidence such as care plans. However, although the views of the nurse mentor are a vital component of assessment of students' competence, the value of the opinions of those personally in receipt of student nurses' care should not be underestimated (Tee, 2012). Nor should their ability to be involved in assessing students in relation to competencies such as compassion and communication be ignored.

Reported benefits of patient and carer involvement in pre-registration nursing assessment within university settings are that it has allowed students to gain greater insight into service user experience, and enhanced their ability to reflect on their own values and communication skills (Duxbury and Ramsdale, 2007; Terry, 2012). Where assessment of these skills takes place in practice areas, students have the added advantage of gaining ‘real world’ feedback on their interactions with service users, as opposed to feedback given in relation to the more ‘artificial’ exchanges which may occur in non-healthcare settings such as simulation suites. Davies and Lunn (2009) reported that although some students were initially hesitant about receiving feedback from patients as part of their formative assessment in practice, overall they found the experience positive.

However, currently, employment of service user feedback in relation to assessment of adult field student nurses whilst on ‘clinical’ placement is unusual. Likewise, the evidence relating to patient and student nurses' experiences of giving and receiving feedback in practice is limited. Furthermore it does not fully explore the views of the mentors, patients, carers and students who use patient and carer feedback as part of the students' practice assessment.

### Development and implementation of the feedback tool

In order to meet the NMC (2010) requirement for service users to become demonstrably involved in the assessment of pre-registration adult field student nurses, a tool had to be developed to gather their views on the competence of adult field student nurses in practice. Staff from a university in the Southwest of England worked in partnership with a medium sized acute NHS hospital Trust to create a tool which would facilitate the acquisition of written feedback from patients and carers.

The feedback tool was adapted from one originally used by social services (Rees and Fruin, 2005). The development of the tool has been reported elsewhere (Chapman et al., 2011). But in brief, the work consisted of initial consultation with practice partners, patient groups, students, registered nurse mentors and education

providers. As a result of this collaborative consultation, an easy to use tool was created, and a process to use the tool was outlined, which aimed to obtain meaningful, auditable feedback from service users receiving care in practice, in a minimally intrusive way. Measures also needed to be taken to ensure that feedback on student competence did not interfere with wider NHS Trust quality assurance measures (e.g. patient satisfaction surveys).

Once the tool had been developed, and the protocol for using the tool agreed, it was piloted in a single acute NHS healthcare Trust (i.e. a large district general hospital).

### Using the tool in practice

The purpose of the feedback tool is to give students and mentors a focus for assessment of interpersonal skills, and provide evidence for students to put in their portfolio, to assist in demonstrating achievement of NMC competencies relating to professionalism and communication (NMC, 2010 p 10).

Clear written guidelines are given to students and mentors regarding selection of, and approach to appropriate patients or carers to give feedback.

Service users are approached by the nurse mentors, rather than the students, and completed forms are returned to the mentors or other registered nurses. Informed consent for gathering feedback is gained by the nurse mentors from service users, who are assured of their anonymity, and that giving feedback about students is voluntary.

Students are asked to obtain feedback (via their mentor) from approximately 1–2 patients (or their carers) per placement.

The tool contains five short questions relating to caring, communication, perception of nursing care, respect and dignity, (see Box 1 for examples). The responses are rated on a 5-point scale from ‘very poor’ to ‘excellent’ (which although not always grammatically correct in relation to the question posed, provides a simple and consistent rating scale). Additional space is included for patients or carers and mentors to make free-text comments (Speers, 2008).

During the piloting of the feedback tool and protocol for using the tool in practice, a study was undertaken to explore the experiences of those involved in the feedback process.

### The study

#### Aim

The aim of this study was to evaluate patients', carers', mentors' and adult field nursing students' experiences of patients and carers

#### Box 1

Example questions from patient/carer feedback tool.

Please answer the following questions relating to student nurse.....[Name].....

*How clearly did the student communicate with you?*

Excellent    Good    Satisfactory    Poor    Very poor.

Comments [free text]

*How compassionate was the student's care?*

Excellent    Good    Satisfactory    Poor    Very poor.

Comments [free text]

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