



Fitness to practice and feedback to students: A literature review



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ABSTRACT

In the United Kingdom (UK), the Nursing and Midwifery Council (NMC) stipulate that practice experience makes up 50% of the nursing curricula. We argue that mentors play a pivotal role in this experience, being the main practitioner responsible for supporting learning in practice, and the NMC's framework to support learning and assessment in practice establishes the knowledge and skills that mentors must apply in practice with students. This framework acts as a resource guide to mentors on how to successfully facilitate students clinical learning experiences, ensuring that students are “fit to practice” at the point of registration. It is recognised, therefore, that it is the mentor's responsibility, once in practice, to bridge the gap between that which students are taught in the classroom, and their actual application to practice. This paper aims to undertake an analysis of the available literature on how effective feedback from mentors to students can help to ensure this fitness to practice.

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Introduction

Kathleen Duffy (2003) completed and published a “qualitative study on factors which influenced the decisions regarding assessments of students' competence in practice.” Adopting a grounded theory approach, her aim was to uncover the experiences of a group of lecturers and mentors as to why some student nurses were allowed to pass practice without demonstrating clinical competence. Funded by the NMC, she identified that on some occasions mentors were “failing to fail” student nurses, thus potentially enabling nurses who were not “fit for practice” to be entered onto the nursing register.

Several reasons for this were identified, and the purpose of this article will be to explore and discuss some of them in more detail using Duffy's (2003) study as a time-period indicator. Available literature in this area, and published since Duffy's (2003) study has therefore been reviewed. This is in order to explore and examine why, despite ten years having elapsed since the NMC were informed, we ascertain that some student nurses are still being allowed to progress through a course without demonstrating the stipulated competences as per the NMC (2010a). This issue of “failing to fail” remains topical ten years on as regrettably, incidents involving poor nursing care still appear repeatedly in

the UK press. How poor nurses arrive in practice, when the education and clinical training required for qualification in the UK appears, at least in theory, robust, is worrying. Furthermore, nursing “competence” is once again at the fore-front of Government policy, with the newly published guidance on “Developing the Culture of Compassionate Care” (DH, 2012) highlighting the need for nursing competence.

Student nurse's clinical placements are an essential and fundamental component of their pre-registration education and training (Hand, 2006; Pellatt, 2006; Carlson et al., 2008; Clynes and Raftery, 2008). In the UK the NMC stipulate that practice experience makes up 50% of the nursing curricula (NMC, 2010a), being the main practitioner responsible for learning in practice, mentors play a pivotal role in this experience (Myall et al., 2008; Carlisle et al., 2009). The NMC's (2008a) framework to support learning and assessment in practice establishes the knowledge and skills that mentors must apply in practice with student nurses, and this framework acts as a resource guide for mentors on how to successfully facilitate students clinical learning experiences, ensuring that students are “fit to practice” at the point of registration. The NMC (2008a) identifies that mentors should be able to give students constructive feedback on progress throughout their clinical placement experience. Indeed, Eraut (2006, pg 114) states that feedback is:

“any communication that gives some access to other people's opinions, feelings, thoughts or judgements about one's own performance.”

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In a profession like nursing, feedback on performance in practice is extremely important for the development of competent practitioners. The research literature is clear that within the assessment process, feedback is potentially the most important and powerful part with regard to affecting future student learning (Hattie, 1987; Black and Wiliam, 1998; Duffy, 2003). But there is also considerable research evidence that feedback processes frequently fail, feedback is not understood (Lea and Street, 1998), and is not found to be useful (Maclellan, 2001).

A preparation for mentorship course in 2009, and gaining mentorship experience in practice since has allowed an appreciation to emerge about the importance of giving effective feedback, specifically when students are struggling to achieve their desired learning outcomes. Koh (2008) states that good quality feedback can result in higher student achievement and Duffy (2003) consider it essential that effective feedback processes be utilised in the successful management of a ‘failing’ student in nursing practice. Essentially, the NMC (2008a, pg 20) argue that mentors completing a mentorship programme should be able to effectively manage failing students. But, some mentors struggle with undertaking student feedback, especially when it is of a negative kind (Scholes and Albarran, 2005; Clynes and Raftery, 2008; Carlisle et al., 2009; Woodcock, 2009). However, we argue that this feedback could really help students to link theory to their practice, and mentors therefore need to develop competence in delivering effective feedback. Myall et al.’s (2008) on-line survey to students, with postal questionnaires to mentors, a narrowing of the gap between the theory and practice of mentoring. However, a low student response could have affected the findings, and Greenhalgh (2006) question the validity of some questionnaires, due to the potential conflict in what people say they do, and what they actually do. Alternatively, Fitzgerald et al. (2009) argue narrowing of the gap between the theory and practice of mentoring is not apparent. Their project involved collecting data from student’s Continuous Assessment of Practice (CAP) documents, alongside analysing anonymous questionnaires from their mentors on student’s performance. The results showed discrepancies between the formative feedback documented, and data recorded separately in the questionnaires. Interestingly, some mentors documented successful completion of the learning outcomes, but then highlighted concerns about the students in their questionnaires.

When mentors assess students who have not met their learning outcomes in practice, for the protection of the public they must be failed (Woodcock, 2009). A mentorship course can only provide mentors with the knowledge and skills necessary to understand and appreciate the theories underpinning effective feedback. However, not all student mentors will experience failing a student, and learning about feedback in the classroom setting can be very different giving feedback in the clinical environment. Therefore it has to be recognised that it is the mentor’s responsibility, once in practice, to bridge the gap between that which has been taught in the classroom and actual application to practice (NMC, 2008a).

Background

What seems to be apparent in the literature reviewed here is that feedback can be a complex and difficult process to undertake, but is always identified as a crucial aspect of learning, (Erat, 2006; Clynes and Raftery, 2008; Koh, 2008; Plakht et al., 2012), and it could be argued, none more so than when a student is failing.

Duffy’s findings from her PhD study influenced the consultation on the *fitness for practice* of students at the point of registration (Castledine, 2005). Some of the recommendations arising from this

consultation were also included in the first NMC (2006) standards to support learning and assessment in practice. Duffy (2003) highlighted that the most vital element of managing failing students is for mentors to give regular constructive feedback, and the current NMC (2008a) standards outline the need for effective feedback processes to take place. However, in the ten years since Duffy’s study, areas for improvement with regards to mentorship and the feedback process remain on-going (Scholes and Albarran, 2005; Clynes and Raftery, 2008; Koh, 2008.) It was consequently considered relevant to revisit this subject, try and to understand why, at times, feedback in practice for pre-registration students is still not ‘good enough’.

Literature review

The literature search for this article was confined to the years 2003–2013 and limited to articles published in the UK, due to the specific NMC (2008a) mandatory standards governing the role of the mentor in UK nursing practice. Using the databases OVID, AMED, EBSCOHost, CINAHL, MEDLINE and the BNI, the search was conducted electronically. Combinations of search terms used were: 1) Feedback AND Student AND clinical placement, 2) Failing a student nurse AND Mentor, 3) 1 & 2 combined, 4) Student AND feedback, 5) Mentor OR mentorship AND nurse OR nursing, 6) 3 & 4 combined, 7) surface AND deep.

Twenty specific articles were considered of relevance to the issue of feedback in relation to the failing student. On conducting this analysis of the literature post “Duffy,” several key themes emerged; Benefits of applying effective feedback, barriers to giving feedback and consequences of not undertaking effective feedback.

Benefits of applying effective feedback

For the profession

Duffy’s (2003) work identified some mentors were passing students who were not achieving competence. The NMC’s (2008a) standards, as part of a programme of study, aim to ensure mentors are fully prepared to assess students in relation to being knowledgeable and “fit to practice.” Nevertheless, concerns regarding whether newly qualified nurses are fit to practice can still be found (Castledine, 2005; Bradshaw and Merriman, 2008). Mentors must practice within an ethical and legal framework and are responsible for ensuring they protect the public they care for (NMC, 2004; NMC, 2008b), raising concerns about nurses who are not deemed competent is essential (NMC, 2010b). Therefore a mentor must be aware of the importance of helping produce competent and conscientious future nurses. Importantly, Thorne (2006) believes that the health of today’s society is based on a knowledgeable nursing workforce. Mentors play a substantial role in delivering competent practitioners into the profession, and constructive feedback sessions play a vital part in this. Worryingly, Castledine (2005), in the NMC Consultation on Fitness to Practice the level of competence of newly qualified nurses varied considerably.

Duffy (2003) a confident and knowledgeable mentor is important when managing a failing student. However, mentors will require support from staff and colleagues when failing students (Carlisle et al., 2009; Woodcock, 2009), and robust mechanisms should be in place for contact and advice. The RCN (2007) believe that HEI’s should do more to support their students in practice, and mentors will need to draw on the support of staff from a HEI when mentoring students. However, Scholes and Albarran (2005) identified a conflict in the philosophical culture between HEI and practice, stating the HEI can often be seen to be facilitating students

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