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 interconnecting 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.

Keywords. Patients. Students. Feedback. Practice.

INTRODUCTION

Worldwide, the value of seeking patients' views of health care services is becoming increasingly acknowledged (Aitkin 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 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 student's 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 & 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. Davis 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 p10).

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

<u>Aim</u>

The aim of this study was to evaluate patients', carers', mentors' and adult field nursing students' experiences of patients and carers participating in student nurse assessment using the patient feedback tool.

<u>Design</u>

As evidence relating to this area of inquiry was very limited, an exploratory qualitative design was utilised for this study. Thirteen audio-recorded semi - structured interviews were undertaken with patients, mentors and adult field nursing students

<u>Participants</u>

A purposeful sample of four patients, four registered nurse mentors and five pre-registration adult field nursing students were accessed. These participants were drawn from one National Health Service district general hospital where the feedback tool was being piloted in practice.

All study participants had experience of being involved in the patient feedback process using the feedback tool.

An initial approach to patients being cared for in medical and surgical settings was made by Registered Nurses working in the practice areas, to ascertain their interest in participating in this research. Patients judged by clinical staff to be too physically or psychologically vulnerable to take part were not approached. Two male and two female patients participated and were between 50 and 75 years of age. All four (female) mentors interviewed had a number of years experience in their role, had experience of using the feedback tools, and volunteered to participate during mentor update days. The First, second and third year male and female adult field pre-registration nursing students who participated were approached by Trust staff.

Ethical Considerations

Prior to commencement of the study, ethical approval was granted by both university and NHS Research Ethics Committees.

All participants volunteered to take part in this research and were fully informed of the nature of the research, both verbally and in writing. They signed consent forms prior to interview and were able to withdraw from the study at any point. All participants were informed that data collected was confidential (unless issues relating to serious professional misconduct arose) and students were advised that participation in the research would not affect their studies. All participants agreed to be audio-recorded, and these recordings were destroyed once the study was written up. The transcripts and consent forms will be securely stored at the University for five years.

Data collection and analysis

Data was collected during the piloting of the feedback tool in a single large NHS hospital. Semi-structured interviews lasting between fifteen and thirty minutes were conducted by the three members of the research team. The interview questions were developed following a review of literature relating to user feedback in health and social care and adapted for each interviewee group. Verbal probes were used to add detail. (See box 2 for examples of questions used during interviews).

The semi-structured approach gave participants the opportunity to fully discuss their experiences. Patients were interviewed (where possible) in a private location in the clinical area where they were receiving treatment. Mentors and students were interviewed on the hospital site, away from clinical areas, in a private location.

In order to avoid potential role conflict between a student and their lecturers who were the research team, student nurses were interviewed by the non-university staff member on the team, whilst mentors were interviewed by university lecturers on the research team who do not hold Trust roles. Patient interviews were conducted by all team members.

The interviews were audio-recorded and transcribed verbatim. Thematic analysis was used to identify emergent themes in the data collected (Miles, Huberman &Saldana 2014).

Initially the responses were analysed by members of the research team individually. Themes were then discussed and agreed by the whole team. In order to validate the themes, they were ratified by one mentor and one student who had participated in the study (Collazi 1978).

RESULTS

Three main themes emerged from the analysis of the data. These were the: value of patient's voice; caring and protection; and authenticity of feedback. A sub-theme of timing of feedback ran through the latter two themes.

Value of the patient's voice

All participants agreed that allowing the patients' voice to be heard during the assessment of students in clinical practice was important;

> *I was quite honoured to be asked…sometimes as a patient you are not always included in everything,* (Patient 3).

Mentors suggested that patient feedback as a source of evidence on the students' competence and professional behaviours provided an alternative outlook from their own;

> *…. It's getting the view of somebody else rather than a mentor or a colleague, and individuals having care delivered to them, and how they have actually felt, because our perceptions are totally different from the patients,* (Mentor 1).

> *It has given me a patient's perspective in how this student looked after her, rather than mine,* (Mentor 3).

One mentor described an occasion when the patient's perspective provided the mentor with unexpected insights into the performance of a student. This in turn altered her perception of the student's practice;

> *I think it changed... [pause]....it changed my view of the student, so therefore perhaps, you know, that did help her practice. Because I, you know, gave her more credit where credit was due sort of thing,* (Mentor 4).

Patients asserted that they were best situated to provide feedback to the student on their experiences and perceptions of the care given;

> *She might think a patient feels totally different to what they do; I mean if a patient does feel anxious but actually doesn't show it, the only way that she is going to actually get that feedback is by the patient…I would hope that just by the interaction with stuff like this, it will sort of make her aware of anything she needs to improve on,* (Patient 2).

Positive feedback from patients increased student confidence in relation to their performance;

> *It helps to know that… I have communicated effectively; that I am getting across the right information. That the patient feels that I'm informed and I know what I'm doing,* (Student 2).

> *It gave her lots of encouragement; it obviously gave her a boost, it gave her confidence, it's all very positive,* (Mentor 4).

Although positive feedback was appreciated, students valued comments which identified areas for improvement;

> *How else are we going to know where we've done things right and where we've done things wrong? (*Student 1).

Both students and mentors were unanimously in favour of patient feedback as part of student nurse assessment. However, mentors were mixed in their responses regarding use of patient carer feedback to appraise their own practice. Some were reticent and felt there was no need for direct solicitation of patients' views, as they felt the existing 'compliments and complaints' system gave patients adequate feedback on staff practices;

> *The implications are a bit more serious than for a student….poor feedback from a patient could be quite devastating,* (Mentor 3).

Conversely, the potential for patient feedback to pro-actively and positively impact on the practice of registered nurses was acknowledged by some;

> *It would be quite good for patients to be able to give feedback…rather than just waiting for the complaints to come in and then saying "you have been named in a complaint"... So I think if you could do it as part of your 360 [degree] review…..,* (Mentor 1).

Overall the participants confirmed the value of patient's contribution towards the assessment of student's practice and also recognised its potential usefulness as part of their own professional development.

<u>Caring and protection.</u>

Both mentors and students expressed concerns for the patient's welfare. Although students were not involved in selecting which patients would give feedback, they were nevertheless mindful of the effect that the process of obtaining feedback might have on patients. The sub-theme of timing of giving feedback was apparent in both their views, and in those of the mentors;

> *I would feel very uneasy about asking somebody who is stressed before surgery or stressed with test results, who are feeling poorly, to start asking them to feedback on my performance,* (Student 5).

Mentors took seriously the responsibility to protect the patients' best interests and saw themselves as gatekeepers to ensure that only appropriate patients were approached to give feedback;

> *I think you have to be careful who you actually do ask…if they were confused or they felt vulnerable and if they weren't happy to do it without any awkwardness in between,* (Mentor 1).

To negate feelings of awkwardness, mentors did their utmost to protect the anonymity of the patient, particularly from the possible repercussions of giving negative comments;

> *If I had had bad feedback I probably would have left it a day or two unless it was really, really bad, so that the student didn't know where it came from,* (Mentor 3).

The method and timing of obtaining feedback required careful planning and implementation. This was scheduled to the patient's needs;

When the student went on her afternoon break I then approached the patients with these [feedback forms] and said would you like to fill one of these out about the student who has been looking after you today? Don't worry if you don't want to and we can help you if you do, (Mentor 1).

The responses confirm that, (as required by the NMC (2015a)), mentors make the care of the patients their first concern, and are careful to obtain and discuss feedback in a way that protects the patients' identity. However the mentors' responses also demonstrated that they are cognizant of the welfare of the students and are responsive to the effect that negative feedback could have on them. But the culture of caring was not limited to students and mentors; patients also cared about the students' development and preparation for registration;

I was pleased to do it –I am pleased to jot down anything which I think is going to help….. (Patient1).

Authenticity of feedback

All participants were concerned about obtaining (or giving) honest feedback. However, both mentors and students deliberated on whether patient feedback was really an accurate representation of their true opinions, and reflected on factors which could impact on the value and authenticity of feedback. Once again issues relating to the timing of feedback were discussed. Due to the diverse nature of practice areas, the length of care delivery episodes involving patients varied greatly, and some students and mentors had concerns about the usefulness of comments gained after only transitory episodes of care. However, most considered the quality of the interaction to be more important than the quantity. It was therefore evident that even a brief clinical interaction allowed patients to provide helpful feedback;

You could be there for quite a short time but have quite a profound effect on a patient's life in what you have actually done for them, or they could be there for nine months and they just remember one day when you were really horrible and you gave them the injection, (Mentor 3).

Some considered how the point in time at which feedback was requested could impact on the trustworthiness of the feedback given. There was an anxiety voiced by both mentors and students that patients might feel obligated to give unrealistically positive feedback if asked at the 'wrong' time;

> *Although they aren't under any pressure I'm concerned that a patient might be concerned if, say, they're half way through their stay in hospital; that they feel they should put something positive because they're worried that their care might be compromised by being critical,* (Student 1).

> *To criticise care whilst you're still going to be there for the next couple of weeks is a bit risky really…* (Mentor 4).

> *I feel that to get a more honest review, you need to do it as…the patient's about to be discharged*, (Mentor1).

Despite the above concerns, patients vigorously indicated the need to give honest and authentic feedback, and displayed no anxieties about repercussions;

> *I'll put down and say it as I see it without any strings attached,* (Patient4).

> *Well I didn't write this because I wanted her to feel better; I actually wrote down what I thought at the time which was exactly what I thought,* (Patient 1).

> *I wouldn't have said she was excellent if she was poor. ….there would be no point doing this if it's not honest…..if the student hadn't been terribly good, not sympathetic, then I would have ringed the word 'poor' according to my conception of what the student was doing,* (Patient2).

Patients and mentors reported that the feedback tool facilitated the process of providing clear and representative feedback;

> *It is a good useful tool actually,* (Mentor 3).

> *I don't think there's a better way of doing it, and it's easy to do,* (Patient1).

The opportunity to expand with free text was a useful adjunct to the 'tick box' information collected in the form, and added extra insight into the answers given;

> *She'd write 'excellent', and then, you know, qualify it with why she'd written excellent,* (Mentor 4).

DISCUSSION

The value of seeking and acting upon patient feedback in relation to evaluation of healthcare services is now well recognised, and service users are increasingly involved in service evaluation through initiatives such as Patient-Led Assessments of the Care Environment (NHS England 2013). Nursing care is fundamental to the quality of healthcare service delivery, and as the nurses of the future, the performance of current student nurses is also therefore crucial to the quality of future service provision. However, although patients are increasingly involved in evaluation of healthcare provision in general, until now, views of service users have rarely been sought in relation to the evaluation of adult field student nurses' performance in healthcare practice in particular (Gray & Donaldson 2010, Tee 2012).

The employment of our feedback tools in practice goes some way in addressing this deficit. It also assists in meeting the NMC (2010) requirements for nursing programmes providers to demonstrate that the views of service users are sought, and provides a simple and transparent process by which patient (and carer) feedback can be obtained and documented. This feedback also clearly contributes towards the demonstration of meeting the students' learning outcomes and professional development in practice. Nevertheless, despite the potential advantages of seeking and documenting service user feedback on student nurses' performance, the practice still requires far wider implementation in the field of adult nursing (Gray & Donaldson 2010).

There are a variety of reasons why patient and carer feedback on the competency of nursing students (or registered nurses) has not been routinely implemented thus far. These include concerns about the vulnerable nature of patients or carers, confidentiality and anonymity issues, the capability of service users to give

meaningful feedback (Calman 2006, Tee 2012) and worries that the students themselves may be adversely affected by receiving such feedback (Speers 2008). However this study evaluated the perceptions of patients, students and mentors involved in the process, and goes some way to addressing these concerns.

Both students and mentors in our study were sensitive to the fact that some service users might for physical, mental or emotional reasons, be unsuitable to give feedback. However the comments of the mentors revealed that clinical judgment was employed to ensure that such vulnerable clients were not approached for feedback, and that patients and carers who were asked, were clearly informed that giving feedback was entirely optional. Likewise, all participants were sensitive to that fact that asking service users to comment on the performance of a student that they were currently receiving care from could also potentially be problematic. Consequently, steps were taken to minimise this potential problem by carefully timing when the request for feedback was made, and when and how the feedback was delivered to the student.

Both mentors and students expressed worries that patients might feel coerced into giving unrepresentatively positive feedback, or might feel vulnerable as a result of giving poor feedback. However, the anxieties of the students and mentors were not reflected in the views of the patients in this study, who were comfortable giving feedback, and felt a strong obligation to ensure that this feedback was honest and authentic. This contrasts with previous suggestions in the literature which questioned the capacity of patients to be able to give meaningful feedback on the performance of healthcare professionals (Calman, 2006). However although it is true that in Calman's study, patients did not feel suitably equipped to judge the technical

competence of (registered) nurses, they were able to comment on interpersonal skills such as compassion and communication i.e. those attributes that patients in this current study were being asked to assess.

Similar studies in other fields of health and social care have likewise highlighted that patients are not only able to assess interpersonal skills of students and registered professionals, but in fact, as recipients of care, are felt to be the best placed to give feedback (Gray & Donaldson 2010, Speers 2008). This concurs with the recent public position that patient and carer feedback is a vital when evaluating the care that they themselves are in receipt of (Mid Staffordshire NHS Foundation Trust Inquiry 2013, Keogh 2013). Positive feedback was perceived by both mentors and students alike as a confidence booster, and students welcomed the feeling that they were 'getting it right'.

However, feedback from patients was not always positive, and it has been suggested that receiving negative feedback might not be welcomed or believed by students, and furthermore, could damage their confidence (Gray & Donaldson, 2010). Nevertheless, students in our study recognised that such feedback could be re-framed as an opportunity to reflect upon and develop their practice. This is supported by the views of students in Davies & Lunn's study (2009) who found patient feedback non-threatening and non-judgmental, and felt that the feedback they received on their communication skills in practice, lead to positive changes in their performance on placement.

Feedback from service users is not only valuable for identifying potential development needs of individual staff, but is also important in terms of empowering service users to work in partnership with healthcare professionals to develop quality care in practice, rather than being passive recipients of healthcare services.

Scrutiny of complaints to the NHS ombudsman in England in 2013-2014 reveals that approx. 30% of complaints received involved problems with communication, whilst 20% identified the attitudes of staff as an issue (Parliamentary and Health Service Ombudsman 2014). The pivotal and unique perspective that service users can offer in relation to these aspects of care are integral to improving services, allowing areas of concern to be proactively identified and managed, rather than simply waiting for the complaints to occur, and managing these reactively.

Although our study suggests that registered nurses valued patient feedback on student nurses' performance, they were more reticent about receiving such feedback on their own practice. However, the Mid Staffordshire NHS Foundation Trust Inquiry (2013) suggests that assessment of interpersonal skills, and the ability to perform in a caring and compassionate manner should not be limited to student nurses. Recommendation 194 (Mid Staffordshire NHS Foundation Trust 2013 p.106) states that through the appraisal process and portfolio development, individual registered nurses should be able to '…*demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse'*. This has been more recently incorporated by the NMC (2015b) into the revalidation requirements of registered nurses, (p.12).

Limitations to the study

This was a small qualitative study, which took place in a single acute NHS hospital, in relation to only one field of practice (i.e. adult nursing). All participants were white and English speaking, and this limits transferability. Additionally, although the feedback tool has been designed to gain feedback from both patients and their carers, in this study it was only possible to gain views from patients, and therefore carers' viewpoints were not considered.

CONCLUSION.

The initial pilot of the feedback tool took place within a single hospital. However the feedback tool is now embedded in practice and being regularly utilised in a large number of healthcare organisations by all adult field pre-registration nursing students at the university in which the tool was developed. Work is ongoing regarding gaining service user feedback in areas where this might not be so straightforward, such as theatres. Similar tools are currently being adapted for use in other fields of pre-registration nursing programmes in the university such as learning disability, child and mental health nursing.

RECOMMENDATIONS FOR THE FUTURE

Further qualitative and quantitative research in a larger population of patients, mentors and students could confirm whether the findings from this small study are indeed generalisable to the wider population of students, patients and mentors. Future studies should strive to include the views of carers. Exploration of the feasibility of using a similar type of the tool in other areas of health and social care such as medicine and allied healthcare professions should also be considered, both in relation to the assessment of pre-registration students, and as part of providing evidence of ongoing professional development of registered staff.

REFERENCES

Aiken, L. , Sermeus, W. , Van den Heede, K. ,Sloane, D. ,Busse, R., McKee, M., et al. 2012. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. British Medical Journal. 344: e1717.

Calman, L., 2006. Patients' views of nurses' competence. Nurse Education Today. 26 (8) 719–725.

Chapman, L., James, J., McMahon-Parkes, K., 2011. Involving patients in assessments of students. Nursing Times. 107 (34),17-19.

Colaizzi, P.,1978. Psychological research as the phenomenologist views it. In Valle, R., King, M., (Eds), 1978. Existential Phenomenological Alternative for Psychology. Oxford University Press, New York.

Davies, C.S. & Lunn, K., 2009. The patient's role in the assessment of students' communication skills. Nurse Education Today. 29(4) 405-412.

Duxbury, J., Ramsdale, S., 2007. Involving service users in educational assessment. Nursing Times. 103(1) 30-31.

Gray, M., Donaldson, J., 2010. Literature review exploring issues of service user and carer involvement in the assessment of students' practice. Project Report. NHS Education for Scotland, Edinburgh.

Keogh, B., 2013. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. The Stationery Office, London. *Available*

at http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf *Last accessed 20/6/2015*

Mid Staffordshire NHS Foundation Trust , 2013.
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry; Executive summary. The Stationery Office, London. *Available at*
http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf *Last accessed 20/6/2015*

Miles, M., Huberman, A., Saldana, J., 2014. Qualitative Data Analysis: A Methods Sourcebook (Third Edition) Sage Publications, California.

NHS England, 2013. Patient-Led Assessments of the Care Environment, (PLACE). *Available at* https://www.england.nhs.uk/ourwork/qual-clin-lead/place/

NHS Institute for Innovation and Improvement, 2010.The Handbook of Quality and Service Improvement Tools. NHS Institute for Innovation and Improvement, Coventry.

Nursing and Midwifery Council, 2010. Standards for pre-registration nurse education. NMC, London. *Available at* http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/standards-for-pre-registration-nursing-education-16082010.pdf *Last accessed 20/6/2015*

Nursing and Midwifery Council , 2015a. The Code: professional standards of practice and behaviour for nurses and midwives. NMC, London. *Available at* http://www.nmc.org.uk/Code *Last accessed 20/6/2015*

Nursing and Midwifery Council 2015b How to revalidate with the NMC - provisional guidance. NMC, London. *Available at*

http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-final-draft.pdf *Last accessed 20/6/2015*

Parliamentary and Health Service Ombudsman, 2014. Complaints about acute trusts 2013-14 and Q1, Q2 2014-15. The Stationary Office, London. *Available at* http://www.ombudsman.org.uk/__data/assets/pdf_file/0004/28876/Complaints_about_acute_trusts_2013-14_and_Q1,-Q2_2014-15.pdf *Last accessed 20/6/2015*

Rees, K., Fruin, H., 2005. Involving people who use services and carers in assessment of social work students: A case study and good practice guide. Skills for Care North West, Leeds.

Speers, J., 2008. Service user involvement in the assessment of a practice competency in mental health nursing-stakeholders' views and recommendations. Nurse Education in Practice 8, 112–119.

Tee, S., 2012. Service user involvement —Addressing the crisis in confidence in healthcare. Nurse Education Today, 32 (2) 119-120.

Terry, J., 2012. Service user involvement in pre-registration mental health nurse education classroom settings: a review of the literature. Journal of Psychiatric and Mental Health Nursing. 19(9), 816-29.

<div style="border:1px solid black; padding:10px;">

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]

</div>

Box 2. Example questions from research interview schedule.

Example questions to patients.

Do you think the timing was right when you were asked to give feedback? Please explain your answer.

Did you have any worries about being asked to take part in this feedback? Explain your answer**.**

Do you feel that patients' views of student performance are important? Please explain you answer.

Were there any other questions you would have liked included in the feedback sheet you filled in?

Can you suggest any other way of obtaining your opinion about student's competency?

Are there any other points you would like to raise about your involvement in the student assessment experience?

Example questions to students.

Did you have any areas of concerns in taking part in this process? Please explain.

Describe your feelings once you had received the feedback.

Describe in what way patient's feedback may have helped or hindered your learning.

Which learning outcomes has this feedback helped you achieve?

Example questions to nurse mentors.

How was the patient or relative chosen for feedback?

Were there any areas of concerns you had through inviting a patient/relative to take part in this process?

In what ways (if any) has the patient feedback helped in your assessment of the student's practice?

Do you feel a similar [patient feedback] tool could/should be used for you as part of your appraisal? Explain your answer.