Mentors’ and Students’ Perspectives on Feedback in Practice Assessment:
A literature review.

Christine H. F. Pollock¹
Dr Ann Marie Rice²
Ailsa McMillan³

¹ Senior Lecturer/Subject Group Leader, School of Nursing, Midwifery and Social Care, Faculty of Health, Life and Social Sciences
² Senior University Teacher/Deputy Head of Nursing & Health Care, University of Glasgow,
³Lecturer/Programme Leader BSc Hons Nursing, Queen Margaret University, Edinburgh
## Contents

**GLOSSARY & TERMINOLOGY** .................................................................................................................. 4

**EXECUTIVE SUMMARY** ....................................................................................................................... 5
  
  Project Summary .................................................................................................................................. 5
  Next Steps ........................................................................................................................................... 5
  Key words ............................................................................................................................................. 5

**SECTION 1: INTRODUCTION** ............................................................................................................... 6
  
  1.1 Background .................................................................................................................................. 6
  1.2 NMC Agenda for Assessment ......................................................................................................... 6
  1.3 Feedback for Learning .................................................................................................................... 6
    1.3.1 Constructive and meaningful feedback .................................................................................. 6
  1.4 Project Summary ............................................................................................................................ 7

**SECTION 2: WHY DO THE PROJECT?** ................................................................................................. 8
  
  2.1 Preamble ...................................................................................................................................... 8

**SECTION 3: LITERATURE SEARCH** .................................................................................................... 9
  
  3.1 Introduction .................................................................................................................................. 9
  3.2 Search Parameters ......................................................................................................................... 9
  3.3 Origins of the literature accessed .................................................................................................. 9
  3.4 Outcomes ...................................................................................................................................... 9
  3.5 Review procedure .......................................................................................................................... 9

**SECTION 4: FINDINGS** ....................................................................................................................... 10
  
  4.1 Introduction .................................................................................................................................. 10
  4.2 Nature of literature ...................................................................................................................... 10
  4.3 Nature of feedback ....................................................................................................................... 10
  4.4 Seeking feedback .......................................................................................................................... 11
  4.5 Understanding of feedback............................................................................................................ 12
4.6 Relationship between Mentors and Students .............................................................. 12
4.7 Timing .......................................................................................................................... 13
4.8 Length of practice experience ....................................................................................... 13
4.9 Barriers ......................................................................................................................... 14

SECTION 5: SUMMARY ....................................................................................................... 15
5.1 Introduction ..................................................................................................................... 15
5.2 Summary ......................................................................................................................... 15

SECTION 6: CONCLUSIONS AND NEXT STEPS .................................................................. 17
6.1 Conclusion ...................................................................................................................... 17
6.2 Next Steps ...................................................................................................................... 17

SECTION 7: REFERENCES .................................................................................................... 18

SECTION 12: APPENDICES .................................................................................................. 22
Appendix 1 .......................................................................................................................... 22
NHS for Education Scotland Project: Mentors’ and Students’ Perspectives on Feedback in Practice Assessment: a literature review ................................................................. 22
Strategy for identification of relevant literature / evidence ..................................................... 22
CINAHL Search Strategy Dec 2014 .................................................................................... 23
Appendix 2 .......................................................................................................................... 25
Feedback in Practice Assessment: Literature Search.......................................................... 25

March, 2015
## GLOSSARY & TERMINOLOGY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEI</td>
<td>Higher Education Institution</td>
</tr>
<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
</tr>
<tr>
<td>SLAiP</td>
<td>Standards to Support Learning and Assessment in Practice</td>
</tr>
</tbody>
</table>

Supervisors, mentors and educators are used interchangeably to describe the role of supporter for learning in practice. These titles recognise the differing professions reflected in the literature.
EXECUTIVE SUMMARY

Project Summary
This project aims to address the complex challenges in providing meaningful feedback to students in the practice learning environment. A literature review will examine the current published research and scholarship in this area.

Aim
The aim of the project is to identify relevant literature related to feedback in practice assessment.

Objectives
To undertake a review of the literature related to the provision of feedback within nursing, medicine, dentistry and allied health professionals, within the current published research and scholarship.

To identify search terms to be agreed between the team.

To set inclusion criteria to include all academic papers; government literature and professional guidance literature that focuses on the processes of feedback in practice assessment in relation to the achievement of professional competencies. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2010 onwards will be included initially.

To set exclusion criteria to exclude papers that do not hold direct relevance to assessment and supervision in relation to professional competencies and/or did not relate to assessment and supervision in practice learning environments.

Results
A search of the literature 2010-2014 resulted in Initial search n=208, after reading the abstracts for relevance n=55, after reading the articles n=35 in total.

Findings
There were seven main areas that emerged from the literature: the nature of feedback, seeking feedback, understanding of feedback, relationship between Mentors and Students, timing of feedback, length of the practice experience and barriers.

Next Steps
The purpose for this project was to review the current evidence for practice. It was always the desire to extend the project beyond the initial exploration of the literature and into an investigation of current practice in Scotland. The next steps proposed are:

- Collect a team willing to pursue the second stage of the project.
- Approach colleagues through established networks to seek potential collaborators for stage two.
- Prepare a project profile to examine feedback practices currently practised in Scotland.
- Explore the support needed for service users and carers to provide effective ‘feedback’ to students.

Key words: practice assessment, competencies, feedback, student mentor relationship,
SECTION 1: INTRODUCTION

1.1 Background

Providing feedback to students is an integral part of the learning process (Braend et al., 2010; Brown et al., 2012), though it remains a challenge to deliver (Cornell, 2014). Anecdotally the comments from mentors of student nurses performance in clinical learning environments vary widely. Comments may be on behaviours or specific skills for example, verbal communication ability or non-specific comments such as the student ‘fits into the ward well’. The purpose of this literature review is to investigate students’ and mentors’ perspectives of feedback in the clinical learning environment.

1.2 NMC Agenda for Assessment

The primary role of the NMC is to safeguard the health and wellbeing of the public (NMC, 2010). To enable this to take place, the NMC (2010) sets the standards for education of nurses who are undertaking an approved programme that will lead to registration or a qualification that is recordable on the NMC register.

The framework that underpins this process requires those involved in education at any level to create an environment in which the facilitation and evaluation of learning can take place.

Furthermore mentors are responsible and accountable for setting objectives, providing learners with constructive feedback and identifying areas for development or concern in collaboration with the approved HEIs.

The requirement of resources and in particular time to be available for effective mentorship to take place is explicit in NMC documentation (NMC, 2010). Additionally, mentors accountability and responsibility extends to the requirement for the clear documentation of their decision making about a student’s competence in relation to progression (NMC, 2008).

To facilitate this, the relationship between the mentor and the learner is required to be effective and positive, while fostering personal and professional development.

1.3 Feedback for Learning

Feedback for learning is ‘complex’ and for it to be meaningful it needs to be understood (Watling, 2014). It may help students to make sense of their practice experiences (Watling, 2014), but the circumstances for it to be effective need to be clarified. Ball et al. (2012) maintain learning is a dialogue and feedback is powerful when embedded in day to day activities. This aligns well with the provision of feedback in practice where the learning is embedded in the ‘real work’ of the student nurse (Ball et al., 2014).

1.3.1 Constructive and meaningful feedback

There are a number of definitions of meaningful or constructive feedback. Murray et al. (2010, page 142) defined feedback as ‘the situation when the output from an event in the past will influence the same event in the present or the future’. In other words, the outcome of constructive feedback is the development of the individual. Another definition by the Practice Education Group (2005, page 47), suggested that feedback was the ‘the process of telling another individual how they are perceived’. This definition suggests that there is an emotional element to providing feedback. Feedback may not just be about the acquisition of technical skills, but how the learner is fitting in to the environment. So it may be that ‘fits in well’ does have currency as a comment from a mentor. Duffy (2013) proposes principles of constructive feedback including, setting realistic goals, assessing students’ expectations of feedback, having the necessary information on student practice and what can be expected of the student. Mentors should also act timeously and be specific in the feedback that they give.
Words that are associated with constructive feedback include, helpful, practical, productive and valuable (Duffy, 2013). The benefits of constructive feedback are that it promotes improvement and development, can maintain and increase motivation, increase confidence and self-esteem and increase competence, the end result of which is improved quality of care (Duffy, 2013). There are occasions when mentors may be required to give negative as well as positive feedback but Clynnes and Raftery (2008) suggest that this should always be given constructively.

For the purposes of this paper, constructive and meaningful feedback is defined as: ‘feedback provided to the student that enables them to reflect on their performance, identifying aspects of performance that are good and areas where improvement is required’.

1.4 Project Summary

This project aims to address the complex challenges in providing meaningful feedback to students in practice. A literature review will examine the current published research and scholarship in this area.

1.5 Aim and Objectives

1.5.1 Aim

The aim of the project is to identify relevant literature related to feedback in practice assessment.

1.5.2 Objectives

To undertake a review of the literature related to the provision of feedback within nursing, medicine, dentistry and allied health professionals, within the current published research and scholarship.

To identify search terms to be agreed between the team.

To set inclusion criteria to include all academic papers; government literature and professional guidance literature that focuses on the processes of feedback in practice assessment in relation to the achievement of professional competencies. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2010 onwards will be included initially.

To set exclusion criteria to exclude papers that do not hold direct relevance to assessment and supervision in relation to professional competencies and/or did not relate to assessment and supervision in practice learning environments.
SECTION 2: WHY DO THE PROJECT?

2.1 Preamble

Practice learning and assessment of learning in practice is a cornerstone of the ‘Standards for pre-registration nursing education’ (NMC, 2010). Given the centrality of learning in practice to nurse education the importance of effective feedback in practice and practice learning cannot be emphasised enough. Arguably this is applicable for all nurses not solely those in pre-registration programmes. The NMC provide definitions and guidance on mentoring in their publications (NMC, 2008; NMC, 2011). Student nurses therefore, may have the advantage over some other learners in practice or practical settings about how they should be mentored, and benefit from mentoring. Guidance however, can only provide a measure of support for practice learning, and it is for individual student nurses and mentors to manage what occurs within the practice setting and the relationship that evolves therein. If it is accepted that feedback is vital for effective learning then the mechanism by which it is delivered requires some examination. It has not always been addressed however, for example a ‘Scoping [of] the Implementation of the National Approach to Mentor Preparation Core Curriculum Framework’ in Scotland (Donaldson et al., 2009) does not explore the preparation of mentors to provide feedback.

The NMC define a mentor as ‘...a nurse who makes judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.’ (NMC, 2008, page 21). Though other ‘suitably prepared’ professionals may also supervise and assess student nurses (Scott et al., 2014). It should be noted that this does not apply to student midwives. Efforts to develop and quality assure mentorship preparation in addition to the Standards from NMC (2008) led to additional guidance being prepared. For example, NHS Education for Scotland (NES) has also prepared instructive materials both generic (NES, 2008) and specific for nurses, midwives and AHPs (NES, 2007; NES, 2013). It is the gap about the context of feedback in practice learning for student nurses or midwives that this literature review seeks to address.
SECTION 3: LITERATURE SEARCH

3.1 Introduction

A literature search was conducted for relevant publications on feedback provided within practice assessment in the fields of nursing, medicine, dentistry and allied health professionals. The search covered the years 2010-2014 to reflect the time elapsed since the publication of the current NMC nursing standards. Where a particularly relevant piece of work was found during the literature review this was accessed to add to the results list. Results were limited to English language materials only.

3.2 Search Parameters

The databases searched were are CINAHL, Social Care On-line; Web of Knowledge; Medline; Social Care On-line; Assia; Google scholar. The search terms used were Student Performance Appraisal; Education, clinical; Learning Environment, clinical; Clinical Competence; Feedback or feed forward; Mentor/mentorship; Clinical Supervision; Student Supervision. Inclusion criteria were all academic papers; government literature and professional guidance literature that focuses on processes of feedback in practice assessment in relation to the achievement of professional competencies. Given the specific nature of the NMC nursing standards, and their recent introduction, only papers from 2010 onwards were included initially. Papers were excluded if they did not hold direct relevance to assessment and supervision in relation to professional competencies and/or did not relate to assessment and supervision in practice learning environments.

3.3 Origins of the literature accessed

The literature retrieved was predominantly from medical journals with a smaller proportion from nursing or midwifery, fewer still from dentistry, the professions allied to medicine and school education. The nature of the literature varied also and included quantitative, qualitative, mixed methods research and descriptive or opinion articles. The literature was then read for relevance by one of three reviewers and reduced to n=12, 14 or 15 per reviewer.

3.4 Outcomes

A total of 208 papers were identified (see Table 1). After reading the abstract and following further refining by reading the articles, 35 papers were identified as relevant. The excluded papers were relevant to theory assessment rather than practice, were letters to the editor, or did not provide sufficient reference to mentors’ or students’ perspectives.

<table>
<thead>
<tr>
<th>Literature 2010-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial search</td>
</tr>
<tr>
<td>After reading the abstract for relevance</td>
</tr>
<tr>
<td>After reading the articles</td>
</tr>
<tr>
<td>Relevant publications added to the original search</td>
</tr>
</tbody>
</table>

3.5 Review procedure

Each reviewer was randomly assigned a group of articles to review. Each reviewer read the allocated articles for the critical factors which were then themed.
SECTION 4: FINDINGS

4.1 Introduction

This section will address the key themes which emerged from the literature collated. The three reviewers met on a regular basis and agreed the emergent themes. From a range of types of literature, eight topics areas were identified and classified. The first relates to the nature of the literature, the remaining seven classified themes were the nature of feedback, seeking feedback, understanding of feedback, relationship between Mentors and Students, timing of feedback, length of the practice experience and barriers.

4.2 Nature of literature

The range of literature includes opinion pieces (Buck et al., 2014; Dearnley et al., 2013; Donnelly & Kirk, 2010; Watling, 2014) to debate (Mollo & Boud, 2013), to discussion pieces such as using e-portfolios (Peacock et al., 2012). The array of research methodologies comprises Qualitative approaches for example focus groups with preceptors (Matua et al., 2014); a Qualitative survey of a tool designed for the purpose (Pelgrim et al., 2012), videoing of teaching events (Rizan et al., 2014); and individual and group interviews (Urquhart et al., 2014). Quantitative methods used are surveys of clinical practice (Braend et al., 2010; Elnicki & Zalenski, 2013; Helminen et al., 2014). Finally mixed methods, studies were part of a non-participant observation study using audio-diaries to collect data (Finnerty & Collington, 2013).

4.3 Nature of feedback

Self assessment and self appraisal, is increasingly employed in some programmes of study (Langendyk, 2006) and, whilst it may play a role in the individual’s development, it is an inadequate mechanism for improving performance (Eva et al., 2012; Eva & Regehr, 2005, 2008). Langendyk (2006) suggested that this was particularly the case with ‘low achieving students’. While Hattie and Timperly (2007), stated that feedback was ‘among the most critical influences on student learning’. Duffy (2013) suggested that regular constructive feedback was integral to both the assessment process and to learning, and that there were benefits to both mentor and the student.

Many authors characterise feedback in comparable ways. For example Braend et al. (2010) has categories of ‘vague’ and ‘specific’. Buck et al. (2014) write of ‘productive’ versus ‘non-productive’ commentary from mentors. Donnelly and Kirk (2010) identify ‘specific’ feedback as focusing on behaviour; this is similar to Matua et al. (2014) who identify ‘clear’ feedback which is ‘focused on performance’. Pelgrim et al. (2012), examining interactions between GPs and GP trainees, also talk of ‘specific’ feedback. Specific because it was linked to the relevant part of the consultation, and what was good, less good and why. Helminen et al. (2014) studied mentors’ (n=225), nurse teachers’ (n=108) and student nurses’ (n=276) views about the students’ final clinical practice experience. Helminen et al found that student nurses preferred qualitative feedback to a numerical form, though no examples of qualitative feedback were provided in the report. Rizan et al. (2014) investigated feedback ‘in action’ or feedback that occurs at the time of the error (p. 904). Using a qualitative approach and videotaping (medical) students and educators in practice settings, Rizan et al. (2014) characterised ‘correction’ as of ‘low or high explicitness’ with neither outlier of the range being effective. Low explicitness correction was vague or generalised and high was abrupt ending of an encounter. Duffy (2013) emphasises the importance of giving feedback that is specific and facilitates the student to achieve identified learning outcomes. A failure to give feedback may leave the student feeling that “no news is good news”. She further suggests that students should be encouraged to give a self assessment of their own performance first, as this
may give the mentor some insight into the student’s awareness of their own performance. The importance of giving specific feedback that is balanced and obtained from direct observation is also reported by Urquhart et al., (2014). Furthermore, Duffy (2013) found that students identified poor feedback as being that which is inconsistent, generalised and/or superficial, for example, ‘you’re doing well’. In contrast good feedback was reported as being timely, consistent and inclusive of, both positive and negative comments and felt to be genuine. In one study student respondents characterised feedback as positive and negative (Urquhart et al., 2014). Dijksterhuis et al., (2013) report that not all feedback translated into learning and that the authenticity, personal attributes and personality of the person providing the feedback were key. McKinley et al. (2010) suggest that 3 key elements to feedback are agreement between the recipient and provider about the purpose of the feedback; that is should be acceptable to the recipient and the content should be useful. These definitions and descriptions all reflect Ramprasad’s (1983) assertion that feedback is information about the gap between the actual level and the reference level of a ‘system parameter’ which is used to diminish the gap.

4.4 Seeking feedback

An interesting feature of the literature accessed is the positive view of ‘seeking’ feedback which emerged. Two of the writers argue that for students to seek feedback is ‘better’ or more effective (Dearnley et al., 2013; Molloy & Boud, 2013). In a review of the literature, Crommelinck and Anseel (2013) identified six evidence based insights into feedback seeking behaviour. They found that students who seek feedback tend to do better, and that seeking feedback is a key determinant of learning. In qualified staff, seeking feedback was linked to higher job satisfaction, as it allowed individuals to develop a better understanding of their role within the work environment. Other key factors reported by the authors were the frequency and timing with which the individual sought feedback, again, those seeking early feedback tended to do better. Another way of seeking feedback was observing the behaviour or performance of others to benchmark one’s own. In a qualitative study undertaken with both medical students and supervisors, Dijksterhuis et al. (2013) found some participants reported that not seeking feedback could result in unexpected feedback, which was nearly always perceived as negative.

However, Milan et al. (2011) found that students often view feedback as a linear process, with the student passive in the process. The authors undertook an intervention study with third year medical students (n=189), in which, half of the cohort undertook a brief intervention presented as a workshop, engaging the students in discussion about feedback and ways in which the students could engage with and seek feedback. Those students who participated in the workshop reported a positive change in their attitude to receiving feedback and a willingness to engage with feedback seeking behaviours. This would suggest that as well as improving the skills of mentors and supervisors there is value in engaging with students and providing them with skills in seeking feedback.

Bok et al. (2013) conducted face to face interviews with senior veterinary students (n=14), exploring their goals and motives for seeking feedback. Students reported that both personal and interpersonal factors influenced their reasons for seeking feedback. Personal factors were related to identified goals, such as clinical competence, developing as a professional and increasing knowledge and skills. A sense of responsibility to clients, so that competence could be improved, also motivated students to seek feedback. Other factors that influenced the students’ motivation to seek feedback were related to their own physical or mental state. For example if the student was feeling particularly tired or dispirited they were less likely to
seek feedback. For Dijksterhuis et al. (2013), the characteristics of the person providing the feedback were seen as important as was the relationship between the student and the person providing feedback.

### 4.5 Understanding of feedback

Feedback is characterised in various ways. For example in qualitative group interviews investigating feedback, general (medical) student respondents (n=53) considered it predominantly as a ‘one way process from mentor to student’ (Urquhart et al., 2014). Donnelly and Kirk (2010) agree. Watling (2014) argues that the ‘culture of learning’ in the field (of medicine) is important, and that feedback competes with other ‘cues’ for learning such as the responses of patients and carers, patient outcomes, and working with senior practitioners. Dijksterhuis et al. (2013) identified that individual perspectives were important in enabling feedback to benefit the student. This was largely determined by having a sense ownership and a feeling of achievement. The authors concluded that providing feedback was challenging to supervisors and trainees and that credible feedback and the learning environment are important elements of the process. The quality of feedback provided to students is fundamental to their subsequent understanding and application of the feedback to facilitate professional development. Plakht et al. (2013) noted that ‘high quality negative feedback’ can be utilised more effectively by students in the development of self-evaluation. Chang et al. (2011) assert that if students use their feedback to set skills-related goals, then the self-assessment and self-monitoring skills required to improve performance will develop. Furthermore, students, and in particular known low performers, require guidance to be able to do this effectively. This combined with the challenges faced by mentors who believe they do not have enough time to assess and provide constructive feedback to an underperforming student, can result in a student successfully completing a placement when in fact they should not (Bush et al., 2013). It can be argued that students in this situation are provided with feedback that is incongruent with their practice therefore making sense of the feedback will not be possible.

### 4.6 Relationship between Mentors and Students

Two writers propose that feedback may be perceived as a ‘negative’ and sometimes ‘hostile’ experience (Elnicki & Zalenski, 2013; Urquhart et al., 2014). Positive feedback occurs when there is respect between the student and mentor (Urquhart et al., 2014). Watling (2104) discusses challenges in providing feedback in medical programmes and asserts that feedback is an interaction between the student and the person who provides the feedback. Dijksterhuis et al. (2013) identified that the supportiveness of the learning environment was seen as being important. This supportiveness was identified as having committed supervisors, clear assessment procedures and an acknowledgement by higher management that the learning environment was important. Allen et al. (2010) considered some of the pre-existing personality traits that shaped the mentor student relationship and identified the influence of anxiety on both the seeking and acceptance of feedback. Additionally, they assert that mentoring should consider more specific behavioural processes rather than broad functions. In a study of 124 nursing students, Plakht et al. (2013) note the correlation between high quality positive feedback and the quality of the performance and participation of students in the workplace. There is however a requirement for mentors to ensure an environment of support and challenge to enable the delivery and receipt of high quality positive and importantly negative feedback.

Henderson and Eaton (2013) commented that the relationship and interaction between the learner and the mentor was important to foster good practice learning and that feedback was an essential component of learning. As previously reported by Dijksterhuis et al. (2013), the authors indicated that a supportive environment, where providing feedback, was seen as a valuable part of the mentors role was important. The authors also noted that in some health care environments, where the emphasis is on care delivery, mentoring
and supporting learners appeared to be of less value to the organisation. Milan et al. (2011) reported that the ‘approachability’ of staff appeared to be more important than expertise when seeking feedback. The authors suggested that this finding should be noted by those developing education for those providing feedback that developing the necessary skills to engage with students is important.

### 4.7 Timing

A study by Al-Mously et al. (2014) explored medical students’ perceptions of the frequency and quality of feedback. Structured interviews were undertaken with fifth year (n=60) and sixth year (n=50) students. The results indicated that feedback was not given at the right time and often failed to provide a mechanism for improvement. The authors also emphasised the importance of developing ways to support and develop skills in those providing feedback. Rizan et al. (2014) argue that the timing of feedback is crucial and that ‘feedback in action’ is the most effective system. Coninx et al. (2013) discuss the benefits of synchronous feedback (via in-ear devices) with student teachers and how, by using key words or phrases, the students were able to develop their skills in practice. They acknowledged the limitations to the study (e.g. size, cognitive load) but this does add to the debate of mentors working with students and reflecting in action. The ‘mode of delivery’ in one study (Dearnley et al., 2013) was an issue for timing, as mobile devices for feedback might have been anticipated as more efficient for timely feedback. Yet of the three methods compared, each version mobile device (PC or paper versions) had their drawbacks. Archer (2010) advises that feedback should be implicit and explicit in all activities consequently promoting a desirable outcome. He is critical of the reductionist approach to feedback (where feedback is used as a one-way ‘diagnostic process’, Archer, p.105), which is adopted in the healthcare professions and promotes change and development as part of the process.

A study by Grieveson et al. (2011), sought to evaluate the effectiveness of work based assessments in foundation dental practitioners (FDPs) (n=41) and their trainers (n=44). The assessment tool is constructed to prompt immediate feedback and reflection on performance. The assessment tool was well evaluated by both FDPs and trainers and the authors concluded that the most significant contribution to ongoing professional development came from the direct feedback and reflection at the time of assessment, and that this approach played an important role in facilitating learning. A later study by Haffling et al. (2013), also reported that linking feedback to the assessment process improved feedback to students that was specific and related to the achievement of identified learning goals. Duffy (2013) highlights the importance of giving feedback at the most appropriate time and suggests that this should be as close as possible to the students’ performance or management of a particular event, rather than wait for a formal feedback session, which may not be scheduled for some time and refers to this as ‘situational feedback’.

### 4.8 Length of practice experience

The duration of a learning experience in nursing and other professional programmes has been discussed as an influencing factor in two articles (Bates et al., 2013, Coninx et al., 2013).

Furthermore, the need for protected time and space to provide feedback is essential if it is to be meaningful to the learner and utilised effectively (Plakht et al., 2013). Watling (2014) believes that the philosophy of moving (medical) students to a new ‘placement’ prevents longer length student/teacher relationships and this along with potentially multiple supervisors providing the feedback is a potential inhibitor to making best use of feedback. In addition, the EU Directives, now incorporated into the standards for nurse education, make it mandatory for all students to have experience in all domains of practice: Adult nursing, both medical and surgical, Child Health, Maternal and Infant Health, Mental Health & Wellbeing, Care of Older people and
Community nursing (NMC 2010, page 96). This may mean that placements in areas out with the students’ main area of study may be quite short, making it difficult for the student to be given any meaningful feedback. Thus, to engender meaningful learning for the student in practice (Miller, 2014), the length of a practice learning experience will need to be considered.

4.9 Barriers

The final category is barriers to feedback which featured in a significant proportion of the articles accessed. Dearnley et al. (2013) cite delay in receiving feedback, while Donnelly and Kirk (2010) characterise feedback as threatening to both student and mentor. There is ‘resistance to receiving’ feedback according to Elnicki and Zalenski (2013) and goals did not change from mid-way to final summative review despite mid-way feedback on performance. Elnicki and Zalenski (2013) also believed mentors tended to give positive over constructive comments and were possibly reluctant to be negative. Helminen et al. (2014) argue that the ‘situation’ of assessment is ‘unnerving’ and there is a ‘failure to fail’ (Duffy, 2003, page 43) students who are not yet competent, also that the nature of assessment books and the repeated summative assessment of competence is a challenge (Watling, 2014). Matua et al., (2014) consider that lack of privacy in giving feedback may be an inhibitor. For Watling (2014), the nature of the learning culture (which he says is fragmented) may inhibit effective feedback. Duffy (2013) identified a number of barriers to giving feedback. Fear of not being liked by the student was a key factor for a lot of mentors, and prevented them from giving honest feedback. Many mentors reported feeling that they lacked confidence in how to give constructive feedback, particularly when the student was performing poorly. Black et al., (2014) identify the ‘moral stress’ that sign off mentors experience when they ultimately doubt their judgement, despite their reasons for failing a student being appropriate. This is echoed by Duffy (2013), when discussing providing feedback to nursing students. She emphasises that it is not only skill in giving verbal feedback that is important for mentors, but that mentors are also required to give written feedback, and need to develop these skills. Having skills in giving feedback can be particularly important when the mentor is assessing a student who may be at risk of failing (Duffy, 2013). Helminen et al., (2014) also talk about the challenge of language as competency assessments can be hard for mentors to understand, and therefore for them to use to provide feedback. While Dearnley et al. (2013) believe embedding feedback contributions from a variety of providers (service users and carers, peers and other professionals) within practice assessment may be a barrier to its effectiveness.

Eva et al., (2012) suggested that one of the potential barriers to meaningful feedback that resulted in improved performance was the recipient’s response to the feedback. They suggested self perception and feedback from an external source inevitably interacted, and as feedback is usually interpreted through the individuals own frame of reference, it is important to understand how learners understand, accept and are able to utilise feedback and how that might be influenced. A series of focus groups were conducted with a range of learners (n=134) including both undergraduate and postgraduate learners to explore the processes used by learners to utilise feedback and factors that influenced the learners interpretation of feedback. Factors that were found to influence receptiveness to feedback included confidence, fear of appearing to lack knowledge and experience, which was linked to the development of confidence. Interestingly, these factors were found to potentially increase or decrease the receptivity to feedback. The authors concluded that, while it is important to seek effective approaches to giving feedback, of equal importance is consideration of how feedback is received.
SECTION 5: SUMMARY

5.1 Introduction

This section will evaluate the findings of the structured literature review.

5.2 Summary

The wide range of literature identified (see Appendix 1), may come as no surprise. Feedback is seen as a key component of student learning. What is of interest for nurse academics is that the literature relates in the main to medical student learning. Given that nursing has a long established ‘learning in practice’ culture this may appear unexpected and unbalanced. What is reassuring is that a breadth of research methods has been adopted to consider feedback in practice learning (Braend et al., 2010; Elnicki & Zalenski, 2013; Finnerty & Collington, 2013; Helminen et al., 2014; Matua et al., 2014; Pelgrim et al., 2012; Rizan et al., 2014; Urquhart et al., 2014).

A critical theme for this review is the characterisation of clear, specific, productive, behaviour focused feedback versus that which is vague, ‘non-productive’ and non-specific (Braend et al., 2010; Buck et al., 2014; Dugan, 2013; Helminen et al., 2014; Matua et al., 2014). Although Rizan et al. (2014) warn that either extreme of ‘correction’ is ineffective. A feature of the literature accessed is the positive view of ‘seeking’ feedback which emerged (Crommelinck & Anseel, 2013; Dearnley et al., 2013; Molloy & Boud, 2013). Paradoxically but in support of seeking feedback, Dijksterhuis et al. (2013) found some participants in their study of postgraduate learners reported that not seeking feedback could result in a negative experience as feedback could then come as unexpected and difficult to respond to. They discuss the ‘ownership’ of the learning experience and the influence that has on the overall outcome (Dijksterhuis et al. 2013).

Feedback has multiple characteristics: Culture (Watling, 2014), the ‘direction of travel’ in feedback (Donnelly & Kirk, 2010; Urquhart et al., 2014), and individual perspectives of feedback (Dijksterhuis et al., 2013) are all considered as important in the literature. The credibility of the supervisor (or mentor) also is relevant (Dijksterhuis et al.) as is approachability of staff (Milan et al., 2011).

An unsurprising finding is that the relationship between Mentors and Students contributes to effectiveness. Respect (Urquhart et al., 2014), and commitment from supervisors (Dijksterhuis et al., 2013), are two positive aspects. The encounter can be perceived however as a ‘negative’ or ‘hostile’ experience (Elnicki & Zalenski, 2013; Urquhart et al., 2014). Duffy (2013) suggests that equipping mentors with the necessary skills in giving feedback, for example, good communication skills may increase the mentor’s confidence.

Other relevant factors identified are timing, for example ‘feedback in action’ (Rizan et al., 2014), and ‘mode of delivery’ (Dearnley et al., 2013), where electronic recording systems are not yet fully functional. Additionally, the length of practice experience was recognised as an influencing factor, where there may also be a culture of short term student and teacher relationships (Watling, 2014) not being productive for effective feedback. In moving to a Hub and Spoke model of practice learning (McCallum, 2014) the length of a practice experience will be critical to ensuring effective feedback in practice.

The final classification of barriers to feedback was a strong feature in the literature. Barriers included delay in feedback (Dearnley et al., 2013), and that feedback is threatening to both student and mentor, (Donnelly & Kirk, 2010). Matua et al. (2014) consider that lack of privacy in giving feedback may be an inhibitor. ‘Resistance to receiving’ feedback was evident in that it had no discernible impact from mid-way to final summative goals.
Elnicki and Zalenski (2013) identified reluctance to be negative, while Helminen et al. (2014) argue that there is a ‘failure to fail’ students (Duffy, 2003) who are not yet competent. The assessment documentation (Helminen et al., 2014) and the recurrence of summative (routinely assessing all competencies at each placement) rather than formative assessment of competence is an additional issue (Watling, 2014). Duffy (2013) identified a fear of not being liked by the student was a key factor for a lot of mentors, and prevented them from giving honest feedback. The NMC (2008) is explicit in its expectation that all mentors will be prepared for their role to support and assess learning in practice by providing constructive feedback and setting and monitoring realistic objectives. Yet many mentors reported feeling that they lacked confidence in how to give constructive feedback, particularly when the student was performing poorly. Lastly Dearnley et al., (2013) believe calling contributions from service users and carers ‘feedback’ is a barrier to its effectiveness. Gray and Donaldson (2010) consider that mentors may be needed to assist the service user or carer in giving feedback, yet on the evidence above it seems mentors are not yet themselves sufficiently prepared.

The priority of the NHS in Scotland is to provide safe, effective, person centred care (Scottish Government, 2008). However the resources (that is, staff and time) required to do this are the same resources required for the preparation of the future nursing workforce (that is, mentors). The NMC (2008) is clear that mentors require time to fulfil their accountability and responsibility as mentors. However, some of the evidence presented in section 4 of this document suggests that mentors are not all enabled to do this.
SECTION 6: CONCLUSIONS AND NEXT STEPS

6.1 Conclusion

This structured literature review has been conducted into mentors and students perspectives on meaningful feedback. A large body of literature resulted from the initial search (n=208) which was edited down after reading of the abstracts (n=55) and then the articles (n=35) by one of three reviewers, and with six added for relevance the total read were n=41. A range of literature was accessed principally from the medical field. Seven main areas emerged and were classified as the nature of feedback, seeking feedback, understanding of feedback, timing of feedback, relationship between Mentors and Students, length of the practice experience and barriers.

Duffy (2013) suggests that equipping mentors with the necessary skills in giving feedback, for example, good communication skills may increase the mentor’s confidence. Dijksterhuis et al. (2013) concluded that providing feedback was challenging to supervisors and trainees and that credible feedback and the learning environment are important elements of the process. Furthermore Plakht et al. (2013) assert that in their study there were links between the quality of the feedback (whether positive or negative), its subsequent usefulness and the student experience. In preparing our students and mentors however, is important to avoid a ‘reductionist’ approach, where feedback is used as a one-way ‘diagnostic process’, (Archer, 2010, p.105), in aiming for meaningfulness for students and mentors.

Black et al. (2014) articulate the challenges faced by mentors when they have assessed a student as failing. Their findings demonstrate the ‘moral integrity’ required, in particular when the student in question is on their final placement. Mentors experienced moral distress as they questioned their colleagues’ failure to fail during previous practice learning experiences. Black and colleagues recommend strengthening the collaborative work between practice and HEIs to ensure protection of the public and that the integrity of the profession is upheld.

For Watling (2014) the nature of the learning culture (which is fragmented) may inhibit effective feedback and this is also likely to be the case for nursing students.

Student nurses need preparation to hear, understand, process and internalise the feedback they receive. Mentors need support to develop an effective language and skill set to deliver feedback, and this latter point corresponds to the discussion about the qualities expected in a nurse (or midwife) mentor (NHS Education for Scotland, 2013). Finally, the organisation needs to be supportive for the learning to occur in a meaningful way (Dijksterhuis et al., 2013).

6.2 Next Steps

The purpose for this project was to review the current evidence for practice. It was always the desire to extend the project beyond the initial exploration of the literature and into an investigation of current practice in Scotland. The next steps proposed are:

- Collect a team willing to pursue the second stage of the project.
- Approach colleagues through established networks to seek potential collaborators for stage two.
- Prepare a project profile to examine feedback practices currently practised in Scotland.
- Explore the support needed for service users and carers to provide effective ‘feedback’ to students.


Nursing and Midwifery Council (NMC), 2008. *Standards to support learning and assessment in practice*. 2nd ed. Available from:


Appendix 1

NHS for Education Scotland Project: Mentors’ and Students’ Perspectives on Feedback in Practice Assessment: a literature review

Strategy for identification of relevant literature / evidence

A literature search was undertaken for relevant publications on feedback provided within practice assessment in the fields of nursing, medicine and allied health professionals.

The search covered the years 2010-2014 to reflect the nature of the current NMC nursing standards. Results were limited to English language materials only.

Sources searched are given below. A copy of the CINAHL search strategy is given at Appendix 1.

- CINAHL
- Medline
- Pubmed
- PsycInfo
- ASSIA
- Cochrane Library
- British Education Index
- Web of Knowledge
- Social Care Online
- LibrarySearch (Edinburgh Napier University discovery tool)
- Higher Education Academy
- Royal College of Nursing – library catalogue and website
- Institute of Education, University of London - library catalogue
- Google Scholar
- Google
208 initial edited items were retrieved from this search. [Appendix 2]

**CINAHL Search Strategy Dec 2014**

<table>
<thead>
<tr>
<th>Set</th>
<th>Query</th>
<th>Limiters/Expanders</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(MM &quot;Student Performance Appraisal&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>1,245</td>
</tr>
<tr>
<td>2</td>
<td>(MM &quot;Education, Clinical&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>5,140</td>
</tr>
<tr>
<td>3</td>
<td>(MM &quot;Learning Environment, Clinical&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>892</td>
</tr>
<tr>
<td>4</td>
<td>(MM &quot;Clinical Competence&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>11,701</td>
</tr>
<tr>
<td>5</td>
<td>(MM &quot;Feedback&quot;) or feedback or feed forward</td>
<td>Search modes - Boolean/Phrase</td>
<td>17,869</td>
</tr>
<tr>
<td>6</td>
<td>(MM &quot;Mentorship&quot;) or mentor*</td>
<td>Search modes - Boolean/Phrase</td>
<td>11,818</td>
</tr>
<tr>
<td>7</td>
<td>(MM &quot;Clinical Supervision&quot;) OR (MM &quot;Clinical Supervision, Mental Health&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>1,378</td>
</tr>
<tr>
<td>8</td>
<td>(MM &quot;Student Supervision&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>269</td>
</tr>
<tr>
<td>9</td>
<td>(MM &quot;Feedback&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>1,670</td>
</tr>
<tr>
<td>10</td>
<td>TI feedback or feed back or feed-back or feedforward or feed-forward</td>
<td>Search modes - Boolean/Phrase</td>
<td>4,099</td>
</tr>
<tr>
<td>11</td>
<td>((JN &quot;Nurse Education Today&quot;) OR (JN &quot;Nurse Education in Practice&quot;)</td>
<td>Limiters - Published Date: 20000101-20141231 Search modes - Boolean/Phrase</td>
<td>3,031</td>
</tr>
<tr>
<td>12</td>
<td>S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8</td>
<td>Search modes - Boolean/Phrase</td>
<td>47,343</td>
</tr>
<tr>
<td>13</td>
<td>S9 or S10</td>
<td>Search modes - Boolean/Phrase</td>
<td>4,576</td>
</tr>
<tr>
<td>14</td>
<td>S12 and S13</td>
<td>Search modes - Boolean/Phrase</td>
<td>4,460</td>
</tr>
<tr>
<td>15</td>
<td>S12 and S13</td>
<td>Limiters - Published Date: 20040101-20141231</td>
<td>3,648</td>
</tr>
<tr>
<td></td>
<td>Search modes - Boolean/Phrase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Limiters - Published Date: 20040101-20141231</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Search modes - Boolean/Phrase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Limiters - Published Date: 20040101-20141231</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Search modes - Boolean/Phrase</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19

96
Appendix 2

Feedback in Practice Assessment: Literature Search

63 results


Bell H. S. (2014). *Becoming a successful student in pre-registration nurse education: a qualitative multiple case study*. (PhD), University of East Anglia, Norwich. Retrieved from https://ueaeprints.uea.ac.uk/49481/1/Becoming_a_successful_student_in_pre-registration_nurse_education_-__a_qualitative_multiple_case_study.pdf


Stone, D., & Heen, S. (2014). *Thanks for the feedback : the science and art of receiving feedback well : (even when it is off base, unfair, poorly delivered, and frankly, you’re not in the mood)* Portfolio Penguin.


