

National Approach to Practice Assessment for Nurses and Midwives

**Literature review exploring
issues of service user and carer
involvement in the assessment of
students' practice**

**Final Report
(Volume 1)**

February 2010

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Executive Summary

This literature review focuses on exploring issues of service users and carer involvement in the assessment of students' practice. Recommendations are made to inform the development of a National Approach to Practice Assessment for the pre-registration Nursing and Midwifery programmes in Scotland.

Objectives of the Literature Review

- Undertake a literature / evidence review that focuses on exploring issues of service user and carer involvement in the assessment of students' practice.
- Make recommendations based on the above review to inform the National Approach Working Group in formulating guidance to Higher Education Institutions around service user and carer involvement in the assessment of students' practice.

Literature review

Literature was collected following a systematic search and spanned across 17 lay and professional groups. In total a 212 articles were reviewed following application of exclusion criteria. Sixty six papers were finally selected as fully meeting the inclusion criteria. Of these there was a varied and wide ranging use of research methods as well as guidelines / tools and more descriptive / opinion based articles. The most common were descriptive / opinion based, followed by guidelines and tools thus underlining the often reported dearth of evidence based literature in the area of the involvement of service users and carers in the assessment of students' practice.

Findings from the literature review

Following a brief overview of the contextual background, definition of terms and an outline of the continuum of involvement, the findings from the literature review addressed the following areas: The challenges and barriers to the involvement of service users and carers focusing on the hierarchies within Higher Education; the use of superiority as a barrier; and using excuses as a barrier. This is followed by a discussion related to assessment methodologies including assessment methods and processes; issues related to reliability, quality and the context of assessment. The next section addresses the impact of involvement on students, service users and carers which includes an exploration of the benefits of service user and carer involvement in the assessment of students' practice; and the reactions and views of service users, students and staff. Finally the implications for training and support are explored.

Conclusions and recommendations

There are a number of recommendations and advice offered in the literature. Only those specific to the involvement of service users and carers in the assessment of students' practice are presented here.

The culture in which service users and carers are involved in the assessment process must be commensurate with the aims and purpose of such participation. This therefore requires involvement of all those involved (including practice placement personnel), agreement and dissemination of the vision or purpose; two-way communication; setting of ground rules including the ability to challenge the use of jargon and the provision of a supportive environment where service users and carers feel safe to share any concerns or anxieties that they may have (Tew et al. 2004; Basset et al. 2006; Duxbury & Ramsdale 2007; Masters & Forrest unpublished).

Training and support is fundamental to the success of service user and carer involvement. Levin (2004); Speers (2008) and Masters & Forrest (unpublished) recommend ensuring that the involvement of service users and carers in the assessment of students' is not seen to be coercive but rather an opt in or opt out process. Anghel & Ramon (2009) emphasise the need for support not just for service users and carers but also academic and practice staff.

A number of authors recommend the development and use of protocols and guidance in order to provide structure for all those involved (Shennan 1998; Edwards 2003; Speers 2008; Anghel & Ramon 2009; Branfield 2009; Stickley et al. 2010) which should hopefully help with consistency in the assessment process. Levin (2004) suggests that any assessment tool should start from the service users' perspective as opposed to using 'trigger questions' related to competencies. Stickley et al. (in press) discuss the development of a service user designed assessment tool (SUSA© – Service User Student Assessment) which over a number of weeks evolved into containing four categories: attitude; communication skills; personal awareness and knowledge. A Likert scale is consistently used to elicit responses and there is sufficient room for individual comment. The tool also contains a glossary of terms for the service user / carer.

In terms of the processes involved, recommendations are multifaceted:

- Consider the terminology used – Stickley et al. (2010) and (in press) suggest referring to service user and carer 'assessment' of students' practice as reviewing rather than assessing. The rationale for this is that the term reviewer addresses students' complaints of feeling disempowered and thus the feedback is less likely to be rejected outright.

- Provide service users and carers with written information that they can read it and retain for future information. Information should include the “reason for seeking feedback; how it will be used and how long any forms or recordings will be kept” (Edwards 2003: 347). Speers (2008) adds that confidentiality in terms of the feedback should also be addressed.
- Service user / carer feedback should be used to enhance the learning experience (Levin 2004).
- Service user / carer feedback should be mandatory in all practice assessments (Levin 2004)
- The selection of the service user / carer from which feedback will be elicited should be a joint process between the mentor / practice teacher and the student. It should not be the student’s selection alone (Levin 2004; Masters & Forrest unpublished).
- Stickleby et al. (in press) advise using informal processes (such as witness statements, reflective writing and other portfolio items) to elicit service user / carer feedback. They warn that using more formal mechanisms will require planned training in forming and giving feedback. Furthermore they suggest that using a more formalised procedure may need mentor involvement to aid the feedback process.

In conclusion, the consensus within the literature is to involve service users and carers in the formative feedback (or review) of students in the practice setting. The use of protocols and structured easily understood and implemented tools are recommended as is the inclusive and appropriate level of engagement training for all stakeholders involved in the process.

Both Masters & Forrest (unpublished) and Stickleby et al. (in press) identify that further research is required into the manner in which feedback is obtained from service users and carers and how it is then used to inform and enhance the learning process.

1. Aim

The aim of this final report is to present NHS Education for Scotland (NES) with the findings from the systematic literature / evidence review aimed to inform the development of a National Approach to Practice Assessment for the pre-registration Nursing and Midwifery programmes in Scotland.

1.1 Objectives

- Undertake a literature / evidence review that focuses on exploring issues of service user and carer involvement in the assessment of students' practice.
- Make recommendations based on the above review to inform the National Approach Working Group in formulating guidance to Higher Education Institutions around service user and carer involvement in the assessment of students' practice.

2. Methodology

2.1 Data Sources Included/Excluded (Phase 1)

Literature was collected following a systematic search of the literature. Appendix I (Volume 2) lists the search criteria and databases used in electronic searching, which revealed 87 references. These articles also referred to other literature on service user and carer involvement in the assessment of students which the electronic search had not discovered, and these further 70 sources were included in the first phase of the review as part of a hand searching exercise.

An article list from the initial phase can be found in Appendix 2 (Volume 2). There were a number of lay and professional groups found to have published on the involvement of service users and carers in the assessment of students' practice and these are demonstrated in Table 1. The literature reviewed spanned these professional and lay groups.

Lay and Professional Groups	
Community Nursing	Parents
Dentistry	Physiotherapy
Health & Social Care education	Pre-registration nursing (Adult)
Learning Disability	Psychological Therapies
General Practice	Psychiatry training
Medical education	Podiatry
Mental Health Nursing	Radiology
Midwifery	Social Work
Nursing	

Table 1: List of lay and professional groups found to have published on the involvement of service users and carers in the assessment of students' practice

The countries of origin of the literature include Australia, Canada; England; Germany; Hong Kong; Israel; Netherlands; New Zealand; Scotland; Sweden; Switzerland; USA, and Wales.

Every piece of literature was independently reviewed by the reviewers (MG and JD), and were included or excluded from the study. The data extracted from each literature source were summarised by each reviewer and where there was disagreement, reviewers met to discuss and agree inclusion/exclusion.

Exclusion criteria included literature that did not make reference to the involvement of service users or carers in the assessment of students' practice were excluded (n=80) are highlighted within reference list included in Appendix 2 (Volume 2). An overview of excluded studies (n=58) along with papers (n=22) excluded from hand searching can be found in Appendix 3 (Volume 2).

None of the literature revealed the use of randomised controlled trials, and the reviewers considered it appropriate to use literature which employed quantitative and qualitative methodology, descriptive accounts, text and opinion. The remaining 66 literature sources were then used in the second phase of the study. An overview of included 66 studies can be found in Appendix 4 (Volume 2).

In summary:

- Number of articles found by electronic-searching = 87
 - Number of articles included = 29 for phase 2
 - Number of articles excluded = 58
- Number of articles found by hand-searching = 59
 - Number of articles included = 37 for phase 2
 - Number of articles excluded = 22
- Total number of articles reviewed in phase 1 = 146
- Total number of articles included for phase 2 = 66
- Total number of articles excluded during phase 1 = 80

2.2 Data Extraction from Included Studies (Phase 2)

Data from included studies were extracted and aligned to the review questions as detailed below.

Review Questions

1. What methodologies are used when service users and carers are involved in the assessment of students' practice?
2. What are the challenges, opportunities and limitations when service users are involved in the assessment of students' practice?
3. What is the nature of the impact of above on students, service users and carers?
4. What are the issues related to reliability, quality and context of assessment when involving service users and carers?
5. What are the implications for preparation and support of service users and carers in the assessment of students' practice?

2.3 Level of Evidence on Data Extracted

Sixty six papers were finally selected as fully meeting the inclusion criteria. Of these there was a varied and wide ranging use of research methods as well as guidelines / tools and more descriptive / opinion based articles. The most common were descriptive / opinion based, followed by guidelines and tools thus underlining the often reported dearth of evidence based literature in the area of the involvement of service users and carers in the assessment of students' practice. A breakdown is provided below:

Action research studies (n=4)

Case studies (n=2)

Delphi Study (n=1)

Descriptive / opinion based (n=14)

Evaluation studies (n=3)

Guidelines / Tools (n=12)

Literature review (n=7)

Mixed Methods (n=4)

Pilot study (n=1)

Qualitative (n=7)

Quantitative (n=9)

Once data were extracted, the reviewers collated the findings, which are presented below. Those articles included within the findings section can be found within the reference list for this report.

Most of the research studies involved a single centre focus in one geographical area, one professional groups and had small sample sizes.

3. Introduction to Findings

The findings from the literature review will be presented under the following headings: contextual background; definition of terms; continuum of involvement; challenges and barriers to the involvement of service users and carers; assessment methodologies; impact of involvement on students, service users and carers and implications for preparation and support.

3.1 Contextual Background

According to Shennan (1998), Repper & Breeze (2007) and Anghel & Ramon (2009) service users and carers have been involved, albeit unsystematically, in social work education since the mid-1980's. The increasing pressure in the early 1990s from the user movement to have a more active involvement in the provision of their care and the education of those providing that care, along with the need to embrace the equality and diversity agenda (Forrest et al. 2000; Masters et al. 2002; Felton & Stickley 2004; Levin 2004; Whittaker & Taylor 2004; Cowden & Singh 2007; Leckey et al. 2008) has led to both UK policy and professional body requirements to provide overt evidence of the involvement of service users and carers in education and training. Levin (2004) indicates that the signal for changes in the way that social work service and education providers involved service users and carers in their provision was the Department of Health's (2000) quality strategy for social care. Manthorpe et al. (2005) assert that these changes were reinforced more explicitly in the requirements for social work training (DoH 2002). The requirements specified the need for service user involvement in all aspect of the delivery and maintaining the quality of education and training of social workers and this included assessment (Moss et al. 2009; SCIE 2009).

Repper & Breeze (2007) state that the first response from healthcare education providers to Government policy initiatives was from the field of mental health. In England, the Chief Nursing Officer's review of mental health nursing (DoH 2006: 18) recommended that "service users and carers be routinely involved in the recruitment, education and assessment of all mental health nurses". It is now expected practice in all fields (Rush 2008; Gutteridge & Dobbins 2009).

There is also a growing expectation by the medical profession. The Royal College of Psychiatrists has required service user and carer involvement in education programmes since 2005 (Fadden et al. 2005; Babu et al. 2008; Biswas et al. 2009; Dogra et al. 2009). It is also a requirement by the Postgraduate Medical Education and Training Board (PMETB 2008, 2009).

The policy drive for service user and carer involvement has not only been in the UK. In Australia, there have been Government policy directives since 1992 (Happell & Roper 2003; Happell & Roper 2009) and from 2000 in New Zealand (Davis & McIntosh 2005; Scott 2008; Jones et al. 2009).

There is now an acceptance of the importance of service user and carer involvement in all health care and social work education and training but the focus of debate is now more about the how, where and when (Tickle & Davison 2008). The literature reports that the involvement of service users and carers in educational and training provision is 'patchy and uneven' (Branfield et al. 2007; Branfield 2009) and that it is particularly 'under-developed' in the assessment of practice (Masters & Forrest unpublished: 1). This assertion was also noted by Speers (2008).

Many authors cite a paucity of literature providing detail of the nature and process of service user and carer involvement in education and training per say (Shennan 1998; Frisby 2001; Happel & Roper 2003; Repper & Breeze 2007; Moss et al. 2009); but this is particularly profound in respect of their role in the assessment of students (Simpson 2006; Duxbury & Ransdale 2007; Speers 2008; Davis & Lunn 2009; Jha et al. 2009; Stickley et al. 2009; Masters & Forrest unpublished). This literature review therefore will explore a range of papers, guidelines and reports in an attempt to provide some illumination.

3.2. Definition of Terms

The term service user was adapted from social policy by social work in the early 1990s and thereafter it has become widely used across the UK by health and social care professions (Anghel & Ramon 2009). A definition of a service user which has been adopted by a number of authors is from Cooper & Spencer-Dawe 2006: 604) "a person who is (or has been) on the receiving end of any type of health or social care service".

In reviewing the literature it is apparent that there is no consistent agreement regarding the terminology to be used (Simpson et al. 2003; Rees et al. 2007). Some authors report that individuals find the term service user offensive or inappropriate (Humphreys 2005; Tyler 2006). Anghel & Ramon (2009) are of the opinion that the term service user can militate against true involvement because of the perceived imbalance of power. They prefer to use the term consultant which they believe more aptly reflects their role. Moss et al. (2009) however report that participants in their study preferred the term service user. Simpson et al. (2003) noted the other terms used included consumer, customer, client and patient. Advocacy in Action (2006a, b) add citizen stakeholders to the list.

The medical profession are more likely to use the term patient, patient instructor or consumer (Owen & Reay 2004; Bideau et al. 2006; Rees et al 2007). A nursing author from Finland referred to patients and clients (LeVar 2002). Whilst other authors use the term partner (Kelly & Wykurz 1998; Keogh et al. 2010). Simpson et al. (2003: 2) proposed that the term “service user could be seen as the most neutral definition”.

There does not however seem to be any disagreement in the definitions of carer or involvement. Levin (2004: 21) states “carers look after a family member; partner or friends in need of help because they are ill, frail or have a disability.” Lathlean et al. (2006: 425) define involvement as “an active and equitable collaboration between professionals and service users concerning the planning, implementation and evaluation of services and education.”

This report will employ the terminology used by the commissioning body – service user and carer.

3.3 Continuum of Involvement

Forrest et al. (2000) present an adapted form of Goss & Miller’s (1995) continuum of involvement with 5 levels:

1. Closed Model – no involvement
2. Passive involvement
3. Limited two-way communication (Organisation centred)
4. Listening and responsive
5. Partnership

Levels 4 and 5 best characterise the involvement of service users and carers in assessing students’ in practice.

Tew et al. (2004) and Gutteridge & Dobbins (2009) present a Ladder of Involvement also with 5 rungs:

1. No involvement
2. Limited involvement (limited occasional input)
3. Growing involvement (regularly contribute)
4. Collaboration (involved as full team members)
5. Partnership (staff and service users and carers work together systematically and strategically)

In the above model, student assessment is included from level 2 onwards.

4. Challenges and Barriers to the Involvement of Service Users and Carers

Having meaningful involvement of service users and carers in education generally and in the assessment of students' is a complex process which is full of challenges (Porter et al. 2005). This section will address the challenges and barriers reported in the literature.

4.1 Hierarchies within Higher Education Institutions

The culture and structures within Higher Education Institutions encourage a 'pecking order' to exist which takes time for new staff to penetrate let alone 'outsiders' which service users and carers can find off putting (Basset et al. 2006; Townend et al. 2008; Essen et al. 2009). A few authors comment on the culture which encourages individualistic working as opposed to team working which further obscures understanding from an external perspective as it is difficult to conceptualise how 'things work' (Basset et al. 2006; Essen et al. 2009). Processes such as validation can effectively exclude service users and carers because they can be ritualistic in nature and set in a culture that can be bewildering for those not steeped in experience of such events (Basset et al. 2006). The payment of expenses which can be a lengthy process is also highlighted as a barrier to the involvement of service users and carers (Basset et al. 2006; Branfield et al. 2007; Brown & Young 2008).

Researchers stress the importance of having leadership and direction to drive initiatives such as the involvement of service users and carers in educational processes in order to mitigate against challenges and barriers (Anghel & Ramon 2009; Gutteridge & Dobbins 2009). It is clear however from Stickley et al. (2010) that strong leadership is required at all levels and not just at the level of those directly attempting to change practices in the involvement of service users and carers.

4.2 Using Superiority as a Barrier

Basset et al. (2006) refer to a concept – 'knowledge is king'. Some academics use their knowledge and expertise to feel that they are more superior to service users and carers and therefore devalue their involvement and opinions (Tait & Lester 2005; Basset et al. 2006; Forbat 2006; Branfield et al. 2007; Dogra et al. 2008). A few authors assert that some individuals feel threatened by service users and carers as there is a concern that their own power base will be eroded (Babu et al. 2008; Tickle & Davison 2008; Biswas et al. 2009; Stickley et al. 2010). Biswas et al. (2009) add that a paternalistic attitude through feeling more superior to others is another way to block the involvement of service users and carers.

The nature of academic debate can effectively exclude service users and carers as well as the jargon used. Authors report that this can cause service users and carers to feel intimidated and frustrated (Tew et al. 2004; Basset et al. 2006; Tyler 2006; Scottish Voices 2008; Essen et al. 2009).

Rees et al. (2007) state that often service users and carers are not seen as having a legitimate part to play in education and training. In particular respect to assessment, the Social Care Institute for Excellence (2009) make the point that some academics believe that the assessment of students is the sole province of them and dismiss any added value that could be gained from the involvement of service users or carers.

Surrounding the above barriers and challenges is stigma and discrimination. As alluded to previously, service users can be viewed as having little or nothing to add to education or training of professionals. This can be due to perceptions of these individuals as being disabled, unreliable, unpredictable or even dangerous (Felton & Stickley 2004; Basset et al. 2006; Branfield et al. 2007; Haffling & Hakansson 2008; Happell & Roper 2009) or being unable to hold a rational opinion (Felton & Stickley 2004; Speers 2008). Essen et al. (2009) make a thought provoking comment that it seems extremely surprising given the nature of health and social care professionals work and the fact that Higher Education Institutions are places of learning that the input from service users and carers should be welcomed rather than rejected.

4.3 Using Excuses as a Barrier

Basset et al. (2006) refers to clever people, clever excuses as another type of barrier. Excuses used to inhibit the involvement of service users and carers are numerous including arguments that service users and carers are 'not ready for it' (Basset et al. 2006) and making the point that as service users and carers become used to the educational environment and learn to cope with the culture then they are no longer truly representative of the service carer group (Felton & Stickly 2004; McGarry & Thom 2004; Ahuja & Williams 2005; Tait & Lester 2005; Basset et al. 2006).

Other excuses cited in the literature include the argument that the involvement of service users and carers in the educational process is time and resource consuming when these commodities are already committed (Edwards 2003; Basset et al. 2006) and that it is difficult to recruit service users and carers (often due to a lack of knowledge of how to) with concerns that this could lead to either tokenism or over-use of the same individuals (Basset et al. 2006; Brown & Young 2008; Leckey et al. 2008; Gutteridge & Dobbins 2009).

5. Assessment Methodologies

This section will provide detail about the assessment methods used by a number of professions, the processes used in conducting assessments involving service users and carers and issues related to reliability, quality and context of assessment when involving service users and carers.

5.1 Assessment Methods and Processes

From the Table 2 overleaf it can be seen that the predominant feature of including service users and carers is in the assessment of students' practice. There are a few examples of service users being involved in the assessment of coursework. Most commonly the involvement of service users and carers is in formative rather than summative assessment.

A number of authors advise that service users tend not to want the responsibility of giving a mark or a grade to students however they wish their feedback to be taken into account by the summative marker (Edwards 2003; Bailey 2005; Lazarus 2007; Townend et al. 2008). A number of authors have used a process by which service users provide feedback (verbally or by a questionnaire) which is then incorporated by the marker into the overall assessment result (Tew et al. 2004; Bailey 2005; Davis & McIntosh 2005; Crisp et al. 2006; Moss et al. 2007; Anghel & Ramon 2009). Lazarus (2007) defends this practice as service users may not be able to provide detailed guidance on how a student's performance could be improved upon. This view is reinforced by Rees et al. (2007)

Other researchers have required students to reflect upon service user feedback on their practice and incorporate this in their portfolio which is then assessed (Davis & Lunn 2009; Masters & Forrest unpublished).

A few authors report involving service users in assessing course work whilst others involve service users in teaching clinical skills and providing feedback on performance (Kelly & Wykurz 1998; Branch et al. 1999; Fadden et al. 2005; Bideau et al. 2006; Wells et al. 2008).

Table 2: Assessment Methods

Authors	Programme/ Professional group	Assessment Method used	Key findings / Points
Advocacy in Action (2006a)	Social Work, health, community etc.	Interview score sheet.	Involved in the development and delivery of assessment (as well as criteria) on students' fitness for practice.
Advocacy in Action (2006a)	Social Work, health, community etc.	Experiential Assessment Framework	12 step framework which guides service user and carer involvement so that their values, judgements and opinions can be heard.
Ager et al. (2005)	Social Work	Feedback from service users on the assessment of students' practice.	Feedback on practice is more common than feedback given in the classroom setting.
Anghel & Ramon (2009)	Social Work	Practice assessment	Social Work Teachers (n=22) shared that they used verbal, written, formal and informal methods from service users to assess students' practice.
Bailey (2005)	MSc Mental Health programme	Portfolio containing a practice orientated course work assignment.	Service users were able to provide feedback on students' practice orientated course work assignment.
Bideau et al. (2006)	Medicine	Assess clinical skills, correct and teach and provide feedback on the student's performance.	Trained patient instructors were able to assess, correct and teach medical students during a physical examination.

Authors	Programme/ Professional group	Assessment Method used	Key findings / Points
Biswas et al. (2009)	Intellectual Disabilities	Assessment of attitudes and skills.	Authors assert that individuals with intellectual disabilities and their carers may be able to provide feedback as long as they receive appropriate training and support.
Branch et al. (1999)	Medicine	Assess medical students' musculoskeletal examination skills using an evaluation instrument.	Students who were assessed by patient (arthritis educators) improved on their skills more so than their counterparts who did not have this intervention.
Branfield (2009)	Social work	Taking part in practice assessment panels and boards. Portfolio assessment Use of feedback forms	Examples of good practice.
Cooper & Mira (1998)	Medicine	Assessing medical students' communication skills using a 10 point Likert scale.	Role playing patients judgements on students' communication skills illustrated differing priorities to those of academic assessors.
Crisp et al. (2006)	Social work	Report that a few practice teachers use structured questionnaires, most seek service user feedback on their student's performance in practice through informal conversations.	Report a lack of literature advising on the extent of service user and carer involvement should be in assessing students' practice.

Authors	Programme/ Professional group	Assessment Method used	Key findings / Points
Davis & Lunn (2009)	Podiatry	Tool to assess students' communication skills using Likert scales.	Patients scored the student who had provided them with treatment and this formed part of the students' clinical portfolio which students were expected to reflect and consider.
Davis & McIntosh (2005)	Midwifery	Midwifery academic staff and / or midwives in practice obtain feedback (no detail of how) from the women that the student midwife provides care for.	Women are involved in the assessment of midwifery students' practice throughout the 3 years of their programme. The women's feedback is incorporated into the student's practice assessment by an academic and / or their midwife mentor.
Edwards (2003)	Social Work	Service users provided with a questionnaire incorporating rating scales.	Feedback from service user on the student's performance was viewed by Practice Teachers as another perspective of the student's practice.
Elliott et al. (2005)	Social Work	Use conversations between service users and carers.	Deliberately do not use the term interview. Conversations have become a key element in the assessment of 1 st year students.
Fadden et al. (2005)	Psychiatry	Commenting on assignments Feedback on trainee's capability, skills and attitudes.	Authors offer these methods as appropriate ways for service users and carers to become involved in the assessment of students.
Goodbody et al. (2007)	Clinical Psychology	Involvement in the development of a new oral examination to assess students' therapeutic skills	Outcome of new oral examination instrument not reported.

Authors	Programme/ Professional group	Assessment Method used	Key findings / Points
Kelly & Wykurz (1998)	Medicine	Commenting on students' summative course work.	Summative assessment in a Community Module comprising of an individual report and a poster / leaflet. Patients deemed to be able to critically assess students' work.
Lazarus (2007)	Medicine	Interview (individual or group) with patients conducted by academic.	Results from this small qualitative study revealed that patients make global rather than competency specific judgements on students' clinical performance.
Masters & Forrest (unpublished)	Mental Health	Written guidelines in which to elicit feedback from service users.	3 rd year students use written guidelines to obtain feedback on their performance in practice from two different service users. Students are required to reflect on the feedback and produce a written account in their portfolio.
Molyneux & Irvine (2004)	Social Work	Service users reading assignments and giving feedback. Service users serving on Programme Boards	These suggestions were identified from a survey of approved Social Work programme personnel and a series of meetings with service users and carers.
Moss et al. (2007)	Social Work	Marking sheet with agreed criteria	Service user and practice teacher/assessor both score students' interviewing skills within a skills lab with service user as role player. Part of students' formative assessment.
Reinders et al. (2010)	General Practice	Feedback on consultation skills via questionnaire; individualised structured feedback or small group meetings to discuss feedback.	Authors state that there is no evidence to suggest that any of these methods is better than another. In their study they used a Patient Feedback Questionnaire.

Authors	Programme/ Professional group	Assessment Method used	Key findings / Points
Sharma & Katona (1994)	Medicine	Interviews to elicit patient feedback on students sitting their final MB examination.	Patients and examiners made their judgement of the student's performance from differing perspectives.
Shennan (1998)	Social Work	Informal gathering of service user views of students by practice teachers	Most practice teachers elicited service users views informally and only a very few used a structured questionnaire.
Stickley et al. (2010)	Mental Health	Assessment tool using Likert scales covering four categories of student performance: attitude; communication skills, personal awareness and knowledge and development.	A trusting relationship between service user and student is required in order for feedback to be valued and acted upon.
Tew et al. (2004)	Mental Health	Feedback on students' academic or skills-based work	Authors suggest that this is a useful first step in getting service users involved in assessment of students' practice.
Twinn (1995)	Health Visiting	Feedback on the performance of health visiting students on practice.	Author stresses the importance of training clients prior to their involvement in assessing students.
Wells et al. (2008)	Mental Health	Service user involved in writing assessments and assessing students (offering student feedback on course work and marking exams) as well as being a member of Programme Boards.	Students report that receiving feedback from service user is more "meaningful and heartfelt" (p25).
Wilkinson & Fontaine (2002)	Medicine	Within an OSCE asking patients "How likely would you be to come back and discuss your concerns with this student again"	The authors state that this question has good face validity and reflects a global assessment of the student from the perspective of the patient.

5.2 Issues related to reliability, quality and context of assessment

A number of researchers report that service users are capable of providing valid and constructive feedback on students' practice (Wilkinson & Fontaine 2002; Wykurz & Kelly 2002; Bailey 2005; Rees et al. 2007). However, there are some concerns, often expressed by the students themselves, raised about the reliability of service users' feedback. Concerns relate to a tendency for service users to be unable to discriminate between good and poor practice (Rees et al. 2007; Babu et al. 2008) and or to be too lenient, unfair, unreliable or subjective in their assessment (Sharma & Katona 1994; Sheenan 1998; Vijayakrishnan et al. 2006; Rees et al. 2007; Speers 2008; Stickley et al. 2009; Masters & Forrest unpublished).

Bailey (2005) reports that some markers dismissed service user feedback where in their opinion the student could have done little to have improved upon their practice.

Sharma & Katona (1994) and Cooper & Mira (2007) emphasise that service users and carers tend to focus on different aspects of a student's performance. This is particularly obvious when service users are assessing students' communication skills. Rather than seeing this as a problem, a number of authors argue that it adds strength to the assessment process and provides a more rounded picture of the student's ability (Wilkinson & Fontaine 2002; Sharma & Katona 2004; Speers 2008).

“All the interviews involving nurses, and one service user, highlighted the potential increase in the validity of the assessment created by soliciting evidence from additional and ‘more truthful’ sources. In terms of reliability, the lecturers spoke of the value of subjective opinion, provided that the subjectivity is not disguised or overlooked” (Speers 2008: 115).

6. Impact of involvement on students, service users and carers

6.1 Benefits of involving service users and carers in assessment of students'

It is beyond the scope of this literature review to explore the benefits of service user and carer involvement in education generally although there are many reported benefits (Langton et al. 2003; Tew et al. 2004; Rees et al. 2007; Simpson et al. 2008; Happell & Roper 2009; Morgan & Jones 2009).

The benefits of service user and carer involvement in the assessment of students' are poorly researched. From the research that has been conducted the benefits for students' are identified as providing thought-provoking feedback to reflect upon; increased confidence, motivation and encouragement to further enhance their practice (Bideau et al. 2006; Duxbury & Ramsdale 2007; Masters & Forrest unpublished).

“Inclusion of service users on assessment panel added richness to the process that it was unlikely to could have achieved any other way. Their unique insight into what the students were trying to achieve gave the feedback a level of credibility that we could hardly have hoped for” (Duxbury & Ramsdale 2007: 131).

Benefits for service users have been identified as providing them with a feeling of empowerment and enhancing their self-esteem; being able to 'give something back'; and providing them with the opportunity to interact and perhaps influence students' practice development (Bideau et al. 2006; Rees et al. 2007) whilst other authors state that some service users and carers find the experience anxiety provoking (especially if they do not receive prior training and support) (Cuming & Wilkins 2000; Masters & Forrest unpublished).

6.2 Reactions and views of service users, students and staff

From the literature there is a polarisation of views from students. Those students receiving positive and constructive feedback from service users and carers welcomed it and believed it was an important part of their learning process, as exemplified from the following student quote from Bailey's (2005: 173) research:

“You know it's like getting real feedback from people who really matter. So I was really pleased with the feedback that I got. Yeah it was like being marked by the people who actually count”

At the other end of the spectrum, are students who on receipt of less than positive feedback become de-motivated and call for more balanced and relevant feedback in the future (Morgan & Sanggaran 1997; Bailey 2005). Students receiving negative feedback, not surprisingly, became sceptical about the whole process which impinged on their perception of the value of involving service users and carers in their assessment (Speers 2008); Jha et al. 2009; Sticklely 2010). Rees et al. (2007) add to the debate as to why students may react in this manner.

“First by giving feedback, service users are empowered whilst students are disempowered; this disempowerment acting as a barrier to the student participating more fully in patient care. Second, patient feedback may challenge the identity of the student as ‘carer’ and thirdly, emphasise strongly the student’s role as ‘learner’ (Rees et al. 2007: 369).

Rees et al. (2002) also made the observation that some of the students in their study believed that the feedback from service users was too glowing and lacked constructive criticism. Masters & Forrest (unpublished) refer to students being embarrassed to receive very good feedback from service users however it did have a rewarding and motivating effect which in turn increased their self-confidence.

Lazarus (2007) cites Covinsky et al.’s (1996) finding that students who accepted formative feedback, regardless of its nature, much more readily and to use it to enhance their practice. This assertion is reinforced by findings from Davies & Lunn’s (2009) study. Vijayakrishnan et al. (2006) and Babu et al. (2008) reported that trainee psychiatrists were opposed to service users being involved in the assessment of their summative examinations but were welcomed their input during the teaching process.

From the service user perspective, Twinn (1995) highlighted that they were often ambivalent about taking part in the assessment of students’ practice as they were unsure of what was expected of them and unclear about the criteria on which to make a judgement. There are reports of service users voicing concerns about giving negative feedback particularly if it meant the student would fail (Twinn 1995; Speers 2008; Stickley 2010) – perhaps another dimension to failure to fail (Duffy 2003). On a more positive note, Bailey (2005) reports that in her study all service users found themselves empathising with the person who was the focus of the student’s assessment and commented that they had felt empowered and as a result of working with other service users had made new social contacts.

Staff views are also mixed. Some staff who were paired with a service user in marking assessments found the experience positive as they themselves learnt new things and found the process particularly useful and were eager for the process to be repeated in the future (Bailey 2005). Speers (2008) reported that staff were concerned about the service user’s ability to make an informed judgement on the students’ performance commensurate with their stage in their training. Speers (2008) continues to explain other staff concerns.

Staff were worried that some service users would feel obliged to take part in the assessment process which in turn could increase the stress placed upon them; they were concerned about the impact on service users providing negative feedback and they were concerned about service users being used.

Anghel & Ramon (2009) report from their study that service users did not feel exploited. Stickley et al. (2010) adds the concern that the responsibility inherent in the assessment process could increase pressure on the service user.

Speers (2008) made the observation that the more experienced the member of staff was, the more they worried about potential problems impinging on the health and well-being of the service user. In contrast, Sheenan (1998) explained that staff in his research voiced concerns about the possibility of the service user's feedback clashing with their own and the dilemma this would pose if it occurred, however this fear was unfounded in reality. Sheenan (1998) stated that staff had formed the view that a student's practice assessment would not be complete without the service user perspective.

7. Implications for preparation and support

7.1 Training

7.1.1 Need for training or not?

Many authors stress the same message, it is vitally important that service users and carers are provided with training relevant to the aspects of the role they will be adopting (Ahuja & Williams 2005; Fadden et al. 2005; Rees et al. 2007; Repper & Breeze 2007; Brown & Young 2008; Branfield 2009; PMETB 2009; SCIE 2009). Levin (2004: 23) provides a strong rationale for the need for training as "training and support have been identified as levers for making service user and carer participation work". Moss et al. (2009) reinforce this and highlight its importance in achieving maximum impact from service user and carer involvement.

It is noticeable therefore that there was only one paper found which did not advocate for training of service users. Davis & Lunn (2009) took advice from colleagues in practice and with reference to Collins & Harden's (1998) paper presenting a continuum between real patients with no training to simulated patients who have been extensively trained with six points in between. On balance, Davis & Lunn (2009) opted not to train the service users involved in providing formative feedback on students' performance within an out-patient setting.

Their rationale for this was that in their view the service users' feedback would more likely to be spontaneous and less likely to be 'engineered'.

7.1.2 Training for whom?

Most authors stress the need for training for not only service users and carers but also educationalists and students (Forrest et al. 2000; Masters et al. 2002; Gordon et al. 2004; Tew et al. 2004; Porter et al. 2005; Townend et al. 2008). The rationale for an inclusive approach to training is cited as increasing user involvement due to the development of a shared understanding and reduce the fear of 'doing or saying the wrong thing' (Forrest et al. 2000; LeVar 2002; Masters et al. 2002). Tew et al. (2004: 40) sum up the importance of the academic role and the need to be involved in training regarding service user and carer involvement:

“Alongside this, teaching staff need to develop their awareness of the potential of service users and carers, and their skills in nurturing and encouraging this. They also have a crucial role in establishing, and modelling to students, a value base of respect and partnership. Failure to do this will leave service users and carers feeling vulnerable and under-valued, and students less likely to take their contributions seriously”

7.3 Content and process of training

Branfield et al. (2007) emphasise the importance of preparation well in advance of the service user and/or carer involvement taking place. Jha et al. (2009) make a plea for clear guidelines as to the content, length and evaluation process of such training programmes. Levin (2004) suggested that written protocols should be in place regarding training and support available. A number of authors advise the use of a buddy system where a more experience service user / carer is paired up with someone less experience to provide additional peer support (Tew et al. 2004; Scottish Voices 2008; SCIE 2009).

Levin (2004) advocates different levels and types of training to ensure that service user and carer individual needs are met. Induction, briefing and debriefing sessions are mentioned by a number of authors as methods of ensuring not only the training takes place appropriately but also starts and continues the supporting framework that these individuals need (Gordon et al. 2004; Levin 2004; Fadden et al. 2005; Social Care Institute for Excellence 2005; Basset et al. 2006; Wells et al. 2008; Anghel & Ramon 2009).

Advocacy in Action (2006b) stress the importance of facilitating service users and carers in identifying their own learning needs and involving them in the development of their own training programme. Leckey et al. (2008) agree with this strategy but identify vital parts that must be included are security, confidentiality and diversity.

Moss et al. (2009) also stress the importance that the nature and content of training programmes is not imposed upon participants but rather than they have ownership in its development, delivery and evaluation.

In respect to the involvement of service users and carers in the assessment of students' practice, Stickley 2010 state that training should include developing and giving feedback. Owen & Raey (2004) added hands on practice on giving and receiving feedback. A number of authors cite the importance of ongoing feedback to service users and carers – perhaps through the debriefing sessions and formal evaluation of their performance (just as in any other training programme) (Bideau et al. 2006; Babu et al. 2008; Branfield 2009).

8. Conclusions and Recommendations

There are a number of recommendations and advice offered in the literature. Only those specific to the involvement of service users and carers in the assessment of students' practice are presented here.

The culture in which service users and carers are involved in the assessment process must be commensurate with the aims and purpose of such participation. This therefore requires involvement of all those involved (including practice placement personnel), ownership; agreement and dissemination of the vision or purpose; two-way communication; setting of ground rules including the ability to challenge the use of jargon and the provision of a supportive environment where service users and carers feel safe to share any concerns or anxieties that they may have (Tew et al. 2004; Basset et al. 2006; Duxbury & Ramsdale 2007; Masters & Forrest unpublished).

As detailed earlier training and support is fundamental to the success of service user and carer involvement. Levin (2004); Speers 2008; and Masters & Forrest (unpublished) recommend ensuring that the involvement of service users and carers in the assessment of students' is not seen to be coercive but rather an opt in or opt out process. Anghel & Ramon (2009) emphasise the need for support not just for service users and carers but also academic and practice staff.

A number of authors recommend the development and use of protocols and guidance in order to provide structure for all those involved (Shennan 1998; Edwards 2003; Speers 2008; Anghel & Ramon 2009; Branfield 2009; Stickley 2010) which should hopefully help with consistency in the assessment process. Levin (2004) suggests that any assessment tool starts from the service users' perspective as opposed to using 'trigger questions' related to competencies. Stickley et al. (in press) discuss the development of a service user designed assessment tool (SUSA© – Service User Student Assessment) which over a number of weeks evolved into containing four categories: attitude; communication skills; personal awareness and knowledge. A Likert scale is consistently used to elicit responses and there is sufficient room for individual comment. The tool also contains a glossary of terms for the service user / carer.

In terms of the processes involved, recommendations are multifaceted:

- Consider the terminology used – Stickley et al. 2010 and in press suggest referring to service user and carer 'assessment' of students' practice as reviewing rather than assessing. The rationale for this is that the term reviewer addresses students' complaints of feeling disempowered and thus the feedback is less likely to be rejected outright.
- Provide service users and carers with written information that they can read and retain for future information. Information should include the "reason for seeking feedback; how it will be used and how long any forms or recordings will be kept" (Edwards 2003: 347). Speers (2008) adds that confidentiality in terms of the feedback should be addressed.
- Service user / carer feedback should be used to enhance the learning experience (Levin 2004).
- Service user / carer feedback should be mandatory in all practice assessments (Levin 2004)
- The selection of the service user / carer from which feedback will be elicited should be a joint process between the mentor / practice teacher and the student. It should not be the student's selection alone (Levin 2004; Masters & Forrest unpublished).
- Stickley et al. (in press) advise using informal processes (such as witness statements, reflective writing and other portfolio items) to elicit service user / carer feedback. They warn that using more formal mechanisms will require planned training in forming and giving feedback. Furthermore they suggest that a more formalised procedure may need mentor involvement to aid the feedback process.

In conclusion, the consensus within the literature is to involve service users and carers in the formative feedback (or review) of students in the practice setting. The use of protocols and structured easily understood and implemented tools are recommended as is the inclusive and appropriate level of engagement training for all stakeholders involved in the process.

Both Masters & Forrest (unpublished) and Stickley et al. (in press) identify that further research is required into the manner in which feedback is obtained from service users and carers and how it is then used to inform and enhance the learning process.

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