Involving patients in assessment of students

How patient and carer feedback can be used to help assess student nurses

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The Nursing and Midwifery Council promotes the idea that patients should contribute to the assessment of pre-registration student nurses. In response, staff, mentors and pre-registration student nurses from the University of West of England Bristol and the Royal United Hospital Bath worked together to develop, pilot and introduce a way of achieving this with a patient testimony tool.

The tool, which is a feedback sheet, was developed through consultation with patients and carers, then piloted and is now used in an acute hospital.

This article discusses how the tool was developed. It outlines how it was implemented and the challenges this involved, and looks at plans for development.

Assessing student nurses’ clinical practice involves compiling a range of evidence. This includes reflection and observations of practice, simulation and question-and-answer sessions.

The Nursing and Midwifery Council’s Standards for Pre-Registration Nursing Education states: “Programme providers must make it clear how service users and carers contribute to the assessment process” (NMC, 2010a). Using patients’ perspectives on care to improve both their experience and service quality is also integral to the NHS (Department of Health, 2010).

For many years, patients have occasionally chosen to give feedback on the way student nurses have cared for them, such as through thank-you cards, letters and communication with team members. However, this has usually happened in an ad hoc way, without clear guidance and structure.

Some areas of health and social care, such as social work and learning disabilities, have identified ways of obtaining formal patient and carer feedback, which contribute to students’ assessments. But this is not widely established in the adult pre-registration nurse training.

As a result of feedback from the initial working groups, we produced a first draft of the tool and guidance on how to use it. Further consultation was then undertaken with a range of parties. Within the university, we consulted student nurses, lecturers and patient and carer feedback groups. Contributions from within the

Developing the tool

There is very little evidence relating to best practice on how to seek patient or carer feedback on the performance of adult student nurses.

A small group of trust mentors and mentor leads from one acute hospital, and nursing lecturers and student nurses from a local university, were asked to pool their ideas on important areas where feedback would most benefit to students’ learning and development in clinical practice. We also looked at how this could be implemented safely and ethically.

Areas we identified that could be evaluated by patients were communication, comfort and treating individuals with respect. Ideas on how we might improve care were also seen as vital.

These issues fitted well with three of the four competency domains required by the NMC of pre-registration nurses, namely those relating to: professional values; communication and interpersonal skills; and nursing practice and decision making (NMC, 2010a).

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A further blank box is available for mentors to add their comments.

Guidance on how to complete the document is on the reverse of the tool.

As the RUH already seeks patient feedback in many ways, such as through national surveys, we felt it was important that the patient testimony document was clearly identifiable by staff and patients as being purely about feedback on student nurses’ performance, rather than on other trust objectives (DH, 2011).

To ensure all parties involved in completing the tool are clear about its purpose, the feedback testimony tool is explicitly labelled “patient feedback sheet; to enhance learning for student nurses”.

For mentors and students, more in-depth guidance accompanies this tool, including its purpose and storage advice.

**Using the tool in practice**

To give students time to build a rapport with their mentor, ward team and patients, they are not usually expected to obtain patient feedback within the first three weeks of their placement, unless both student and mentor feel this is appropriate.

It was important to establish a process that ensured patients and families did not feel uncomfortable or coerced into giving feedback. The guidance for mentors and students therefore stipulates they must negotiate between themselves to select a patient, relative or carer. This should be someone who knows the student well enough to give feedback on their performance, but is also both physically and psychologically well enough to be involved in the process.

It is explicit in this guidance that patients and carers can choose not to take part, and that it should be made clear to them that declining will not compromise the care they receive in any way.

Those who do wish to take part but are not able to write on the feedback sheet can express their thoughts to another person who can write on their behalf. This may be a relative, member of staff or student nurse mentor.

Once the patient feedback sheet has been completed, it is returned to the mentor (or, in their absence, a named nurse). The sheet can be handed in at any time, including on the day of discharge if patients prefer this. Students are advised they must not discuss points raised directly with patients once they have provided this information.
students received from patients and carers via the feedback process were considered useful and enhanced students’ learning and development.

In 2009, Davies and Lunn found patients had a unique perspective that allowed them to contribute to the assessment of students’ interpersonal skills. Mentors supported this as they found the direct patient feedback useful in assessing students’ communication and interpersonal skills.

Ethical concerns
We considered several ethical concerns when deciding where, when and with whom the tool could be used. The tool cannot be used for all patients, such as those who are sedated, or simply too ill. In some such cases, it may be appropriate for carers or relatives to complete the forms instead, as their interactions with the students may put them in a position of being able to give feedback on issues such as communication skills and empathy.

We envisage that, once the full benefits of the tool and the process of obtaining feedback are clear, it can be developed further for use in other areas. It can be adapted through the trust’s usual translation service for patients who do not speak English.

Other concerns we needed to consider were which procedures should be followed if patients or carers revealed dangerous or unprofessional practice. This is an issue of general importance in practice so, should any such behaviour be revealed, it would be dealt with through the same channels as other complaints.

Future developments
Although adult-branch student nurses from UWE Bristol are now using the patient testimony tool, learning is still in progress.

Plans include implementing the tool at other trusts in the South West region where students from UWE undertake their practice experience, and expanding it to get the opinions of patients in more diverse clinical settings.

Plans are in place to formally explore the views of those participating in patient feedback initiatives and to evaluate the level to which they enhance student nurses’ clinical practice through primary research.

Such evidence will contribute to further changes and dissemination of the patient carer feedback tool to more trusts and to different clinical areas in the South West region.