

**Increasing Understanding of the best ways to collect and use feedback from students  
and trainees in order to improve the quality of education and training.**

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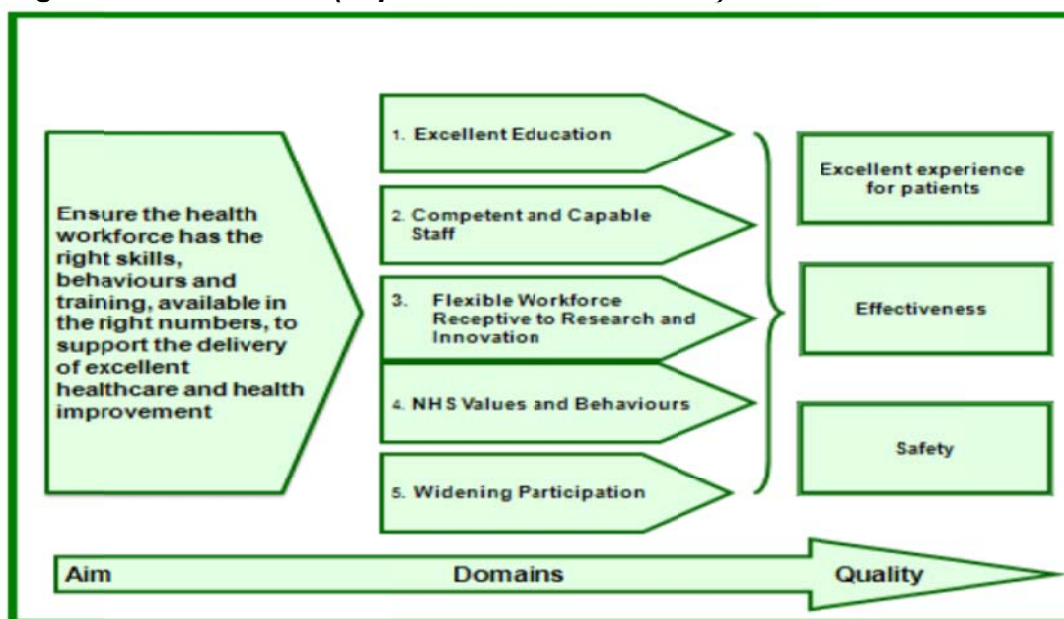
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## Executive summary

This project was commissioned by NHS Employers on behalf of the Department of Health who provided funding for the research. The research was commissioned by the Department of Health to support the Education Outcomes Framework (Department of Health, 2013a). The commissioning brief sought to increase understanding of the best ways to collect and use feedback from students and trainees in order to improve the quality of education and training. In this project we have developed a validated questionnaire for use by student nurses to provide on-line, electronic feedback on their practice placement experience. The use of an electronic platform ensures that health care providers supporting student nurse learning are able to receive feedback about the quality of the student nurse learning experience, in an effective and timely manner. The evaluation tool is based on the five domains of quality outcomes for learning in the Education Outcome Framework (Department of Health, 2013a) (see Figure 1).

**Figure 1. EOF Domains (Department of Health 2013a).**



We used the EvaSys™ system (<http://www.evasys.co.uk/start.html>) to collect student nurse feedback. EvaSys™ Education is an internet-based survey management system which provides a digital platform for the evaluation of academic programmes and the dissemination of the analysis of the evaluation. The EvaSys™ system is used by a large number of HEIs in the UK including Buckinghamshire New University. The EvaSys system can be used as both an

electronic or paper-based system to manage student evaluations and feedback. We are confident that the tool we have developed can be transferred to other similar on-line platforms.

## **1. Background**

The importance of student feedback applies equally to all health care professions and has become a major concern for health educationalists and service providers (Department of Health, 2013b). HEI's providing pre-qualifying health professional education are faced with an ever increasing range of challenges in identifying practice placements in which to provide safe effective clinical education. This makes feedback and governance of quality learning placements a key issue. Enabling prompt, timely and sensitive feedback from students is central to maintaining high quality governance of student nurse practice learning experiences.

## **2. Project Aims**

The overall aim of the project was to ensure that the health workforce developed the right skills, behaviours and training to support the delivery of excellent healthcare and health improvement (Department of Health, 2013b). The evaluation tool is based on the Education Outcome Framework (Department of Health, 2013a) as recommended by NHS Employers. The main aims were to:

1. Collaborate on the development of an on-line system for student evaluation of practice education learning environments and identify key quality indicators (KQI's) for safe student evaluation of learning in practice.
2. Develop an electronic platform (EvaSys<sup>TM</sup>) for the placement evaluation at Bucks New University.
3. Identify the principles of using an on-line system and the governance framework for on-line evaluation which could be implemented on a range of existing electronic platforms and applications.

## **3. Project Governance**

The Project team consisted of the Professor of nursing at Bucks, a Reader, a Principal Lecturer and a research assistant. In order to develop the evaluation tool, we consulted widely with our partner Trusts in N.W. London and established a steering group to guide the project (See Appendix One for a list of steering group members). Three steering group meetings were held (January 2014, March 2014 and September 2014) which sought the views and feedback of

stakeholders from Trusts, patient groups, the project team and other (HEI's). Representatives from Health Education Yorkshire and the Humber (UK), who had previously developed an on-line tool for student evaluation of learning placements, also attended the steering groups. University ethical approval was granted for the project.

#### **4. Steering group**

Issues and themes discussed at the steering group meetings were analysed and informed the evaluation. The themes were:

- Anonymity
- Compliance
- Timing of the evaluation
- Principles and governance framework
- Multi-professional evaluation of placements
- Paper or electronic platforms for evaluation

#### **5. Methodology, methods and tools**

We used a qualitative, participatory methodology to gain understanding of the human and environmental factors to be included in a questionnaire designed to enable safe student evaluations of their clinical placement learning environment. The project was approved by the Ethics Committee at Buckinghamshire New University. A literature review was conducted and analyzed thematically (See Appendix Two). Convenience, purposive and voluntary sampling were used to collect data from nine focus groups with patients, student nurses, clinical mentors and practice education leads. The topics for discussion were based on the five domains of quality outcomes for learning in the Education Outcomes Framework (Department of Health, 2013a).

Focus groups were facilitated using an interactive dialogue with pre-qualifying nursing students, clinical staff in the NHS and in organizations in the private and independent sector providing practice placements for student nurse training in North West London, patients and service users, Trust education leads and mentors in N.W. London. The voluntary nature of participation was emphasized to all participants. Focus group data were analyzed thematically and the results used to develop the on-line evaluation tool, which was then uploaded onto the EvaSys™ platform and student nurses at Buckinghamshire New University were asked to evaluate their most recent placement using the on-line tool. Written feedback on the evaluation tool from students was requested as part of completing the placement evaluation. The student

evaluations of their clinical placements were distributed to the relevant healthcare providers and feedback from providers on the information provided was requested.

### **Focus groups**

Thematic analysis of the focus groups provided eight main themes:

- Student learning
- Struggle to learn
- First-hand experience of practice
- Simulation and practical learning
- Learning from others
- Having previous experience
- Other skills to teach students
- Criticism of experience

### **Results: Key quality indicators (KQIs)**

1. **Student anonymity:** Many students requested anonymity in relation to feedback about clinical placements. Student anonymity is affected by the degree of granularity in relation to placement feedback. Feedback, at the level of the organisation taking a number of students, can provide anonymity for students. However, feedback at a ward, clinical unit or mentorship level is less likely to enable anonymity to be maintained, as the individual students will be known to placement providers at this level. Our practice partners expressed the need for granular feedback at ward or clinical unit level and this inevitably compromises student anonymity.
2. **Compulsory or voluntary evaluation:** Achieving a high response rate improves the reliability and validity of the evaluation tool giving confidence in the results. HEIs and practice partners need to decide and critically evaluate the impact on the quality of the feedback received of compulsory approaches to feedback when compared with voluntary responses. Practice partners need to be clear about how the processes used to improve response rates impact on the quality of the information received and on how they, as education providers, are able to use the findings from the evaluation to improve student learning.
3. **Evaluation fatigue:** Increasing amounts of feedback are requested from students both by HEIs and by health providers; understanding processes for achieving

effective feedback and the ability of HEIs and Trusts to monitor and respond to feedback received will be critical to the quality of the evaluation provided by students. The frequency and volume of evaluation requested from students needs to be reviewed regularly and its impact on the quality of feedback needs to be ascertained by HEIs and placement providers.

4. **Focus of the evaluation** – Our project focused on student evaluation of their clinical learning experience. Students who have concerns about the quality of patient care they witness in practice or the patient experience are encouraged to use the escalation policies set up by the HEIs and practice placement provider organisations for this purpose. It was not deemed appropriate to use student evaluation of their clinical learning environment as a surrogate for evaluating the quality of patient care.
5. **Trust or Placement Level Feedback:** All our providers requested that we provide feedback at placement (ward / clinical area) level in a timely manner i.e. at the end of the placement. While understandable this does mean that the numerical feedback will be very limited as it will be provided by only those students undertaking the placement during that time period and could be as low as one or two students per placement. Taken in isolation this information is unlikely to be informative and could be misleading. Gathering data at Trust level only provided 14 responses. Collecting feedback at the end of each placement and cumulatively analysing it annually might provide a more informative quantitative picture enabling trend data and benchmarking to be available at placement level.

## **Conclusions and recommendations**

We developed and tested a system for producing electronic student feedback of placement learning experiences, co-designed with students, mentors, service users and academics, and developed an evaluation tool (Appendix Four) that focuses on student learning. The project was designed to develop a timely and easily disseminated approach to analysing student feedback on their clinical placement (Appendix Five). It includes an overall satisfaction rating which can be used to benchmark placements and review trends over time. The introduction of electronic student feedback requires up-front investment, but once in place maintenance costs are very low and the quality of the output is standardised and consistent. Paper-based systems, where the start-up costs are less but maintenance costs are very high, produce inconsistent information of variable quality and availability and are not reliable because of the time required to collate the paper results. The small number of students on placement at any one time means that circulating evaluation reports at the end of each placement might produce a response rate of one or two students. Taken in isolation this feedback is unlikely to enable good quality



decision making in relation to the learning environment. Data capture data needs to occur at the end of each placement and reports need to be produced only when sufficient students have progressed through the placement to produce meaningful data. This might require annual reporting. There is therefore a tension between the timeliness of evaluation reports and the numbers of students accommodated in placements at any given time, if data is requested at this level.

## Introduction

The project was funded by the Department of Health and commissioned by NHS Employers to support the Education Outcomes Framework (Department of Health, 2013a).

The aim of the project was to develop an effective, validated questionnaire for use by student nurses to provide on-line, electronic feedback on their practice placement experience. The use of an electronic platform ensures that health care providers supporting student nurse learning are able to receive feedback about the quality of the student nurse learning experience in an effective and timely manner.

The recommendations of the Francis Report (2013) into standards of care within the NHS have challenged service providers and Higher Education Institutions (HEIs) to listen to students and patients and to act on feedback from patients and students (Department of Health, 2013b) enabling timely and effective ways of ensuring safe and compassionate care. The importance of student feedback applies equally to all health care professions and has become a major concern for health educationalists and service providers (HEE, 2013). HEIs providing pre-qualifying health professional education are faced with an ever increasing range of challenges in identifying practice placements in which to provide safe effective clinical education (Thorne, 2006; Carr, 2007; Courtney-Pratt et al., 2011; Crombie et al., 2013) which makes feedback and governance of quality learning placements a key issue. Enabling prompt, timely and sensitive feedback from students is central to maintaining high quality governance of student nurse practice learning experiences.

For the purposes of this project, we used the EvaSys system<sup>1</sup> to collect student nurse feedback. EvaSys Education is an internet based survey management system which provides a digital platform for the evaluation of academic programmes and the dissemination of the analysis evaluation. The system is used by a large number of HEIs in the UK, including Buckinghamshire New University. The EvaSys Education system can be used as both an electronic or paper-based system to manage student evaluations and feedback. We are confident that the tool we have developed can be transferred to other similar on-line platforms.

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<sup>1</sup> <http://www.evasys.co.uk/start.html>

In order to develop the evaluation tool, we consulted widely with our partner Trusts in N.W. London and established a steering group to guide the project (see Appendix One for a list of Steering Group Members). The evaluation tool is based on the Education Outcome Framework (Department of Health, 2013a) as highlighted in the commissioning brief.

Following a thematic literature search (Appendix Two) nine focus groups were conducted with patients, student nurses, clinical mentors and practice education leads. Topics for discussion were based on the five domains of quality outcomes for learning in the Education Outcomes Framework.

Eighty four people took part in focus groups, in groups of between 4 and 15 participants. Four different researchers conducted the focus groups which consisted of:

- Student groups x 3
- Mentor groups x 4
- Carers and users x 1
- Practice educators x 1

The data collected from the nine focus groups were analysed thematically and the results used to develop the on-line evaluation tool. The evaluation tool was uploaded onto the EvaSys platform and student nurses at Buckinghamshire New University were asked to evaluate their most recent placement using the on-line tool. Written feedback from students was requested as part of the evaluation. The results were distributed to the relevant healthcare providers and feedback from providers on the information provided was requested.

Ethical approval for the project was obtained from the University Ethics committee. Patients taking part in the study were service users associated with the University. As they were not recruited through the NHS, Health Research Authority approval was not required.

During the course of the project a number of key concerns were identified in relation to the use of and dissemination of information provided by students. There was considerable debate about whether student anonymity should be maintained; about the frequency with which the evaluation should be conducted; about the opportunity to benchmark wards and placements and about whether serious care issues observed by students should be reported via this system. The concerns prompted us to produce a set of Key Quality Indicators for

student evaluation, which are derived from the initial literature review and from focus group data and are discussed at the end of the report.

This report provides a review of the literature on student nurse evaluation of clinical placements, a description of the methodology used in this project, the findings from the focus groups, the design and piloting of the tool, an evaluation of the tool and discussion of the strengths and limitations of this approach to student nurse evaluation of placements.

## Review of the Literature

A thematic review of the literature was carried out (Appendix Two). The aim of the literature review was to identify the factors influencing a students' perception of a positive clinical learning environment. The review took into account international context but the focus is on the United Kingdom (UK).

**Table One: PICO for the literature review**

<b>P.</b>	<b>Population:</b>	Student nurses.
<b>I.</b>	<b>Intervention:</b>	Evaluation of clinical experiences
<b>C.</b>	<b>Comparison:</b>	Influences on student's experiences
<b>O.</b>	<b>Outcome:</b>	Identify positive student experiences

The literature identified from this search was classified into a number of themes.

- The transition to Higher Education for pre-qualifying nurse education
- Preceptorship
- Mentoring
- Limitations of clinical placements as a learning environment
- Student attrition
- Support for HEIs: Healthcare reports
- The strengths of clinical placements as a learning environment
- Interactive factors that impact student learning and the effectiveness of placements:
- Interpersonal relationships
  - Inconsistencies in students' experiences
  - Students attitude and personality
  - Stress and coping strategies
- The benefits of receiving feedback
- Busyness on the wards/placements
- Nurses' retrospective perceptions of their practical placements during pre-registration training

Some key findings from the literature review that relate directly to the development of the on-line practice placement evaluation tool are summarised here.

Nurse educators acknowledge the importance of clinical practice as a significant and essential aspect in the education of student nurses (Crombie et al., 2013). Clinical placements are considered to provide a realistic context, in which student nurses can develop the knowledge, skills, attitudes and values of a registered nurse (Levett-Jones et al., 2011). The importance of clinical placements for aiding students to achieve clinical competence, as well as being central in their development of professional attitudes, is well recognised (Warne et al., 2010; Christian and Bell, 2010; Levett-Jones et al., 2011). Role modelling of positive behaviour in the ward and academic environment to support student development and learning within the clinical area is seen as critical to ensuring successful learning experiences (O'Driscoll and Smith et al. 2010). The use of placements was criticised in the research by Courtney-Pratt et al (2011) who identified that clinical settings do not always present students with examples of positive behaviour and practice and therefore students could learn bad practices by role modelling staff.

The literature review also demonstrated a number of interactive factors that influence the effectiveness of a placement, including interpersonal relationships, student attitude and personality. Hartigan-Rogers, Cobbett, Amirault and Muise-Davis (2007) identified that the learning outcomes achieved in clinical placements are influenced by an interactive system of forces, such as student-staff relationship and student satisfaction. Factors that students identified as obstructing learning included: poor staff relationships, lack of staff commitment to teaching, hierarchical and autocratic relationships and lack of student-supervisor relationships (Lofmark and Wikblad, 2001). Dunn and Hansford (1997) identified that clinical environments contain a network of interactive forces that affect learning outcomes, with the most crucial factor identified as interpersonal relationships. Similar research conducted by O'Flanagan and Dajee (2002) found that a number of factors, such as lack of opportunities to develop clinical skills and a limited number of student-friendly learning environments, made finding effective student placements problematic.

Students want to experience support, respect and acceptance in their clinical placements. Positive interpersonal relationships between students and placement staff were critical in enabling good learning outcomes for students on their practical placements, (Mamchur and

Myrick, 2003). Welsh and Swann (2002) found that the success of clinical placements can be dependent on students' personalities and attitudes towards learning and assertiveness in ensuring their own best opportunities to learn. Cloutier, Shandro and Hrycak (2004) identified that students found clinical placements to be not useful and frustrating if they were deemed to hold little personal interest or if expectations were unclear. Mentorship significantly affected students' self-reported experiences relating to both their learning opportunities and enjoyment of their placement (Gray and Smith, 2000). This project aims to test the use of evolving technology by developing an on-line evaluation tool as a means of improving real-time understanding of student nurses' clinical learning experiences.

## **Aims and Objectives**

The aims of this project were to:

1. Collaborate on the development of an on-line system for student evaluation of practice education learning environments and key quality indicators (KQI's) for safe student evaluation of learning in practice.
2. Use an electronic platform (EvaSys™) for the placement evaluation at Bucks New University.
3. I identify the principles of using an on-line system and the governance framework for on-line evaluation which can be implemented on a range of existing platforms and applications.
4. Provide access to the evaluation system through iterative technology (such as smart phones).

The objectives of this project were

1. Develop a set of key quality indicators (KQI's) for obtaining and using student feedback from clinical practice placements.
2. Enable HEI's and NHS Trusts to identify excellent and good learning environments for safe supervision of students and environments where the learning experience could improve, as indicated by student feedback in a wide range of acute and community settings, including the private and independent sector.
3. Enable students to feedback to placement providers and HEIs on their practice learning experiences in relation to KQI's and on the key learning criteria set out in the

Education Outcomes Framework (EOF). In this way, future EOF objectives will be suitably informed about contemporary learning outcomes and safe supervision in practice settings.

4. Review current modes for delivery of feedback from student nurses and clinical placements in terms of speed, cost effectiveness and viability of feedback mechanisms.
5. Ensure the analysis produces valid and reliable discrimination and KQI's in learning experiences, practice learning environments and safe supervision.
6. Ensure the documentation enables the capture of both quantitative and qualitative data, including baseline-breadth/depth of the current student feedback mechanisms.
7. Ensure the framework of analysis conforms to standards of confidentiality, anonymity and data protection and has flexibility in dissemination of feedback to meet student/service/patient/service user need and ensure student voices are heard and represented in the analysis.
8. Ensure the framework for analysis allows for the efficient, safe and confidential dissemination of the findings to the placement provider, service user groups and HEI's.



## **Methodology, Methods and Data Collection**

We describe the methods and tools used to develop, pilot and test the practice placement evaluation tool. The method for designing the questionnaire, for piloting, the recruitment of participants, sampling, focus groups, research governance and ethics are discussed below.

### **Ethical considerations**

The research proposals, the participant interview schedule, the participant consent forms, the participant information sheets and the participant debriefing sheets were all approved by the Ethics Committee at Buckinghamshire New University (Please see Appendix Three for an example). The voluntary nature of the participation was emphasised to all participants from each focus group. Participants were required to give informed consent by signing a consent form before the focus group discussions began. Participants were given an information sheet fully explaining their role and the research, and were given a researchers' email address if they wished to ask any further questions once the focus group discussions has ended. Participants were also offered the opportunity to ask any questions before or after they had participated in the focus groups.

Participants were given time to read about the project, ask questions of the researchers and consider taking part in the research. Those participants who agreed to participate then signed a consent form prior to taking part. The participants were informed that the Focus Group session would be audio recorded and transcribed by a professional transcriber. All names, places and names of organisations were kept confidential and anonymised. Participants were informed that they could withdraw at any time until the publication of the report. Data were kept confidential in university premises in a secured office on a password protected server, consistent with current Data Protection legislation.

The trial of the on line evaluation tool questionnaire was undertaken by students at Bucks New University. Students were made aware of the on line system of dissemination of their feedback to NHS Trusts. All feedback to NHS Trusts arising from the trial of the questionnaire was anonymised.

## **NHS Employers steering group meetings**

Three steering group meetings were held (January 2014, March 2014 and September 2014) that sought the views and feedback of stakeholders from Trusts, patient groups, the project team and other (HEI's). Representatives from Health Education Yorkshire and Humberside, UK, who had developed student evaluations of learning placements in a previous project, also attended the steering groups.

## **Focus groups**

The first phase used a qualitative, participatory methodology to gain understanding of the human and environmental factors which should be included in a questionnaire designed to enable safe student evaluation of their clinical placement learning environment. Data were collected using an interactive dialogue within a series of nine focus groups conducted with pre-qualifying nursing students, clinical staff in NHS and organisations in the private and independent sector providing practice placements for student nurse training in North West London, academic staff and patients and service users.

## **Development of focus group questions**

Analysis of the steering group discussions, informed by the literature review and the Education Outcomes Framework (EOF) five domains (Table 2), facilitated the development of the issues/themes for further exploration through the focus groups. The diagram below (Table 2) describes the EOF five domains and expected outcomes.

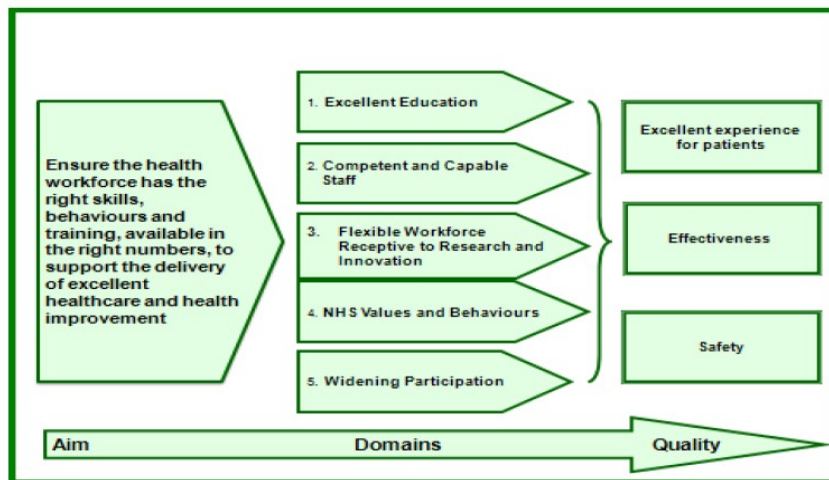
## **Focus group questions**

Participants in focus groups were asked the following questions to facilitate discussion:

- What makes an excellent learning placement?
- What resources are required to provide quality and effective, safe supervision of students in practice placements?
- How would you identify the use of research and evidence in practice settings?
- How would you evidence that the care you helped deliver was compassionate and dignified in placement?

- In your practice placement, how would you evidence that everyone was treated equally, regardless of their age, heritage, cultural, sexual or professional backgrounds?

**Figure 1: The Education Outcomes Framework (Department of Health, 2013a)**



### Focus group participants

Convenience, purposive and voluntary sampling were used to recruit participants from within the North West London area. Participants included students, mentors, practice educators and service users and all were invited to attend a focus group. All participants were given a participant information sheet before consenting to participate in the focus groups. A specific information sheet was created for each specific type of Focus Group (one for students, one for mentors, one for practice educators and one for service users). Once participants had read and understood the information sheet, participants were given a consent form to read and sign if they wished to participate in the focus group discussions. As with the information sheets, a specific consent form was designed for each cohort of participants. Once the consent form had been signed and collected, participants were given the opportunity to ask any questions. After this the researcher explained that they would start the digital voice recorder and start the questions. Once the researcher had completed all the questions from the interview schedule, the digital voice recorder was stopped and the participants were asked if they had any further questions. After this the focus group participants were thanked for their participation and given a debrief form. All participants from the nine focus groups

were offered the opportunity to give their email address to the researcher, if they wished to receive further information on, or participate in a later stage of, the research. Many participants supplied an email address.

The researchers conducted nine focus groups, using the semi-structured interview schedule given above. Eighty four people took part in the focus groups, with between 4 and 15 participants in each group. Four different researchers conducted the focus groups. There were:

- Student groups x 3
- Mentor groups x 4
- Carers and users x 1
- Practice educators x 1

Each of the focus group discussions were recorded using a digital voice recorder. The recordings were then transcribed. Once all of the focus group recordings had been transcribed, one researcher analysed each transcript individually, using thematic analysis, to identify themes that occurred from the majority of the focus group discussions.

The first stage of the analytic process involved:

- Familiarisation with the data (reading the interview transcripts many times)
- Initial coding of the transcripts, for each focus group transcription and then making a code for each meaningful sentence.
- Search for similarities between the codings and emerging themes

For the second stage of the data analysis, the researcher re-read the initial coding and identified nineteen themes which are given in Table Two.

### **Development of the pilot questionnaire**

Themes from the analysis of the focus group discussion were considered by the project team in the context of the Education Outcomes Framework to develop the draft questionnaire. The questionnaire was then circulated by email to the stakeholders from the steering group, the participants from the mentor and practice educator focus groups and academics from the HEI who had indicated a willingness to take part in the pilot of the questionnaire. The first draft of the questionnaire was also taken to a discussion with a student group by members of the project team. Feedback from all participants was collated and amendments made to the

questions where necessary. The second draft was taken to the steering group meeting in September 2014 and discussed. The main discussion at this meeting was around the level of demographic data required by the Trust (Trust, Department, ward, area) and the usefulness of this level of information.

Following the peer review processes described above, the following amendments were made to the second draft of the questionnaire:

- Demographic data was added along with identifying the Trust and the ward or department in which the placement took place
- Addition of student cohort information
- An overall satisfaction rating was added to the questionnaire in response to the discussion about overall satisfaction scoring and a “trip-advisor” type rating and in line with the NSS and module evaluation questionnaires
- For the purpose of the pilot only, students were asked to give feedback regarding the questions and the questionnaire.

The pilot version of the questionnaire was then produced and distributed to students. This included an additional evaluation in which the students were asked to evaluate the questions in the pilot questionnaire.

### **Piloting the questionnaire**

The questionnaire was published and administered using EvaSys™, which is the online evaluation system employed at the HEI. The questionnaire was sent to 475 students who had already completed their practice placement and who had already completed the paper-based practice evaluation. An explanatory email was sent with the online questionnaire. Most of the students had been informed of the pilot by members of the project team before they went out into placement.

The questionnaire went on line via EvaSys™ at 13.00hrs on the 2<sup>nd</sup> October 2014 and was scheduled to run for three weeks. Reminder emails were set up to be sent out to participants.

By the 6<sup>th</sup> October 2014 a 10% (48) completion rate was recorded.

After the first reminder was sent out on the 9<sup>th</sup> October, the completion rate increased to 12% (56). The final completion response rate was 40% (n = 189).

The final part of the questionnaire asked participants to evaluate the questions used in the questionnaire, stating:

*“we are piloting this questionnaire evaluating practice placement learning, could you please provide feedback regarding the questions”*

The responses to this question were then thematically analysed and the questionnaire modified in response to student feedback. This created the final version of the questionnaire (Appendix Four)

## **Findings**

This section presents the findings from each stage of the project. It includes a synopsis of steering group discussions as well as findings from the focus groups and piloting of the questionnaire.

### **Steering Group**

Issues and themes discussed at these meetings were analysed and informed the evaluation.

The themes were:

- Anonymity
- Compliance
- Timing
- Principles and governance framework
- Multi-professionalism
- Paper or Electronic Platform

### **Anonymity**

There was much debate during the steering group Meetings as to whether student feedback should be given by participants anonymously (see Table 3). The consensus of the steering group was that greater learning benefit could be achieved where placement names were identified as placements which are perceived by students as poor learning environments could then be analysed. The students' perceptions of poor placement learning may not just be due to poor support by the clinical team; it could also be due to many other reasons, such as a lack of preparation for learning by the student, lack of support from clinical staff throughout the placement, untoward traumatic experiences and the lack of awareness of the wider context surrounding practice placement experiences and events.

In order to make sense of perceptions of poor learning experienced by participants, a suggestion was made for a fast and anonymous real-time "trip-advisor" type star rating of placements to be included in the evaluation tool. Members of the steering group had experience of "trip-advisor" type star ratings of placements with medical students. However others felt that nursing placements tend to have a different focus to medical placements. The

steering group concluded that the 5-star “trip advisor” style system was not the most useful option. Feedback from participants needed to be more detailed, not anonymous and not influenced by previous participant feedback as would be the case with a review system where previous student responses would be visible to the student completing the evaluation.

Currently within the UK HEI system, students give feedback on practice learning anonymously but can identify the module or course. The discussion by the steering group indicated the difficulty of separating anonymity of the students from anonymity of the placement. Once the placement is identified, the anonymity of the student cannot be guaranteed. The literature review demonstrated that to allow honest student feedback, all student feedback should be anonymous (Andrews et al, 2006).

Our NHS Trust partners were keen to get feedback at placement level. As a result the steering group concluded that an anonymous tool was not an option and recommended that if student feedback was to be used as a learning tool for placement provider organisations students needed to be identifiable. The practice placement quality group gave clear direction at a national level that they wanted direct student feedback. For the pilot of this project the students will remain anonymous but demographic data relating to the Trust will be collected.

**Table Three: Summary of discussion – anonymity**

Benefits of Anonymity	Benefits of identifiable responses
More willing to give honest responses	Feedback can be analysed and used as a learning tool.
NUS requested anonymous feedback in the module feedback so that students could give true feedback without the fear of consequence.	Responses may be more considered.
Clinical area can benefit by matching specific responses to their experiences of the student and address issues raised to improve the placement experience.	Helps encourage people to speak openly about professional behaviour; students need to learn to feel safe about speaking up, encouraging a culture change within the NHS.
	Students have a duty to be responsible for their own feedback.
	Comments on patient care should always be followed up, even though there are other means of reporting these.
	It is the responsibility of HEIs working with their placement provider partners to create an environment of safety for identified students to speak up.



## **Compliance**

The group felt that good compliance was important for useful outcomes and commented that there is a tendency for those learners who don't complete evaluations to have had good experiences. Students needed training and guidance to understand how best to complete the survey for good compliance. The National Student Survey (NSS) gives rewards for survey completion (eg coffee vouchers; printer credits). The steering group considered another option which was that certificate of completion would be required for their portfolio or prior to commencing the next placement. A consistent method needs to be adopted and outlined clearly in the governance framework.

## **Timing**

Discussion around the timing of administering the questionnaire focused on when the best time to request the evaluation would be. Three options were suggested:

- Straight away on completion of the placement
- A week after completion, having had time to reflect
- After the last session with the mentor

However no firm conclusion was reached, only that guidance should be clear and consistent as to when the evaluation is completed.

## **Principles and governance framework**

The evaluation tool is not just a set of questions and a means of delivery; there are many responsibilities for educationalists and NHS service providers who provide learning placements around the actual process of delivery and the assessment of responses from participants. The process needs a clear set of guidelines (principles and governance). It was felt that the process must be feasible and practical; not too time or effort-consuming. As a result, there was much debate about how students are prepared for clinical placements and how students are prepared to raise concerns in the appropriate way. Some Trust partners felt that questions should be asked about patient care and poor practice. It was felt that there is a need to separate the issues of:

- Quality of patient care
- Evaluation of the learning experience.

These two issues are often confused by students and by the HEIs and placement providers. The evaluation tool is not a medium for whistleblowing; our placement partners reported that robust processes are already in place for students to report concerns over poor care. The focus for student evaluation of placements should be an evaluation of learning with a view to

improving the student learning environment.

Our colleagues from Health Education for Yorkshire and the Humber UK alerted us to the fact that they do include questions regarding standards of care in their student placement evaluations and these were requested after the Francis report (2013). However the issue remains of how concerns regarding care should be dealt with when they are first reported through the placement feedback, rather than using the escalation procedures in place through the placement partners and HEIs.

Our partner providers emphasised that escalation policies exist for students who identify poor care and they wanted to encourage students to use these processes where applicable. Hence it was agreed that this project should focus on creating an evaluation tool to assess the learning environment rather than a means to report on quality of care in placements. The group concluded that the remit of the project was an evaluation of practice placement learning and that the Trusts and the HEI's had processes in place for reporting issues that fall outside of this evaluation. Once established, the tool should be presented to the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) for approval and national recommendation.

### **Multi-professionalism**

Members of the group from Health Education for Yorkshire and the Humber UK developed evaluation questions initially only with nursing students. The evaluation was then expanded to other allied health professions. They reported that on reflection, it would have been easier to adopt a multi-profession approach from the start.

The project could involve a range of professionals in the focus groups, even though the pilot and initial tool will be just for nursing clinical placements. However resources were not available within this project to trial the evaluation tool in multiple profession placements; therefore at this stage of the project, we only involved nursing students.

### **On-line Platform**

Colleagues from Health Education for Yorkshire and the Humber UK developed a website evaluation tool for placements which has been in use since 2004. It uses bespoke software (MMT Digital, Rutland) and has been updated several times. With a recent platform change, it is now available on mobile devices. Updates have been both technical and of content in

response to user feedback. Use of an independent iterative process in Health Education Wessex resulted in a similar set of evaluation questions. The evaluation process is primarily used for groups and to observe trends across programmes, universities, Trusts and professions. Individual responses have not so far been analysed as a means of enhancing learning.

The aim of our project was to provide the principles and governance framework which could be implemented in a range of existing platforms and applications. The ability to access the system through iterative technology (such as smart phones) is important. The aim is to use EvaSys™ for the pilot at Bucks. This system has just been implemented at Bucks for course module evaluation.

### Focus Groups

Table Four provides an overview of the themes arising from an analysis of the focus group data

**Table Four: thematic analysis of the focus groups – themes and sub-themes (with supporting quotes)**

Theme	Sub-themes
<p><b>Student learning</b></p>	<ul style="list-style-type: none"> <li>• Student learning</li> <li>• Struggle to learn</li> <li>• First-hand experience</li> <li>• Simulation and practical learning</li> <li>• Learning from others</li> <li>• Having previous experience</li> <li>• Other skills to teach students Criticism</li> </ul>
<p><i>“It’s the role modelling they see because there they see it well modelled, they will talk about that. Equally, where they have seen poor role models, they will talk about that and say, ‘It’s taught me, I’m never going to be like that’” (Mentors)</i></p> <p><i>“I think we see everything first hand. When you actually think about it, because at uni you’re taught, you know, ‘This is what you’re going to see, blah, blah, blah.’ There’s like a guidance of what you are expected to see. And then when you go there and what you experience, you’re the one that’s seeing it first-hand.” (students)</i></p>	

<p><i>"I think you students have to be hands on to start with, going on a grass roots level rather than in this classroom" (Carers and Users)</i></p> <p><i>"you need real people, you may need people like us in the classroom. So you need real people. Not, you know, a rubber doll." (Carers and Users)</i></p> <p><i>"I also think it's important to have more than one student really, peer support is good. And I would like to see the third years taking more responsibility for helping the first years along" (Practice Educators)</i></p>	
<p><b>Lack of time and high workload</b></p>	<ul style="list-style-type: none"> <li>• Lack of time affecting student learning</li> <li>• Lack of time affecting patient care</li> <li>• Mentors lack of time</li> <li>• The impact of lack of time for staff and the wards</li> </ul>
<p><i>"Sometimes if you are short staffed, you're on your shift, you won't be able to have enough time...to assist the student, facilitate them" (Mentors)</i></p> <p><i>"I don't have time each week, I'll try to make it every two weeks and spend like one or two hours with the student" (Mentors)</i></p> <p><i>"running around like a headless chicken. And at the end of the day you're thinking to yourself, 'What have I learnt today?' 'Nothing.'"</i> (Students)</p> <p><i>"sometimes it's difficult balancing all the demands on their time." (Mentors)</i></p> <p><i>"you're so busy trying to get things done that you forget to take the student along with you, or the student's perhaps left to do something without actually given the explanation of why they're doing what they're doing for you" (Practice Educators)</i></p>	
<p><b>Feedback</b></p>	<ul style="list-style-type: none"> <li>• Consequences of feedback</li> <li>• The role and use of feedback</li> <li>• Patients feedback</li> <li>• Formats of giving feedback</li> </ul>
<p><i>"I think it's very hard to give feedback whilst you're on placement, because although people say it shouldn't affect your placement, it does affect your placement." (Students)</i></p> <p><i>"it's fear that people will be treated badly... people will be treated badly if they say anything." (Carers and Users)</i></p> <p><i>"It's quite easy for a student to get a bad name for themselves" (Mentors)</i></p>	

<b>Atmosphere</b>	Ward environment
<p><i>"If you've got a good atmosphere on the ward and everyone wants you to learn, that helps" (Students)</i></p> <p><i>"Also I think when the staff are happy" (Students)</i></p> <p><i>"If you go into a ward where the atmosphere is different and the leadership is different and that's a more positive experience than in some other wards even in the same hospital." (Carers and Users)</i></p>	
<b>Team</b>	Other staff in the team
<p><i>"You're not just someone who's there. You're one of them, you train to be a nurse, and they let you experience the whole thing" (Students)</i></p> <p><i>"we're back to good communication, and you've got to be seen to be part of the team, if you can blend in to the team" (Carers and Users)</i></p> <p><i>"the teamwork and the relationships... And the communication" (Mentors)</i></p>	
<b>The roles and feelings of students</b>	<ul style="list-style-type: none"> <li>• Students feeling in the way</li> <li>• The students role on their placement</li> <li>• Expectations of students</li> <li>• Student vulnerability</li> <li>• Students feelings about inconsistencies/discrepancies</li> </ul>
<p><i>"That you're a bit of a burden to them. If you haven't got that good, if you're not in a good area, you know, a good ward where they're happy, you can feel in the way." (Students)</i></p> <p><i>"But you get mentors that they're not happy to have a student, but they're forced by the, I don't know, the university or the Trust, whatever."(Students)</i></p> <p><i>"So on, especially days when they're short staffed, I'll sort of be effectively a healthcare assistant on the ward. And so you're not really doing nurse training" (Students)</i></p> <p><i>"working with your mentor and people that actually want you to learn and not just go and clean this and clean that, which I don't mind doing. I have no problem doing that whatsoever, but when that's all you're doing and you have to fight to get any kind of learning in, that's when there's a problem." (Students)</i></p>	
<b>Mentors and link lecturers</b>	<ul style="list-style-type: none"> <li>• Mentors, the positives</li> <li>• Mentors, the negatives</li> <li>• Mentors roles qualities</li> <li>• Link lecturers</li> </ul>
<p><i>"I feel the most important thing is your mentor because if you have a mentor who doesn't give you enough</i></p>	

<p><i>time or just no attention at all, then it's like useless really, you have no opportunities to learn." (Students)</i></p> <p><i>"There are a few mentors that are... saying that they don't want to be a mentor and it's almost like they're dragged into mentoring the student and that it's not – you feel sorry for the student because you want them, you know, they want to learn and then this mentor here will give you a hard time." (Practice Educators)</i></p>	
<b>Research and evidence</b>	
<p><i>"whenever they were telling me something, they would always back it up saying, 'Oh there was research to say this, there was research to say that.' So I thought they were very good." (Students)</i></p> <p><i>"I'm like that I'll read a lot about it, I do my research before I go into hospital, so I know what I will say 'yes' to and what I will say 'no' to." (Carers and Users)</i></p>	
<b>Bad practice</b>	
<p><i>"so I think the first couple of placements where, as well as getting used to being in a clinical area, they need to develop those softer skills of negotiating with their mentors and so that they are not the centre of attention in that environment, of being able to recognise early on tutors that maybe not blindingly obvious. I think generally the university and as educators, we need to develop those skills as well as the skills to give an injection or to do a... But is that the role of their first placement, I think that is the role of us prior to sending them to that first placement." (Mentors)</i></p>	
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Professionalism of staff</li> <li>• Training of staff</li> <li>• Attitudes of staff</li> <li>• Good qualities in a nurse</li> <li>• Respect</li> <li>• Working with a variety of staff</li> </ul>
<p><i>"They were very professional, they did expect me, they expected me when I arrived, they had everything planned for me." (Students)</i></p> <p><i>"I mean this professionalism is such a big issue for me. I've had some very good experiences and some not so good ones." (Carers and Users)</i></p> <p><i>"Oh what I normally do with my students, I always encourage them to spend some time with the CPN, social workers, OTs, to get some insight really of what sort of job or role they do within this service." (Mentors)</i></p>	
<b>Equality and discrimination</b>	<ul style="list-style-type: none"> <li>• Treatment of patents; consent; dignity and culture</li> </ul>

	<ul style="list-style-type: none"> <li>• Language</li> <li>• Mental health problems</li> <li>• Discrimination issues; gender, culture, ethnicity, disability</li> <li>• Gender; treatment of male students</li> <li>• Discrimination</li> <li>• Challenging and reporting issues</li> </ul>
<i>"We have to respect their cultural background." (Mentors)</i>	
<b>Patients</b>	
<i>"I think ultimately it's going to come down to patient questionnaires, isn't it, and what they think of their care at the end of their stay." (Students)</i>	
<i>'Dear, duck and darling,' really ought to be banned!" (Carers and Users)</i>	
<b>Communication</b>	
<i>"It's really a big factor. If they are open and they are really welcoming, it's really one thing for me as a student to learn more and open up with them and, 'I need to do this and I need to,' you know, the planning of your, of my learning, the best – your mentor and yourself." (Students)</i>	
<b>Compassion</b>	
<i>"I don't think it's just from a nursing perspective, it's from everyone working on that unit that needs to show compassion." (Students)</i>	
<b>Leadership</b>	
<i>"There was a point when they didn't have a manager, a ward manager. The nurses, they were just walking around not in control, everyone was getting depressed" (Students)</i>	
<b>Student challenging practice</b>	
<i>"I suppose a lot of nurses that, you know, have sort of have been doing nursing for a long time and maybe aren't so forward in keeping their training up to date. And are quite, you know, sort of set in their ways. I suppose naturally, I suppose they've done the job one way, so they're not inclined to change their ways unless, you know, unless they're taught otherwise, I suppose." (Students)</i>	
<i>"So the student is right to challenge if they've read the policy and procedure and they see someone doing something different." (Mentors)</i>	

<b>Guidelines on wards</b>	
<i>“And we’ve been able to use it with staff interaction as well, you know, if for some way somebody has been unpleasant and they’re not reflecting the CARES values of the organization” (Practice Educators)</i>	
<b>Inconsistencies</b>	Discrepancy
<i>“And like so different nurses tell me different things that I can and can’t do. And so it makes you then think, ‘Oh well maybe I’m doing something wrong,’” (Students)</i>	

The above themes informed the design of the questionnaire. This was piloted and students were asked to comment on the questions included in the questionnaire. Table Three provides a thematic analysis of the students’ comments on the questionnaire.

**Table Five: Themes developed from the thematic analysis of students’ feedback on the questionnaire.**

<b>Theme 1</b>	<b>Positives about Questionnaire</b>
<b>Theme 2</b>	<b>Positives about Questions</b>
<b>Theme 3</b>	<b>Negatives about Questionnaire / Questions</b>
<b>Theme 4</b>	<b>Positives about giving feedback</b>
<b>Theme 5</b>	<b>Suggested changes to Questionnaire</b>
<b>Theme 6</b>	<b>Issues with Questionnaire</b>
Theme 7	Positives about Placements
Theme 8	Positives about Staff on Placements
Theme 9	Negatives about Placements
Theme 10	Mixed Placement experiences
Theme 11	Suggestions for Placements
Theme 12	Positives about Mentors
Theme 13	Negatives about Mentors

Themes 1, 2 and 4 supported the questionnaire design and the questions that were asked regarding evaluating practice placement. Comments specifically supported the inclusion of qualitative feedback:

*“The questions were appropriate and were specific enough to get the answers requested as well as allowing for a more open ended approach to gain a better insight into the experience of the student. Well laid out and efficient”.*

*“the questions were informative and appropriate”*



*“the questions were relevant, enabling me to provide adequate information”*

*“I think that it is good practice to follow up on some of these placements areas”*

*“The questions are better than the questions in the placement document evaluation because it gives you the option to elaborate your answer. For example the review of mentors, in my final placement I had three including my sign off, but had to evaluate them as one. They were obviously all different so the evaluation cannot be accurate. At least these style of questions you can be specific, which will give a better evaluation”*

Themes 3, 5 and 6 were used to inform the questionnaire development. Theme 3 highlighted the length of the questionnaire; however these comments were outweighed by the positive comments and therefore no amendments were made in response to this theme. Theme 5 suggested asking more detailed information regarding the mentor support/experience, explicitly around being afforded the opportunity to give more positive feedback on the mentor support, when they worked with the mentor most of the time/some of the time, (Q4.2, see figure 2).

**Figure 2: Question 4.2**

**4. Your mentor**

4.1 I was able to access mentorship (mentor or co-mentor) throughout the placement  Most of the time (more than 40% of the time)  Some of the time (20%-40% of the time)  Rarely (less than 20% of the time)

Never

4.2 If you answered rarely or never describe how your learning was supported during this placement

“

*“I think there could be more questions regarding how the mentor specifically facilitated your learning needs... this in turn would surely help those reviewing the PAD to better understand the needs if the students the mentors and whether or not certain wards/mentors are suitable for students. We should be given the opportunity to say something positive instead of only elaborating on questions that have been answered with "rarely" .“*

*“The questions were formed to feedback and notify of any problems in regards of mentorship. I would appreciate the possibility to explain each of my answers and to point other issues, such as staff shortages as disturbance in mentoring time, noticed during the*

*placement”*

Therefore question 4.2 was changed to ask:

“Please describe how your learning was supported, or not supported during this placement.”

## **The Evaluation Report**

Following the pilot questionnaire, a report form was generated and distributed to Trust partners. Appendix Five gives a redacted example of a report form sent to a partner Trust. In the example given, 14 students had completed the evaluation questionnaire in the Trust. The quantitative responses provided by the students are given in a tabulated format as illustrated in Appendix Five. Additionally the report contains a list of qualitative comments made by the students in the free text boxes provided in the questionnaire under each of the free text box questions. These have also been redacted to preserve anonymity. In principle, the feedback can be given for each placement if the placement is entered on the system.

Three Trusts were sent the report generated by the EvaSys™ system and asked for feedback. Feedback was positive:

*“I think this is very useful especially if we can receive per ward specific so this can be given to them and perhaps we can include in their KPI's”*

The Pre-Qualifying Nursing team were also sent a survey asking questions about the new process and the questionnaire. The responses are summarised in Table 6.

**Table Six: Feedback from the teaching team at Bucks New University**

<b>Question</b>	<b>Response</b>
Q1. How did placement feedback from students get collated? (prior to the project	Once the students submitted their Practice Assessment Document, the placement feedback sheets were removed and circulated to the link team. There was therefore often a delay – which could be up to 6 months.

Q2. How was this feedback reported back to the Trusts?	This relied on the link lecturers taking the feedback back to the Trusts; I am not convinced that this always happened.
Q3. What percentage of students completed a feedback form? (prior to the project)	I am unsure. The placement team will know because they removed the paper work.
Q4. In your opinion how does the quality of feedback in the pilot compare to previous feedback?	So much better - both quant and qual data - really excellent.
Q5. Do you have anything to add about the new questionnaire?	I think that electronic feedback is the best way forward; it is timely and far more meaningful.

The evaluation report includes both quantitative analysis of the placement data and qualitative comments. Once the system is set up (see section below), the reports can be generated very easily and distributed as an email attachment.

### **Transition to an on-line system of Evaluation**

Many HEIs considering the transition to on-line student evaluation of practice placements need to understand the processes involved and the system requirements. Appendix Six gives an overview of the process for setting up an electronic on-line student evaluation system.

There are a number of commercial packages that could be used and HEIs are encouraged to discuss options with their IT and procurement departments.

The main advantages of an on-line electronic system are:

- Ease of access for students,
- Ease of analysis for HEIs
- Timely dissemination of the evaluation to Trust Partners

However, achieving these outcomes requires some preliminary preparation as set out below:

1. All organisations that provide placements need to be identified (even if they are not currently taking students)
2. All placement units within each organisation need to be identified
3. The above information needs to be collated into a single source of information and uploaded onto the system
4. The evaluation questionnaire needs to be uploaded onto the system
5. The email addresses and names of the academic who needs the report (or a lead to circulate them) and the named education lead in the placement organisation needs to be identified and uploaded to the system
6. A survey manager needs to be identified to manage the system
7. The student ID/email address along with the end date the placement needs to be supplied to the survey manager who organises student email alerts, end date for the evaluation, send reminders and generates the placement evaluation reports for dissemination via email.

Actions 1 – 6 only need doing once but any new placements will need to be uploaded onto the system, as will any new named academic and Trust users and email addresses as staff change roles. Reports need to be configured so that each organisation only receives its own evaluations

## Key Quality Indicators (KQIs)

In designing the system of evaluation, HEIs may want to consider the following issues:

**Student Anonymity** – Many students in our research requested anonymity in relation to feedback about clinical placements. Student anonymity is affected by the degree of granularity in relation to placement feedback. Feedback, at the level of the organisation taking a number of students, can provide anonymity for students. However, feedback at a ward, clinical unit or mentorship level is less likely to enable anonymity to be maintained, as the individual students will be known to placement providers at this level. Our practice partners expressed the need for granular feedback at ward or clinical unit level and this inevitably compromises student anonymity.

**Compulsory or voluntary evaluation** – Achieving a high response rate improves the reliability and validity of the evaluation giving confidence in the results. HEIs and practice partners need to decide a process for achieving an acceptable response rate and to critically evaluate the impact on the quality of the feedback received of compulsory approaches to feedback when compared with voluntary responses. Practice partners need to be clear about how the processes used to improve response rates impact on the quality of the information received and on how they, as education providers, are able to use the findings from the evaluation to improve student learning.

**Evaluation Fatigue** – Increasing amounts of feedback is requested from students both by HEIs and by health providers. Understanding processes for achieving effective feedback and the ability of HEIs and Trusts to monitor and respond to feedback received will be critical to the quality of the evaluation provided by students. The frequency and volume of evaluation requested from students needs to be reviewed regularly and its impact on the quality of the feedback needs to be ascertained by HEIs and placement providers.

**Focus of the evaluation** – Our project focused on student evaluation of their clinical learning experience. Students who have concerns about the quality of patient care they witness in practice or the patient experience are encouraged to use the escalation policies set up by the HEIs and practice placement provider organisations for this purpose. It was not deemed appropriate to use student evaluation of their clinical learning environment as a surrogate for evaluating the quality of patient care.

**Trust or Placement Level Feedback** – All our providers requested that we provide feedback at placement (ward / clinical area) level in a timely manner i.e. at the end of the placement. While understandable this does mean that the numerical feedback will be very limited as it will be provided by only those students undertaking the placement during that time period and could be as low as one or two students per placement. Taken in isolation this information is unlikely to be informative and could be misleading. As can be seen from Appendix 5, even gathering data at Trust level only provided 14 responses. Collecting feedback at the end of each placement and cumulatively analysing it annually might provide a more informative quantitative picture enabling trend data and benchmarking to be available at placement level.

## **Discussion and Conclusions**

Our project has developed and tested a system for producing electronic student feedback of placement learning experiences. It has co-designed with students, mentors, service users and academics, an evaluation tool that focuses on student learning. The project is designed to develop a timely and easily disseminated approach to the findings from student feedback on their clinical placement. It is designed to improve real-time understanding of the student learning experience in order to inform the education practice of HEIs and placement partners. It includes an overall satisfaction rating which can be used to benchmark placements and review trends over time.

The start-up costs are described. The introduction of electronic student feedback will require up-front investment, but once in place, maintenance costs are very low and the quality of the output is standardised and consistent. This contrasts with paper-based systems where the start-up costs may be less but maintenance costs are very high, the quality of the information produced is inconsistent, of variable quality and availability is not reliable because of the time required to collate results.

The small number of students on placement at any one time means that circulating evaluation reports at the end of each placement might produce a response rate of one or two students. Taken in isolation this feedback is unlikely to enable good quality decision making in relation to the learning environment. There is a need, therefore, to capture data at the end of each placement but produce reports only when sufficient students have progressed through the placement to produce meaningful data. This might require annual reporting. There is therefore a tension between timeliness of evaluation reports and

numbers of students accommodated in placements at any given time, if data is requested at this level.

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## Appendix One: Members of the steering group

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## Appendix Two: Literature review

### Introduction

The aim of this literature review is to identify the factors influencing a students' perception of a positive clinical learning environment and how these factors can be modified to promote a better student experience. This review will take into account international context, but the focus is on the United Kingdom (UK).

The aim of this research project was to develop an evidence based questionnaire, as it was deemed that current student feedback asks only about their placements and is not asking questions that would provide information that could be more useful. The researchers were interested about the students learning on their placements, not about care.

### Methodology

*Table 1. The PICO for this literature review.*

<b>P.</b>	<b>Population:</b>	Student nurses.
<b>I.</b>	<b>Intervention:</b>	Evaluation of clinical experiences
<b>C.</b>	<b>Comparison:</b>	Influences on student's experiences
<b>O.</b>	<b>Outcome:</b>	Identify positive student experiences

### Literature review

A preliminary (non-extensive) draft literature review was undertaken using the following search terms:

- Nursing students.
- Clinical learning.
- Practice placements.
- Nursing education.
- Assessment/measurement of student nurses.

The literature identified from this search has been classified into a number of themes.

- The transition to Higher Education for pre-qualifying nurse education
- Mentoring
- Limitations of clinical placements as a learning environment
- Student attrition
- Support for HEIs: Healthcare reports
- The strengths of clinical placements as a learning environment
- Factors that impact student learning and the effectiveness of placements
- Interactive factors influencing effectiveness of placement:
  - Interpersonal relationships
  - Inconsistencies in students' experiences
  - Students attitude and personality
- Stress and coping strategies

- The benefits of receiving feedback
- Busyness on the wards/placements
- Nurses' retrospective perceptions of their practical placements during pre-registration training

The main findings from each theme are highlighted below.

### **The Transition to Higher Education for pre-qualifying nurse education**

The training of nursing students in the United Kingdom dramatically changed in 1992 when the British government introduced University-based education for all nurses (United Kingdom Central Council for Nursing, Midwifery and Health Visiting [UKCC], 1986). This signaled a change from the traditional apprenticeship-style approach based in the NHS to the current university-based approach (Hurst, 2011). University-based education underlined the need to integrate theory with practice, in which the theoretical core of nursing education happens in higher education institutions (HEIs) through academic instruction, whilst clinical competence is gained through clinical placements in the NHS and other clinical settings (Spouse, 2000).

The Diploma of Higher Education in Nursing (Project 2000) courses for pre-registration nurse education was introduced in England (and Wales) in 1989. As a result of the introduction of this diploma-level practice, the ratio of theoretical and practical learning was divided into a 50:50 ratio, and students were given supernumerary status to emphasise the educational nature, rather than the service-led nature, of clinical practice (Kilcullen, 2007). At this time of dramatic change in the education of nursing students, mentors were allocated to facilitate students' clinical learning (UK Central Council, 1986).

This change in the structure of nurse education raised a number of concerns; in particular it raised the question as to whether HEIs were too removed from the clinical setting leaving nurses insufficiently prepared to carry out the required clinical skills in practice (Longley, Shaw and Dolan, 2007). Hurst (2011) compared ward-based student activity pre-university education (between 1985 and 1991) with that of students receiving their education in an HEI (1992 and 2011). This research found that analysis of registered nurse activity showed little difference in teaching time given to nursing students pre and post the introduction of university education. Hurst found that pre-1992 data showed teaching and supervision accounted for less than 1 percent of all qualified nurse activity and post-1992 data showed teaching and supervision accounted for just over 1 percent of all qualified nurse activity.

Andrews, Brodie, Andrews, Hillan, Thomas, Wong and Rixon (2006) also highlighted problems with the capacity of healthcare providers to deliver good quality clinical placements. Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-Kilpi (2010) argue that one distinguishing factor of nursing, as both a profession and a science, is that it cannot be learned by studying either practical or theoretical aspects of the curriculum alone, instead there needs to be appreciation of both aspects.

Since the introduction of university education for pre-registration nursing, controversy over the integration of theoretical teaching with practice-based education has persisted, culminating in the Willis Report (2012) which undertook a comprehensive review of nurse education under the following brief:

*“What essential features of pre-registration nursing education in the UK, and what types of support for newly registered practitioners, are needed to create and maintain a workforce of competent, compassionate nurses fit to deliver future health and social care service”*

The Willis Commission found *“the case for moving to an all-graduate nursing profession not simply desirable, but essential”*.

The Willis Commission also found that mentorship, preceptorship and continuing professional development for all nurses are crucial to improving patient outcomes.

## **Mentoring**

Fawcett (2002, p951) offered a definition of mentoring in nursing education as “a nursing mentor is an experienced nurse who shares knowledge with less experienced nurses to help advance their careers. This teaching relationship ends when the novice is considered educated and able to perform independently”.

Within the last 25 years healthcare literature has discussed the role of mentoring, with a great deal of the research focusing on the discipline of nursing (Kilminster and Jolly, 2000). The notion of mentoring in pre-registration nursing training appeared to be tied in with the move of healthcare into higher education (Minns, 1995). Research conducted by Gray and Smith (2000) concluded that mentorship significantly affected students’ self-reported experiences relating to both their learning opportunities and enjoyment of their placement. Research by Warne et al. (2010) used the Clinical Learning Environment, Supervision and Nursing Teacher evaluation scale, to investigate the clinical learning experiences of nursing students in nine European countries. This research concluded that students valued individualised mentorships during practice placements.

Gray and Smith (1999) conducted a qualitative longitudinal study which explored the professional socialisation of students on the Diploma of Higher Education in Nursing (Project 2000). The methodology used was grounded theory to capture the changes over time. This approach then established an account of the experiences of these nursing students doing their higher education diploma. Students were interviewed and asked to keep a record of their thoughts and experiences during their clinical placements. One of the findings from this research was the identification of the mentor as being the most significant person in the professional socialisation of the nursing students.

Despite the highlighted importance of mentors, some research has argued that responsibility for learning during placements should be placed with the students. Although mentors of nursing students are responsible and accountable for assessing students whilst on their practice placements, Bennett (2012) argues that the students also have a responsibility to ensure they learn the most they can during their placement.

Literature has discussed the difficulties for mentors so balance the demands of having students as well as providing adequate care to patients. Jowett, Walton and Payne (1994) found that if mentors were not supported, then they felt they may be unable to support and supervise students, as well as caring for patients.

## **Limitations of clinical placements as a learning environment**

The use of placements was criticised in the research findings of Greenwood (1993), which concluded that clinical settings did not always present nursing students with examples of

positive behaviour and practice, and therefore students could learn bad practices by role modelling staff on their placements. Similarly, research by Mantzoukas and Jasper (2004) argued that practical experience may not be as educational as intended because learning methods, such as reflection, are not implemented, this can therefore stunt the intellectual development of student nurses. Previous research by May and Veitch (1998) supported the importance of encouraging reflection on practice situations to enlighten student learning.

## **Student Attrition**

One area explored by existing literature, is the impact that this change in the education system has had on the nursing students; for example, by exploring high attrition rates and the impact on the individual, such as lack of finances.

Research has investigated the effects of the transition of nurse education into HEIs from educational programmes. The research of Brodie, Andrews, Andrews, Thomas, Wong and Rixon (2004) explored attrition and loss of personnel amongst nursing students. Students reported that the reasons for their classmates withdrawing from pre-registration education included: high academic requirements, pressures of the course, lack of support and homesickness. Financial hardship was not frequently cited as a reason for student attrition, however some students commented on the cumulative effects of work demands and financial difficulties. The research also identified that before entering nursing many of the students had misconceptions about nursing as being a low level menial occupation. However, as they progressed through the training, many realised that their perceptions of nursing as non-academic vocational training were incorrect.

Before 1989, when nursing education took place in the NHS, student nurses were paid a salary. However, with the integration into HEIs students' salaries were replaced with bursaries. Research by Godfrey (2000) and Finlayson, Dixon, Meadows and Blair (2002) found the average attrition rate of student nurses to be between 17 and 25 percent. This was deemed a great concern as the education of a nurse was estimated to cost between £30,000 and £34,000 (Audit Commission, 1997). A number of reasons for student attrition have been identified by research, including financial hardship and perceived lack of support during placement (White, Williams and Green, 1999). This was supported by Brown and Edelmann (2000) who reported financial concerns to be the greatest stressor for student nurses. These findings are relevant to practice placement learning, as they highlight the issue of lack of finances that current nursing students are faced with whilst doing their nursing degree.

## **Support for HEIs: Healthcare reports.**

Despite criticisms from research, along with Project 2000, two major healthcare reports, *Making a Difference* (Department of Health, 1999) and *Fitness for Practice* (UKCC, 1999) highlighted a need for practice-based learning and support in nursing and midwifery education. In 2001 the Department of Health published *Placement in Focus* to be used to guide for student placements and professional development (DoH, 2001). This document emphasised the need for the combined efforts from both the HEIs and clinical units, and the importance of defining clear roles for key figures, such as mentors, ward managers, placement coordinators and link lecturers (Andrews et al., 2006).

## **The value of clinical placements as a learning environment**

Nurse educators have acknowledged the importance of clinical practice as a significant and essential aspect in the education of student nurses (Myrick, Phelan, Barlow, Sawa, Rogers,

& Hurlock, 2006). Clinical placements are considered to provide a realistic context in which student nurses can develop the knowledge, skills, attitudes and values of a registered nurse (Levett-Jones, Lapkin, Hoffman, Arthur and Roche, 2011). White (1999) emphasised the importance of clinical placements for aiding students to achieve clinical competence, as well as being central in their development of professional attitudes.

Research conducted by Edmond (2001) emphasised the complexity of the volume that student nurses must learn and identified that this could only be done through exposure to clinical settings. This was supported by the research of Chapman and Orb (2000) who emphasised that exposure to clinical practice enables student nurses to integrate both theory and practise of care, and is therefore a vital aspect of their learning. The research of Papp, Markkanen and von Bonsdorff (2003) explained that clinical learning environments allow theory and practice to complement one another. Finally, research conducted by Benner and Wrubel (1982) supported the importance of practice placement learning, with the finding that the majority of nursing students felt they learned more when they were physically 'doing something'.

### **Factors that impact student learning and the effectiveness of placements**

Previous literature also discussed a number of interactive factors that influence the effectiveness of a placement, including Interpersonal relationships and Student attitude and personality. Hartigan-Rogers, Cobbett, Amirault and Muise-Davis (2007) identified that the learning outcomes achieved in clinical placements are influenced by an interactive system of forces, such as student-staff relationship and student satisfaction.

#### Interactive factors influencing effectiveness of placement: Interpersonal relationships.

Research by Lofmark and Wikblad (2001) highlighted factors that students identified as obstructing their learning, these included poor staff relationships, lack of staff commitment to teaching, hierarchical and autocratic relationships, and lack of student-supervisor relationships. Similar research by Dunn and Hansford (1997) identified that clinical environments contain a network of interactive forces that affect learning outcomes, with the most crucial factor identified as interpersonal relationships. Similar research conducted by O'Flanagan and Dajee (2002) found that a number of factors such as; lack of opportunities to develop clinical skills and a limited number of student-friendly learning environments, made finding effective student placements problematic.

In their research, Mamchur and Myrick (2003) identified that positive interpersonal relationships between students and ward staff were critical in enabling good learning outcomes for students on their practical placements. They recognised that students' want to experience support, respect and acceptance in their clinical placements. This was also supported by research that explored social work placements. Research conducted by Lefevre (2005) highlighted the importance of relationships between practice educators and social work students on student learning in social work.

### Interactive factors influencing effectiveness of placement: Inconsistencies in students' experiences.

There is evidence of inconsistencies in the experiences that student nurses receive during their placements. Despite the quality of clinical placements being vital to the development of student competence, research conducted by Baillie and Curzio (2009) identified great variability in the students' reported experiences of placements. What were the reasons? The research of Baillie and Curzio conducted an audit of first year nursing students' experiences of learning blood pressure measurement, and found that students experienced variability in terms of opportunities to practise, equipment used and supervision levels.

### Interactive factors influencing effectiveness of placement: Students attitude and personality.

A further body of research has explored factors that can affect student nurses' learning during placements. Welsh and Swann (2002) found that the success of clinical placements can be dependent of students' personalities and attitudes towards learning and assertiveness in ensuring their own best opportunities to learn. The research of Cloutier, Shandro and Hrycak (2004) identified that students found clinical placements not to be useful and frustrating if they were deemed to hold little personal interest or if expectations were unclear.

## **Stress and coping strategies**

Research by Chesser-Smyth (2005) recognised clinical settings can have negative impacts, such as being a source of stress, causing feelings of fear and anxiety, and these can have a detrimental effect on student learning. Supporting this, findings by Boychuk-Duchscher (2001) indicated that new nursing students experience high levels of stress during their clinical placements as a result of lack of experience, unfamiliarity with the ward, and a fear of making errors. As student nurses advance through their clinical training, their stress decreases as they become more confident, however they then experience feelings of being overwhelmed due to increasing responsibility and accountability. This finding was supported by Brown and Edelman (2000) who found students displayed different coping strategies dependent on their level of clinical experience. There is also evidence that having students on placements does not only impact the student nurse, but can also be stressful for the staff. Research conducted by Andrews et al. (2005) and Brodie et al. (2005) found that where staff felt overworked and stressed, they could potentially view students as an additional burden.

## **The benefits of receiving feedback**

Research has highlighted the importance of receiving feedback, for both the nursing students, and the academic and clinical staff.

Research conducted by Andrews et al. (2006) used focus groups with students and semi-structured telephone interviews with former students. They found that for clinical placements to be effective, there needs to be a mechanism that facilitates constructive feedback and evaluation of students from clinical staff while on placement. Andrews et al. (2006) found that students valued receiving feedback about their performance during placements, as they felt it increased their motivation and self-confidence, whilst also identifying areas for further learning. This finding was also supported by the research of Lofmark and Wikblad (2001)



who found that feedback and reflection helped facilitate student learning, and when these were absent it was found to limit learning.

Andrews et al. (2006) also found that student feedback regarding their experience of the overall learning environment is required by academic and clinical staff to help establish high quality placement settings and to maximise the students learning, this was also supported by the research of Farrell and Coombes (1994). Andrews et al. (2006) used post-placement questionnaires for students to audit the effectiveness and quality of placements and this method is advocated (Welsh and Swann, 2002). However, the methods used by Andrews et al. (2006) have been criticised for involving mentors in the evaluation process. The inclusion of mentors was thought to inhibit complete honesty from the students. As a result of this criticism, this research suggested that all student feedback should be anonymous and given directly to only the link tutors.

### **Busyness on the wards/placements**

Research by Stayt and Merriman (2013) aimed to explore students' perceptions of clinical placements. This research required 421 participants to complete an on-line self-report questionnaire, made up of sixteen questions. The questionnaire used a five-point Likert scale, with room at the end of the survey for open-ended comments. The survey explored students' evaluations of; the frequency of opportunities to practice selected clinical skills, the level of supervision received whilst practising selected clinical skills, and assessment of and feedback on their performance of selected clinical skills.

One theme that arose from this research is the perceived busyness of the placement staff, which students felt compromised their skill development. The theme of perceived busyness was also found in the recent research of Chuan and Barnett (2012) which concluded that busyness of the ward and workload pressures on the staff could hinder student learning in clinical placements. Similar findings were reported by Harrison (2004).

### **Nurses' retrospective perceptions of their practical placements during pre-registration training**

Research conducted by Hartigan-Rogers, Cobbett, Amirault and Muise-Davis (2007) aimed to describe newly graduated nurses perceptions of their student clinical placements and the impact of these on their functioning as graduate nurses. Their research conducted interviews, ranging from 30 to 60 minutes, on a sample of 70 participants, using an interview guide. This guide consisted of six questions:

1. Tell me what you believe were the advantages of working in this placement area.
2. Were there any disadvantages in this type of placement area?
3. Were there any outside factors that made the clinical experience more challenging for you?
4. What are your thoughts about the relevance of this particular clinical placement area in regards to your future practice as a registered nurse?
5. Thinking back over your career thus far as a registered nurse, what areas of nursing would you recommend for the 3<sup>rd</sup> and 4<sup>th</sup> year intersession, and why?
6. What are your thoughts related to the benefits and challenges of specialise placement areas such as the intensive care unit, emergency room, and community?

From these interviews exploring graduates' perceptions of relevancy of clinical placements on future practice, four themes emerged. These themes were; developing nursing skills and knowledge, experiencing the realities of work-life, preparing for future work, and

experiencing supportive relationships.

Some limitations of this study to be considered are; the use of telephone interviews as restricting probing and reduced response rates. The use of more recent graduates may have provided easier recall of information about their clinical placement experiences. Lastly, using the perceptions of people other than students, such as instructors or faculty members may have provided a broader and more rounded perspective. From their research Hartigan-Rogers, Cobbett, Amirault and Muise-Davis (2007) concluded that positive clinical experience related to the students perceptions of feeling valued and supported, rather than the physical aspects of the actual placement.

### **The main findings from the preliminary literature review.**

The main themes that arose from this preliminary, non-extensive, review of the existing literature regarding students learning on practical placements included discussions and findings about;

- Change in the education of nursing students.
- Mentoring.
- Student attrition.
- The value of clinical placements as a learning environment.
- Limitations of clinical placements as a learning environment.
- Factors that impact the effectiveness of placements:
  - Interpersonal relationships.
  - Inconsistencies in students' experiences.
  - Student attitude and personality.
- Student and staff stress.
- Benefits of receiving feedback, to students and staff.
- Busyness on the wards/placements.

### **Conclusion**

This review has demonstrated longstanding tensions between the theoretical and practical aspects of student nurse education. Student placement experience is variable with local placement factors such as the relationship with the mentor and the busyness of the placement area impacting in unpredictable ways on student learning experience. Student evaluation of their learning experience remains uncoordinated and is generally not included in mainstream performance monitoring processes. The opportunity to collect this data systematically and provide feedback in a timely and standardised fashion may help nursing academics and practitioners to work together more effectively to deliver a more integrated student learning experience.

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## Appendix Three: Student Information Leaflet



Institute of Research in Nursing



### ***Research title: The Development of an on-line electronic system for student nurse evaluation of the learning environment in clinical placements.*** (ref: UEP2014Jan/06)

#### **The purpose of this research is twofold.**

- First, to develop an on-line system for student evaluation of practice education learning environments.
- Second, to identify which key quality indicators for safe student supervision are. You could help us to identify these.

#### **Why have you been chosen?**

Bucks New University has granted us permission to contact student nurses with the aim of exploring your experiences and opinions. As a student you have first-hand experience of the environment in which the students learn. We want to explore with you those features of the clinical experience of student nurses that you think contribute to creating a safe effective clinical learning environment.

#### **Why we need your help.**

We are designing a system for students to evaluate their clinical placement learning experience. In order to do this we need your help. We need to know:

- What you think is important about the clinical learning environment?
- What features of the clinical learning environment should be included in the student evaluation?

#### **What will happen if you agree to participate?**

You will be asked to participate in a focus group discussion. This session will be held at the Uxbridge campus and should take approximately 40-50 minutes.

#### **How could participating benefit you?**

- Experience of participating in research.
- Help develop an electronic instrument to improve the experiences of future students

#### **Confidentiality.**

Your name will not be included when the research is published; to ensure this you will be allocated a number in order to maintain your confidentiality.

#### **Possible concerns you may have:**

- Your participation in this research is voluntary and if you agree to participate you will be required to sign a consent form.
- If you decline to participate you will not be required to give a reason.

- Your decision will remain anonymous.
- Your participation in this research will have no implications for you or your studies
- You will be able to withdraw at any point without giving a reason and this will have no implications for you and your studies and your decision will remain anonymous.

**Does this research sound interesting to you?**

- If yes, continue to read Section 2.
- If no, thank you for your time.

**Section 2.**

**Withdrawal from the research**

If you decide you do not want to continue participating in the research, the data will not be included in the research and will be permanently destroyed.

**Complaints.**

If you have any complaint, directly contact Johana Nayoan or follow the University's complaints procedure.

**Storage of data.**

All data that is collected will be stored safely on a secure server. Your name will not be stored on any documents or on any data, therefore you will not be able to be identified by anyone other than research team members. Access to all data will be restricted to the researchers.

**Results.**

A summary of the results can be shared with you once the test phase is complete, if you would like the information.



If you have any further questions about the research please contact:

Dr Johana Nayoan.

Email: [johana.nayoan@bucks.ac.uk](mailto:johana.nayoan@bucks.ac.uk). Telephone: 07873207655.

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Dr. Johana Nayoan - Research Associate

Fleur Smith, BSc - Research Assistant.



If you are interested in this research please complete and return the following slip:

-----  
-----

Name:

Student ID:

Email:

Contact number:

-----  
-----

To Dr Johana Nayoan. Research Associate  
Bucks New University

**Campus address**

**Room E3.12.High Wycombe Campus  
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High Wycombe  
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HP11 2JZ**

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**Appendix Four: The Evaluation Questionnaire (anonymised)**

DRAFT

EvaSys	Practice Placement Evaluation	Electric Paper <small>Carbonless Paper</small>
Julie Irwin		

Mark as shown:     Please use a ball-point pen or a thin felt tip. This form will be processed automatically.  
 Correction:     Please follow the examples shown on the left hand side to help optimize the reading results.

**1. The placement**

1.1 Which Trust was this placement in?

1.2 How long was this placement in weeks?

- |                                   |   |                                  |
|-----------------------------------|---|----------------------------------|
| <input type="checkbox"/> 1 week   | <input type="checkbox"/> 2 weeks              | <input type="checkbox"/> 3 weeks |
| <input type="checkbox"/> 4 weeks  | <input type="checkbox"/> 5 weeks              | <input type="checkbox"/> 6 weeks |
| <input type="checkbox"/> 7 weeks  | <input type="checkbox"/> 8 weeks              | <input type="checkbox"/> 9 weeks |
| <input type="checkbox"/> 10 weeks | <input type="checkbox"/> longer than 10 weeks |                                  |

1.3 Was the placement expecting you?

- Yes  No

1.4 Did you receive an induction to this placement?

- Yes  No

1.5 If yes please describe your induction

**2. Your learning needs**

2.1 Where your learning needs met on this placement?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> All of my learning needs were met | <input type="checkbox"/> Some of my learning needs were met | <input type="checkbox"/> None of my learning needs were met |
|--|---|---|

2.2 Where your individual learning needs for this placement identified?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> All of my learning needs were identified | <input type="checkbox"/> Some of my learning needs were identified | <input type="checkbox"/> None of my learning needs were identified |
|---|--|--|

**3. Your mentor**

3.1 I was able to access my mentor throughout the placement

- Most of the time  Some of the time  Rarely  Never

3.2 If you answered rarely or never describe how your learning was supported during this placement

**4. Guidance, support and feedback**

DRAFT

4. Guidance, support and feedback [Continue]

4.1 I was given adequate guidance and feedback  All of the time  Most of the time  Rarely  Never

4.2 If you have said rarely or never to Q4.1 please explain

4.3 When I questioned staff I was given a sound rationale for their practice/actions that related quality of care  All of the time  Most of the time  Rarely  Never

4.4 If you have said rarely or never to Q 4.3 please explain further

4.5 I was able to access Trust policies, procedures and patient information when I needed to  Always  Most of the time  Rarely  Never

4.6 If you have said rarely or never to Q4.5 please explain

5. Evidence based practice

5.1 I was aware that evidence from audits and service user surveys was used to inform practice/care delivery  All of the time  Some of the time  Rarely  Never

5.2 Please explain your answer

6. Teamwork

6.1 I was treated as a valued member of the team  All of the time  Some of the time  Rarely  Never

6.2 Please explain your answer

DRAFT

6. Teamwork [Continue]

6.3 I observed all staff being valued as team members contributing to care

All of the time

Some of the time

Rarely

Never

6.4 Please explain your answer

7. Role modelling

7.1 I observed care consistent with the appropriate values and behaviours upon which I could model my own care delivery

All of the time

Most of the time

Rarely

Never

7.2 Please explain your answer

DRAFT

# Appendix Five: Anonymised Evaluation Report

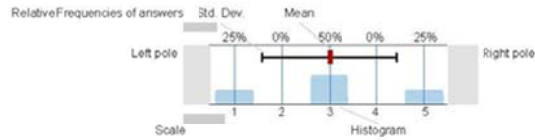
No. of responses = 14



## Survey Results

### Legend

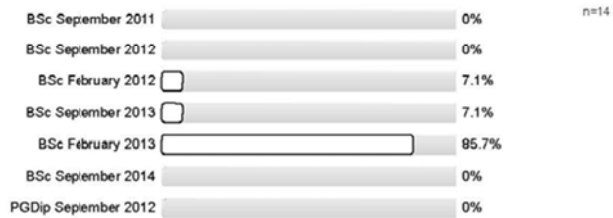
Question text



n=No. of responses  
av.=Mean  
dev.=Std. Dev.  
ab.=Absolutorion

## 1. Cohort

1.1) Which cohort are you in?



1.2) Which field are you?



## 2. The placement

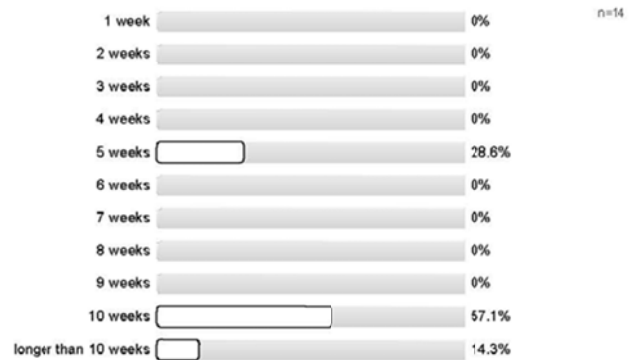
2.1) Which Trust was this placement in?



2.2) Was the placement expecting you?



2.4) How long was this placement in weeks?



2.5) Did you receive an induction to this placement?

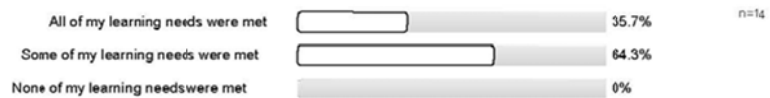


### 3. Your learning needs

3.1) Where your individual learning needs for this placement identified?

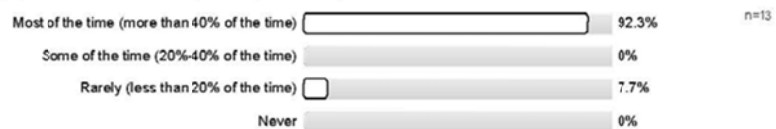


3.2) Where your learning needs met on this placement?



### 4. Your mentor

4.1) I was able to access mentorship (mentor or co-mentor) throughout the placement

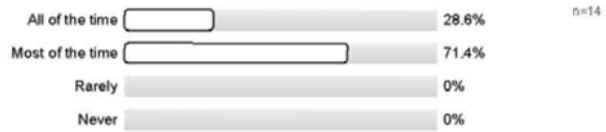


### 5. Guidance, support and feedback

5.1) I was given adequate guidance and feedback



5.3) When I questioned staff I was given a sound rationale for their practice/actions that reflected quality of care



5.5) I was able to access Trust policies, procedures and patient information when I needed to



## 6. Evidence based practice

6.1) I was aware that evidence from audits and service user surveys was used to inform practice/care delivery



## 7. Teamwork

7.1) I was treated as a valued member of the team



7.3) I observed all staff being valued as team members contributing to care



## 8. Role modelling

8.1) I observed care consistent with the appropriate values and behaviours upon which I could model my own care delivery



## 9. Overall satisfaction

9.1) Please grade your overall satisfaction with this placement



n=14 av=1.4 md=1.0 dev=0.5

7.2) please explain your answer

- Sometimes the doctors from other specialities were very rude (not the ward doctors). Also although the matron of the ward was very welcoming in the first day but later on, although he would come to check up on the ward he would not acknowledge student nurses and ignore them, which I found very appalling.
- I was introduced as a student and always were respected by the staff and management
- Whilst working with most of the staff I was able and encouraged to take part in all aspects of care from admitting patients, walking them to theatre (with supervision) looking after them post operatively and discharging among other things. Whilst some members of staff made me feel as if I was in the way and couldn't complete the simplest tasks.

7.4) Please explain your answer

- staff were working together closely to deliver safe and quality patient care, they consulted each other on patient cases when necessary.
- A mixture of personalities.
- All members of the ward worked well together and had good communication skills when dealing with patient their families and other team members
- All of the staff I worked with were caring and provided good care to the patients. While on the ward I did not observe any member of staff carrying out unsafe practice or mistreating others.
- All staff from hca's to the ward sisters helped the patients in any way they could, supporting each other in their duties.



## Appendix Six: Managing practice placement evaluations using EvaSys™

