



Nursing Students' Perspectives of User/Carer Involvement in their Practice Assessment across Scotland's Higher Educational Institutes

Report to NHS Education for Scotland (NES)

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Executive Summary

In 2010 the UK Nursing and Midwifery Council (NMC) introduced the following recommendation to Higher Educational Institutions (HEI's) in the UK who provide pre-registration nursing programmes:

“Programme providers must make it clear how service users and carers contribute to practice assessment” (NMC, 2010).

In response to the 2010 NMC recommendation NHS Education for Scotland (NES) undertook a number of initiatives. Firstly, commissioning a literature review *National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students' practice* (Gray & Donaldson, 2010); Secondly, publishing a *National Approach* document (NES, 2011), Thirdly, commissioning a short term evaluation research project *Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland* (Haycock-Stuart et al (2013). The 2013 report updated appropriate literature post the 2010 review including appropriate NMC literature (see Appendix 1 for summary of updated literature review).

The 2013 report also reviewed current processes in the 11 HEIs in Scotland around involving service users and carers in assessment, and interviewed Lecturers and Senior Lecturers from each of Scotland's 11 HEIs (for summary of report's key findings see Appendix 2).

Listening to Student Nurses 2014

Further to the above initiatives NES commissioned a further new piece of research to investigate the 2010 NMC recommendation from the perspective of student nurses involved in pre-registration nursing programmes in Scotland's HEIs (January – March, 2014).

The research, involving focus groups and semi-structured interviews with 51 Nursing Students in years 2, 3 & 4 of pre-registration nursing programmes across Scotland, and involving Adult Nursing, Mental Health Nursing, and Midwifery programmes, found the following:

Summary of Key Findings

1. Student Nurses strongly believe in the importance and value of Service User/Carer involvement in their training and development to improve their Practice Skills
2. Student Nurses thought that there were a number of potential and actual problems both for themselves and Service User/Carers in having Nursing Students' practice skills assessed by Service User/Carers. Student Nurses noted certain practical challenges over the implementation of the 2010 NMC recommendation: *“Programme providers must make it clear how service users and carers contribute to practice assessment”* (NMC, 2010).
3. Nursing Students believed that a number of factors could bias selection of Service User/Carers when being approached to provide feedback/comment. This could leave the NMC recommendation open to the criticism of being a 'tick box' exercise.

4. Student Nurses associated *practice assessment* by Service User/Carers with a formal summative assessment, i.e., straight pass/fail or graded A,B,C,D. They raised concerns around whether all Service Users/Carers were clinically qualified and/or appropriately trained to provide appropriate assessment of Student Nurses' practice skills.
5. Student Nurses overwhelmingly believed that the formal graded assessment of their practice skills should be conducted by appropriately trained and qualified clinical staff, i.e., Nurse Mentors.
6. Student Nurses strongly believed that Service User/Carers should have a voice and an involvement in assessing their practice skills but overwhelmingly stated that this should be in the form of feedback/comment, but not as a formal (pass/fail or graded) part in assessing practice skills.
7. In the experience of Student Nurses, *location of assessment* (acute or critical care ward or community setting e.g., patient's home), *condition being assessed* (chronic or acute) and *nature of condition* (mental illness or physical illness) can influence the views of Service User/Carers feedback/comments. In the view of Student Nurses this should be taken into account in the assessment process.
8. Student Nurses were of the view that a tripartite approach- i.e., feedback/comment from Service User/Carers along with formal assessment by Mentors, with the Nursing Student at the centre, was the best way of assessing and consequently developing their practice skills.
9. The role of Mentors was highlighted as critical to the process of assessing Student Nurses' practice skills. Mentors were seen as the lynch pin for involving users and carers in assessment of practice.
10. Student Nurses were of the opinion that a greater distinction between Service User and Carer was required. In their experience, whilst the term Carer was often used inter-changeably with service user, and seen as the same, Carer input and views on assessment could vary considerably to those of patients.

Recommendations to the National Strategic Group for Practice Learning for Scotland.

The 2010 NMC recommendation “*Programme providers must make it clear how service users and carers contribute to practice assessment*” has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following this research involving Nursing Students’ perspectives of Service User/Carer involvement in their assessment of student practice skills across Scotland’s HEI’s, this report recommends the following;

Recommendations

1. Where appropriate, Service User/Carers should be actively and meaningfully involved in providing valuable and informative contributions to a Student Nurse’s practice skills but this should not be in the form of a formal (pass/fail or graded) exercise.
2. Where appropriate, Service User/Carers should provide verbal feedback/comments to Student Nurses on their practice skills. These feedback/comments should be considered as formative rather than summative assessment (i.e., students reflecting and learning from this feedback/comment).
3. The Service User/Carers’ feedback/comments should be taken into consideration by the Nursing Student’s Mentor when they are assessing a Student Nurse’s practice skills and deciding on pass/fail or grade.
4. Due consideration should be given to location of the learning environment and patient condition before selecting a Service User/Carer for providing feedback/comment, i.e., a patient’s physical and mental well-being (physically and mentally distressed patients in acute/critical care situations should not be approached).
5. Identifying appropriate learning environments where Service User/Carers are better suited to feedback/comment should be considered. For example, longer stay wards or community settings say with chronically ill patients where Student Nurses have greater contact with Service User/Carers are likely to make the assessment process more meaningful both to Student Nurses and Service User/Carers. This reduces the risk of the assessment process being seen as a ‘*tick box*’ exercise by all participants.
6. To ensure the involvement of Service User/Carers in assessing Student Nurses’ practice skills is genuinely meaningful, Mentors should receive appropriate time and resources to support Service User/Carer involvement in assessing Nursing Students’ practice skills
7. In light of recommendations 5 and 6 further research around the NMC’s 2010 recommendation should include gathering the views, opinions and experiences of Mentors and Service User/Carers on their involvement in practice assessment. Such research would provide not only valuable insights and recommendations but would complement the previous research involving the educators (Lecturers and Senior Lecturers) and Student Nurses already completed in Scotland. Such research would provide a more rounded holistic overview of all key stakeholders involved and valuable insight into effectively addressing the NMC’s 2010 recommendation across Scotland. An area for further research could also be the involvement of users and carers in assessment by mentors and how their assessment impacts on the decision making of the mentor.

- 8.** To ensure the process is genuinely meaningful and does not become a *'tick box'* exercise, as some Nursing students and educators have warned it could become, Service User/Carers should be offered support and training to enable them to provide confident, effective feedback/comments. This may have resource implications and these should be duly considered.
- 9.** In light of recommendation 8, recognition of unequal power relations between Service User/Carers and Student Nurses and/or Mentors have to be seriously considered. In doing so, providing ways to overcome/address such a phenomenon must be considered by those educators involved in facilitating the Service User/Carer and Student Nurse interaction.
- 10.** Future evaluation of the Service User/Carer involvement in practice assessment must be considered. To ensure the involvement of Service User/Carers in assessment of practice skills is meaningful and to assess impact on patient care and Nursing Students' practice skills, an appropriate evaluation of the process must be built in to future work in this area.
- 11.** Future practice assessment documentation should promote opportunities for Service User/Carer involvement to be recorded.

Contextualising the Research Project

It is not in the remit of this report to review literature on Service User/Carer involvement of practice assessment. For a full review see Gray & Donaldson (2010) National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students' practice, NES.

For post 2010 literature in this area see Haycock-Stuart et al (2013) Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland, NES

http://www.nes.scot.nhs.uk/media/2063151/nes_user_and_carers_final_report_word_290313-no_appendix_inc_nes__and_gcu_logo_wsv.pdf.

Appendix 1 has a summary of key findings of post 2010 literature from the 2013 NES report by Haycock-Stuart et al. Since this report there have been no major new published research studies on this area in the UK.

For context, however, it would be helpful to briefly address key literature on policy developments relevant to this area particularly around patient-centred care which is central to Service User/Carer involvement in assessing Nursing Students' practice skills following the 2010 NMC recommendation.

Background: Patient Empowerment and Person-centred Care

Over the last decade and more Scottish and UK health policy has been centred around developing patient empowerment with Service Users/Carers being at the centre of decision making around their health and improving their health and well-being (The Healthcare Quality Strategy for NHS Scotland, 2010). Much of the recent focus in this area has been around person-centred care.

Person-centred Care and Student Health Education

Central to the concept of person-centred care is the involvement of Service Users/Carers in decisions around their health care. There has been little systematic evaluation of how service user and carer involvement in professional health education impacts upon subsequent practice, although the wider literature suggests that many students see it as beneficial (Morgan & Jones, 2009). In addition, person centred care is seen as central foundation of nursing and practice and education (Setting The Direction: Strategic Aims from CNO Education Review, 2013)

Person-centred Care

Person-centred care is providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions (NES, 2014).

Twenty-first century health care in Scotland and the UK is moving towards developing a more person-centred healthcare system, where people are supported to make informed decisions about their health, to successfully manage their own health and care, and choose when to invite others to act on their behalf ((The Healthcare Quality Strategy for NHS Scotland, 2010; Everyone Matters: 2020 Workforce Vision, NHS Scotland, 2013). These developments are based on a belief that involving patients as partners in decision making regarding their care will improve patient outcomes and their general health care experiences (Health Foundation, 2014). Additionally, recent reports into the provision of poor healthcare and disastrous patient outcomes have highlighted the lack of patient involvement and patient empowerment in decision making (Francis, 2013).

Person-centred care advocates healthcare services to understand and deliver care responsive to people's individual abilities, preferences, lifestyles and goals. It is a philosophy

that centres care on the person and not only their health care needs (Health Foundation, 2014).

The *Principles of Nursing Practice*, a series of principles developed by the Royal College of Nursing (RCN) in conjunction with patient and service organisations, the Department of Health, the Nursing and Midwifery Council, nurses and other healthcare professionals, has as its fourth principle- *person centred care* (Manley et al, 2011).

The fourth Principle of Nursing Practice believes person-centred care means:

'Nurses and nursing staff provide and promote care that puts people at the centre, involves patients, service users, their families and their carers in decisions, and helps them make informed choices about their treatment and care.'

Manley et al (2011:p.35)

Changing Policy into Practice

Transforming policy initiatives on person-centred care into practice represents a major challenge to Nursing and other healthcare professionals and requires; (i) the practice of person-centred care to spread beyond the innovators and early adopters into mainstream healthcare; (ii) an approach and attitudes among patients and healthcare staff that turn the aspiration of person-centred care into reality and (iii) policy and practice frameworks that supports healthcare staff and patients to take on new roles and relationships (Health Foundation, 2014).

It is against this backdrop of re-focusing healthcare that puts patients at the centre of healthcare and decision-making around their health and care that the NMC introduced their 2010 recommendation: *"Programme providers must make it clear how service users and carers contribute to practice assessment"* (NMC, 2010).

In response to the 2010 NMC recommendation NHS Education for Scotland (NES) undertook a number of initiatives. Firstly, commissioning a literature review *National Approach to Practice Assessment for Nurses and Midwives Literature review exploring issues of service user and carer involvement in the assessment of students' practice* (Gray & Donaldson, 2010); Secondly, publishing a *National Approach* document (NES, 2011), Thirdly, commissioning a short term evaluation research project *Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland* (Haycock-Stuart et al (2013). The 2013 report updated appropriate literature post the 2010 review including appropriate NMC literature (see Appendix 1 for summary of updated literature review).

The 2013 report also reviewed current processes in the 11 HEIs around involving service users and carers in assessment, and interviewed Lecturers and Senior Lecturers from each of Scotland's 11 HEIs (for summary of report's key findings see Appendix 2).

In the most recent initiative, NES funded a short term research project *Nursing Students' Perspectives of User/Carer Involvement in their Practice Assessment across Scotland's Higher Educational Institutes*. The research project was undertaken between January and March 2014.

Research Design

The research involved a qualitative approach to data collection and analysis of 51 student nurses perspectives through 5 focus groups nationally in Scotland and including nine of the eleven Higher Education Institutions student nurses.

Ethical Approval

Ethical approval was sought and granted by the University of Edinburgh School of Health in Social Science Research Ethics Committee. Level 2 & 3 assessment was sought and granted. This was sufficient to allow the research to proceed in most HEIs although 3 HEIs had to seek local ethical approval for the study to progress with the students in their HEI.

Student Sample

Students were drawn from nine of the eleven HEIs from years 2, 3 & 4 of their respective Nursing Programmes and included Mental Health Nursing, Adult Nursing, and Midwifery.

Breakdown of Students by Programme and Year

Mental Health-26
Adult Nursing-23
Midwifery-2

Data Collection

Five Focus Groups & Two Semi-structured Interviews (n=51 Nursing Students)

A total of 5 focus groups (drawing together 2 or more HEIs) and two semi-structured interviews were organised involving 51 Nursing Students from 9 of Scotland's 11 HEIs (2 HEIs actively tried but were unsuccessful in recruiting students to the research project due to local time pressures and other demands on Nursing Students).

The focus groups lasted on average one hour and were digitally tape recorded with the students' written consent. Key semi-structured questions and probes were developed from appropriate current literature reviewed in this area and from the Haycock et al (2013) report '*Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland*' (see appendix 3 for the topic guide). Data were collected in January to March 2014.

Data Analysis

Analysis of the data was thematic. Thematic content analysis is a good methodological approach for answering questions about the most significant issues that arise from a particular group of respondents and for identifying typical responses (Parahoo, 2006).

Analysis of focus group and semi-structured interviews identified the following ten key themes.

Key Findings and Discussion

1. Student Nurses strongly believe in the importance and value of Service User/Carer involvement in their training and development to improve their Practice Skills

All students involved in the research strongly believed in the importance of service user /carer involvement in their education, training and development. For students it is a concept that is valued, fully embraced and actively incorporated into their participating HEI's pre-registration Nursing programmes.

Students spoke of the practical benefits of service user/carers involvement in their education and training. The following quotes reflect this view;

Focus Group 1

'We had a lady with Parkinson's Disease come in and describe what happens when they don't get their medication on time and the physical and psychological effect on them. She talked about how she was asking a Nurse for her medication in the hospital and the Nurse was 'too busy'. It had a real impact on the woman and had much more impact on me than reading about the effects in a book'.

Focus Group 2

'We did a role playing exercise where one of the students was a patient with a condition and I just couldn't get my head around it I couldn't show my skills or even fully empathise but when service users came in it was completely different.....The foundation of our care is based around the service user and the need to build care around their needs rather than our needs'.

Focus Group 4

'Mental health Nursing at its core is about building relationships with service users and their families. We spend 12 weeks working with a service user and if you are genuine a service user will really help you along. There can be great feedback from a service user. We buy into it fully, we have been trained that recovery is the big thing-working with and supporting patients at their pace and how they themselves see their recovery. Our MDT care plans are developed in consultation with service users and carers'.

For the students involving users and carers in their learning helped them to develop their caring skills and understand better their perspectives.

2. Student Nurses noted certain challenges over the practical implementation of the 2010 NMC recommendation: "Programme providers must make it clear how service users and carers contribute to practice assessment" (NMC, 2010).

At each focus group the NMC's 2010 recommendation was discussed. The broad feeling was that whilst Nursing Students understood the rationale of the recommendation, especially given the involvement of service/carers increasingly in student selection, curriculum design and research, there were more complex factors involved in assessing nursing students' practice skills.

From the perspective of the nursing students involved in this research this centred around (i) suitability and appropriateness of approaching certain patients, i.e. distressed patients, (ii) Service users lacking confidence to assess; (iii) Service users who may use the opportunity to be critical of a Student Nurse to address a wider criticism of their health care; (iv) Service users unwilling to be critical of a student and/or consciously selecting service users who will be positive thus potentially reducing the assessment process to a 'tick box' exercise; (v) Concerns around the clinical capacity of service users to assess a Nursing Students practice skills.

Focus Group 1

'Are we really going to ask service users to assess our skills in A&E after being in a situation that genuinely needs A&E or critical care services'?.....In some acute settings it's just not practical.....There's no way I'm going to go to a patient whose attempted suicide and ask the about my assessment skills'

Focus Group 4

'Service users may lack self-confidence in a health setting, especially in hospital and can be intimidated if asked to assess practice skills. Some patients may not understand what's being asked of them. A lot of people just want to get well and that's it, that's their level of engagement, and we should respect that'

Focus Group 2

'There are some mental health patients in acute wards with certain conditions that mean they might hate you, they feel they are not mentally ill and certainly don't want those drugs they have to take – are you going to ask them?.....There are some patients who, for whatever reason, just don't like the hospital, their care package or even you personally, is it fair on us that they are assessing our practice skills? That's not going to be objective, how helpful is that?'

The students had reservations about practice assessment by users and carers in specific learning environments and with some patient and client groups and articulated well why they had such reservations. Similar issues were raised by students as were raised previously by the HEI participants (Haycock-Stuart et al 2013).

3. Student Nurses overwhelmingly believed that their practice assessment skills should be conducted by appropriately qualified and trained clinical staff, i.e., Nurse Mentors

In light of the above comments, not surprisingly, Nursing Students, when it came to having practice skills assessed, wanted this done by appropriately qualified and trained staff, most

notably mentors. The overwhelming majority of students associated the term assessment as part of the formal assessment process. There comments below reflected their views.

Focus Group 1

'I think practice skills should be assessed by suitably qualified and trained people. I could clean a wound and bandage it and it might not be how it was supposed to be but it looks nice and neat and the service user says – great. But if that was assessed by someone qualified they'd say – you did that wrong – here is the way you should have done it. Now who am I going to learn from?'

Focus Group 3

'Mentors have the experience, the qualification and the training to assess practice skills. Service users will, in the main, not have these skills. If my progression depends on passing practice skills assessment it's reasonable for us to say we want it done with a suitably qualified, trained person.....As a student when I hear assessment it is seen as pass or fail to me. Can my learning environment be failed by an unqualified service user? I want and need their views but can my progress in passing or failing to the next phase be decided like that?'

Students were anxious about technical aspects of their care being assessed by users and carers who had little or no preparation for undertaking assessments of nursing students' clinical skills. It concerned the students that their progress on a nursing programme might be determined by a small number of inadequately prepared users and carers.

4. Student Nurses thought that there were a number of potential and actual problems for themselves in having their practice skills formally assessed by Service Users/Carers

Whilst, as noted earlier, students were fully committed to the concept of verbal feedback/comment on their practice skills from Service Users/carers, they overwhelmingly believed that formal assessment of their practice skills which would contribute to a successful completion of their placement should be conducted by an appropriately trained and clinically qualified Mentor.

The following quotations express this view;

Focus Group 5

'I had a service user who was admitted to the service with severe anxiety- then after treatment they were discharged from service because their anxiety was under control. The CPN was clear her condition had improved and she was fit for discharge but when the service user was told they were devastated. They didn't think they'd recovered- so there were two different perspectives from our point of view we were correct but not from her perspective. She would have assessed my practice skills poorly because of this but the CPN I was involved with was satisfied'.

Focus Group 2

If I am seeing a patient who is under a compulsory treatment order and I'm giving them an injection they do not want-how are they going to assess me? Not very well. I might be following the depot injection guidelines to the letter and doing a really good professional job but the patient will not reflect that given they don't want injected in the first place'

The students indicated particular expectations of care may differ between the nurses and the patient or client in some learning environments and patient/client encounters and that the health and welfare of clients and their carer can be in conflict. This raised concerns for them about negative assessments of their skills by users and carers, when qualified nurses such as mentors would have a different, positive view of their clinical skills.

5. Student Nurses believed strongly that Service User/Carers should have a voice regarding Nursing Students practice skills but this should be in the form of feedback/comment, not as part of the formal assessment of practice skills.

In light of these views and reflecting their overall views in point 1 above, Nursing students were still strongly committed to having a service user/carer involvement when assessing their practice skills. The overwhelming view, again following on from the views expressed above, was that this should be in the form of verbal feedback/comment. Nursing students overwhelmingly believed that this feedback/comment, alongside the formal assessment of practice by the mentor would be the ideal combination in helping them to develop good practice skills.

Focus Group 5

'I'm all for getting feedback and comment from service users and carers, in fact some of the best feedback I've had has been from service users, comments that have stuck with me and benefited me. When linked with the more formal assessment by the Mentor this is an excellent way of developing good practice skills.

I think it would be better for the service user/carer as well because feedback/comment is less formal and I think less threatening to them. They are therefore more likely to get genuinely involved rather than just saying 'oh they were great' so you will pass. That means more to me and I'll learn more with this approach.

Focus Group 3

'Service users are really well placed to give feedback on communication skills and general manner. Asking patients how did this Nursing Student make you feel generally is perfectly good. Assessing my practice skills – they haven't been trained.....The informal comments from service users can be great'. Feedback/comment will help students in their reflection on practice'. Assessment sounds too tied to a grade or pass/fail. You can say to the patient –'I'm still learning, any

feedback you can give me would be great'- but when I hear assessment as a student I'm thinking pass or fail.

Students' views indicate that if the term *assessment* is to be the vocabulary of choice of the NMC for involving users and carers, then this should be formative assessment as opposed to summative assessment. Students wish to learn from their encounters with patients and users, but are anxious about their clinical skills being assessed for progression by users and carers and that this should be the domain of the mentor.

6. Nursing Students believed that a number of factors could bias selection of Service User/Carers to provide feedback/comment. This could leave the NMC recommendation open to the criticism of being a 'tick box' exercise.

Nursing students believed that there could be a tendency for Service User/Carer selection to provide feedback/comment to be biased towards those more likely to be positive than negative in their responses. This bias might be by the student, mentor or the user and carer.

Focus Group 4

'Let's be honest- who are we going to ask, the service user over there who has been complaining all week or the service user over there who has been complementary about their care all week? It's obvious.....From the point of view of the service user they might feel that if they give you a bad score you'll fail and they'd feel guilty.....this is why it's open to being a 'tick box' thing rather than genuine engagement.

Focus Group 2

From the point of view of service users many of them might feel that if they give you a bad score you'll fail and they'd feel guilty about doing that, so they won't. That not really a realistic assessment.

Students were concerned that patients, already unwell, would feel 'guilt' if the student did not have a favourable assessment. There is concern in the nursing literature that some mentors are failing to fail weak students. It is as yet not known how drawing users and carers into students' assessment might impact on decisions by mentors. However, if the students' suspicions are upheld, we might see weaker students supported by the favourable 'guilt' assessment of users and carers. This is an area for further research and beyond the scope of this report, but the involvement of user and carers in assessment by mentors and how their assessment impacts on the decision making of the mentor is a key area for future research.

7. In the experience of Student Nurses, *location of assessment* (acute or critical care ward or community setting e.g., patient's home), *condition being assessed* (chronic or acute) and *nature of condition* (mental illness or physical illness) can influence the views of Service User/Carers feedback/comments. In the view of Student Nurses this should be taken into account in the assessment process.

Many Nursing Students were of the view that working in the community with LTC patients was more conducive to developing good relationships with both service users/carers and Mentors.

Nursing Students with experience of working in acute settings, especially given the demands, felt it was more difficult to develop relationships with patients and therefore receive effective feedback if they only saw the patient twice for 10 minutes during their learning environment.

Many Nursing Students stated that working with Dementia patients raised certain challenges that needed to be considered.

Whilst Mental Health Nursing Students noted that they had the chance to work with patients for 10-12 weeks often, given their mental health condition and social circumstances, feedback/comment could vary from week to week depending on their mental well-being thus potentially affecting the assessment process.

- 8. Student Nurses were of the view that a dual input- i.e., feedback/comment from Service User/Carers along with formal assessment by Mentors, with the Nursing Student at the centre, was the best way of developing their practice skills.**

Nursing Students strongly believed this three-pronged approach was the best way forward - Mentor (Assessing), Service User/Carer (Commenting/Feeding Back) and Student Nurse listening and learning. Students also believed this to be a more holistic approach to patient care and fitted in with person-centred approaches to healthcare.

Focus Group 3

A service user or carer is really well-placed to assess our communication skills, our manner, how approachable we were and how well we explained things. They are really important on talking about these issues. But on assessing practice skills around say a complex intervention? Can they do this and would they want to? Asking a patient 'how did this student nurse make you feel'? that's perfectly acceptable though.

Students indicated that from their perspectives patients are better placed to assess the relational aspects of care, but had reservations about the users and carers involvement in assessing the more technical aspects of care. This evidence corresponds with previously published literature about how patients and clients liked to be involved in assessing care (Calman 2006) and links to the aspects of care users and carers are most likely to complain about, (Haycock-Stuart & Kean 2012) indicating users and carers value relational aspects highly and feel able to comment well on this aspect of care.

- 9. The role of Mentors was highlighted as crucial to the process of assessing Student Nurses' practice skills. Mentors were seen as the lynch pin for involving users and carers in assessment of practice.**

The overwhelming majority of Nursing Students in each focus group believed that it was the Mentors who were the key to assessing students practice skills.

Focus Group 2

When we are asking patients and carers to assess us there are lots of things that can influence what they expect, generational things, what newspaper they read, where they are from.....when Mentors assess us they have had clinical training on what should be done and also training on assessing practice skills, if my suitability for practice is being assessed it should be by Mentors.

The students value the assessment by the clinically based and educated mentor for the assessing their clinical competence. The students felt this was a more robust system on which to base the clinical progression of the student in a nursing programme. Involving users and carers was seen to be more subjective whilst the students' perceived great value in learning from users and carers through formative feedback; they considered the mentor the key person to determine clinical progression on a nursing programme.

10. Student Nurses were of the opinion that a greater understanding and awareness of differences between Service User and Carer was required as, in their experience, whilst often referred to as the same, Carer input and views on assessment could vary considerably to that of the actual patient or client.

Many Nursing Students believed that there were problems of using the term service user and carer interchangeably as if they were the same thing. In their experiences many carers had different views on service user care plans than the patient or client themselves. Many carers had different views and expectations of Student Nurses. Many Student Nurses felt carers were unrealistic in their demands compared with the actual service user.

In addition a number of Student Nurses noted that the term carer was very wide ranging from someone with full hands on care to someone who had a cup of tea with the patient from time to time or someone related but with no practical involvement in their care. Having their practice skills even commented on could be a problem for some students.

Focus Group 2

I have found that often, especially with older people, they just want to get well and out as quickly as possible. What that patient wants is often very different from their sons or daughter view on them getting home.....I could be assessed positively by the older patient but negatively by the family carer because they have different views on the suitability of the patient being discharged.

Focus Group 4

I could be assessed by a carer after one of my addiction patients has been admitted for a number of weeks, undergone drug detox successfully and then been discharged. They then go back to the same circle of friends and start using again. So then if you ask their carer for their views on my practice skills they are going to think they're not great as they (the patient) are back using again. That's all they might focus on, not the care I've given to them when undergoing their detox.

Williams and Robinson (2001) indicated how there can be conflict of interest between patients and carers and this is an issue the students are alluding to which might impact on how individual users and carers might assess nursing students in practice from different perspectives. Students considered having conflicting views might adversely impact on the assessment of a student's clinical skills in some contexts.

Conclusion

The fifty one students interviewed were very consistent in their perspectives of user and carer involvement in practice assessment. Only two students raised a couple of issues which were a little more contentious and less consistent with the overriding perspectives of the other 49 students. The overriding majority value formative feedback or assessment from users and carers for developing their clinical skills in the clinical learning environment. The students were keen to protect vulnerable patients from burdensome work and stress which they thought might be associated with practice assessment in certain learning environments and patient circumstances. The students were also eager to protect their own clinical progression on the programme by having experienced and educated mentors assess their clinical skills rather than more subjective user and carers who have little or no education for assessing student nurses and who at times might be in conflict with the student nurses. The students were of the firm view that there is great value in involving user and carers in providing some formative feedback to them as they developed as nurses but that this must be carefully orchestrated to learning environment and user and carer circumstances so as to be meaningful for students, users and carers.

Based on the key findings from this research, the following recommendations were developed.

Recommendations to the National Strategic Group for Practice Learning for Scotland.

The 2010 NMC recommendation "*Programme providers must make it clear how service users and carers contribute to practice assessment*" has raised a number of concerns and unanswered questions about the meaning, suitability and practicability of the recommendation for HEIs in Scotland providing pre-registration nursing programmes.

Following this research involving Nursing Students' perspectives of Service User/Carer involvement in their assessment of student practice skills across Scotland's HEI's, this report recommends the following;

Recommendations

1. Where appropriate, Service User/Carers should be actively and meaningfully involved in providing valuable and informative contributions to a Student Nurse's practice skills but this should not be in the form of a formal (pass/fail or graded) exercise.
2. Where appropriate, Service User/Carers should provide verbal feedback/comments to Student Nurses on their practice skills. These feedback/comments should be considered as formative rather than summative assessment (i.e., students reflecting and learning from this feedback/comment).

3. The Service User/Carers' feedback/comments should be taken into consideration by the Nursing Student's Mentor when they are assessing a Student Nurse's practice skills and deciding on pass/fail or grade.
4. Due consideration should be given to location of the learning environment and patient condition before selecting a Service User/Carer for providing feedback/comment, i.e., a patient's physical and mental well-being (physically and mentally distressed patients in acute/critical care situations should not be approached).
5. Identifying appropriate learning environments where Service User/Carers are better suited to feedback/comment should be considered. For example, longer stay wards or community settings say with chronically ill patients where Student Nurses have greater contact with Service User/Carers are likely to make the assessment process more meaningful both to Student Nurses and Service User/Carers. This reduces the risk of the assessment process being seen as a '*tick box*' exercise by all participants.
6. To ensure the involvement of Service User/Carers in assessing Student Nurses' practice skills is genuinely meaningful, Mentors should receive appropriate time and resources to support Service User/Carer involvement in assessing Nursing Students' practice skills
7. In light of recommendations 5 and 6 further research around the NMC's 2010 recommendation should include gathering the views, opinions and experiences of Mentors and Service User/Carers on their involvement in practice assessment. Such research would provide not only valuable insights and recommendations but would complement the previous research involving the educators (Lecturers and Senior Lecturers) and Student Nurses already completed in Scotland. Such research would provide a more rounded holistic overview of all key stakeholders involved and valuable insight into effectively addressing the NMC's 2010 recommendation across Scotland. An area for further research could also be the involvement of users and carers in assessment by mentors and how their assessment impacts on the decision making of the mentor.
8. To ensure the process is genuinely meaningful and does not become a '*tick box*' exercise, as some Nursing students and educators have warned it could become, Service User/Carers should be offered support and training to enable them to provide confident, effective feedback/comments. This may have resource implications and these should be duly considered.
9. In light of recommendation 8, recognition of unequal power relations between Service User/Carers and Student Nurses and/or Mentors have to be seriously considered. In doing so, providing ways to overcome/address such a phenomenon must be considered by those educators involved in facilitating the Service User/Carer and Student Nurse interaction.
10. Future evaluation of the Service User/Carer involvement in practice assessment must be considered. To ensure the involvement of Service User/Carers in assessment of practice skills is meaningful and to assess impact on patient care and Nursing Students' practice skills, an appropriate evaluation of the process must be built in to future work in this area.
11. Future practice assessment documentation should promote opportunities for Service User/Carer involvement to be recorded.

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APPENDIX 1 Summary of the Updated Literature Review

An Update of Literature, Post the 2010 NES Review, on Involving Service Users and Carers in Practice Assessment was undertaken.

Key Literature 2010-2013: Exploring Issues of Service Users and Carer Involvement in the Assessment of Students' Practice

This updated review will focus on UK literature that has been produced post the 2010 NES commissioned literature review. This literature has focused on the following seven key areas

- (i) The challenges of addressing service user and carer involvement in practice assessment. Whilst supporting and advocating the importance and value of service user involvement in student selection, curriculum design and research, recent literature suggests the challenges of involving service users in practice assessment, prior to the 2010 NMC recommendation, were not adequately considered.
- (ii) In 21st Century health care, evidence based practice has become a central component of Nursing and general health care practice. Where was/is the evidence base to support the rationale and guidance re: implementation of the 2010 NMC recommendation?
- (iii) What should be done to make the involvement process meaningful and not a '*tick box*' and/or a '*tokenistic*' exercise?
- (iv) The need to address support and training for key stakeholders (service users, academic staff and Mentors) involved in the proposed NMC assessment process
- (v) Issues of student, patient and student Mentor power relations and how these could/do interact to affect the proposed assessment process have not been fully considered.
- (vi) Terminology. Given the challenges regarding the assessment process, should service user/carer involvement actually be called an assessment? Would the term *review* or *comment* not be more appropriate?
- (vii) Patient protection. Concerns were expressed around unwell/distressed patients being approached and patients who may feel unqualified to assess students' practice skills.

APPENDIX 2 Summary of the 2013 Report's Key Findings

'Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland'

The evaluation found the following:

Service user and carer involvement is a concept that is valued, fully embraced and actively incorporated into Scotland's 11 HEI pre-registration Nursing programmes.

Scotland's 11 HEIs have introduced processes in their curriculum to address the 2010 NMC recommendation.

Following the 2010 NMC recommendation, recent published literature has drawn attention to the challenges of introducing this recommendation that were not present or not as challenging when addressing service user and carer involvement in student selection, curriculum design and research. Cautionary notes and questions in the literature are posed around (a) the level of evidence and the rationale for introducing this recommendation; (b) exactly how to introduce, and robustly evaluate, the 2010 NMC recommendation and (c) the terminology of the process – the term assessment should be changed to mean that the process should be one of review or comment.

An updated review of NMC literature on the proposed assessment process has shown a slight shift by the NMC with the organisation recently acknowledging the challenges of this process and of the importance of addressing this sensitively.

The challenges of the process and cautionary notes were raised in the interviews with Scotland's 11 HEI representatives and echoed the issues raised in the post 2010 literature.

HEI interviewees raised concerns about protecting unwell or distressed patients; concern was expressed about the lack of NMC guidance in introducing their recommendation; HEI representatives stated that guidance is required on developing appropriate and functional measurement tools to quantify service user and carer views on nursing students' practice skills; the HEI interviewees also noted that given power relations in the assessment process can the proposed assessment be genuinely meaningful? HEI interviewees were unanimous in believing that the process should not be called assessment – it should be either comment or review.

Guidance on how to operationalize and reliably evaluate Nursing student practice by service users and carers in a meaningful way, and to the benefit of all key stakeholders involved, requires greater consideration.

A more precise clarification regarding the purpose of, and the way in which, Nursing students' practice skills are to be addressed and measured by service users and carers are required following the initial 2010 NMC recommendation.

APPENDIX 3 Topic Guide



Students' perspectives of user/carer involvement in practice assessment in 11 HEIs in Scotland

Focus Group Semi-Structured Interviews and Probes

Introduction- Define Practice Assessment and introduce NMC (2010) recommendation

1. To begin our discussion can we start by you describing a situation that has involved service user and/or carer involvement in your general work as Nursing Studies students?

Probe- what stage are you at with service users

2. Can you describe any experiences you have had with mentors visa vi practice assessment
3. Have you had your practice skills assessed by Mentors and/or Service Users/carers

Probe – If yes what was feedback like- did it influence your assessment & approach – what are your views on the experience – what benefits – any areas problematic

What did you feel about the process

4. In 2010 the NMC introduced a recommendation which stated that

“Programme providers must make it clear how service users and carers contribute to practice assessment” (NMC, 2010).

4.1 Are you aware of the recommendation?

4.2 What do you think of the recommendation?

Probe- why think that way (come back to later discuss in more detail)

5. Do you think the recommendation is clear enough – are you clear what it involves?

Probe – assessment, review, comment

6. To expand further and discuss in more detail - Can you think of the benefits of involving service users and/or carers in practice assessment

Probe – Yes- why – in what way?

No- why – in what way?

7. To expand further and discuss in more detail - Can you think of the difficulties or challenges (e of involving service users and/or carers in practice assessment

Probe – Yes- why – in what way?

No- why – in what way?

Probe- How to address challenges e.g., patients who are unwell or distressed

8. Discuss what key members of staff could help in practice assessment e.g., Mentors

Probe – how could help-in what way.

9. Do you think the implications differ in any way from recommendations to involve service users and/or carers in:

- a. Recruiting/Selecting Nursing Students to one of Scotland's 11 HEIs that provide pre-registration Nursing programmes to train Nurses?

Probe – Yes- why – in what way?

No- why – in what way?

- b. Involving service users and/or carers in Curriculum Design in Scotland's 11 HEIs that provide pre-registration Nursing programmes to train Nurses?

Probe – Yes- why – in what way?

No- why – in what way?

- c. Involving service users and/or carers in Research in Scotland's 11 HEIs that provide pre-registration Nursing programmes to train Nurses?

Probe – Yes- why – in what way?

No- why – in what way?

10. Last general comments on involving service users and/or carers in practice assessment