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A strategy for patient empowerment and quality improvement?

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Involving users and carers in the assessment of pre-registration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement?

ABSTRACT

Aims and objectives: to examine 1) nursing lecturers' and 2) pre-registration nursing students' perspectives of user and carer involvement in the formal assessment of pre-registration nursing students' clinical practice.

Background: The involvement of service users and carers in the assessment of clinical practice in nursing education is a recent phenomenon and most evident in the United Kingdom (UK) literature. The Nursing and Midwifery Council Standards in the UK clearly reflect a shift in thinking from paternalistic approaches to person-centred approaches. This shift in thinking includes service user and carer involvement in student nursing assessment and there is evidence that this is being developed in several countries.

Design: Located in the interpretive paradigm, data from a two staged, multicentre qualitative study are presented.

Methods: Semi-structured, one to one interviews with nursing lecturers (n=15) and focus groups with nursing students (n=51) across Scotland's 11 Higher Educational Institutions (HEIs).

Results: There is a strong commitment for working alongside service users and carers in the education and training of nursing students; however, involving service users and carers in formal practice assessment is identified as more challenging compared with other areas of service user/carer involvement. Service user/carers should provide feedback/review or comment, but not necessarily formal, summative 'assessment'.

Conclusions: The evidence base for involving users and carers in assessment is limited. Involvement of users and carers in providing feedback to nursing students is welcomed. However, concerns exist about the preparedness of users and carers for formal clinical assessment.

Relevance to clinical practice: Discussion and clarification with clinical mentors and user and carer groups is necessary to understand if they agree with the policy direction of user and carer involvement in the assessment of nursing students. Quality assurance concerns are raised by students and lecturers when involving user and carer in assessing nursing students' clinical skills. Mentors are seen as key to this process, but little is known about their perspectives.

'What does this paper contribute to the wider global clinical community?'

1. The first multicentre study to examine user and carer involvement in the assessment of pre-registration nursing students' clinical nursing practice.
2. The evidence base for the person centred approach to involve users and carers in assessment of clinical practice is limited.
3. Questions are raised about the preparedness and empowerment of users and carers for assessment of nursing students' clinical practice.
4. Involvement of users and carers in providing formative feedback to nursing students about their clinical practice is welcomed.
5. Concerns exist about the ethical and quality assurance processes for assessment involving users and carers.

KEY WORDS

Person-centred care;

Service users and carers;

Assessment and feedback.

Education

Nursing

Student nurses

Mentors

Clinical practice assessment

Qualitative methods

INTRODUCTION

Over the last 10-15 years government health policies, especially in countries involved in Organisation for Economic Co-operation and Development (OECD), have concentrated on developing patient empowerment. Attempts to enable greater involvement of service users and carers in decisions to improve their health and well-being are evident in several countries (World Health Organisation (WHO), 2010; The Healthcare Quality Strategy for NHS Scotland, 2010; Department of Health, 2009; Australian Commission on Safety and Quality of Healthcare (2011); United States Medicare Patient Empowerment (MPE) Act, 2015). The intention of such policy developments has been to shift from a paternalistic health care to system to produce a more person-centred system. In 2010 the United Kingdom (UK) Nursing and Midwifery Council (NMC) introduced into preregistration nursing standards that:

“Programme providers must make it clear how service users and carers contribute to the assessment process” (NMC, 2010:82). This move, to include patients and carers in the assessment of nursing students’ clinical practice, is intended to further empower patients and carers and support person centred care. Recent reports investigating healthcare in a small number of hospitals in the UK where serious concerns have been raised and devastating outcomes for patients observed, illuminate a lack of person centeredness and limited empowerment of patients in decision making about their care (Kirkup, 2015; Francis, 2013).

BACKGROUND

In the UK, especially since the turn of the 21st century, successive governments have made a commitment to person-centred care health policies (Wood et al, 2015). This reflects the increasing

move in nursing and clinical care away from paternalism and patients as passive recipients, towards a system of care where patients are active partners and decision makers in their own health care plans. This is in response to changing social and clinical challenges such as people living longer and the increase in people living with chronic illness (Coulter & Collins, 2011). The NMC (2010 p148) Standards for Pre-education Nursing Education' define person-centred care as "Care tailored to the individual needs and choices of the service user, taking into account diversity, culture, religion, spirituality, sexuality, gender, age, and disability". The principle is also applied to child-centred, family-centred and user-centred care. This model of nursing care contrasts with 'patient-centred' nursing which focuses on the person as a patient, highlights medical diagnosis and the identification of nursing problems. In patient centred care, personal needs may be recognised but only in as much as they relate to overall medical and nursing needs. In practice, this means that medical, nursing care and service needs take priority over other personal and, perhaps undeclared, needs of the person receiving care (Goodrich, 2009). In contrast, person centred care (PCC) is a recognised principle for nursing and. requires a process of care which is focused on staff who provide and promote care that puts patients and families at the centre of care and involve them in informed decisions about their care and treatment (Manley et al, 2011). This movement towards empowerment and person centred care is evident in industrialised countries including the UK, Australia and the United States (WHO, 2010; The Healthcare Quality Strategy for NHS Scotland, 2010; Department of Health, 2009; Australian CSQH, 2011; US MPE Act, 2015). Furthermore, person centred care is perceived as a key element of nursing education and clinical practice so that individuals and families are encouraged and supported to make choices about their care (The Healthcare Quality Strategy for NHS Scotland, 2010; Department of Health, 2009; WHO, 2010; Australian College of Nursing 2014; American Nurses Association, 2010). However, the move towards direct involvement of service users and carers in nursing education through assessment of clinical practice is a relatively recent phenomenon and most evident in the UK literature. The NMC (2010) Standards clearly reflects a shift in thinking towards collaborative and person-centred

approaches, with service user and carer involvement in student nursing assessment and this is likely to be considered for development in other countries in the future. This shift impacts not only on the people receiving care, but also nursing students, their mentors in clinical practice and nursing education providers.

Collaboration between service users/carers and health professionals when making decisions about treatments and care is essential to the concept of person-centred care. It is argued person-centredness in practice aims to develop collaborative, relationship focussed and holistic care moving away from professional dominance in health care (McCance et al 2011). Essentially care that is provided in a responsive manner taking into account an individual's preferences, their needs, expectations, moral and ethical beliefs to ensure patient values inform all decisions about care (Morgan and Yoder 2012). Internationally and within the UK, healthcare is transitioning into a more person-centred system. This is encouraged through the sharing of information to make informed decisions about their health and, when required, treatments and care. The concept of person-centred care has become fundamental to devolved health and social care policies across UK countries. The Health and Social Care Act 2012 for example imposes a legal duty for NHS England and clinical commissioning groups to involve patients in their care and make it more person-centred (Health and Social Care Act, 2012). Vision 2020 for Scotland has a focus on person-centred supported self-management (NHS Scotland, 2013) and the Welsh White Paper 'The Listening Organisation' concentrates on 'ensuring care is person-centred in NHS Wales' (Williams, 2013).

Despite developments in and aspirations for PCC there remains no one single agreed definition of PCC (McCance et al 2011; Kitson et al, 2013), and the ways in which the concept is interpreted into everyday nursing care continue to present a challenge (Nilsson et al. 2013). Commenting on person-centred care in a nursing context, Ross et al, (2014) note that some of the identified challenges to the concept include 'conflict between bureaucratic management systems, which focus on budgets

and commissioning, and care givers' concerns about individual care needs. Such mismatch between priorities of managers and of staff working at the grassroots can cause tension. Instead of creating a positive culture in the care environment, it can result in staff feeling less engaged with care needs' (McCormack 2011; p.1224).

Involving Service Users/Carers' in Assessing Student Nurses' Clinical Skills

To date there is limited evidence of systematic evaluation of the impact on clinical practice of service user and carer involvement in professional health education. Some students indicate that this approach is of value in their educational programmes (Morgan and Jones, 2009, Naylor et al 2015). However, developing interactional expertise (Collins 2014) such as what should occur when users and carers become involved in assessment of practice requires immersion in the process so as to be able to make the same judgements as any other expert e.g. mentors.

In their recently published paper which in part addressed developments in nursing and healthcare policy, Felton and Royal (2014) note that supporting the development of practitioners' skills within pre-registration nursing education is 'complex' and that curriculum changes across the UK have been significantly influenced by concerns around achieving a proper balance between theoretical and practical knowledge, something also recently highlighted by Kellehear (2014) and Monaghan (2015). This is an issue also highlighted and discussed in nursing literature relating to Canadian and Australian nursing education and practice by Killam and Heerschap (2013) and Scully (2011). In the UK, this situation has in turn been influenced by increasing concerns around the capabilities of recently registered nurses' clinical and practice skills and the acknowledgement (not new but particularly since the 2013 Francis and 2015 Kirkup reports into poor practice resulting in unnecessary patient fatalities) that the development from student nurse to a qualified nurse is both testing and anxiety provoking, indicating that nursing students need the best support possible to

make their transition in assessing patients as smooth as possible (Felton and Royal, 2014; Helminen et al, 2014; Kajander-Unkari et al, 2014). Recent literature on improving the relationship between patients and nursing staff to improve patient care has identified the importance of education particularly for undergraduate nursing students to improve patient/carer nursing staff relationships (Francis, 2013; Report of Willis Commission, 2012; NMC, 2010, ACSQHC2011).

A review by Gray and Donaldson (2010) examined user and carer involvement in nursing assessment and noted that for the NMC standard to work there needs to be coherence between the educational aims and purpose and the philosophy for involving service users and carers in the assessment process. This they argued requires participation by the different people involved in the assessment process and includes clinical practice placement personnel. In their review Gray and Donaldson (2010) argue for the need to agree on what constitutes assessment and also to have a shared vision or purpose for the assessment process, with good communication being key to achieving this. In addition the setting of ground rules such as the ability to challenge the use of jargon are important, along with a supportive environment that enables service users and carers to feel secure and permit the sharing of their concerns or anxieties is essential (Gray and Donaldson 2010). The review noted that training and support of all key personnel involved is key for the successful involvement of service user and carers in practice assessment-this indicates a substantial role for registered nurses mentoring student nurses in clinical practice.

Following Gray and Donaldson's (2010) review of literature on nursing students practice skills being assessed by service users we conducted an updated literature review (Haycock-Stuart et al, 2013) which identified three key themes pertaining to service users and carers involvement in assessment of clinical nursing practice;

- (i) Challenges and Cautionary Notes;

(ii) Developing Meaningful Feedback in the context of Power Relations in the Assessment Process and

(iii) Ethical Issues-Involvement of Unwell or Distressed Patients in the Assessment Process.

Key points from our literature are summarised in Table 1. The concerns about the tools to be used for assessing students became evident through the reviews. Casey and Clark (2014) reinforce in their recent paper the findings of Gray and Donaldson (2010) and we concur with their views for the post 2010 evidence that there remains a paucity of research about user and carer involvement in the formal assessment of clinical practice. A recent systematic review by Scammell et al (2015) examined the broader issue of user and carer involvement in pre-registration general nursing education identifying that in relation to assessment of practice, the involvement of users and carers is controversial. Involving users and carers in assessment was being perceived more as an 'opportunity' to practice skill development, as opposed to them being partners in the assessment process. Scammell et al (2015) through the review also highlighted some ethical issues in the assessment process, notably around the reality of informed consent in practice, patients' rights and wishes and issues of mental capacity.

Problem Statement and Aim

Achieving the goal of person centred care it seems remains in its early stages and, as Coulter and Collins (2011) highlight, can be challenging. Whilst aiming for people using health and care services to be treated with dignity, compassion and respect, critics highlight how far we have still to travel. The exposure of serious failings in basic patient care in health care environments in the UK, such as in the Mid Staffordshire NHS Foundation Trust (Francis, 2013) the Winterbourne View (Department of Health, 2012) and, most recently, Morecambe Bay (Kirkup, 2015) places the challenges of achieving genuine person-centred health care into perspective. Involvement of users and carers in nursing students' clinical assessment will, as Coulter and Collins (2011) identify, need to address individual needs, acknowledge patient diversity in terms of levels of confidence in making shared decisions around their health care, reflect diverse socio-demographic backgrounds and levels of

health literacy. The aim of this study was to examine the views and perceptions of 1) nursing lecturers' and 2) pre-registration nursing students' of the 2010 NMC Standard: "Programme providers must make it clear how service users and carers contribute to practice assessment" of pre-registration nursing students' clinical practice. Specific objectives related to ascertaining the potential advantages/disadvantages and challenges around user and carer involvement in the assessment.

INSERT TABLE 1 HERE

METHODS

DESIGN

Located in the interpretive paradigm, we present data from a two staged, multicentre, qualitative study. The multicentre approach is unique to this study and as Scammell et al (2015) indicate through their systematic review, this approach is not evident in earlier research.

We used a qualitatively driven mixed methods approach (Brannen, 2005) in our data collection- namely semi-structured interviews with nursing lecturers and focus groups with nursing students. This approach focused on the complexities of context, experience, and meanings from the perspective of lecturers and nursing students and is particularly suited for research in educational settings (Hesse-Biber, 2010; Hall & Ryan, 2011). Adopting a qualitatively driven mixed method affords a greater depth of understanding of the multidimensional characteristics of educational research (Cresswell et al, 2006).

We argue that a qualitatively driven mixed-methods approach would help illuminates the complexities of educational interventions through macro and micro level analysis of the qualitative data. The research team analysed macro- level practices (i.e. the implementation of the NMC standard nationally through the multicentre approach of involving Scotland's 11 Higher Education

Institutes that provide pre-registration nursing programmes). Micro level analysis involved examining across the institutions programme-level practices (i.e. the process of involving the service user/carer, student nurse, and nurse mentor in commenting/providing feedback on a nursing student's practice skills). This macro and micro level analysis in qualitative research provides a more comprehensive understanding of the relationship across national and local interventional methods of improving nursing students' practice skills and, in so doing, improving collective capacity. The interview data of the HEIs was interrogated by the research team to inform the focus group data collection with the student nurses. Following both the interviews and focus groups data were further analysed by the research team for emergent similarities and differences between the lecturers and students.

Ethical Approval

The Ethics Committee of the Principal Investigator's University granted approval for the study and this enabled the research to be commenced in all but 3 of the 11 Universities involved in the research. Local ethical approval was sought and granted in these 3 Universities to involve the student nurses and lecturers. Prior to data collection, informed written consent was obtained from HEI and student participants. Academic staff from the PIs institution was not involved in data collection within their host institution to protect the confidentiality of the participants.

DATA COLLECTION

Purposive sampling was used for the recruitment of nursing lecturers and pre-registration nursing students. The stage 1 2013 data collection involved 15 semi-structured interviews with lecturers and senior lecturers teaching in the 11 HEIs that provide pre-registration nursing programmes in Scotland. Interviews were mostly face-to-face with some telephone interviews and all were conducted by ED a research assistant. The average length of time for the semi-structured interviews was 45–60 minutes. Key semi-structured questions and probes for the semi-structured interviews

with nursing lecturers were developed from the Gray and Donaldson (2010) literature review and our post 2010 literature review (see Figure 1 for the interview topic).

INSERT FIGURE 1

The stage 2 2014 data collection involved 5 focus groups with nursing students 11 HEIs across in Scotland providing pre-registration nursing education. The research purposively involved a total of (n=51) student nurses in years 2, 3 and 4 of their nursing degree programmes (see Table 2). The sample involved students from three main fields of nursing in Scotland i.e. that of Adult Nursing (n=23), Mental Health Nursing (n=26), and Midwifery (n=2) to compare the views and experiences. We sampled student nurses from years 2-4 to ensure as reasonable a spread of undergraduate student experience as possible to make it more representative of students' experience of being in placement and in contact with service users in a clinical setting. The overwhelming majority of undergraduate nurses who participated in the focus groups, 40 out of 51, (78%) were in the age group 18-25 years with 11 out of 51, (22%) in the 25 years and over age group. The focus group topic guide (See Figure 2 for the focus group topic guide) was developed by the research team following the interviews with the HEI lecturers which helped inform topics for discussion with the students. The focus topic group guide was also informed by the literature review we undertook for the study (Haycock-Stuart et al 2013). Following written consent from all the participants the focus groups were also conducted by ED and digitally tape recorded and were of about one hour duration. The focus groups were particularly useful for enabling students to share and challenge view points during the data collection process fostering in depth data about their understanding of the philosophy, beliefs, practice and contextual issues of user and carer involvement in the assessment of nursing skills.

INSERT TABLE 2 HERE

INSERT FIGURE 2 HERE

Reliability

We adopted two different qualitative approaches to data gathering, 1) semi-structured interviews with HEI Nursing lecturers and senior lecturers and 2) focus groups with undergraduate nursing students. Morgan (1998) notes that the most common use by researchers of individual interviews is for the purpose of hearing from key informants before researchers undertake focus group research. In the case of our study the key informants were lecturers and senior lecturers, whose findings are used to generate investigation of wider views in focus groups with undergraduate nursing students. We did this along-with a review of the appropriate literature in this area. . We concur with Lambert and Losielle (2008) to indicate that there is value in triangulating qualitative data collection and analysis. We identify that through integrating individual interview and focus group data, this makes for a more iterative process which lead to more productive research process. The approach we adopted permitting the initial exploration of individual data enabled a more enriched conceptualisation of the phenomenon which, through subsequent focus groups we examined the convergence of key facets of the phenomenon with a broader and larger sample. Examination of the phenomenon across individual interviews and focus groups enhances trustworthiness of the findings

In addition, it was decided to conduct one-to one semi-structured interviews with lecturers and senior lecturers for practical reasons, given the pressure of time on HEI lecturers and senior lectures along-with the significant geographical spread of the 11 Scottish HEIs involved. The topic guides were used by the experienced qualitative research assistant for all data collection (interviews and focus groups) to enhance consistency and reliability of the data gathered.

To allow for the interaction of undergraduate nursing students and to provide an opportunity for students to reflect on, challenge and discuss their responses, it was decided that focus groups would

be the most appropriate forum for data gathering (McLafferty, 2004; Barbour, 2005). We recruited a broad sample of undergraduate nursing students in terms of age, year of study and field of nursing (see table 2). We ensured focus group had less than 12 participants and organised 5 groups with the same facilitator using the topic guide for reliability (McLafferty.2004)

ANALYSIS

The original data from 2013 and 2014 were transcribed and analysed thematically initially by ED to identify the meanings formulated from the participants' discussions about a variety of situations or events (Braun and Clark, 2006; Patton, 2002) relevant to user and care involvement. The research team conducted detailed deductive, latent analysis and abstraction of the data generated from both the students and HEI representatives data. We cross referenced emergent themes from both data sets to look for similar and divergent views on the issue of assessing nursing students' practice skills, and also to identify separate nurse lecturer specific and student nurse specific findings that emerged from the data (see Table 3). The stage one interviews allowed us to explore in depth issues pertinent to the HEI perspectives which could then be debated and challenged within the stage two focus groups of students. This methodological approach enabled a rich dataset of similar and divergent perspectives between HEIs and students to be analysed allowing a constant comparison between the participants and illuminating subtle, but important similarities and differences. Data analysis was iterative and ongoing as the data were gathered and emergent themes were discussed by the research team, allowing for these to be inputted and explored in subsequent semi-structured interviews and focus groups. Regular discussions were held during the analytical process to highlight and resolve differences, and confirm consistency in coding and identification of key themes. Funding for data collection was necessarily secured across two separate financial years due to the funder's requirements. We do not believe this staged approach impacted adversely on our research findings as the nursing students did not have access to the 2013 findings prior to interview. The two staged

approach did allow us to analyse the HEI lecturers' perspectives prior to developing the topic guide for the focus groups which was beneficial for collecting the data.

INSERT TABLE 3 HERE

RESULTS

The sample is drawn from within Scotland but offers the opportunity for transferability more widely particularly in the UK, but potentially internationally as the agenda of user and carer involvement develops, however, caution must be used when discussing and interpreting the research findings to other settings. This is rich and thorough data, which we believe is reflective of the population on which this study is based. We include some of the participants' verbatim comments to give the text a more authentic essence.

Our research aim was very specifically to assess the views of nursing lecturers and nursing student on the NMC (2010:82) standard for user and care involvement in the assessment of clinical practice. In our research we found confusion amongst the lecturers and students as to what this assessment meant- formal (i.e., as in an exam type environment) or informal assessment. We found students and nursing lecturers highly supportive with informal assessment, such that many gave examples of how they embraced it. However, both students and lecturers had reservations about formal assessment. There was a view that users and carers can and should assess certain nursing skills e.g. communication skills, empathy, compassion and that students and lecturers encourage and welcome this, but they also had many concerns about the more formal assessment of clinical practice and skills.

The findings presented reflect similar opinions as expressed by nursing students and nursing lecturers and senior lecturers but also separate, divergent views that emerged individually from the

data from nursing students as a group and nursing lecturers/senior lecturers as a group (see Table 3). Three Key and Common Themes emerged for both Nursing students and Nursing lecturers.

Theme 1: Commitment to working with service users and carers for the preparation of nurses.

At the macro level nursing lecturers and students involved in degree level nursing education expressed a strong commitment to, and are actively working with, service users and carers in student recruitment, syllabus development, research and developing students' practice skills. The following statement was indicative of the views and experiences of the 11 HEI representatives and student nurses interviewed for this project:

'We have just recently appointed a full-time service user in our School here to support and develop service user and carer involvement. We have a strong commitment towards involving service users and carers in what we do here and believe it has been enormously beneficial to the students, to ourselves as staff members, and most importantly to improving patient care.' (HEI Lecturer 5).

This sentiment was also expressed at the micro level by student nurses as illustrated below

'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...much better, real. The foundation of our care is based around the service user and the need to build care around their needs' (Student Nurse Focus Group 5).

Theme 2: Significantly more challenging to involve users and carers in practice assessment compared with other aspects of user/carer involvement.

A clear view emerged from the interviews with HEI representatives and focus groups with the student nurse that, at the macro and micro level the introduction of the 2010 NMC standard

provides greater challenges than service user/carer involvement in student recruitment, curriculum development and research.

Amongst both student nurses and lecturers, the overwhelming feeling was that whilst they understood the rationale for user and carer involvement, there were more complicated issues to consider when undertaking assessment of nursing students' clinical skills. Their concerns centred on the following five issues at the macro and micro level:

(i) Ethical concerns about compromised patients i.e. distressed patients:

'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 in a critical care environment?.....In some acute settings where patients are physically and psychologically distressed or both- it's just not practical.' (Student Nurse Focus Group 1).

'There are certain situations that just don't lend themselves to carrying out an assessment of a nurse's practice skills.....patients experiencing an acute episode for example; a patient who is distressed or confused, in severe pain. A lot of patients are very vulnerable. Was that properly considered?' (HEI Lecturer 4).

(ii) Service users lacking confidence to effectively assess students;

'I think many would feel uncomfortable either because they thought they weren't capable of providing effective assessment or many would be reluctant to criticise a young student. Is this really meaningful involvement?' (HEI Lecturer 10).

'Service users may lack self-confidence in a health setting. 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' (Student Nurse, Focus Group 4).

(iii) Being critical of a student nurse as a surrogate for criticism of their wider health care about which they are unhappy has the potential to demoralise or reduce the confidence of nursing students. A student nurse from the mental health degree stated;

'If I am seeing a patient who is under a compulsory treatment order and I'm giving them a depot injection that 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' (Student Nurse Focus Group 2).

(iv) Service users/carers may not wish to be seen as disparaging of a student or bias can be introduced through involving service users who will favourably assess students--reducing the user and carer involvement to a 'tick box' exercise;

'Let's be honest- who are we (the service) 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. That's not really a realistic assessment.' (Student Nurse Focus Group 4).

(v) Concerns around the knowledge of service users/carers to judge a nursing student's clinical skills and that assessment should be done by a suitably educated and qualified professional;

'Would patients really feel qualified to do this? Would they do this willingly? If we are really talking about genuinely representative service user involvement, that involves making it representative. If we don't address the challengeswell of confidence, feeling

skilled enough to assess practice skills...that means we are not having genuine involvement. If it is not genuine involvement it's tokenistic and who wants that?' (HEI Lecturer 11).

'I think practice skills should be assessed by suitably qualified and trained people. As a student when I hear assessment I see it as pass or fail. Can my learning environment be failed by an unqualified service user/carer?' (Student Nurse Focus Group, 1).

Theme 3: Terminology - It Should be a process of Feedback/Review/Comment, not Assessment.

Some HEI interviewees stated quite clearly that they did not agree with the concept of service users and carers assessing a student's clinical practice. They argued the process and consequently the term used, should be one of 'review', 'feedback' or 'comment'. Nearly all HEI interviewees stated discussion is required as to the meaning, and potential consequences of, 'assessment'. Many HEI's argued there should have been a more measured and considered discussion about the exact terminology from the NMC (2010).

Student Nurses were of the view that Service User/Carers should have an influence on developing the students' caring skills, however, this should be formative through feedback or comment, as they considered 'assessment' to suggest a summative judgement of clinical skills.

'There is a need for greater clarity on what exactly the NMC mean by assessment and exactly what the aim of that assessment by service users and carers is. Also do we really think all service users will be confident about assessing a student nurse's practice skills? I think many would feel uncomfortable either because they thought they weren't capable of providing effective assessment or many would be reluctant to criticise a young student. Feedback or comment would be more appropriate.' (HEI Lecturer 10).

'Service users are really well placed to give feedback on communication skills and general manner. Assessing my practice skills? They haven't been trained..... Using the term feedback or comment would be more helpful to students in their reflection on practice. Assessment sounds too tied to a grade or pass/fail'. (Student Nurse Focus Group 3).

Lecturers and nursing students considered that to keep the development of the student nurse into a safe, professional nurse at the heart of the clinical assessment process, a twofold approach encompassing formative feedback or comment from the Service User/Carers should be enabled; in addition to summative assessment being undertaken by a registered mentor. This approach was perceived as the most conducive for enhancing clinical competence in student nurses. Lecturers and student nurses considered this twofold approach with the mentor assessing and the Service User/Carer commenting of providing formative feedback as the most valuable approach with the student nurse learning from both. Students also believed this approach to be a more holistic and in accordance with person-centred approaches to healthcare.

A range of separate and divergent issues were raised by both Student Nurses and Lecturers and these are summarised in Table 3.

DISCUSSION

The research has highlighted the complexity of fulfilling the 2010 NMC standard. Questions are raised about the meaning, suitability and practicability of users and carers assessing pre-registration nursing students. The evidence base for the policy of user and care involvement needs greater consideration. We concur with Naylor et al (2015) that the evidence base for user and carer involvement in practice assessment is deficient and as such signals the need for a cautious approach to involving users and carers in assessing students clinical practice. Whist the rationale for person

centred care is persuasive; the evidence for this to include user and carers in the summative assessment of pre-registration students is less evident. Indeed the views of participants indicate that a person centred approach-requiring respect and trust in the judgement of the person undertaking the feedback is not always possible. Collins (2014) alerts us to the changes within society that enables ordinary people such as users of health services who have specialist experiences as recipients of care, to influence the nature of knowledge and arguably the nature of nursing. By valuing users' perspectives, they are shaping the nature of what nursing knows about health care and how to care for people in a person centred approach. Several of the lecturers and students indicated that meaningful engagement with users and carers is and has been taking place for some time, but a policy such as the NMC standard for user and carer involvement in assessment, that is developed with a limited evidence base, leads to policy which lacks clarity and meaning, leading to uncertainty in its purpose and ambition. Indeed this lack of clarity and hasty introduction of the policy, which has no clear evidence base, is in danger of eroding good practice around user and carer involvement in student feedback that was already in place prior to the NMC Standard being introduced. The student nurses and nursing lecturers have made clear in this research that unlike user and carer involvement in student selection and curriculum development, assessment is considered more complex. The data suggests lecturers and student nurses are in favour of extending service user involvement in health care and to expand their involvement in formative assessment and feedback on student nurses skills. However, confidence in service user ability to formally assess a nursing student's practice skills is one issue here, alongside nursing students' anxieties of their clinical, particularly technical competence being judged by patients. The nursing students and lecturers concur with other nursing commentators as cited in previous literature (Stickley et al 2010, Naylor et al 2015), that it shouldn't be a formal assessment but one of comment or feedback. Do service users really want to formally assess practice skills? We need to ask them to find out.

Both lecturers and students were of the opinion that, where and when feasible the active and meaningful inclusion of service user/carers should be empowered to provide constructive and enlightening feedback to a student nurse's clinical practice however, this is not condoned to be in respect of a formal (pass/fail or graded) exercise. Naylor et al (2015) indicate the value of formative feedback when users are appropriately prepared to provide their formative feedback with radiography students. The nursing students we interviewed would also value this type of feedback if it can be managed in an authentic manner.

Our analysis concurs with that of Stickley et al (2010) that a re-consideration is required by the NMC of the terminology used (i.e., assessment). There needs to be clarity of terminology - and consequently meaning – as to what the NMC standard actually means in practice settings. Essentially for person centred care there needs to be (i) clarity as to the purpose of the exercise or (ii) clarity in measuring outcomes and (iii) genuine 'buy in' from lecturers and nursing students. This clarity can help result in the process being seen as genuinely meaningful, from the perspective of all key stakeholders-students nurses, service users/carers and mentors. Consequently this can reduce the likelihood of the process being seen as our participants and Stacey et al (2012:482) argue, a 'tick box exercise'. Casey and Clark (2014) also raise tokenism as a topic of concern amongst mentors with whom they held a workshop about user and care involvement in pre-registration nursing practice assessment. A tokenistic approach is contrary to the values of person centred care, but empowering users and carers to provide meaningful formative feedback in a collaborative manner with student and mentors does seem a valued concept for further development in clinical practice. We concur with Scammell et al (2015) observation that there is a need to examine the impact of services user and carer involvement on students' learning and clinical practice throughout the students' development into registered nurses.

Greater consideration is necessary to inform decisions about when and where to involve service user/carers in the process of formative feedback to student nurses about their clinical skills as previously noted by Lloyd and Carson (2012) and the Willis Commission (2012). Careful consideration needs to be given to the nature of the clinical learning environment, including the patient's circumstances, i.e., the patient's physical and psychological health (distressed users and carers in acute/critical care situations are likely to be further burdened) when involving a service user/carer in the assessment process. Findings from this study indicate that users and carers should be empowered to provide feedback or comments but that this is more for the development of the student and their learning through reflection on the feedback as opposed to a judgement about their competence as a threshold. Mentors are often in a paradoxical situation in that they are identified as key personnel in supporting the development and learning of student nurses, yet they are also charged with undertaking the assessment of the student nurse to make a judgement about clinical competence, for example, should a student be further developed into a nurse? The service user and carers' feedback or comments can aid mentors to enhance the specificity of their clinical skills teaching with individual student nurses at a developmental level and inform their judgements about a student nurse's clinical practice when determining a pass or fail or grade for assessment of clinical skills.

To guarantee that the inclusion of service user/carers is more than a philosophical position and to realise the ambitions of person centred care, mentors need to be enabled to engage with service user and carers to make the assessment process a viable reality which enhances quality assurance processes-not compromise them. How to develop the vision for user and care involvement in assessment to engender person centred care is a challenge for nursing educationalists. This is very much the work of mentors in the clinical settings, yet there is only a limited opportunity (time and resources) within mentor preparation programmes for supporting mentors to engage with the process of user and carer involvement in the assessment process. Casey and Clark (2014) make the

point that mentor preparation needs to now include ways to better collaborate with users and carers in their evaluation of nursing students. How to robustly and meaningfully measure service user and carer views when providing feedback/comments on nursing students' practice skills requires further examination.

In the context of existing social inclusion policies, how do mentors address the challenges of involving service users/carers with health conditions making verbal articulation problematic? Greater reflexion should be given to the challenges regarding involvement of 'hard to reach' or 'seldom involved' groups in assessing students' clinical practice, particularly when we consider the challenges of power relations raised by Debyser et al (2011) and Stacey et al (2012). Similarly, how do nursing educationalists address the challenges of involving service users/carers from Black and Minority Ethnic (BME) communities whose first language is not English?

CONCLUSION

Service user and carer involvement in addressing practice skills of student nurses is a complex process which remains 'in development'. It currently lacks a clear and unifying theoretical basis, yet the rationale for person centred care is persuasive. It is a process which has had to evolve under the full spotlight of public scrutiny against the backdrop of public concerns fuelled in the UK by events such as Mid-Staffordshire (Francis 2013) and, most recently the Morecambe Bay scandal at Furness General Hospital (Kirkup, 2015). In particular the debate around a 'caring professional attitude' in Nursing, whether 'caring' has become 'lost' in nursing practice and the assertion that the higher academic/educational emphasis in today's Nursing programmes has negatively impacted on caring qualities, compassion and empathy with patients. To respond to the question does involving users and carers in the assessment of pre-registration nursing students' clinical nursing practice: enable patient empowerment and quality improvement? There is the potential for users and carers to shape the caring nature of the workforce, particularly relational aspects of care. However, some

challenges exist for users and carers to be empowered for meaningful assessment for some aspects of nursing students' clinical practice-particularly the technical aspects and more challenging relational care.

This unique, qualitatively driven, multicentre research has highlighted that service user and carer involvement in educational preparation of degree nurses is a concept valued and embraced by student nurses and nursing lecturers and is actively incorporated into pre-registration nursing education. However, questions remain regarding the level of evidence presented across the literature and in research findings about user and carer involvement in the formal assessment of clinical practice. Further examination is needed on how to meaningfully operationalize, and robustly evaluate this involvement. A next step in this process would be to conduct further research involving nurse mentors and service users/carers with a view to obtaining their views on how to meaningfully involve service users/carers in providing effective feedback/comment to improve the clinical practice of nursing students.

RELEVANCE TO CLINICAL PRACTICE

Guidance is necessary to tackle ethical and quality concerns voiced by students and lecturers when seeking user and carer involvement in assessment and for devising measurement tools to evidence service user and carer feedback on nursing students' clinical practice. Whether such tool/s should be standardised nationally or locally developed requires further consideration with mentors of student nurses. In the same vein, should operationalizing the NMC (2010) guidance be generic or be adapted in light of the varied and differing challenges across the 4 key Nursing areas; Paediatric, Adult, Learning Disabilities, and Mental Health? Our data suggests that some users and carers are perceived to be more or less empowered in particular clinical contexts and this requires further examination and clarification with user and carer groups. Do they want to do what the policy is

asking of them? Do they want to be involved in assessing student nurses' clinical skills? Will this be helpful to user and carers and the nursing profession? Only a limited number of students were involved from midwifery and this reflects the smaller number of midwifery students across Scotland's 11 HEI's. We did however purposively sample to ensure we had midwifery students in our sample. Arguably person centred care in the form of woman centred care is evident in these settings and further research to examine how women are empowered to be involved in assessment in midwifery settings is needed.

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Table 1: Key points of 2010-2013 literature review findings

<i>Challenges and Cautionary Notes</i>	<i>Developing Meaningful Feedback in the Context of Power Relations in the Assessment Process</i>	<i>Involvement of Unwell or Distressed Patients in the Assessment Process</i>
The structure of the NHS remains hierarchical, patriarchal and task	The NMC term <i>assessment</i> is power laden and can be intimidating for assessor and	Emotionally distressed patients should not be approached and Loyd & Carson (2012) note that

<p>driven –not patient driven and academic staff will need training to work with service users and carers in a meaningful way (Willis Commission, 2012).</p> <p>Where is the evidence base? Without a sound evidence base to provide direction there is a danger of the process being tokenistic and ‘tick box’ (Stacey et al, 2012; Stickley et al, 2011).</p> <p>Need to develop robust tools to measure outcomes (DoH England Chief Nursing Officer 2010)</p>	<p>assessed- for service users and carers this can be intimidating as their role is ‘inherently subservient in the assessment process (Stacey et al, 2012). Some assessment comments may negatively impact on the confidence of nursing students especially when ‘quite blunt’; some students may feel disempowered (Munro et al, 2012; Stickley, et al, 2010). Existing power relations could mean service users and carers perceiving their feedback as inferior; some patients may be preoccupied with being positive and not wishing to criticise students</p>	<p>some mental health nurses are not always able to collaborate with distressed patients. The Willis Commission raised the issue of identifying ‘suitable volunteers.</p>
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Table 2

Summary of Research Participants

Number of HEIs Providing Undergraduate Pre-registration Nursing Programmes Represented	Number of HEI Lecturer and Senior Lecturer Participants	Number of Undergraduate Nursing Student Participants	Age Range of Undergraduate Nursing Students	Fields of Nursing of Undergraduate Students in the Focus Groups
11/11	N=15	N=51	18-25yrs 40/51 (78%) 25yrs + 11/51 (22%)	Mental Health: 26/51 (51%) Adult: 23/51 (45%) Midwifery: 2/51 (4%)

Table 3: Summary of Separate Specific Concerns Raised by Nursing

Students & Lecturers

Nursing Students Concerns	Nursing Lecturers Concerns
<p>Nursing Students stated (i) there were problems of using the term service user and carer interchangeably as though they were the same person. In their experiences many carers had different views on service user care plans than the patient themselves;</p> <p>(ii) many carers had different views and expectations of student nurses when compared with the patient;</p> <p>(iii) many student nurses felt carers were unrealistic in their demands compared with the actual service user;</p> <p>(iv) the term carer was very wide ranging from</p>	<p>Nursing Lecturers stated (i) given the greater challenges of introducing service user/carers involvement in assessing nursing students' practice skills than presented in service user/carers involvement in student selection and curriculum design, a more robust discussion and consideration of the issues should have been undertaken before the 2010 NMC recommendation was presented to Nursing HEIs;</p> <p>(ii) if the process was to be genuinely meaningful resource and time implications needed to be more seriously considered and</p>

<p>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 by a carer could potentially be a problem for some students;</p> <p>(v) whilst supporting the concept of service users and carers commenting on their practice skills the overwhelming majority of nursing believed that it was Nurse mentors who were the key to assessing students practice skills.</p>	<p>actioned e.g., around training;</p> <p>(iii) Lecturers raised methodological concerns around consistency of assessment tools across the UK and consistency of what is being measured. Also who evaluates the tools for suitability?</p>
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Figure 1: Topic Guide for Higher Education institutes (HEIs) Focus Groups about User and Carer involvement in Practice Assessment of Student Nurses.

<p>“Programme providers must make it clear how service users and carers contribute to the assessment process.” (NMC, 2010:82).</p> <ol style="list-style-type: none"> 1. What are your views on the above NMC standard? 2. How does this University put into practice NMC recommendation? <p>Prompts-describe the process, describe the documentation produced, how effective, barriers and facilitators to the process.</p> <ol style="list-style-type: none"> 3. Describe Methods adopted across fields of practice (Paediatric, Adult, Mental Health, Learning Disability).

4. Explain instances where it is not possible to capture service user perspectives
5. Explain specific challenges encountered in relation to involving service users and carers in practice assessment.
6. Elicit views on planning service user and carer involvement in the assessment of student's practice in their pre-registration nursing programmes.
7. How does your institution measure progress towards the NMC standard? - Clarify the criteria used by NMC to measure service user/carer involvement in pre-registration programmes.
8. • General comments on the process of involving service users and carers in practice assessment

Figure 2: Topic Guide for Student Focus Groups about User and Carer involvement in Practice Assessment of Student Nurses.

1. To begin our discussion can we start by discussing your experiences of service user and/or carer involvement in your general work as Nursing Studies students?
 Probe- how shaped learning experiences – in what way
 What are benefits to Nursing practice
2. 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).
 2.1 Are you aware of the recommendation?
 2.2 What do you think of the recommendation?
 Probe- why think that way (come back to later discuss in more detail)
3. Do you think the recommendation is clear enough – are you clear what it involves?

Probe – assessment, review, comment?

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

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

Probe – In what way?

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

Probe – In what way?

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

Probe – In in what way?

5. 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 – In what way?

6. 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 – In what way?

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

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

Probe – how could help-in what way.

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